



Southern Resources Consultants, Inc.
Annual Performance Analysis Report
For FY 2008

July 1, 2007 — June 30, 2008

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In 2008, the significant changes in our agency have complicated this annual program evaluation report for our agency. However, the changes have been positive for our agency but also demanding. Since August 2006 our agency has had a 228% increase in services we provide for persons with developmental disabilities in metropolitan Atlanta and northeast Georgia. Coping with this rapid growth has provided challenges and of course, many opportunities for consumers of our services.

THE PERFORMANCE ANALYSIS SYSTEM: A system of analysis is critical to the provision of quality services. Without some concept of analyzing what is working or not working, it is difficult to know how to improve. Southern Resources Consultants (SRC), Inc is accredited by The Rehabilitation Accreditation Commission (CARF) in three of our four programmatic areas. CARF mandates standards for providing quality services and the managers of our agency uses these standards as guidance for our Program Analysis/Outcome Measurement System. For Program Improvement, CARF asks that objectives be developed which measure outcomes including effectiveness, efficiency, and satisfaction of the people served. Each of the programs has at least one objective in each of these categories.

SATISFATION SURVEYS: It is important to the program evaluation process to obtain information regarding the satisfaction with services from the people we serve.

Annual Survey: Our Quality Improvement Officer, who is not a part of the supervisory chain extensively surveys each client annually about the consumer's satisfaction with services being received. This formal evaluation is reviewed by the CEO, Board of Directors and the QA committee for follow-up on the client's expressed desired outcome(s). This should assure that any individual who expresses a need will be heard. This is the most formal system we have for gathering information from the individuals served.

The questionnaire uses a series of questions to assess the satisfaction of clients and guardians. Satisfaction percentages for comparison in each program were determined by the five levels of satisfaction or dissatisfaction.

Quarterly Interviews: In addition to our annual survey, on quarterly basis all consumers are interviewed regarding their satisfaction with their residential services. In addition to meeting individually with each consumer, the Quality Improvement Officer calls each family member and discusses the care their loved one is receiving in their SRC residential service.

Other methods of assessing client satisfaction include monthly client meetings with staff, client participation in quality assurance, health and safety Committee meetings and the Individual Support Plans.

DISTRIBUTION OF INFORMATION: Outcome Measurement results are routinely distributed and presented to the owners and Board of Directors of SRC, programmatic staff, consultants and supervisors so that information gathered can assist in improving the effectiveness of our program and further develop the desired supports of persons served. In addition, program evaluation results are also distributed to customers, consumers, and the public at large.

PERFORMANCE ANALYSIS COMPONENTS:

- ❖ **PERFORMANCE ANALYSIS REPORT SUMMARIES:** This section contains a chart showing the goals and the statistics for this reporting period of CARF accredited programs. Below the chart is a summary of the highlights of the statistics as well as areas which need further consideration and may be targeted with a step on the action plan.
- ❖ **CURRENT ACTION PLAN:** This section provides a plan to address any needs identified in the current Outcome Measurement Report's "Area for Further Consideration". The plan of action with a target date is assigned to a specific individual.
- ❖ **SATISFACTION QUESTIONNAIRE RESULTS:** This section contains three components:
 1. Results of the satisfaction questionnaires from consumers
 2. Results of the satisfaction questionnaires completed by the families of SRC consumers.
 3. Results of the satisfaction questionnaires from funders
- ❖ **QUALITY ASSURANCE ANNUAL REPORT:** This section describes the incidents monitored by the Quality Assurance Committee and the actions taken by the Quality Assurance Committee.

OUR OUTCOMES MANAGEMENT TEAM:

In June 2007 the outcomes management team met to review the outcomes to be monitored the following year. The team of consumers and staff were:

- Josephone Cotton-Consumer, Host Family Services
- Judy Wilson-Consumer, Host Family
- Sabrina Lee, RN-Nurse
- Shasta Washington—Program Coordinator, MHMR programs
- Dexter Dobbs—Group Home Manager, Oak Grove
- Travarious Hicks—Oak Grove resident
- W. Steve Corder—CFO, Owner
- Kathryn Atha—CEO, Owner

Our team reviewed minutes from Outcome Management meeting held in July 2007. Our team talked with parents and family members in our residential programs about outcomes they wanted for their family members. These discussions were used to improve the quality of our services.

WE REVIEWED OUR MISSION:

The mission of Southern Resources Consultants, Inc. is to enrich the value of life for people we serve in their community.

WE ANALYZED OUR STRENGTHS:

- Competent and experienced staff
- Loyal consumers
- Diversity of services
- Enough consumers to be financially viable
- Consumers who want to live in the community
- Three year CARF accreditation

AND OUR WEAKNESSES:

- Small agency
- Client base vulnerable to financial instability
- Focused in one MHDDAD Region
- Lack of administrative staff.
- Lack of administrative office space

OUR OPPORTUNITIES

- Host family and personal support programs are poised to expand
- Ability to expand services at a pace that exceeds original 10% per year goal
- Viable program that complements MHMR Services in Georgia

THE THREATS

- Legislative—lack of support for MH/MR services
- Cost of Liability insurance and liability risks
- Cost of Workers Compensation Insurance
- Rapid growth may delude the quality of the services we provide.
- One MHDDAD Region deemed to be unresponsive and difficult to work with by many providers

SERVICE ACCESS

Access to all CARF accredited programs in our agency is controlled by the Department of Human Resources Regional Boards. SRC is listed as a provider on Regional lists of providers and that list is presented to families who have been approved for Medicaid Waiver funding and the list is provided to families who want a different provider for their family member.

FY 2008 DEMOGRAPHICS

Between July 1, 2007 through June 30, 2008

New Consumers: 11 new consumers in three services

New Group Homes: 1) Parker St. 2) St. Gabriel 3) St. Peters

Personal Supports Program expanded

Consumers That Left Southern Resources Consultants Inc., Program:

Host Programs: 2

Community Housing: 2

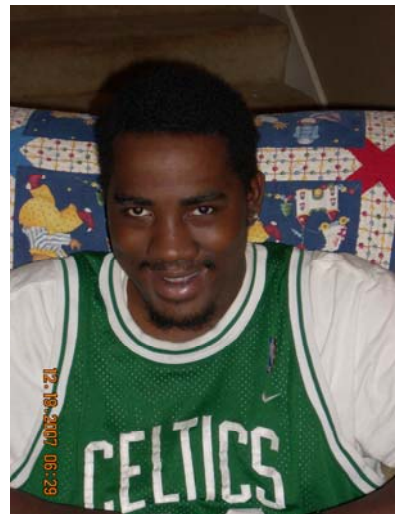
Personal Support: 3

Outcome of Service Access:

Year to Year Growth – MR / DD:

2005->2006 = 14% / 2006->2007 = 31% / 2007->2008 = 114%

Cumulative growth – MR / DD - 2005 ->2008 = 228%



**OUR CUSTOMERS *and*
THEIR OUTCOME EXPECTATIONS:**

Consumers	<ul style="list-style-type: none"> ○ <i>Live in a home that is not their parent's</i> ○ <i>A happy place to live</i> ○ <i>Not going to the hospital</i> ○ <i>A boyfriend/girlfriend</i> ○ <i>Being respected</i> ○ <i>A place to call home</i>
Family Members	<ul style="list-style-type: none"> ○ <i>A safe place</i> ○ <i>Supports for what members needs/wants</i> ○ <i>Being kept informed</i> ○ <i>Family member is happy</i> ○ <i>Sure family member taken care of</i>
Funders	<ul style="list-style-type: none"> ○ <i>Happy families and consumers</i> ○ <i>Financially stable agency</i> ○ <i>Responsive to consumer needs</i> ○ <i>Expansion of services to meet the need of Olmstead Court Order to de-institutionalize Georgians with developmental disabilities in state insitutions</i> ○ <i>Ability to creatively develop programs for persons with severe disabilities</i>
Staff	<ul style="list-style-type: none"> ○ <i>Financial stability of the agency</i> ○ <i>Recognition of the work they do</i> ○ <i>Supportive Management staff</i> ○ <i>Financial rewards for a good job</i>
Community	<ul style="list-style-type: none"> ○ <i>Consumers are safe</i> ○ <i>Homes are attractive, inside and out</i> ○ <i>Good neighbors</i> ○ <i>Consumers participate appropriately in community</i>

OUR OUTCOME MEASUREMENT PLAN:


Objectives	Measures	Applied to:	Time of Measurement:	Data Source:	Obtained by:	Goal
<i>Effectiveness:</i> SRC consumers will make progress in attaining the goals on their ISP	Percent of progress attained on ISP goals	All residents	Monthly	ISP Tracking sheets	Program Coordinator	80%
<i>Efficiency:</i> The cost of labor does not exceed revenue and is at a percent that allows for agency operation and profit	Percent of average wages paid	All programs (results reported for MHMR programs)	Pay Period	Payroll	CFO	63%
<i>Service Access</i> Then number of consumers served will increase	Percent of increase over previous year	All programs (results reported for MHMR programs)	Annually	Consumer Data Base	CEO	30%
<i>Satisfaction:</i> Maximize satisfaction of all consumers	Percent of individuals who express satisfaction	All residents	Annually	Survey	Quality Improvement Officer	80% positive
Maximize satisfaction of families	Percent of individuals who express satisfaction with services	All families	Quarterly	Interview	Quality Improvement Officer	75% positive
Maximize satisfaction of funders	Funders will report positively about this program.	All funders	Annually	Interview	CEO	75% positive

Extenuating/Influencing factors:

There are no statistical or analytical measures that are part of this performance analysis that can be considered valid in light of the small sample size for each of the programmatic areas.

OUTCOMES OF EFFECTIVENESS:

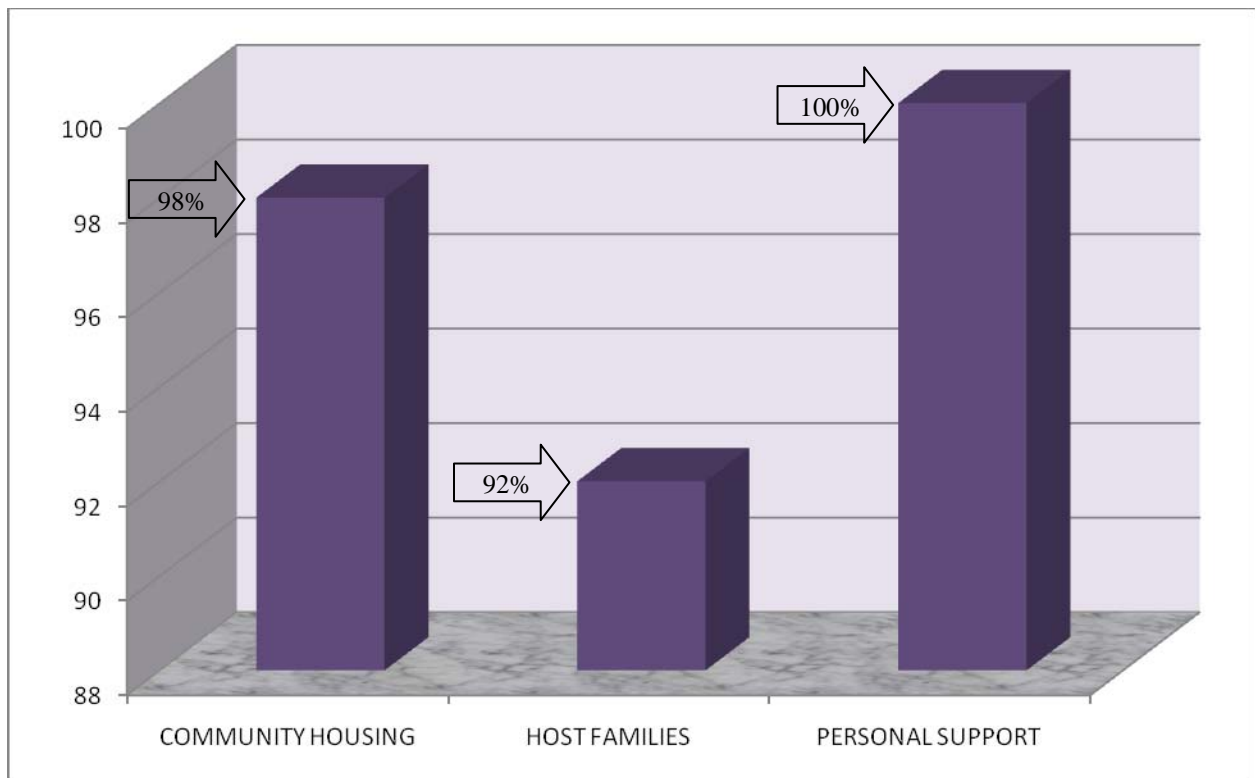
SRC has chosen outcomes based on the Individualized Service Plans (ISP's) that have been developed with our consumers by Case Coordinators funded through Georgia's Department of Human Resources Mental Health, Mental Retardation and Substance Abuse Regional Boards. In most instances these ISP goals are a measure of the consumers and funders desire for outcomes from the programmatic services we provide.

<p><i>Effectiveness:</i></p> <p>SRC consumers will make progress in attaining the goals on their ISP</p>	
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Our outcome of effectiveness: *SRC consumers will make progress in attaining the goals on their ISP*

It is our goal that all persons served by SRC will attain 80% of their goals as defined in their annual ISP.

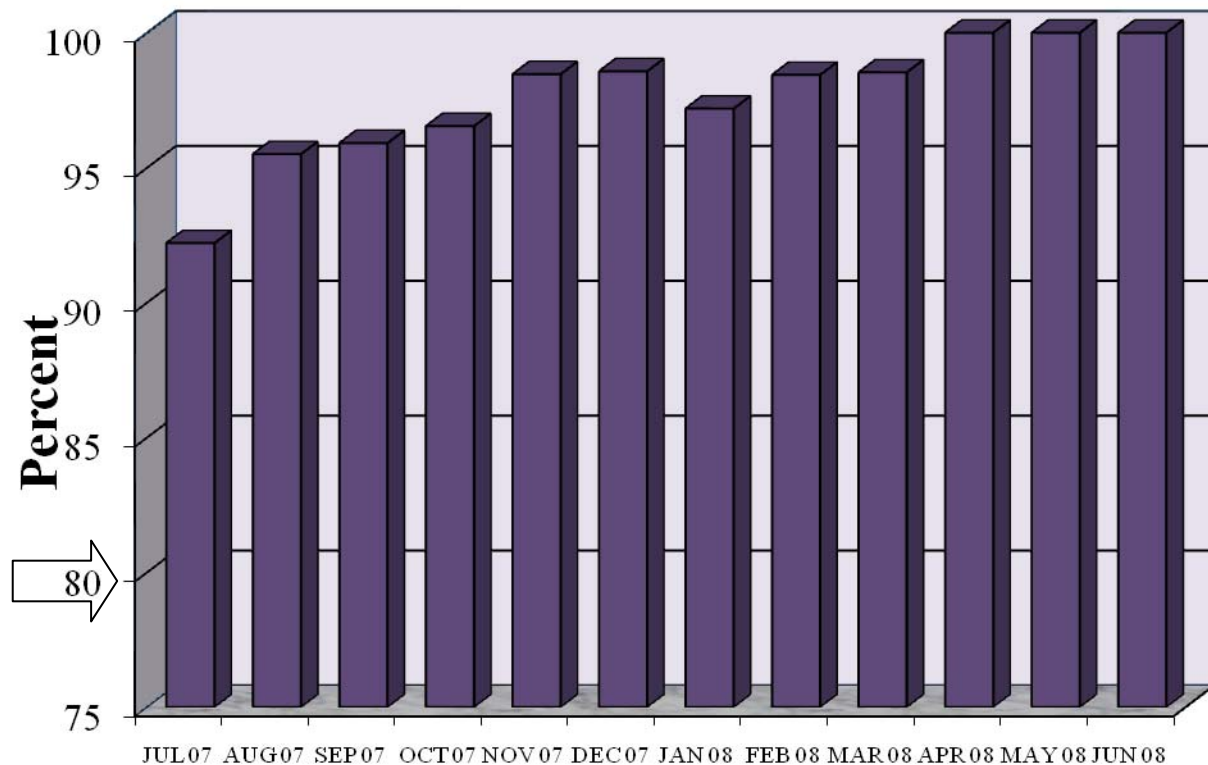
Outcome I:



Community Housing Outcomes:

Our community housing program has increased from two homes and one contracted home in FY2007 to a total of six residential homes in 2008. As FY 2008 ended our agency was notified that in July 2008, which is the beginning of the FY 2009, we would be assuming control of three homes that have been operated by an agency that no longer runs programs in Georgia.

Community Housing FY 2008



PRIOR YEAR RECOMMENDATIONS: This goal is a continuation from last year's goals and no recommendations or modifications were cited in the previous Outcome Management Report.

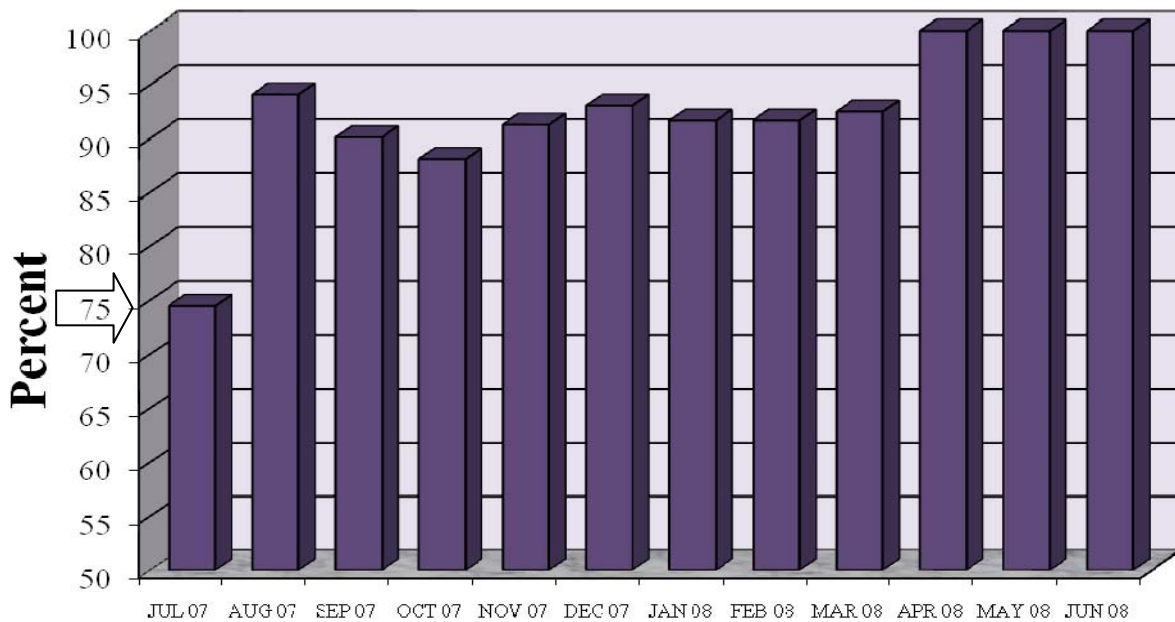
CURRENT ACTION PLAN:

Consumers and their families have developed their own goals as part of the Individual Service Planning and our staff assists consumers in meeting these goals. We have no recommendations for change in this outcome for the next fiscal year.

Host Family Services Outcomes:

The ten persons served in Host Families live in homes throughout metropolitan Atlanta and north east Georgia and participate in the community, in which they live, attend religious services if they choose and attend day programs or work.

Host Families FY 2008



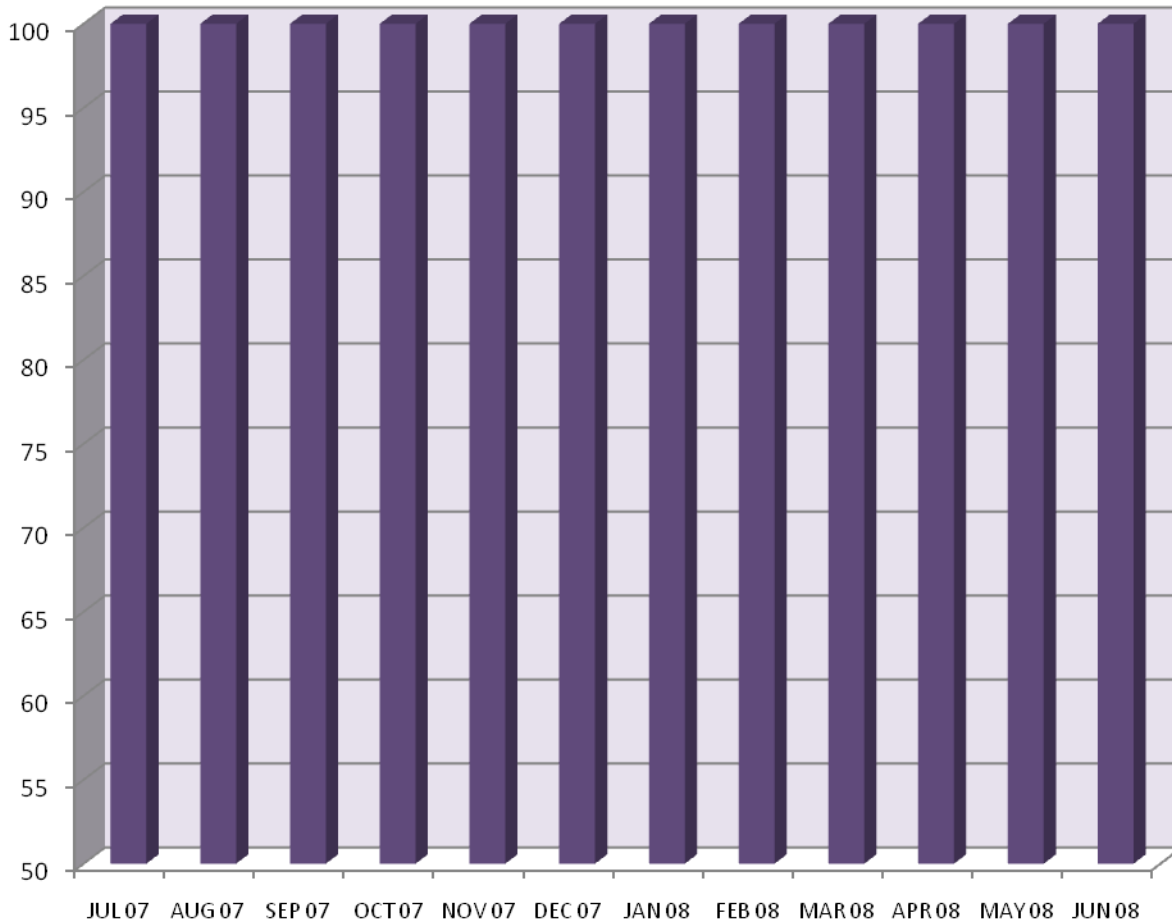
PRIOR YEAR RECOMMENDATIONS: This goal is a continuation from last year's goals and no recommendations or modifications were cited in the previous Outcome Management Report.

CURRENT ACTION PLAN: Southern Resources Consultants, Inc. consumers in the host family programs have exceeded the goals we have set for ourselves in every month of the year during this fiscal year except one. We will continue to train our host providers so they can work one on one with the resident living in their home to accomplish the goals they have established in their ISP.

Consumers and their families have developed their own goals as part of the Individual Service Planning and our staff assists consumers in meeting these goals. In addition state auditors for Medicaid monitor this goal for state compliance with federal standards. We have no recommendations for change in this outcome for the next fiscal year.

Personal Support Services Outcomes:

The seven persons served in Personal support services throughout metropolitan Atlanta and northeast Georgia. The persons served by SRC personal support services live with their families, receive in-home care and may go to day programs or school.



PRIOR YEAR RECOMMENDATIONS: This goal is new because we have not operated this service or reported on it in our Performance Evaluation prior to this year.

CURRENT ACTION PLAN: Southern Resources Consultants, Inc. consumers in the personal support program during FY 08 have all met all their ISP goals.

Consumers and their families have developed their own goals as part of the Individual Service Planning and our staff assists consumers in meeting these goals. In addition state auditors for Medicaid monitor this goal for state compliance with federal standards. We have no recommendations for change in this outcome for the next fiscal year.

Outcomes of Efficiency:

Fiscal 2008

Outcomes of Efficiency:

Outcome II: The cost of labor does not exceed revenue and that it is at such a percentage that allows for agency operation and profit which is utilized to maintain viability and to fund our growth

Budget versus actual – Wages paid – Fiscal 2008 (July 01, 2007 – June 30, 2008)
(Test period Jan 2008 – Jun 2008)

We again have looked at and focused on one of the key expense control items in running the business for fiscal 2008. While we have had continual pressure to raise wages within the ranks of the direct care workforce, it is difficult to accomplish with no increase in our funding sources, for yet another year. We have continued to work with SPADD (State Providers Association for Developmental Disabilities), a provider organization that we belong to that is speaking with a unified voice for providers of services to individuals with developmental disabilities. Steve Corder has continued on the board of SPADD representing our company and the providers that are served by the organization. An increase had been approved by the legislature in the 2008 session, but it turned out this increase was first put off until Jan 2009, but subsequently was delayed due to the economic uncertainty at the beginning of fiscal 2009. This planned increase is now indefinitely on hold.

Operations – expansion: As mentioned last year we had some “re-start” in the group home area, as the senior management, took an assessment of the overall operation and the plans for the future of the company at this point. During the late part of calendar year 2006 and early calendar 2007 we reassessed exactly what we wanted to do and did we want to continue with group homes or go more to doing exclusively personal support – in home supports.

During fiscal 2008 we solidified the group home opened the prior year in Adairsville, GA. The home is accessible and currently serves consumers with intense needs.

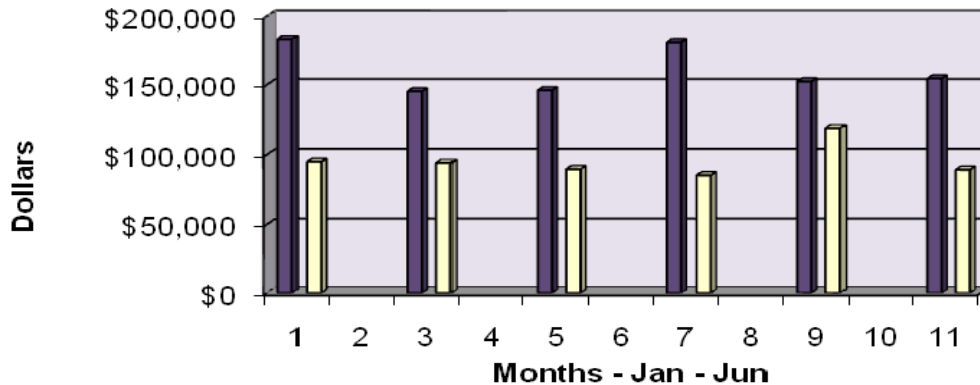
We also made the business commitment to allow another provider (Hope House One, located in Villa Rica) to sub-contract with us since they needed to utilize us as an established Medicaid provider. This relationship began in March of 2007 and has continued to solidify. During fiscal 2008 we put in place another relationship with another sub-contractor, LeFevre Personal Care Homes, who too wanted to subcontract through us. We had planned and agreed to this relationship prior to year end fiscal 2007, but did not actually have consumers move into the program until early fiscal 2008.

During fiscal 2008 we planned to continue to grow in-home care for the elderly or others that need care or assistance in their home, including those with a primary diagnosis of MR / DD who are funded through the MRWP in Georgia. We have had significant growth in the “in home supports” for MR/ DD consumers. Additionally we have put into place a contract with a

provider of services to consumers with intense medical needs in addition to a primary diagnosis of MR / DD. This company (CareMinders, Inc.) is currently sub-contracting through us.

Our plan is to increase this business (personal support – in home) and to continue to build the business outside of Medicaid funding. We want to continue this trend going forward to better balance the business.

2008 Income / Wages - Payroll



The wages and associated expense of personnel (including contractors serving as host families) continues to be our biggest item of expense. We have had no increase for the MR / DD program during a very prolonged period. We, too, have continued to increase non-direct support and oversight services such as nursing, records review and administration, consultant review and survey of consumer and family satisfaction, etc. The only increase we have received was during fiscal 2001; receiving a nominal increase in the funding for MR Waivered services in which we participate. We, again, working through SPADD will continue to work for increasing funding for the services which we provide. This is an ongoing effort by us and the other providers within SPADD as well as other providers and provider organizations to try and get some level of increase. A lack of funding increases is compounded by the expense increases in a number of categories. We, too, have experienced increases in insurance expense (both liability and workers' compensation) vehicle operation expense, utility expense in the group home operations and other miscellaneous expense with no increase in our funding.

PRIOR YEAR RECOMMENDATIONS: We had planned to grow in Region 1 (NW region of the state) and this has continued through fiscal 2008.

We finalized a plan within Region 1 to take over 3 group homes in the NW area of the state at the start of the 2009 fiscal year (07/01/2008). This opportunity became available by the decision of an out of state provider to discontinue operations in Georgia. We worked closely with the provider and the Region Office in the planned transition and the subsequent start of the operations by our company.

Outcomes of Satisfaction:

Outcome III:



- **Percent of individuals who express satisfaction with services**
- **Percent of families who express satisfaction with services**

Consumers:

Southern Resources Consultants, Inc. (SRC) distributed surveys to consumers in July 2008. Program coordinators interviewed our consumers using a standardized survey chosen by the Outcomes Management Team.

Stakeholders:

In our Mental Retardation program many of the families are elderly or deceased and we have received diminished response to our Annual survey of families in previous years. We now have a social worker who calls families every quarter. Even though there are frequently families she cannot reach, overall our feedback has improved.

Data Completion:

Completed surveys were compiled by administrative staff. The results of the data compilation were reviewed by the Quality Assurance Committee. Survey results presented on the following pages represent the results of our consumer satisfaction survey.

On the following pages we have reported on the satisfaction with our services as it has been expressed by consumers and families.



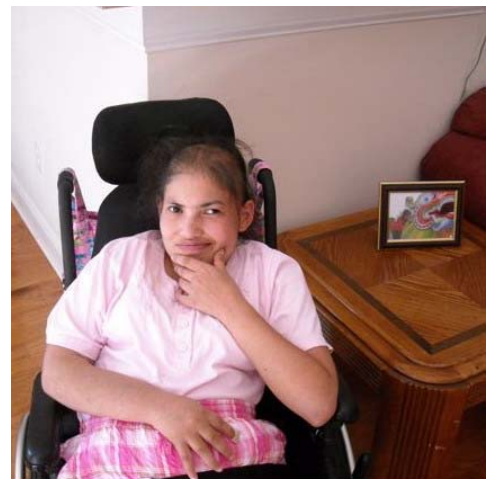
Family Satisfaction: Service Delivery

Are you satisfied with the services that your family member is receiving?	
Always	0.55
Almost Always	0.36
Sometimes	0.00
	0.09
Never	0.00
NA	0.00
Do you have input into the service planning in the ISP?	
Always	0.55
Almost Always	0.18
Sometimes	0.00
Seldom	0.00
Never	0.09

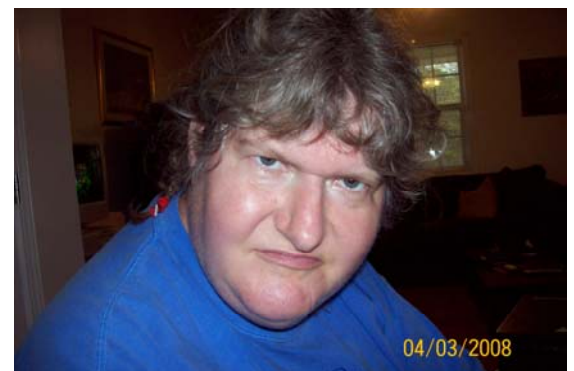
SRC

New Surveys for Families and Consumers

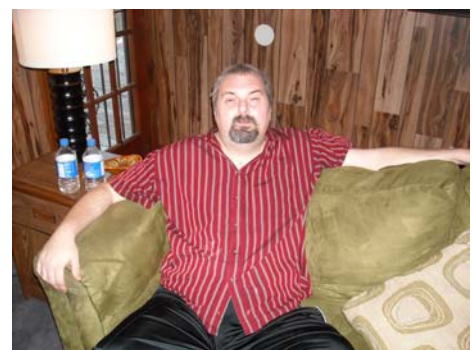
In our FY 2008 Planning Meeting we began the process of developing new Family and Consumer Satisfaction Surveys. A consultant assisted us and this is the first time we have used our new Family and Consumer surveys.



NA	0.00
No Answer	0.18
Are your family member's health and medication issues effectively addressed?	
Always	0.82
Almost Always	0.09
Sometimes	0.00
Seldom	0.00
Never	0.09
NA	0.00
Is your family member's money handled effectively?	
Always	0.55
Almost Always	0.18
Sometimes	0.09
Seldom	0.00
Never	0.09
NA/No Answer/comment only	0.09
Do you consider the staff working with your family member to be adequately trained?	
Always	0.55
Almost Always	0.27
Sometimes	0.18
Seldom	0.00
Never	0.00
NA	0.00
Are you satisfied with the living environment/house mates of your family member?	
Always	0.45
Almost Always	0.27
Sometimes	0.18
Seldom	0.00
Never	0.00
NA	0.09
Do you feel that your family member has adequate choice in their daily routine and/or social, recreational activities?	



Always	0.64
Almost Always	0.36
Sometimes	0.00
Seldom	0.00
Never	0.00
NA	0.00
Do you think that your family member is safe or free from any harm?	
Always	0.64
Almost Always	0.27
Sometimes	0.09
Seldom	0.00
Never	0.00
NA	0.00
Do you feel that your family member is treated with respect?	
Always	0.64
Almost Always	0.18
Sometimes	0.18
Seldom	0.00
Never	0.00
NA	0.00
Do you feel that your family member's rights are honored?	
Always	0.73
Almost Always	0.18
Sometimes	0.00
Seldom	0.09
Never	0.00
NA	0.00



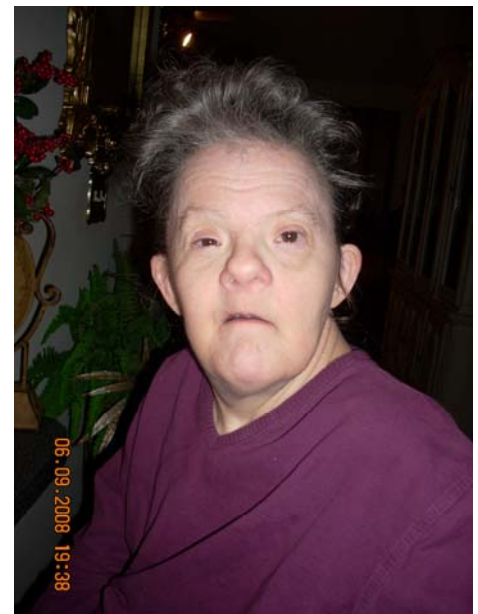
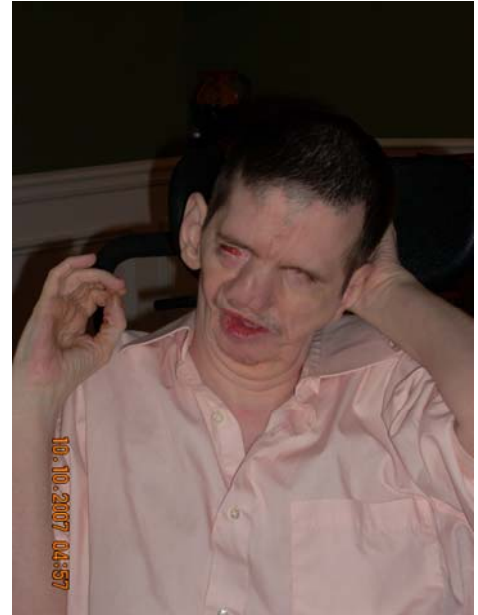
CONSUMER SERVICE

Is the level of communication between you and the service provider staff acceptable?	
Always	0.64
Almost Always	0.27

Sometimes	0.09
Seldom	0.00
Never	0.00
NA	0.00
Are you responded to in a timely and effective manner when you have questions or concerns?	
Always	0.82
Almost Always	0.18
Sometimes	0.00
Seldom	0.00
Never	0.00
NA	0.00
Are you informed of problems and/or changes that arise?	
Always	0.82
Almost Always	0.18
Sometimes	0.00
Seldom	0.00
Never	0.00
NA	0.00
Are emergencies/crisis handled in a safe and effective manner?	
Always	0.73
Almost Always	0.18
Sometimes	0.09
Seldom	0.00
Never	0.00
NA	0.00
Are you satisfied with your level of involvement in decisions?	
Always	0.55
Almost Always	0.36
Sometimes	0.00
Seldom	0.09
Never	0.00
NA	0.00
Are you able to visit with your family member when you would like?	



Always	0.82
Almost Always	0.09
Sometimes	0.09
Seldom	0.00
Never	0.00
NA	0.00
Are treated with respect by the staff and/or services provider?	
Always	0.73
Almost Always	0.27
Sometimes	0.00
Seldom	0.00
Never	0.00
NA	0.00
Are you satisfied with your family member's appearance/hygiene?	
Always	0.64
Almost Always	0.18
Sometimes	0.18
Seldom	0.00
Never	0.00
NA	0.00
Do you receive copies of documents or information when requested?	
Always	0.73
Almost Always	0.09
Sometimes	0.09
Seldom	0.00
Never	0.00
NA	0.09
Are you given information on resources or linkages to other service/supports options that may be helpful?	
Always	0.45
Almost Always	0.09
Sometimes	0.27
Seldom	0.00
Never	0.18
NA	0.00





CONSUMER SATISFACTION

2008

Questions
Comments

What is your current living situation

	Community Housing		Host Families		Personal Support	
House	13	93%	10	100%	0	0%
Apartment	1	7%	0	0%	0	0%
Duplex	0	0%	0	0%	0	0%
Roommate(s)	0	0%	0	0%	0	0%
Alone/Home with family	0	0%	0	0%	7	100%

Domain - Choice & Control

1. Do you feel you have a choice of people to provide supports to you?

	Community Housing		Host Families		Personal Support	
Always	13	93%	6	60%	5	71%
Almost Always	1	7%	3	30%	1	14%
Sometimes	0	0%	1	10%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	0	0%	0	0%	0	0%

2. Do you have input into the types of services you receive?

	Community Housing		Host Families		Personal Support	
Always	12	86%	7	70%	7	100%
Almost Always	1	7%	2	20%	0	0%

	Sometimes	1	7%	1	10%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
3. Does your ISP include things that are important to you?							
	Always	13	93%	8	80%	4	57%
	Almost Always	0	0%	2	20%	3	43%
	Sometimes	1	7%	0	0%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
4. Do you get to choose the people you live with or who you do things with?							
	Always	7	50%	8	80%	4	57%
	Almost Always	5	36%	1	10%	1	14%
	Sometimes	2	14%	1	10%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	2	29%
5. Do you have input into how your spending money is handled?							
	Always	14	100%	6	60%	1	14%
	Almost Always	0	0%	2	20%	0	0%
	Sometimes	0	0%	1	10%	0	0%
	Seldom	0	0%	1	10%	1	14%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	5	71%
Domain - Access to Care							
1. Are your needs being met through the services you receive from SRC?							
	Always	14	100%	9	90%	7	100%
	Almost Always	0	0%	1	10%	0	0%
	Sometimes	0	0%	0	0%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
2. Do you see the doctor or the dentist when you need to?							
	Always	14	100%	8	80%	1	14%
	Almost Always	0	0%	1	10%	0	0%
	Sometimes	0	0%	0	0%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	1	10%	0	0%
	N/A	0	0%	0	0%	6	86%

3. Are your medications prescribed appropriately?						
Always	13	93%	8	80%	0	0%
Almost Always	0	0%	0	0%	0	0%
Sometimes	0	0%	1	10%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	1	10%	0	0%
N/A	0	0%	0	0%	6	86%
4. Do you have the right type of equipment for you to function as independently as possible in your life?						
Always	8	57%	6	60%	5	71%
Almost Always	0	0%	1	10%	1	14%
Sometimes	1	7%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	4	29%	3	30%	0	0%
5. Are appropriate accommodations made for you to access services?						
Always	13	93%	9	90%	6	86%
Almost Always	0	0%	1	10%	1	14%
Sometimes	0	0%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	1	7%	0	0%	0	0%
Domain - Respect & Dignity						
1. Do you feel respected by the people that are providing services / supports to you?						
		100				
Always	14	%	10	100%	7	100%
Almost Always	0	0%	0	0%	0	0%
Sometimes	0	0%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	0	0%	0	0%	0	0%
2. Do you feel safe?						
Always	13	93%	9	90%	7	100%
Almost Always	1	7%	1	10%	0	0%
Sometimes	0	0%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	0	0%	0	0%	0	0%
3. Are you given consideration for your privacy?						
		100				
Always	14	%	10	100%	7	100%
Almost Always	0	0%	0	0%	0	0%
Sometimes	0	0%	0	0%	0	0%

	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
4. Do you understand your consumer rights?							
	Always	13	93%	9	90%	7	100%
	Almost Always	1	7%	0	0%	0	0%
	Sometimes	0	0%	1	10%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
5. Do you have someone to contact if you have any problems or concerns?							
	Always	12	86%	10	100%	7	100%
	Almost Always	0	0%	0	0%	0	0%
	Sometimes	2	14%	0	0%	0	0%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
Domain - Community Inclusion							
1. Do you have input into activities or programs that you are involved in the community?							
	Always	12	86%	8	80%	5	71%
	Almost Always	1	7%	2	20%	1	14%
	Sometimes	1	7%	0	0%	1	14%
	Seldom	0	0%	1	10%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
2. Do you have a choice of social activities? (shopping, movies, dining out, sports, visiting friends)							
	Always	13	93%	10	100%	3	43%
	Almost Always	0	0%	0	0%	3	43%
	Sometimes	1	7%	0	0%	1	14%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	0	0%	0	0%
	N/A	0	0%	0	0%	0	0%
3. Are you given the opportunity to participate in social activities as often as you would like?							
	Always	11	79%	7	70%	3	43%
	Almost Always	2	14%	2	20%	3	43%
	Sometimes	1	7%	1	10%	1	14%
	Seldom	0	0%	0	0%	0	0%
	Never	0	0%	1	10%	0	0%
	N/A	0	0%	0	0%	0	0%

4. Are you given a choice about participation in any religious opportunities?

Always	13	93%	9	90%	6	86%
Almost Always	1	7%	1	10%	1	14%
Sometimes	0	0%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	0	0%	0	0%	0	0%

5. Are you given the opportunity for employment if you are interested?

Always	12	86%	9	90%	3	43%
Almost Always	2	14%	0	0%	0	0%
Sometimes	0	0%	0	0%	0	0%
Seldom	0	0%	0	0%	0	0%
Never	0	0%	0	0%	0	0%
N/A	0	0%	1	10%	4	57%

Write-in comments at survey end:

RH (HH One) - Hamburgers for lunch & dinner
 HT (HH One) - I would like to smoke my pipe more
 SC (HH One) - I don't want to be asked no more questions right now.
 LH (LeFevre) - Needs adjustment to brace; has appointment
 LH (LeFevre) - May consider church
 LH (LeFevre) - Goes shopping & watched TV and loves to sleep
 TB - Contact if problems - "Daddy"
 TB - Social activities - "Would like more"
 BR - Contact on concerns "Staff, parents, Support Coordinator, Program Coordinator
 B Vn - Problems - "Mother & Steve E"
 B Vn - Social - "Would love to go more!"
 B Vn - "I like to sing! I like to dance. I don't want to be attacked. They (SRC) are being comfortable to me>"
 JC - "ready to start day program"
 JG "I don't want to work"
 JW - She smiled & said yes to every question
 JRB - someone to contact, "program coordinator, sister, support coordinator
 JRB - "Satisfied w/ care because 'tis better than I expected.
 MB - someone to contact, "Brothers"
 MB - Social activities, "would like to more"
 QC - Chose people you live with, "would like more choices."
 QC - Needs to see dentist
 QC - someone to contact, "Steve E & Support Coordinator"
 QC - choice of social activities, "Wal-Mart, Park, Church, Out to Eat."
 AB - spending money, "host home provider handles"
 AB - Understand rights, "needs more training"
 AB - Contact, "Aileen - HHP, Mother, Program Coordinator, Support Coordinator"
 AD - Lives with family

Satisfaction of Our Non-Verbal residents Expressed through their life with us.

INDICATORS OF SATISFACTION – NON-VERBAL CLIENTS

1. Appetite, does client finish meals? Please state specific meals or food items that client doesn't finish.

TT – yes, finishes meals. Loves all food!

MF – mostly, does not finish sandwiches

AH – yes, finishes meals

JC – yes, eats everything

DW – yes

CW – good

RB – very good appetite

RG – very good

KN – great appetite

BM – great appetite

AHe – yes, but does not always care for tuna; takes pureed food (liquefied)

ReB – not a very good eater; takes prompting

JPH – finishes all meals and often accepts seconds

TB – finishes all prepared meals in community and at the residence

RH – has a healthy appetite; we think having him involved with the meal prep helps with him finishing all meals

CM – appetite is ok at times

TS – has a good appetite and will let you know when he is ready to eat



2. Sleep, are there any apparent sleep disturbances? Are they consistent disturbances or occasional? Are they periodically consistent (i.e. same time every night).

TT – yes, consistently up and down at night

MF – gets up only to urinate; goes back to bed.

AH – yes, has tourette's syndrome at night; 3x a week

JC – gets up periodically and takes some time to go back to sleep

DW – yes, gets up frequently, but goes back to bed

CW – good

RB – sleeps all night

RG – great sleeper

KN – gets up early, but sleeps well

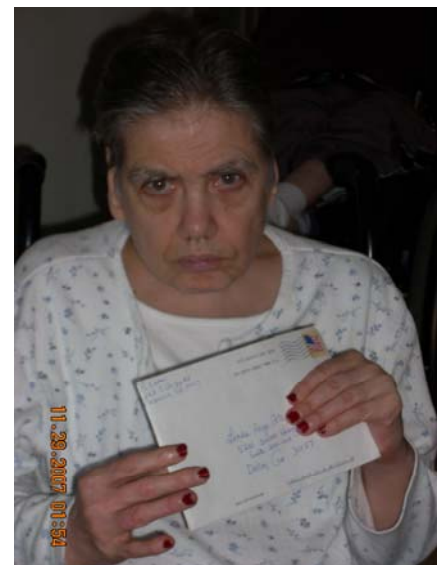
BM – none

AHe – wakes up occasionally, but goes back to sleep on his own

ReB – stays up late and sleeps in odd position; sleeps 4-5 hours

JPH – at times, stays up late playing with toys, smiling, and laughing

TB – has no sleep disturbances



RH – occasional sleep disturbances to use restroom has been documented on sleep log – not many

CM – he likes to stay up late and sleep in

TS – unknown, lives with family

3. Health, does client have many health problems? Any new health problems? Different than normal or long-term problems.

TT – yes, no new problems

MF – nothing new; some seizures, poor eyesight, IBS, incontinence.

AH - none

JC – yes, brain tumor, pneumonia, seizure D/O

DW – Hx gall bladder surgery and SIB of items in rectum; no new problems

CW – good

RB – good health; Hep-B carrier; pre-ulcerous colon checked in Oct. 2008

RG – very healthy

KN – overall very healthy

BM – stomach compaction by Hx, but overall is in good health

AHe – very healthy

ReB – low iron, taking supplements otherwise healthy

JPH – labs and med evaluations do not reveal any new health problems; seizure d/o is controlled with med administration

TB – does have seizure D/O that is controlled w/ meds and avoidance of trigger foods and beverages

RH – no new health problems; diabetic with healthy snack and meal choices it remains controlled as well as 70/70 insulin

CM – family takes care of all health issues

TS – lives with family and they take care of his health needs

4. Isolation/Participation, how well does client interact with other people? How is isolation time spent – is it productive or spent sleeping? Do they watch activities or is it complete isolation?

TT – interacts – non-verbal most of time; says bye and yes and no; spends isolation is active.

MF – Keeps to himself; he sleeps if isolated; keeps watch on everything.

AH – Good with interaction; productive in isolation.

JC – interacts ok; lethargic much of the time; spends isolation watching TV

DW – interacts well, when alone cleans or watches TV

CW – sits in living room but little to no interaction

RB – very interactive; if alone, would get in anything and everything

RG – chooses to isolate; spends time in room but spends much time in living room as well

KN – is ok being around others; if alone, will sit and relax

BM – very moody; some days interacts, some days doesn't

AHe – very “touchy/feely” if he knows your voice but shies away when voice is unfamiliar

ReB – very well; if alone, will relax but not sleep; prefers company

JPH – verbal cues and partial guidance enhance socialization; role model “greeting” skills in the community and give praise for any efforts he attempts to make

TB – very friendly; interacts well independently w/ staff observation; some very or partial guidance ensures safety

RH – interacts well with other visitors, staff and peers; at times, partial guidance and verbal cues are needed

CM – likes to stay in his room with his sister

TS – interacts well with others and enjoys watching TV

5. Behavior problems, does client have behavior challenges? State specific times and situations that behaviors occur if they are consistent.

TT – occasionally refuses things; attributed to Alzheimer's/confusion.

MF – occasionally bites arm when agitated; tends to wander off in public; needs supervision.

AH – none.

JC – no behavior problems

DW – yes, SIB Hx of inserting items in rectum and aggression

CW – none

RB – none

RG – none (as of recent years)

KN – SIB, behavior plan in place; hits self in face, self stim.

BM – spitting and biting hand when anxious

AHe – none

ReB – none

JPH – n/a

TB – no behavior that endangers others; at times, needs protective oversight to ensure safety at home and in the community

RH – overly concerned with natural mother's health; she reports will become stressed leading to pick skin till it bleeds; still redirects and relates positive memories of mom

CM – no behavior problems

TS – none



6. Smiles/Laughter, does client laugh or show that he/she is happy?

TT – smiles and laughs.

MF – smiles and laughs

AH – Smiles, laughs

JC – smiles, laughs, and talks more

DW – smiles and laughs

CW – smile, rocks

RB – smiles and flaps arms

RG – smiles, rocks, and dances

KN – when he is not agitate or has less SIB, he gets “soothed” look on face

BM – yes, shows happy by smiles

AHe – hugs and reaching out to staff for “petting”

ReB – big smiles and laughter

JPH – laughs and smiles i.e. at meal times, prep for community inclusion and family contact

TB – staff documents temperament via facial expressions; smiles more than often and shares laughs mostly at appropriate times

RH – full of laughter and smiles; makes fun of peers not to the point to offend

CM – he will smile

TS – smiles and laughs

7. Interaction with housemates, is client generally friendly or some one that tends to cause fights? Does reaction differ for each housemate?

TT – friendly and docile – not different

MF – Friendly - same

AH – friendly, same to all

JC – does interact on outings and meals, does not start fights

DW – friendly, but likes staff

CW – very friendly

RB – friendly (very)

RG – friendly

KN – friendly once he knows you; does not like people in his room or bathroom

BM – more friendly but can have a bad mood on occasion

AHe – very little interaction as far as reaching out, but spends much time with roommates in living room

ReB – friendly and reacts positively to others

JPH – very friendly and respectful to personal boundaries; very patient

TB – very friendly; very helpful and cooperative

RH – very helpful to lower functioning peers; has a general concern for their well-being

CM – lives with family

TS – none, lives with family

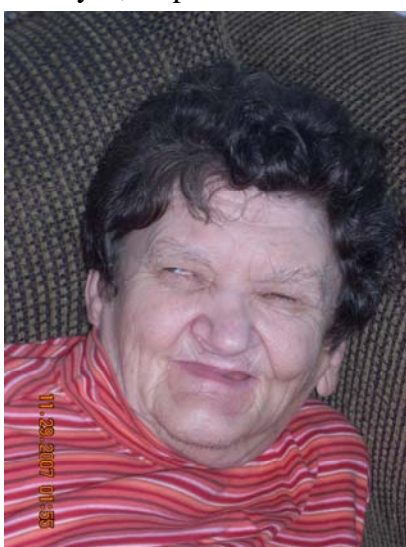
8. Responsiveness to staff, is client compliant when asked to do something?

TT – yes, unless confused

MF – yes

AH – not always

JC – yes, responds but not always



DW – yes, but takes prompting

CW – compliant, many prompts

RB – takes prompting

RG – very compliant

KN – yes, takes prompts

BM – yes, responsive

AHe – helps with transfer and changing garment

ReB – yes, compliant

JPH – yes when safe

TB – mostly at times we need more explanation for compliance

RH – yes

CM – yes

TS - yes

a. Not only commands, but also interactions.

TT – yes

MF – yes with interactions

AH – does respond with prompting

JC – unresponsive when not feeling well or after a seizure

DW – (no answer)

CW – with verbal prompts or gestures

RB – ok

RG – both good

KN – ok

BM – yes

AHe – reaches out and holds

ReB – yes, very responsive

JPH – yes, at his own pace

TB – (no answer)

RH – yes

CM- sometimes

TS - yes

b. Does client act differently toward certain staff?

TT – no, but works better when comfortable

MF - no

AH – no

JC – yes, has favorites; currently likes all staff

DW – yes, prefers females

CW – no

RB – no

RG – no

KN – very much; has favorites

BM – yes, has favorites

AHe – gets more excited about a few; has favorites

ReB – not really

JPH – no, not really; we think he knows we are here to assist

TB – yes he does recognize authority but manages to complete tasks with appropriate guidance

RH – yes, tends to work well with female staff

CM – none

TS – no other staff

9. Task, is client productive do they show good on-task behavior?

TT – yes, limited amounts of time

MF – yes, good with tasks

AH – yes

JC – ok with tasks such as coloring

DW – compliant and stays on task

CW – no interest

RB – not interested in “staying” on task; loves books

RG – slow, but can stay on task

KN – stays on task with nuts and bolts 10-20 minutes
 BM – can do simple tasks
 AHe – has a pillow turtle that he holds and manipulates
 ReB – no interest in tasks
 JPH – yes
 TB – yes, very much so at times its revealed he thinks he’s in a competition
 RH – yes, with verbal praise and guidance he is satisfied with his efforts and accomplishments
 CM- sometimes
 TS – yes, doing well with his goals at this time

10. ISP goals, do they achieve ISP goals they work on, do they appear to be motivated to work on them?

TT – Yes, achieves ISP goals – much support; not very motivated; low funct./Alzheimers
 MF – yes, achieves and is motivated
 AH, JC, DW, CW, RB, RG, KN, BM, ReB – (no answer)
 AHe, – little response
 JPH – yes, with verbal praise and clear instruction
 TB – yes, is aware of the importance of his efforts; at times needs encouragement
 RH – yes, he takes his health seriously and has lost many family members to death and is aware still; will continue to monitor his safety
 CM- he just started his goals
 TS – (no answer)

Appetite

Picks at Meal.....Finishes Meal
 1 2 3 4 5

TT – 5	CW – 5	BM – 5	TB – 5
MF – 4	RB – 5	AHe – 5	RH – 5
AH – 5	RG – 5	ReB – 2	CM- 3
JC – 4	KN – 5	JPH – 5	TS - 5
DW – 5			

Sleep

Sleep Disturbances.....Sleeps through Night
 1 2 3 4 5

TT-1	DW – 3	KN – 4 (gets up early)	JPH – 3
MF – 3 (urination only)	CW – 5	BM – 5	TB – 5
AH – 2	RB – 5	AHe - 3	RH – 4
JC – 3	RG – 5	ReB – 3	CM- 2
			TS - 5

Health

Freq Health Problems.....Good Health
 1 2 3 4 5

TT - 2	CW - 5	BM - 3 (impaction)	TB - 3
MF - 2	RB - 4	AH - 5	RH - 4
AHe - 5	RG - 5	ReB - 5	CM - 4
JC - 2	KN - 5	JPH - 4	TS - 3
DW - 4			

Behavior Problems

Low Frequency.....High Frequency
 1 2 3 4 5

TT - 1	DW - 3	KN - 5 (SIB)	JPH - 4
MF - 1	CW - 1	BM - 2	TB - 4
AH - 1	RB - 1	AHe - 1	RH - 4
JC - 1	RG - 1	ReB - 1	CM - 1
			TS - 1

Participation

Isolates Self.....Regularly Participates
 1 2 3 4 5

TT - 4	DW - 5	KN - 3	JPH - 3
MF - 3	CW - 4 (by choice)	BM - 5	TB - 4
AH - 5	RB - 5	AHe - 2 (by preference)	RH - 5
JC - 3	RG - 3 (by choice)	ReB - 4	CM - 1
			TS - 4

Affect

Cries/No Laughter.....Smiles/Laughs Frequently
 1 2 3 4 5

TT - 4	DW - 5	KN - 3	JPH - 3
MF - 4	CW - 5	BM - 5	TB - 5
AH - 5	RB - 5	AHe - 4	RH - 5
JC - 4	RG - 5	ReB - 5	CM - 4
			TS - 4

FY 2008 QUALITY ASSURANCE SUMMARY

Southern Resources Consultants, Inc. holds agency wide Quality Assurance meetings once every quarter, or four times a year. Health and Safety meetings take place on the same day as Quality Assurance meetings. Consumer Rights is a sub-committee of the Quality Assurance Committee.

The Quality Assurance Committee, made up of Staff, consumers, family members, contract personnel and management staff at each meeting reviewed incidents that had happened since the prior meeting. During the year the QA/Risk Management Committee reviewed 36 MRWP incidents representing 14 consumers that happened during the year and did a peer review of 4 client files chosen at random. SRC nurses visited residential sites on a monthly basis and we tracked all doctor/dental visits of our residents to identify any trends in medical issues.



Causes: New consumers entering SRC services this year accounted for all but six incidents. Ninety five percent of the incidents happened in group homes that had been open less than six months.

Of the eight persons with incidents two left the program in 2007. The host home programs had 27 % of all of the MRWP incidents; 73% came from group homes.

Trends: Most of the incidents pertaining to these behaviors happened with consumers new to our agency this fiscal year. The time of most critical incidents varied but the majority happened during the late afternoon and early evening. The type of incidents were consumers threatening to harm others, self, property damage, stealing, fighting, arguing, negative attention seeking, AWOL, missing person, injury, medical inpatient and outpatient treatment.

Action For Improvement: The Behavioral Specialist Consultant developed behavior support programs for the consumers identified by these behavior incidents. It is anticipated that the frequency of these incidents will decline as the group homes new to our agency “settle in” and residents become comfortable in their new homes.

In FY 2008 we have hired a part-time Quality Assurance committee chairperson who is leading our QA process and a part time records administrator who oversees the quality of our clinical records.

Education and Training of Personnel:

SRC has continued to train SRC staff and Host Providers on this curriculum: Crisis Prevention Intervention, Natural Community Support Training, side effects of psychotropic medications, CPR, First Aid and Incident Report Training. In FY 2008 our agency is part of pilot project utilizing the College of Direct support to train direct care staff. The curriculum is an intense training course in skills needed to work with persons with developmental disabilities.

Prevention:

To prevent incidents in our host homes, we utilize support and behavior plans; many of the consumers with behavior incidents this year were new to programs within our agency due to our growth in Region One. These consumers had understandable adjustment issues in new sites and two consumers left our agency during this period because they had behaviors and/or family issues that could not be resolved through behavior support services.

The Quality Assurance committee is made up of the following staff members:

Program Managers:

Shasta Washington
Amanda Shope
Steve Edgeman
Marlon Wells
Natasha Henson

Host Family Representative:

Al Shaw/Deborah Hendon/Rick Dean

SRC residents

Janice Goldin, Demetrious Bryson

SRC Nurse

Margi Williams, PhD FNP

SRC Social Worker

Michelle Dowell

President / CEO

Kathryn Atha

Vice President

Steve Corder

During FY 2007 there were no complaints of Human Rights violations by consumers or family members.

In FY2007 SRC, Inc was notified of the lawsuit through normal legal channels. SRC's liability carrier was notified and legal defense was provided by the insurance company, represented by the Atlanta law firm of Swift, Currie, McGhee & Hiers, LLP. During fiscal 2007 the defense went through the normal discovery and depositions of the involved parties. Little happened during the fiscal year.

The parties agreed to arbitration in August 2008 (fiscal 2009) in an attempt to avoid a court battle over the issues presented in the lawsuit. A settlement was agreed to in August 2008, without fault being placed on the defendants. SRC, Inc's insurance company was the sole defense in the litigation and ultimate arbitration amongst the several parties named in the original suit.

Our Oak Grove facility completed their annual survey by the Georgia Department of Human Resources with no citations or deficiencies. New facilities incurred some citations while applying for provisional approval and now have permanent licenses.

Minutes of the Quality Assurance/Risk Management Committee are available in the administrative offices.