



OUTCOMES REPORT

FISCAL YEAR 2019

(July 1, 2018-June 30, 2019)

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Hiring and Recruiting Coordinator*

INTRODUCTION

Outcome data is collected throughout the fiscal year per program to measure effectiveness, efficiency, access and satisfaction. This fiscal year, First Resources experienced further stabilization and integration of the services acquired in Eastern, IA during the last fiscal year. The agency also acclimated to the new managed care system in Iowa that modified funding streams and payment methods, creating additional challenges. Additionally, an increase in surveys and audits were seen as a result of these changes. Though there are some improvements to be made, those audits and surveys resulted in full accreditations and funding agreements.

First Resources Corporation remains committed to quality services in a changing environment through an array of various services to meet the needs of those communities served. Additionally, the agency values our staff members as our most important asset and continues with the provision of training and resources to remain a leading provider of residential and community based services in Iowa.

OUTCOME MEASURES AS DETERMINED BY PROGRAM

STARTING POINT BEHAVIORAL SERVICES & CHILDREN AND FAMILY SERVICES

As reported by Cathy Pringle-Maletta, Director of Treatment & Counseling
Outpatient Substance Abuse, Hope House, Family, Safety, Risk & Permanency (FSRP)

Effectiveness Measures:

Starting Point Outpatient Services Performance Indicators

Measure: 50% successful discharge
Outcome: 59% successful discharge
Measure: maintain less than 30% no show rate
Outcome: 18.94%
Measure: 15 community presentations to promote service awareness
Outcome: 10 community presentations FY 2018-2019

Hope House Performance Indicators

Measure: 50 % clients will complete successfully
Outcome 50.7% successful completion
Measure: 50% of children removed will be reunified with parent
Outcome: 61.78% reunified
Measure: Parenting skills will increase by 80%
Outcome: (sampling) 75% increase of parenting skills

Oak Meadow Performance Indicators

Measure: 50% successful discharge rate
Outcome: 52% successful discharge
Measure: 80% successful court committal success
Outcome: 63%
Measure: 100% implementation of Evidence Based Practice Seeking Safety
Outcome: 100% implementation of Seeking Safety Curriculum

Safety Service Performance Indicators

Measure: 85% one hour response
Outcome: 100 % response time 100%
Measure: 85% contacts reported to DHS timely
Outcome: 100% contact reports in the
Measure: 85% emails & reports
Outcome: 96% submission of emails and reports

Family, Safety Risk and Permanency Performance Indicators

Measure: 85% face to face contact
Outcome: 91% face to face contact
Measure: 85% contact after the first month
Outcome: 93% contact after the first month
Measure: 85% emails and reports
Outcome :93% emails and reports
Measure 20% FSRP staff retention rate
Outcome66.53%

COMMUNITY BASED MENTAL HEALTH

As reported by Lindsay Paxton, Director of Mental Health Services Habilitation (HAB), Supported Community Living (SCL), Behavioral Health Intervention Services (BHIS), Intensive Psychiatric Rehabilitation Services (IPR), Community Support Services (CSS), Gender Specific Life Skills (GSLs)

Effectiveness Measures:

HAB/SCL:

Measure: There will be a **20%** reduction in emergency room visits for behavioral health interventions when compared to FY17 reports.

Outcome: Of 184 clients, nine (9) reported ER visits, equal to **1.6%** compared to FY16 report of 3.4%, which is a decrease of **53%**, exceeding the goal of 20%.

Measure: **95%** of clients will complete an annual physical.

Outcome: Approximately **50%** of clients have reported having an annual physical. This is not a requirement through Chapter 24, so individuals can decline to do so through writing. Therefore, this measure was not met.

BHIS:

Measure: **95%** of clients will report reduced symptoms at discharge.

Outcome: **93%** of clients reported reduced symptoms at discharge.

Measure: **95%** of clients will not be enrolled in a higher level of care during service provision.

Outcome: **97%** of clients remained in the least restrictive level of care.

GSLs

Measure: **85%** of clients will report reduced symptoms at discharge

Outcome: **92%** of clients reported reduced symptoms at discharge

Measure: **85%** of clients will not be enrolled in a higher level of care during service provision.

Outcome: **89%** of clients remained in the least restrictive level of care.

Access Measures:

HAB/SCL:

Measure: Client will increase positive community integration by increasing employment or volunteer work by **20%** from FY17 reports.

Outcome: Out of **184 total individuals, 62%** of clients surveyed stated they are either working or have volunteered. Specific numbers are not available for last fiscal year. However, this percentage may be used as a baseline for next year's outcome reports.

Measure: Client will increase positive community integration by increasing participation in community activities at least 3 times per quarter.

Outcome: **80%** of clients surveyed state they were involved in Community Outings.

Satisfaction Measures:

HAB/SCL:

Measure: 85% of clients will report a satisfaction rate of **3.0** or higher

Outcome: 79% of clients completed a survey regarding their HAB services. Of those total clients served= **3.36**, meeting and slightly exceeding the indicator.

DISABILITY SERVICES

Reported by Lori Drummond, Director of Disability Services
(Residential Services for individuals with Intellectual Disabilities, Vocational Services, Respite and DayHab)

File Review:

82 File reviews were completed in this fiscal year. The compliance for file review continued to show improvement throughout the year. Supervisors worked closely with case managers to get needed documents and to keep current on funding. Overall there is an 84% compliance rate for file review. The Coordinator will continue to work with Supervisors to assure that the proper steps are being taken to acquire documents needed for the individual files. Staying current with Annual Physicals has proven to be difficult with the hourly individuals receiving service. Overall, we are currently at 60% for having updated annual physicals in the files of those we provide services to. While the percentage is higher for our 24 hour site individual's we still have work to do in taking the Physical Form to program planning meetings and requesting that these get completed. This department will provide training to supervisors to assure this gets documented in the file so that we can support that we are making an effort to remind individuals of the need to get these completed. Assuring that Social Histories and current Program Plans is another priority that files will be reviewed for moving forward. These were documents that have been identified as problem areas in the past that we will continue to emphasize retaining in the future.

Documentation:

	# of notes Reviewed	# of Good Notes	# of Notes that Need Work	# of Notes that are Not Billable	Comments
Yearly Totals	4,883	82%	16%	2%	

Over the past year almost 5000 staff progress notes were reviewed by the Quality Assurance Coordinator. The Coordinator assisted with identifying areas in need of improvement and provided written feedback as well as face to face training to assist with improving notes. Staff attended webinar training as well as 1:1 training with their supervisor to get trained on documentation requirements. The averages of "good notes" and "unbillable" notes stayed consistent each quarter throughout the year. The number of notes needing additional

information ran between 14 % -18 %. We will continue to work to decrease the number of notes needing additional work, however, will continue to provide training to staff who need further education on how to include the critical information needed to meet the documentation guidelines.

Incident Reporting:

The yearly totals are reflected below:

Abuse Report	Mental Health	Law Enforcement	Missing Person	Personal Injury/Hospitalization	Medication Error Hospitalization
1	2	5	1	5	1

For this year a category was added for medication errors requiring hospitalizations. This is the first year that we have had this occur for as far back as I can recall. Staff were retrained on the importance of following the proper procedures to assure there is no reoccurrence of this kind. Injuries requiring hospitalization and Police calls were the highest two areas for Critical Incidents for the individuals we serve. The team will continue to review these incidents as they occur to make sure steps are taken whenever possible to alleviate the cause and put measures in place to prevent these crisis situations.

For minor incident reports there were 217 minor reports completed this fiscal year.

First Aid	CPR	Falls/Injury	Behavior	Med. Errors	Hitting
33	0	104	4	55	11

Falls and injuries related to falls is what produces the highest number of minor incident reports. This comes from about 4 of the same individuals that struggle with mobility issues and asking for help before attempting to transfer or move from one location to another. We will continue to monitor these individuals to try to identify ways to decrease the incidents and keep the individual out of harms way. These issues will be addressed within these individual’s program plans and the team will brainstorm ideas or alternative ways that the individual can get the support needed to prevent falls in the future. Medication errors are creating the second highest reason for incident reporting. The Disability team of supervisors and coordinators will work together closely to evaluate the main reason for these errors and provide training around the areas where mistakes are being made.

Training:

Trainings provided over the last year include the Coordinator providing bi-monthly Documentation Training to Direct Support Staff. Agency wide Supervisory Training was provided that focused on goal writing and plan development. Training has also been added to Relias that is a 3 part training focusing on various aspects of being a good Supervisor. This was assigned to each Supervisor in this department that they completed.

Training was provided to clarify the deficits that were identified in an HCBS audit in February of this year. Training was developed and presented around the importance of providing more community integration opportunities in Day Habilitation as well clarifying the need to identify more person centered programming.

The goal being to give each person served the opportunities to be involved in activities that are meaningful and desired by each individual.

Many of the supervisors attended the IACP technical assistance training. Worked on improving the completion of Performance reviews and assuring that the Brain Injury training is getting completed for all new staff. Had direct staff attend the documentation webinar that was offered by IACP on June 20th. Also worked on getting D3 De-escalation training set up for direct staff. Targeted the staff that would be the priority for getting through the first round of this training. Also, spent time discussing ways to improve the orientation process for new staff. Have supervisors take that 1:1 time to assure staff know that they have the support they need and a go to person for any questions they may have.

Progress on Other Outcomes Measured for the 18/19 Fiscal Year:

Supported Community Living Goals:

1. Individuals will increase positive community integration by participating in community activities at least 3 times per quarter 70% of the time.
2. 85% of individuals will report a satisfaction rate of 3.0 or higher on their satisfaction survey.
 - a. This goal was met at 100%. The Supported Employment program averaged a 3.5 satisfaction rating. The Residential programs also received no rating below a 3.0 on the survey's completed for the individual's surveyed in this program.

Respite:

1. 95% of the individual's served in the respite program will remain in their family home.
 - a. This goal was met at 100% as there were no children placed outside of the family home That were receiving respite from First Resources Corp

Day Habilitation

1. Individual's receiving Day Habilitation services will participate in a community activity at least 4 times per month 75% of the time.
 - a. This goal was met at 100% and we will look at increasing the number of activities participated in for each person over the next fiscal year.

Pre-Vocational

1. 40 % of all Individuals in Pre-Vocational services will start receiving job assessments in the community.
 - a. This was completed at 100% as there is currently only one person that continues to receive minimal Pre-Vocational services. All the other Individuals in the Supported
 - b. Employment program are involved in community based employment.
2. 20% of all Individuals in Pre-Vocational program will be placed in Community Integrated Employment.
 - a. This goal was completed at 100%. All the individual's that were receiving Pre-Vocational services are now employed in the community. Over half of the individuals in the Sigourney Pre-Vocational program are now employed in the First Resources Can Redemption, Car Detailing, or Card Board Recycling business.
 - b. In addition to their employment with First Resources these same individuals also have other employment in the community.

Supported Employment

1. 60% of all individuals receiving Supported Employment will be place in competitive employment and work 10-15 hours or more per week.
 - a. This goal was only met at 50% but this is due to being involved with doing more Assessments and Job Shadows with IVRS than actual Job Placements. The trend over the past year has been to assist individuals to explore more job opportunities and learn about the type of jobs that are out there. Roughly 30%

of the referrals were to help the person obtain a job. This has contributed to this goal not being met.

2. 75% of all individuals placed in community employment will maintain their job placement for more than 60 days.

a. Overall this goal was met at 70% as two of the individuals that we assisted in obtaining employment lost their jobs short of the 60 day threshold. Again, this was impacted due to the lower number of referrals for this service.

MAJOR INCIDENT REPORTING

QUARTER	Law Enforcement	Physical Injury	Mental Health	Child/ Dep. Adult Abuse	Elopement	Resulting in Hospitalization	Death	Total
1Q'2018-19 (July-Sept 2018)	1	2	1	0	0	2	0	6
2Q'2018-19 (Oct – Dec 2018)	4	0	0	1	0	0	0	5
3Q'2018-19 (Jan-Mar 2019)	1	1	0	0	0	2	0	4
4Q'2018-19 (Apr-June 2019)	1	1	0	0	0	1	0	3
TOTAL								18

ANALYSIS

All Major Incidents are reported and tracked through each department, as well as sent to the Managed Care Organization for the individual involved. Minor incidents are also tracked through each department. The QA Department tracks the incidents and analyzes for trends. According to the Iowa Association of Community Providers (IACP), an incident meets the definition of a Major Incident if “an occurrence involving a member enrolled in waiver (or Habilitation) services:

- 1) Results in a physical injury to or by the consumer that requires a physician’s treatment or admission to a hospital;
- 2) Results in the death of the member;
- 3) Requires emergency mental health treatment for the member;
- 4) Requires the intervention of law enforcement;
- 5) Results in a report of child abuse or dependent adult abuse;
- 6) Constitutes a prescription medication error or a pattern of medication errors;
- 7) Involves a member’s location being unknown by provider staff who are assigned protective oversight (elopement).

With a total of **18** Major Critical Incident Reports, this fiscal year, there was not applicable data to compare these numbers due to change in leadership and lack of data given.

The issues leading up to the critical incidents will be more closely reviewed next year, which will determine how to best label types of CIR’s.

SATISFACTION SURVEYS

Behavioral Health Intervention Services (BHIS)

Throughout the BHIS program, there were two hundred and fifteen (215) client Satisfaction surveys completed. The BHIS Client Satisfaction Surveys is submitted to family members of clients rather than to the individuals receiving services themselves. The following questions/statements are asked, with four options on a Likert scale, ranging from poor to excellent.

The four statements/questions are:

1. The service provided was helpful to me
2. The worker educated and/or provided guidance which assisted me in achieve my goals
3. I was able to identify and work towards treatment goals
4. The worker met with me on a weekly basis and arrived on time, to help me meet my treatment needs

Question #	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
1	0	1	6	47
2	0	0	5	49
3	0	0	6	50
4	0	0	6	45

ANALYSIS

All surveys indicated satisfaction with services provided, responding either “Good” or “Excellent” to the majority of questions. Individuals served and families in particular expressed contentment, noting that their or their children’s needs are met with respect and that staff are dependable and show up on time. Consumers of services also made good suggestions and had compliments for the programs and staff members.

Vocational Services

Supported Employment

Throughout the Supported Employment Program, there were fourteen (14) Family Satisfaction surveys. The Satisfaction Surveys are submitted to family members of clients rather than to the individuals receiving services themselves. The following questions/statements are asked, with four options on a Likert scale, ranging from poor to excellent.

The five statements/questions are:

1. Staff's interaction with your child is
2. Programming for your child is effective and meets his/her needs
3. You are able to choose the goals your child is working on
4. Staff offer your child choices whenever appropriate
5. Staff are dependable and flexible

Question #	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
1	0	0	5	9
2	0	0	7	7
3	0	1	11	1
4	0	0	4	10
5	0	1	10	7

Survey Comments:

- Likes the advice and planning for life
- Likes the help he gets meeting his needs

Residential – Individuals Surveyed

Throughout the Residential Program, there were forty two (42) Client Satisfaction surveys. The Satisfaction Surveys are asked directly to the individuals we provide services to. The following questions/statements are asked, with four options on a Likert scale, ranging from poor to excellent.

The five statements/questions are:

1. Staff treats you in a respectful manner
2. The services you are receiving through First Resources are meeting your needs
3. You are able to choose your own goals
4. Staff listens to you and offers you choices when making decisions
5. Staff are dependable, flexible and show up on time

Question #	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
1	0	0	13	29
2	0	0	15	27
3	0	1	13	27
4	0	0	11	30
5	0	0	13	29

Survey Comments:

- Likes that staff take him place
- Helpful and friendly staff
- Needs more fun activities to do at home(site)
- Good staff and supervisor
- Staff is punctual and reliable
- Would like to make more decisions on his own
- Has done well with health issues

Residential – Families Surveyed

Throughout the Residential Program, there were twenty-two (22) Family Satisfaction surveys. The Satisfaction Surveys are submitted to family members of clients rather than to the individuals receiving services themselves. The following questions/statements are asked, with four options on a Likert scale, ranging from poor to excellent.

The five statements/questions are:

1. Staff's interaction with your child is
2. Programming for your child is effective and meets his/her needs
3. You are able to choose the goals your child is working on
4. Staff offer your child choices whenever appropriate
5. Staff are dependable and flexible

Question #	Poor (1)	Adequate (2)	Good (3)	Excellent (4)
1	0	0	11	11
2	0	0	12	10
3	0	2	10	12
4	0	0	10	12
5	0	2	7	13

Survey Comments:

- Feels staff does well working on the goals
- Would like more frequent contact from supervisor
- Likes that we have enough staff now
- Family likes that plan and good improvement with client
- Make her feel safe and happy
- Would like more group activities for teens/children in Oskaloosa

ANALYSIS

All surveys indicated satisfaction with services provided, responding either "Good" or "Excellent" to the majority of questions. Individuals served and families in particular expressed contentment, noting that their or their children's needs are met with respect and that staff are dependable and show up on time. Consumers of services also made good suggestions and had compliments for the programs and staff members.

Substance Abuse- Outpatient Services

A total of forty-one (41) individuals receiving substance abuse services were randomly chosen to complete satisfaction surveys throughout the fiscal year. The format was the same as that above for outpatient mental health.

Reported Outliers included:

Hope House---41 Total Surveys	Yes	% of Yes	No	% of No	N/A
Was your discharge Successful or Unsuccessful?	29	71%	10	29%	2
Was your child placed back in your care while residing at the Hope House?	19	46%	18	54%	4
Did you feel safe at the Hope House?	38	93%	2	7%	1
Did you feel you were offered the services you needed while at the Hope House?	37	90%	3	10%	1
Do you feel that your parenting improved while at eh hope House?	37	90%	4	10%	
Do you feel that you were treated with respect and dignity during your stay at the Hope House?	32	78%	4	32%	5
Would you recommend Hope House to someone looking for inpatient treatment?	38	93%	2	7%	1
Do you feel confident that your confidentiality and rights were protected by FRC Staff?	40	98%	1	2%	
Were you therapy and counselling sessions scheduled and conducted in a timely manner?	37	90%	3	10%	1
Overall, are you satisfied with your treatment at First Resources?	39	95%	2	5%	

Oak Meadow 37 total surveys	Yes	% of Yes	No	% of No	N/A
Successful/Unsuccessful	22	60%	14	38%	1
Did you feel safe at the Oak Meadow?	33	89%	4	11%	
Did you feel you were offered the services you needed while at the Oak Meadow?	35	95%	2	5%	
Do you feel that you were treated with respect and dignity during your stay at the Oak Meadow?	36	97%	1	3%	
Would you recommend Oak Meadow to someone looking for inpatient treatment?	35	95%	1	5%	1
Do you feel confident that your confidentiality and rights were protected by FRC Staff?	35	95%	1	5%	

Were you therapy and counselling sessions scheduled and conducted in a timely manner?	33	89%	2	11%	2
Overall, are you satisfied with your treatment at First Resources?	36	97%	1	3%	

ANALYSIS

Based on this data it can be concluded that Hope House continues to provide a valuable service to those in need. The majority of clients are quite satisfied with services, are seeing positive results, were able to get their children back under their own care and became more insightful about their recovery. Overall, this program is not only achieving positive results in improving the lives of those served, but has a satisfied and loyal customer base.

STAFF SATISFACTION SURVEY INFORMATION

As provided by Humphrey Mwangi, Director of Human Resources

Summary of Results:

- The 2018 FRC Employee Satisfaction Survey (the survey) was administered through a confidential online site with Survey Monkey to all full and part time employees.
- The survey, was designed to assess key dynamics that are influencing First Resource’s culture and performance. The assessed categories were gauged through 33 statements using a 5 point scale and included 4 custom statements that were written by the director of human resources on pertinent topics.
- The overall survey response rate was 39.3%, compared with 44% in 2017. Generally, the results can be described as “above average”, with several categories falling into the “exceptional” descriptions. The survey data also suggests that staff value their relationships with their supervisors; the results in that category average in the “very good” range.

High Satisfaction Statements

According to the results below, the following were High Satisfaction Statements. Results are based on a percentage of 60% or higher.

Statement	Score for Agree and Strongly Agree
Q3. I am determined to give my best effort at work each day.	63.79%
Q30. I understand our mission, vision, and core values.	60.36%
Q31. Considering everything, how satisfied are you with your job?	68.47% Satisfied

Overall this shows employees who are determined to give their best and who believe in the services we provide at FRC. By a huge percentage, 60% of our employees say they understand our mission and values. Further, 48.65% of those who took the survey strongly believe that the services we provide positively impact people’s lives. This goes hand in hand with our mission statement and commitment to inspire hope through our services.

Low Satisfaction Statements

Statement	Score for Disagree and Strongly Disagree
Q26. I feel changes within the organization are well communicated.	20.72%
Q27. I feel the reasons for changes made within the organization are well communicated.	20.72%

As has been the case in the past, communication continues to be an area of concern for our employees. This continues to be an area of improvement that management has to pay attention to.

By a low margin of 10.81% of our employees, indicated they did not feel valued as employees. This can be attributed to factors that were beyond the agency’s control like lack of raises due to financial constraints. Additionally, in employee comments, communication overall was identified as an area needing improvement. At the same time, one could look at the other side of the coin and indicate 51.35% of our employees feel valued by the agency.

Training Satisfaction Statements

Q21. What is the best way to get you trained to be a successful staff?

Our employee responses were as follows;

14.41 %	52.25%	9.91%	23.42%
RELIAS	F2F	1on1	Other

It is evident that most of our employees prefer to get their training Face to Face (52.25%). The Human Resources department has been looking at better ways to train our staff and with this new data; the agency should review and develop a better way to train staff.

For a more detailed tally of the results, see the tabulation below:

WORK ENGAGEMENT	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q2. I get excited about going to work.	2.59%	6.90%	20.69%	55.17%	14.66%
Q3. I am determined to give my best effort at work each day.	.86%	0.00%	2.59%	32.76%	63.79%
Q4. Employees in my organization take the initiative to help other employees when the need arises.	2.59%	12.93%	18.97%	40.52%	25%
Q5. Employees at FRC willingly accept change.	.86%	15.52%	31.90%	40.52%	11.21%
QUALITY OF SERVICES PROVIDED BY FRC	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q6. I believe the services we provide at FRC are high quality.	2.63%	2.63%	8.77%	54.39%	31.58%
Q7. I feel the members we serve are supported to have the best quality of life possible.	0.00%	5.26%	9.65%	50.00%	35.09%
Q8. I believe FRC is committed to exceeding the needs of individuals served.	.88%	4.39%	17.54%	48.25%	28.95%
RELATIONSHIP MANAGEMENT	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q9. My supervisor and I have a good working relationship.	1.80%	3.60%	6.31%	33.33%	54.95%
Q10. My supervisor LISTENS respectfully to my concerns and ideas.	1.80%	2.70%	7.21%	31.53%	56.76%
Q11. My supervisor RESPONDS respectfully to my concerns and ideas.	1.80%	3.60%	4.50%	37.84%	52.25%
Q12. I receive meaningful feedback regarding my performance.	6.31%	4.50%	9.91%	47.75%	31.53%
Q13. At work, I clearly understand what is expected of me.	.90%	2.70%	4.50%	48.65%	43.24%

Q14. My supervisor seems to care about me as a person.	4.50%	1.80%	9.01%	33.33%	51.35%
Q15. Any relevant comments or suggestions to help improve supervisor/employee relations?	Comments Accepted				
TRAINING	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q16. I am trained to be able to complete my job expectations.	0.00%	1.80%	10.81%	57.66%	29.73%
Q17. I have the support I need to deliver quality services.	0.90%	5.41%	9.91%	54.95%	28.83%
Q18. I receive ongoing training from FRC and from my supervisor.	1.80%	4.50%	14.41%	48.65%	30.63%
Q19. RELIAS is a good way for me to get the trainings that I need.	2.70%	12.61%	29.73%	40.54%	14.41%
Q20. After training, I receive enough support, resources, and follow-up to use the knowledge gained to provide quality services.	0.00%	7.21%	20.72%	50.45%	21.62%
Q21. What is the best way to get you trained to be a successful staff?	14.41%	52.25%	9.91%	23.42%	
	RELIAS	F2F	1on1	Other	
WORK ENVIRONMENT	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q22. FRC has a safe work environment.	0.00%	7.21%	9.91%	54.95%	27.93%
Q23. FRC's work positively impacts people's lives.	0.00%	0.90%	6.31%	48.65%	44.14%
Q24. I enjoy my work environment.	0.90%	4.50%	11.71%	40.54%	42.34%
Q25. I feel that I am a valued FRC employee.	1.80%	10.81%	14.41%	51.35%	21.62%
Q26. I feel changes within the organization are well communicated	16.22%	20.72%	25.23%	32.43%	5.41%

Q27. I feel the reasons for changes made within the organization are well communicated.	17.12%	20.72%	29.73%	29.73%	2.70%
Q28. If I had a relative or friend in needs of services, I would strongly recommend FRC.	0.90%	6.31%	14.41%	45.95%	32.43%
Q29. I have a good understanding of FRC benefits program.	0.90%	14.41%	22.52%	50.45%	11.71%
Q30. I understand our mission, vision, and core values.	0.90%	3.60%	4.50%	60.36%	30.63%
Q31. Considering everything, how satisfied are you with your job?	6.31%		68.47%	25.23%	
	Not satisfied		Satisfied	Could be better	
Q32. What suggestions do you have for the improvement of First Resources Corp?	Comments Accepted				
Q33. What other issues not included in this survey need to be addressed at First Resources Corp?	Comments Accepted				

END OR REPORT