

OUTCOMES REPORT FOR 2018

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES QUALITY OUTCOMES

MISSION: Creating a Better Life for Audrain County Citizens

Audrain Developmental Disability Services (ADDS) has provided services and resources for Audrain County residents with developmental disabilities since 1978. We believe that individuals with developmental disabilities have the right to self-determination and to lead a life with quality outcomes and many opportunities for community inclusion. Our services are designed to create appropriate options that address the individual needs of each person served and to reach out to encourage continued growth and social interaction in the Audrain County community and the surrounding area.

The Mexico community and Audrain County continue to embrace the mission of our agency offering employment and volunteer opportunities while welcoming our staff and the individuals we serve into their “homes”. Daily, weekly or monthly contacts continue to be made with several community businesses, churches and agencies including Walmart, Mexico Country Club, St. John Lutheran Church, 1st Presbyterian Church, Mexico Lanes, YMCA, McDonald’s, Dairy Queen, Porky’s Restaurant, General Dollar, City of Mexico Parks and Recreation, Handi-shop, Mexico Elks Lodge, Mexico Housing Authority. Local Help Center, Missouri Veteran’s Home with new volunteer opportunities established with the Salvation Army Bucket Brigade Bell Ringers, collecting food for Food Baskets, sending cards to those in the Military, as well as taking a Holiday Basket to the Mexico Safety Department.

The individuals we serve, their families and guardians and the stakeholders in Audrain County continue to offer their support and input as we work together to accomplish our goals. The time and talents of the ADDS Board of Directors given to our agency and our community is also greatly appreciated.

This Outcomes Report is created to share some of the areas we focused on during 2018 as we continually work toward improving the quality of our services. Each program described in this report is led by a coordinator who is committed to ADDS and our mission but they are all especially committed to the well-being of the individuals ADDS serves. Each of the Program Coordinators has assisted in collecting information for this report and has shared their feedback as we continually review and plan for quality care and improvement in the services we offer. The Program Coordinators always rely heavily upon and are grateful to the direct care staff for the huge role they have in providing quality services and offering ideas for changes to improve the services offered.

Data for this Outcomes Report has been gathered from satisfaction surveys, employee records, records of persons served and program/service logs. A great deal of time has been

spent in reviewing this information, discussing and evaluating responses and trends. There has also been significant planning made as we evaluate the 2018 data and acknowledge the weaknesses that we want to improve upon in 2019 and future years

ADDS PROGRAMS:

Each of the following programs continue to be nationally accredited by CARF and are administered by ADDS.

Breckenridge Heights is a Medicaid-Waiver funded residential program currently serving 9 adults with developmental disabilities in a community group home setting.

Harvey House is a Medicaid-Waiver funded residential program currently serving 8 adults with developmental disabilities in a community group home setting.

C.T. Loyd Apartment Living Program is a Medicaid-Waiver funded residential program currently serving 13 adults with developmental disabilities in a community semi-independent living setting.

Community ISL Program is a Medicaid-Waiver funded residential program currently serving 7 individuals with developmental disabilities in an independent community living setting.

Fieldcrest Community Services Program is an independent living program currently serving 8 individuals with developmental disabilities who live in their apartments/homes in the community.

Natural Home Program provides in home support to families which include a member with a developmental disability to assist in reaching their potential and be a part of the community in which they live and is currently serving 3 individuals.

Developmental Training Center (DTC) is a day program which served 24 individuals in 2018. The DTC provides habilitative training and supports to enhance quality of life and to assist persons with a developmental disability in achieving their optimal physical, emotional, and independent functioning. The program serves individuals who presently lack the skills for successful full-time sheltered workshop employment or other supportive employment. In addition, the DTC can be used as an outlet program for older sheltered workshop retirees as well as unserved individuals in the community who are in need of training to develop other interests and to help structure their leisure time.

Support Coordination is a Medicaid funded case management program currently serving approximately 120 Audrain County residents and, due to federal mandates for conflict free case management services, 19 Callaway County residents with developmental disabilities in a day program. Our Case Management (Support Coordination) Program offers advocacy, assessment, planning, communication, education, and resource management services. Support coordinators work closely with individuals and families to assess, plan, and implement the necessary

supports needed for the individuals to reach their goals. Our support coordinators also monitor and evaluate all programs in which individuals participate in order to ensure high quality and effective supports by linking them with quality providers and resources.

Admission Criteria to all ADDS Programs:

1. Have a developmental disability as defined by Missouri statutes and eligibility determined by the State of Missouri Department of Mental Health.
2. Individual's expressed need and desire.
3. Individual's family or guardian's expressed need.
4. There shall be no restriction based on the persons served race, creed, color, age, religion, gender, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability, or gender information
5. Individuals who do not meet the criteria or do not seem to meet the criteria as stated should be referred to the Executive Director, who shall have the authority to waive specific requirements or authorize trial admissions in cases where the individual served does not seem to clearly qualify under the criteria.

Additional Admission Criteria Specific to the Residential Programs (Harvey House, Breckenridge Heights, C. T. Loyd Apartments, and Community ISLs):

1. Probable compatibility with the individuals already living in the home or apartment.
2. An individual residing in any of the residences may be removed for cause at any time if the individual is disruptive to the program or other individuals.
3. Admission shall include an evaluation of the individual's probable safety and appropriateness for the program.
4. Individuals shall be determined eligible by the Department of Mental Health for community placement as individuals with a developmental disability.
5. Individuals shall be eligible for funding by the Department of Mental Health Developmental Disability Division.
6. Preference for placement shall be given to Audrain County residents.

Additional Admission Criteria Specific to the Developmental Training Center (DTC):

1. Must be over 18.
2. Must be approved for services by Hannibal Satellite Office or otherwise provide financial reimbursement for services, except for residents of Audrain County.
3. Must not require constant medical attention.
4. Individual decisions regarding placement or continual placement are made by the Program Coordinator and the Executive Director with input by

the ISP team members.

Additional Admission Criteria Specific to Support Coordination:

1. Applicants shall be determined eligible by the Department of Mental Health as eligible for targeted case management services.
2. Services will be provided to DMH approved individuals residing in Audrain County and to certain Medicaid waived individuals in Callaway County due to federal mandates for conflict free case management services

Services Offered:

1. **Breckenridge Heights:** 24 hour supervision at a staff to individual served ratio of not less than 1:4 during awake hours (1:8 overnight).

C.T. Loyd Apartments: 24 hour supervision at a staff to individual served ratio of not less than 1:8 during awake hours. There is always a minimum of 2 staff members on duty.

Harvey House: 24 hour supervision at staff to individual served ratio of 1:4. There are always a minimum of 2 staff members on duty (1:8 overnight).

Community ISL Program: 24 hour supervision at staff to individual served ratio ranging from 1:1 to 1:3. The homes in this program support from 1 to 3 individuals at any given time.

Respite Services: 24 hour emergency supervision/care for individuals provided through Harvey House or Breckenridge Heights. This is a temporary service offered to persons determined eligible under the Hannibal Satellite Office's services and can be utilized one weekend per month as staffing allows.

These residential programs all offer:

- a. Community integration and inclusion services to assist individuals to become acquainted with and participate in community activities with the goal of the person becoming a valued and contributing member of the community.
- b. Nursing Care to assure the individuals receive proper medical follow-up. A registered nurse is on staff and is available as needed to assure that residents maintain good health.
- c. Medical Care/Consultation including coordination of annual physical, lab work, annual visual exam, audiology exam as prescribed, and any other medical consultation as needed.
- d. Dental Care coordination consisting of annual check-ups and any dental work as prescribed.

- e. Medication Administration to all residents as prescribed by a physician. Staff members have a minimum of a Level I Med Aide certification with supervision by the registered nurse. Some individuals are provided supervised self-medication as prescribed by a physician and with evidence of the ability to self-administer medications. Staff members do no less than a weekly check to make sure self-medicating individuals served are taking medications as prescribed.
 - f. Psychological Services are provided through consultation with service providers.
 - g. Recreation and exercise including both specialized and generic resources both at home and in the community. Residents can take annual vacations to places of their choice.
 - h. Skills Training including personal living skills, home living skills, and community living skills with a special focus on personal living skills. The training is individualized based on the Individualized Support Plan (ISP) objectives and natural opportunities in the home.
 - i. Therapies on a consultation basis as prescribed by a physician.
 - j. Dietetics and meal planning with training by the registered nurse in conjunction with consultation with a registered dietician as necessary.
 - k. Behavioral Supports in cooperation with consultation by Hannibal Satellite Office (Missouri Department of Mental Health Division of Developmental Disabilities).
 - l. Transportation Services to encourage community participation by all individuals served.
- 2. Fieldcrest Program:** Provides awake supports and guidance for individuals who reside in the Fieldcrest community as well as for specific referrals. This program is not staffed on weekends, overnights and holidays.
- 3. Natural Home program** provides supportive assistance for individuals who reside in their homes in the community.
- 4. Developmental Training Center** provides:
- a. Training in Daily Living Skills
 - b. Work Attitudes/Vocational Pursuits
 - c. Safety/Health Practices
 - d. Functional Academic Skills
 - e. Development in Choices/Decision Making
 - f. Responsibility/Self Direction
 - g. Self-Advocacy/Assertiveness

- h. Socially & Age Appropriate Behaviors
- i. Physical/Mental Development
- j. Leisure/Recreational Activities
- k. Religious/Cultural Activities
- l. Community Service/Volunteerism
- m. Community Integration/Awareness
- n. Utilization of Community Resources
- o. Language/Communication Development
- p. Developing Social Connections in the Community
- q. Interacting with Other Volunteers from the Community

5. Support Coordination provides:

- a. Advocacy
- b. Assessment
- c. Planning
- d. Communication
- e. Education
- f. Resource referral and management

GOALS/OBJECTIVES FOR 2018 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

Access:

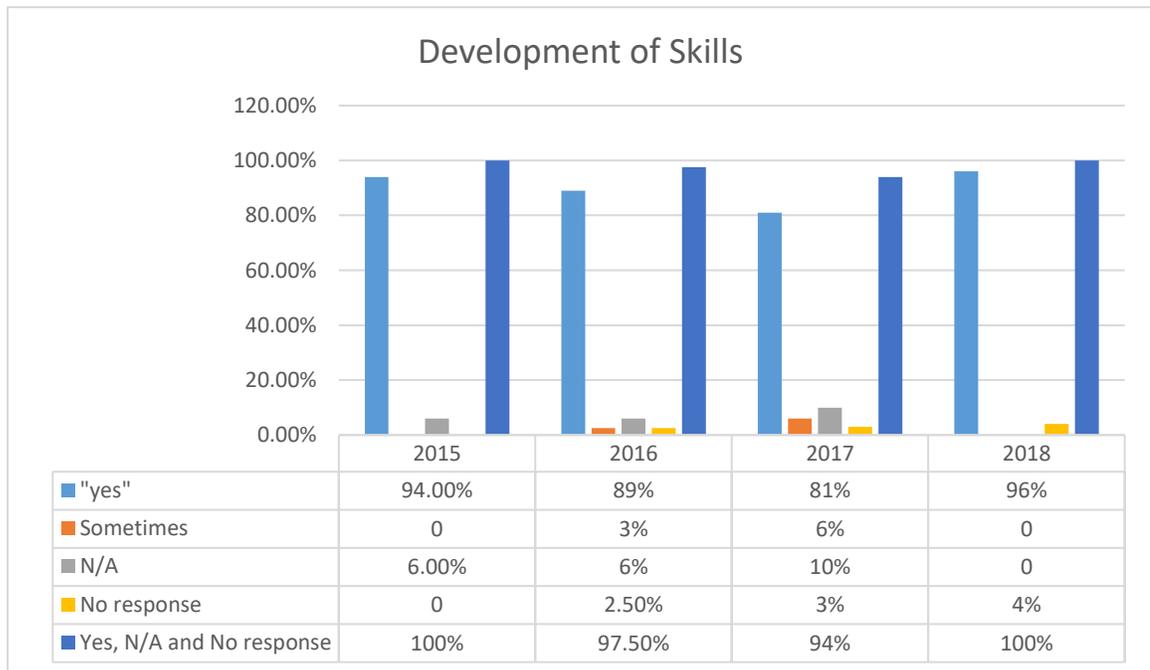
- 1. 95% of individuals served or their responsible party will report that ADDS assists them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party.

Time of Measure – Annual

Those Measured – Individuals living in the ADDS’ Residential Programs and participating in the Fieldcrest Community Services Program and Natural Home/PA program

Data Source – Satisfaction Survey

Twenty -five surveys were returned from individuals/families/guardians associated with ADDS residential facilities, Fieldcrest Community Services and the Natural Home/PA program. 24 of those 25 reported that ADDS assists them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party. The other survey had no response indicated.



Evaluation

This goal was met at 96% with no negative responses within the 96%. There was only 1 “no response”. The response in 2017 measuring the same things was 94% - this shows an improvement of 6% to 100% in 2018. It is also noted that the survey return rate

went down from 32 in 2017 to 26 in 2018 in this category which is disappointing but acceptable – there was a possibility of 48 responses in these 7 programs so the return rate was 54% which seems very acceptable among satisfaction survey rates per public information.

Recommendations

The response to this question has been and continues to be very encouraging to the Program Coordinators as they plan and continue their efforts to provide opportunities at many levels for skill development for participation in the community. In discussion and planning meetings at ADDS the important criteria of “at the level chosen by the individual served” must continue to be emphasized as we maintain a philosophy of individual choice.

The other issue to consider is the decrease in survey return rate and should a different method of survey be considered – this will be discussed by the ADDS Management Team – some options to consider are survey by email (but the Agency doesn’t have everyone’s email), by phone or in-person (however that brings concerns of influence by the caller) or a Survey Monkey linked to the ADDS website with encouragement to review it is also a possibility.

- 2. 95% of ISP’s will reflect a goal regarding plans for inclusion in the community or a reason why this cannot be accomplished.

Time of Measure – Annual

Those Measured – Individuals living in the ADDS’ Residential Programs

Data Source – ISPs of individuals served in ADDS’ Residential Programs

Evaluation

Upon review of the ISPs of all 37 individuals who are residents in ADDS’ residential facilities this goal has been met at 100%. As in 2017, in 2018, all ISPs except one (and explanation was provided in this particular ISP) had goals reflecting plans for inclusion in the community – ranging from a simple outing, at least monthly for rides in the community, to goals reflecting continued employment or volunteer activities as able and as appropriate.

Recommendation

In spite of the success of the outcome of this goal, ADDS plans to continue this Agency goal in 2019. Upon review of the recent Person Served Satisfaction Surveys and comments, the importance of not only planning outings and community inclusion for the individuals we serve but to have “outings” and community inclusion as a part of

every ISP's team discussion is clear. Individuals served and/or guardians, for the most part, seem to see this outcome of this goal as very important and desired and, overall, throughout the Agency the number of outings has increased.

3. At least one new volunteer activity (site) will be developed.

Time of Measure – Annual

Those Measured – ADDS Programs including each of the following Breckenridge Heights, Harvey House, C.T. Loyd, ISL's, Fieldcrest Community Services Program and Developmental Training Center.

Data Source – Program Coordinator for each ADDS program.

Evaluation

As noted above "those measured" includes 7 different ADDS programs. Five of the 7 programs were able to develop new volunteer sites/opportunities. New volunteer sites/opportunities included putting tables and chairs away following dances at the Elks' Club, putting away tables and chairs at each JIG social event, writing cards to those in the Military, volunteering for the Salvation Army Bucket Brigade Bell Ringers at Christmas, assisting in providing meals at a local church, taking holiday baskets to Mexico Public Safety, helping organize information in church pews at a local church weekly, assist an individual with visual impairment at a local nursing home in sorting and organizing greeting cards for other residents there.

The creation of new volunteer activities/sites DTC has been met very positively by both ADDS staff and participants. This goal was met in the 2018 calendar year. The Program Coordinators plan to continue this goal for 2019 as participants in the ADDS programs have expressed enjoyment at the new activities and responsibilities and they seem to recognize a value in giving back to the local community.

Recommendation

It has been determined that in 2019 one of the programs with individuals with significant impairments and health issues will not participate in this Agency goal, however the other ADDS residential programs as well as the DTC will continue this goal in 2019. The one specific ADDS program not participating in this Agency goal will initiate a plan to increase the number of outings as possible. Many of the ADDS' residents enjoy participating in activities in the Mexico community and enjoy giving back to the community that seems so willing to give to them.

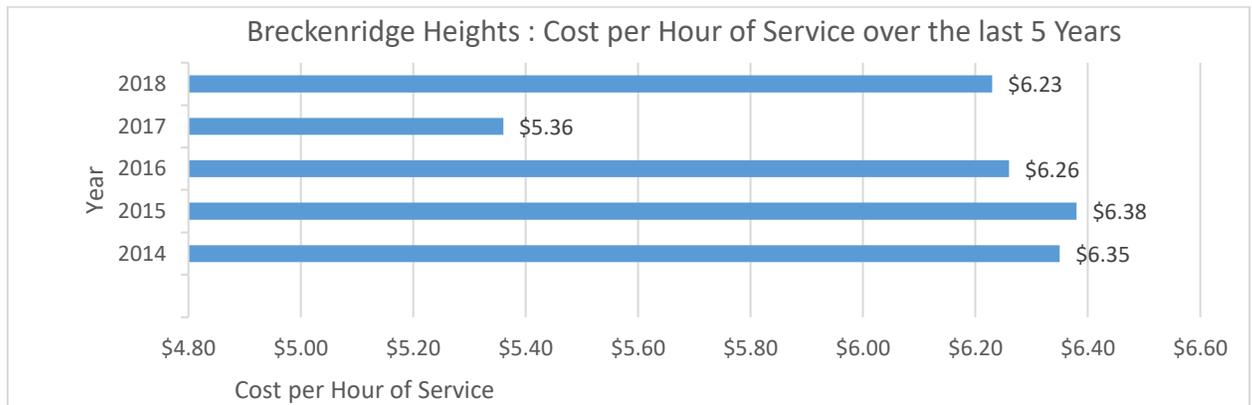
Efficiency:

- 1. Residential facility programming, Natural Home Program and Fieldcrest Community Services Program will be cost effective.

Time of Measure – Annual

Data Source – Cost reports from each of the following – Breckenridge Heights, Harvey House, C.T. Loyd, ISL’s, Fieldcrest Community Services and Natural Home Program.

Breckenridge Heights



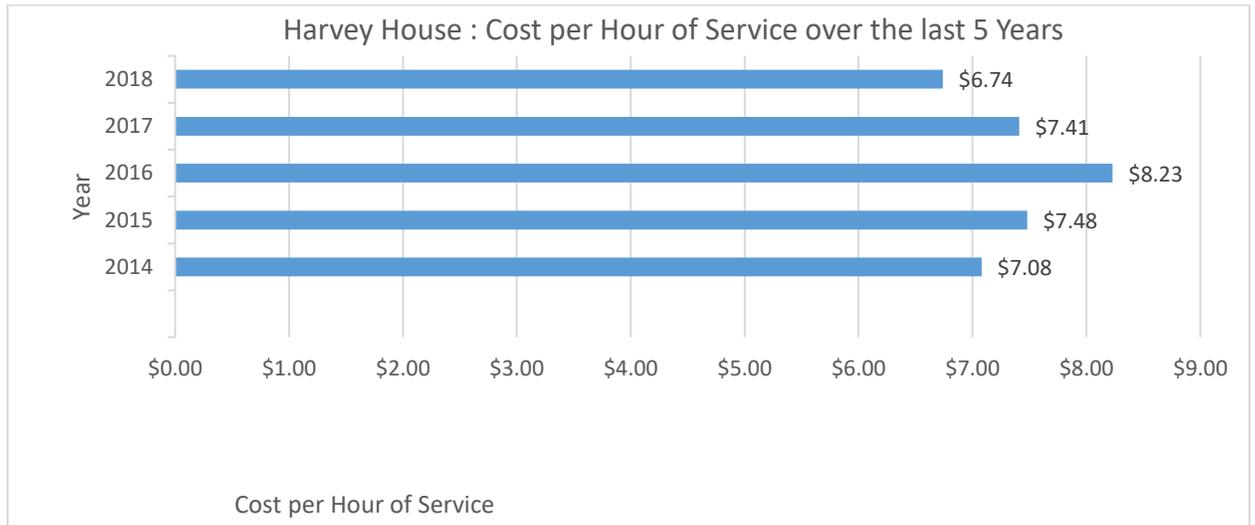
Evaluation

The cost per hour of service for 2018 shows an increase in cost from 2017 when there was a significant shortage of staff. In 2018, staffing was more consistent and this would account for increased wages as well as benefits.

Recommendations

No significant recommendations seem to be warranted at this time as the decrease seems to be explainable and reasonable. The issue of staff shortage seems to be improved and efforts continue in regard to recruitment and retention of staff. The Program Coordinator is encouraged to continue to maintain current costs with expected increases for cost of living, salary increases, etc. It should be noted that in December of 2018 there were some management changes and reorganization of duties and this is anticipated to have an impact of some wage/benefit increases in 2019.

Harvey House



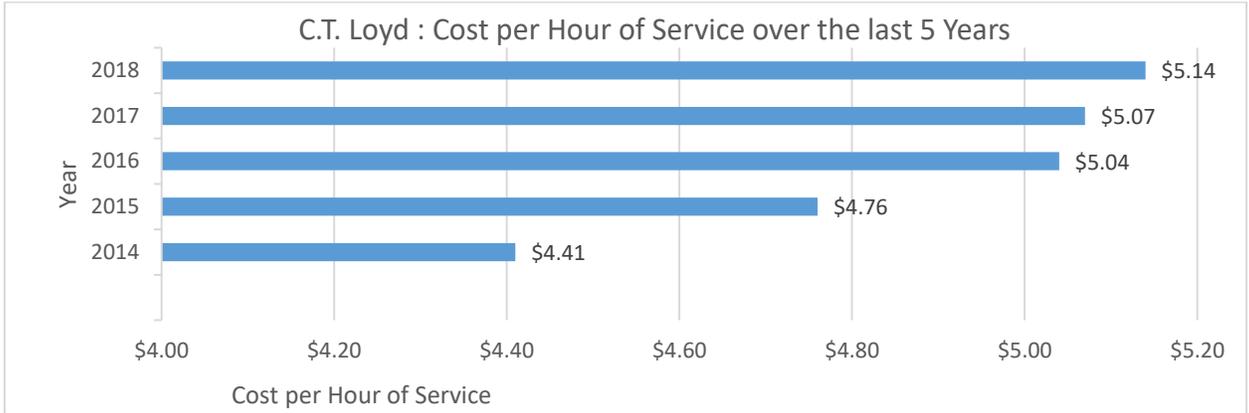
Evaluation

This table for the Harvey House residential facility indicates a decrease in costs per hour of service compared to 2017. In late April of 2017, a new resident moved into Harvey House to fill the place vacated by a resident in 2016 and this new resident remained at Harvey House throughout 2018. As there did not have to be an increase in staffing made due to the numbers and needs of the residents this has created a continued increase in income with staffing patterns remaining the same, so more units were provided at the same cost.

Recommendations

No significant recommendations seem to be warranted at this time. The decreased cost per hour of service was readily explainable due to the addition of a new resident during the early part of 2017 and their continued presence throughout 2018. Costs of employee benefits is continued to be reviewed annually by the ADDS Board and the Program Coordinator is continually working to maintain adequate staffing and minimal use of overtime. It should again be noted that in December of 2018 there were some management changes and reorganization of duties and this is anticipated to have an impact of some wage/benefit increases in 2019.

C.T. Loyd



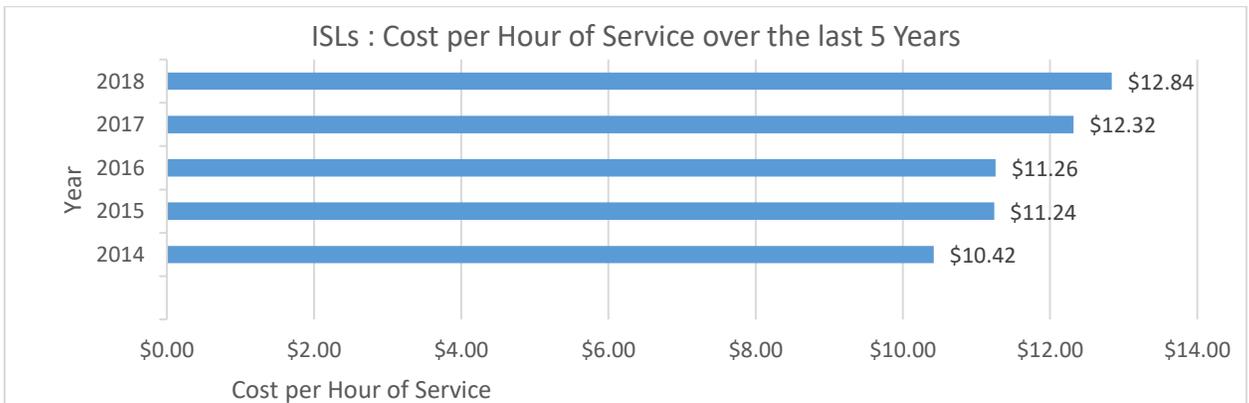
Evaluation

This table for the C.T. Loyd residential facility shows a slight increase in cost per hour of service each of the last 5 years. This climb reflects increases in staffing costs - primarily wage increases as well as increased costs in employee insurance benefits.

Recommendations

No significant recommendations seem to be warranted at this time as the increases each year seem to be gradual, explainable and reasonable. And, again, the ADDS Board of Directors will be reviewing benefit costs and increases. The Program Coordinator is encouraged to maintain current costs with expected increases and the staffing pattern is now improved has continued to be maintained without necessary overtime.

ISLs



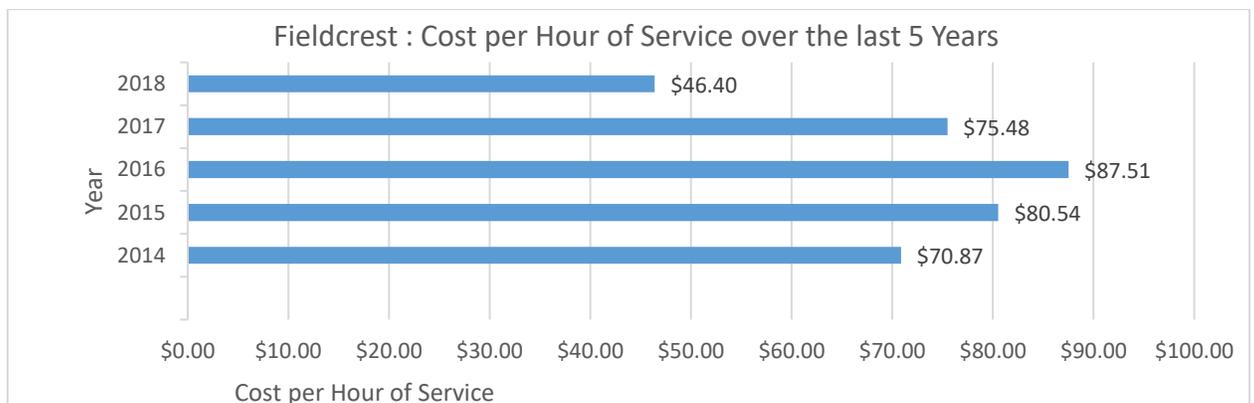
Evaluation

As mentioned in 2017, this table for the 3 ISL Residential Facilities shows a gradual increase in cost per hour of service over the last 5 years. Several of the individuals served in this program continue to require specialized staffing due to their diagnoses as well as medical conditions. Much of the increase in 2015 reflects some significant renovations and repairs to the Abat ISL home where new siding and windows were installed and insulation repairs were completed as well. The minimal increase from 2015 to 2016 is likely reflective of consistent staffing and no change in individuals served. The increase from 2016 to 2017 likely reflects wages and benefits as some overtime was paid frequently due to short staffing issues and some increased staffing was necessary in one of the ISL's due to medical needs of one of the individuals served. And, the increase from 2017 to 2018 reflects many of the same dynamics as 2016 to 2017 as well as just general increases in wages that reflect across the board in benefits as well.

Recommendations

No significant recommendations seem to be warranted at this time as the increase certainly seems to be explainable and reasonable. The Program Coordinator is encouraged to maintain current costs with expected increases. There was some reorganization and changes in management duties in December of 2018 and these will likely reflect some increased wages and benefits in 2019.

Fieldcrest Community Services Program

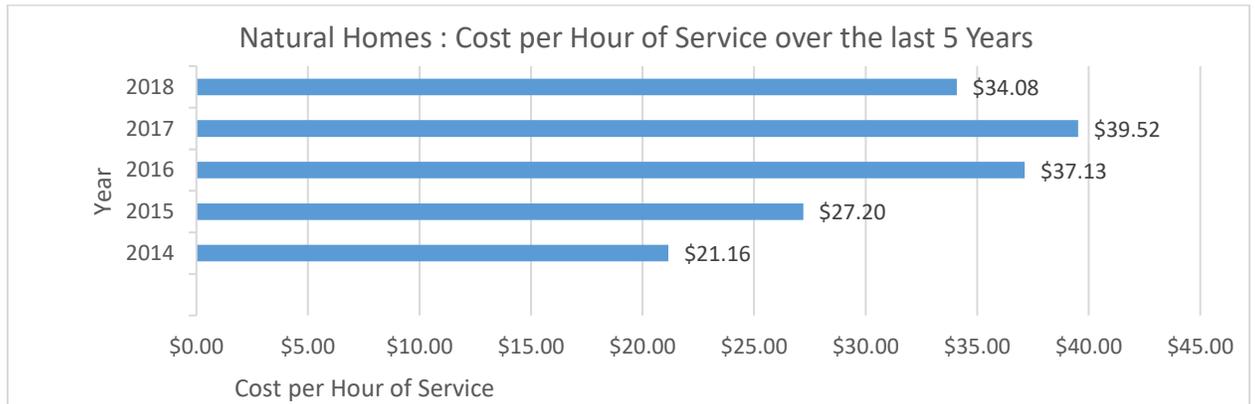


This table for the Fieldcrest program shows a significant decrease in cost per hour of service from 2017 to 2018. This program continues to serve individuals in the community who are living on their own but who require some supports and assistance in planning their appointments, activities and meals in order to maintain their level of independence. In 2017, some adjustments were made in the approved budgets of the individuals served in this Community Service Program due to changes in definitions of services, therefore the cost per hour of service in 2017 reflected this and there were 2 individuals being served by this program that had not participated in Medicaid Waivered services prior to 2017 but were approved for the waived services during 2017. During 2018, the budget adjustments continued and there was a focused effort to provide the authorized hours for individuals served. Some of these hours were under a code for Individual Skill Development and the payment was more than for PA (Personal Assistance). There was significant tracking of services resulting in more effective use of time. It is uncertain whether the code of Individual Skill Development will be continued in 2019 due to some guideline changes so this improvement in cost per hour of service may not continue next year. It has also been found that some services provided in 2017 and 2018 were authorized under an incorrect code which has resulted in a decrease in funding for some units and a payback of the difference in others. It should also be noted that some respite costs are added to the Fieldcrest Community Services Program but these costs have remained relatively constant.

Recommendations

Usage of authorized hours in the Fieldcrest Community Services program continues to be tracked closely. As described above there will likely be more changes in 2019 so the cost per hour of services will be evaluated thoroughly in 2019. Coding and Medicaid repayment will also be followed closely in 2019. It should be noted that this is an ADDS program that will probably always lose money and need financial support from the tax dollars received by ADDS as some of the services and oversight are not always reimbursable.

Natural Home Program



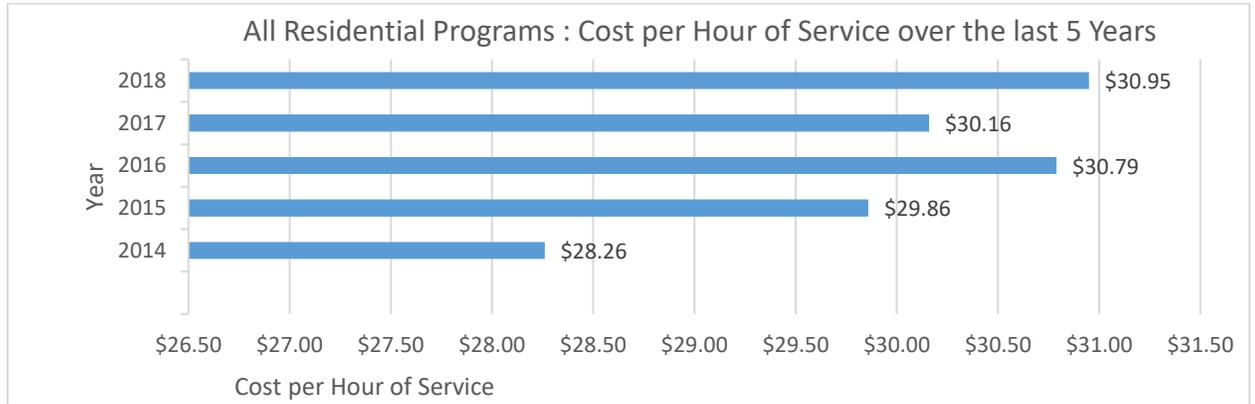
Evaluation

This program shows a slight decrease in cost per hour of service from 2017 to 2018 as **there was a slight decrease in the cost of some of the employee benefits in 2018 and family support costs charged through this program.** Otherwise services in this program remained much the same and there was an addition of one more individual being served and this began in the latter part of 2018 – therefore the number served in this program is now three. Each of these individuals served require varying degrees of skill and expertise -ranging from significant emotional support to simply needing some opportunities for community outings.

Recommendations

The Executive Director and Program Coordinator will also continue to assess the needs and costs of the individuals referred to this program for PA services and served by this program to ensure quality care in a fiscally responsible manner.

Combined Residential Programs (including only Harvey House, Breckenridge Heights, C.T. Loyd and ISLs) cost per hour data –



Evaluation

This combined table indicates, as expected, illustrates the information shown in each of the individual program tables. As can be seen, there is a slight overall increase which is reflected in the slight increase at 2 of the group homes – C.T. Loyd and Breckenridge Heights as well as the ISL program. Since one group home did have a decrease this offset the increases somewhat.

Recommendations

No significant recommendations seem to be warranted at this time as the fluctuations seem to be explainable and reasonable. The Program Coordinators are encouraged to maintain current costs with expected increases and to carefully review staffing patterns in their programs to continue with optimal care and services. The ADDS Board will annually review the cost of employee benefits

- 2. All Residential Programs and ISL's will be staffed adequately 95% of the time as noted in the payroll data.

Time of Measure – 2018 Calendar Year

Those measured – Each ADDS residential program as well as each ISL

Data Source - ADDS Payroll system information

Evaluation

This Agency goal continues to reflect a desire to determine if ADDS residential programs are adequately staffed as well as to assess any particular trends in staffing in the various

residential facilities. In a review of monthly staffing adequacy in 2018, it appears that 60 out of 72 months were staffed adequately in ADDS residential programs and ISL's. This is a percentage of 83% which does not meet the ADDS goal of 95% but has definitely been an overall improvement – both in staffing and the continued ability to track staffing with a new payroll system.

The C.T. Loyd program was consistent in numbers of residents throughout 2018 and staffing was very adequate and whenever there was a slight shortage the program manager provided coverage (with hours not necessarily accounted for).

The Breckenridge Heights program had consistent numbers of residents throughout most of 2018. Breckenridge Heights had experienced a staff shortage continued in early 2017 for staffing at Breckenridge but this continued to be improved in 2018. More adequate staffing in 2018 is partially responsible for the slight increase in cost per hour at Breckenridge Heights.

The Harvey House program consistently had adequate staffing as well. The numbers of residents was also consistent. It should be noted that the Program Coordinator, also spent a number of hours transporting individuals to and from physician appointments and this time is not included in the payroll system and the Program Coordinator is a salaried position.

Overall coverage was positive in all but one of the ISLs. Staffing for that particular ISL was an on-going issue in 2017 and continued to be an on-going issue throughout 2018. There are plans in place to recruit consistent staffing and interviews seem to be ongoing. There has been review of staffing dynamics and dynamics of individuals served in an effort to evaluate if there is any reason for the inadequate staffing issues there and some plans are in place to attempt to make some changes that might prove helpful. The staffing pattern, in general, has also been re-evaluated and recommendations being made.

Recommendations

As an agency, ADDS will continue to strive for full and appropriate staffing. Although 2018 data indicates an improvement in staffing throughout the agency, there remain consistent issues with retention as well as recruitment as well as quality of staffing. ADDS is like most other similar agencies who need direct care staff 24/7 and have difficulty retaining staff. There are many possible reasons for this including compensation, benefit packages, hours, education, as well as the low unemployment rate in Mexico, Missouri. A National Survey (National Core Indicators Staff Stability Survey) was completed for 2015, 2016 and 2017 and ADDS plans to participate again in

2018 if the survey is available. This survey is a collaboration between the National Association of State Directors for Developmental Disabilities Services and the Human Service Research Institute and its goal is to assess the quality and stability of direct support individuals. The 2016 survey results show a full time direct care staff vacancy rate of 8.2% in Missouri with a turnover rate of 60% and the 2017 results have not been made available yet.

In 2018, in an effort to gain ideas for recruitment and retention, ADDS participated in several meetings/workshops regarding Workforce Sustainability in the Mexico/Audrain County area and utilized some new ideas such as food truck coupons, ice cream truck treats, book give-aways and reviewed and changed vacation and sick leave policy accrual rates. ADDS continues the use of social media outlets for posting of job positions, increasing wages after an initial orientation period, offering full insurance coverage for the ADDS employee, providing vacation and sick time, as well as having Program Coordinators reviewing schedules individually when possible. ADDS also has a Make a Difference award to recognize employee efforts , Christmas party, as well as summer picnic for staff and has given t-shirts to staff, and recently gave other items for Christmas recognition – all in an effort to increase morale and loyalty.

In 2019, ADDS plans to begin participation in Tiered Supports which is an effort by the Missouri Department of Mental Health to assist in planning, developing, implementing and reviewing “universal and specialized strategies to improve system sustainability and quality of life”. It is hoped that this will assist ADDS in more consistent staffing and overall improvement of services offered. ADDS also plans to review training techniques including the initiation of more defined mentorship opportunities.

Effectiveness:

- 95% of program staff will have 4 trainings per year in addition to standard certifications required by ADDS funding stakeholders and an additional training for the program coordinator and other staff as designated in goal and training plan writing and documentation.

Time of Measure – Annual – 2018 Calendar Year

Those measured – Staff working in all ADDS programs additionally including Developmental Training Center and Targeted Case Management

Data Source – Records of Program Coordinators and ADDS Training Coordinator

Evaluation

The purpose of this Agency goal has been to continue encouragement of Program Coordinators/Managers to offer additional special trainings and in-services for their staff as ADDS constantly strives to improve staff knowledge, understanding and skills. Part of the 2018 Outcome was “95% of program staff will have 4 trainings per year in addition to standard certifications” This goal was established for those employees who had worked 12 months of 2018 for ADDS and, therefore, if the employee had worked 6 months or less the outcome was for at least 2 additional trainings per year. At the end of 2018, ADDS had 73 (compared to 74 in 2017) direct care staff employees or program coordinators with five of the 73 hired within the last 6 months of 2018. 22 of these employees had less than 4 documented additional trainings and 5 of those 22 had worked for ADDS less than 6 months Therefore, the criteria as stated previously was met by 51 of 73 ADDS employees at 70%. (This was a decrease from 2017 when it was 84% but more than 2016 when the percentage was 62%.)

It should be noted that in December of 2018, ADDS did some re-organization within the residential group homes and the ISL’s. It is anticipated that this re-organization will lead to the opportunity for increased oversight of staff trainings and accurate recording of them. ADDS also plans to become a Tiered Support Agency through the Missouri Department of Mental Health in 2019 and this will encourage additional trainings in the areas of teamwork and behavioral support of all staff members.

Recommendations

There are several plans in place for 2019 to continue improvement in training offerings, attendance and documentation of attendance. All Program Coordinators will continue to improve their overall maintenance of records of staff in attendance at in house webinars and in services held during designated staff meetings. The Director of Health Services continues doing quarterly articles in the Agency newsletter that can also be accessed for trainings for staff members. Reminders at monthly administrative staff meetings will be given to all ADDS program coordinators. This goal will continue to be a part of ADDS’ overall vision of making life better for the individuals served by increasing the training of staff members. ADDS also plans to have at least one, if not two, trainings for all staff members that may be done by the QA Coordinator/Program coordinators at individual program staff meetings – these trainings might be on topics such as respect and documentation which are ongoing needs as ADDS strives to offer our best for the individuals served.

2. 100% of goal sheets sampled in the quarterly case record review for individuals served will have appropriate documentation regarding progress on ISP goals.

Time of Measure – 2018 Calendar Year

Those measured – Records of all persons served in ADDS Residential Programs, Fieldcrest Community Services Program and Developmental Training Center.

Data Source – Monthly reports and goal sheets from records of persons served

Evaluation

This Agency goal was reviewed by members of the Case Record Review/Safety Committee quarterly during 2018. Quarterly the committee reviews random records in the residential facilities, Fieldcrest program and the DTC. The reviews are carried out by an unbiased member of the ADDS management team. In reviewing 47 records (which meant some records were reviewed more than once in 2018) over the period of 4 quarterly reviews in 2018, findings included 7 times when documentation on ISP goals was found to not be very specific in detailing criteria, expectations and progress. This was a success rate of 85% and is a slight improvement over the 82% met in 2017 as well as the 80% in 2016.

Recommendations

In 2019, a brief discussion was held at each Management meeting regarding the need for improved documentation on goals. And, as noted in the 2017 Outcomes Report, in early 2018 goal and documentation training was delivered to ADDS direct care staff as well. This goal will continue to be reviewed by the Case Record Review/Safety Committee in 2019 with efforts again made for improvement by all involved. Some discussion/training will occur at the time of new employee group orientations as well as by the Program Coordinator/Home Manager or any mentors used in the various Programs. Plans continue in place for a discussion time during each of the monthly Management Team Meetings to review goal documentation, progress notes, etc.

Satisfaction:

- 95% of individuals served or their responsible party will indicate satisfaction with ADDS services.

Time of Measure – Annual

Those Measured – Individuals/responsible parties involved in any of the following ADDS programs – Residential Programs, Fieldcrest Community Services, Natural Home Program, as well as the Respite Program

Data Source – 2018 Satisfaction Survey

Evaluation

39 satisfaction surveys were returned. 37 of the 39 indicated a positive response to the question "Overall, are you satisfied with ADDS services?" with 1 "sometimes" and 1 "no response". The response rate is up by 4 respondents from 2017 (35) and the same as 2016. 37 out of 39 is a percentage rate of 95% and including the "no response" survey as a positive response is 97%. Some of the comments associated with the open ended question "What do you like BEST about ADDS?" that can be identified with one of the ADDS programs listed above follow (please note that the comments are written here with the same spelling and grammar written on the survey but without identifying information)–

- Staff is friendly and helpful.
- They provide a home not an institution.
- Going to different places on outings.
- Take me places. Help me out when need help. Like to learn how to cook meals.
- To interact with other people. To do the activities that _____enjoys!
- I get to go on outings.
- My friends.
- Going out places.
- Get to go to auction.
- Freedom to choose my daily activities.
- I like everything.
- Getting out into the community.
- Harvey House is a homey, friendly environment.

The 2018 survey responses and the comments noted above continue to indicate that the overall feeling from the respondents to ADDS and ADDS programs was very positive.

Recommendations

This objective was met again at 97% with 38 of the 39 returned surveys indicating a positive response. It will again be mentioned that one other survey did not have a response to this question, but the other survey said only "sometimes". Having one survey indicate "sometimes" does show that there is still room for improvement but that nearly overwhelmingly individuals/families served feel positive regarding ADDS services. The return rate this year was 61% as compared to the return rate in 2016 of 62% when counting all of the individuals that received respite services and could have responded to this survey. The response rate of 39 surveys is up 4 from 2017(35), 2016 (39) and down from 2015 (41) surveys were returned. In actuality, this is still a fairly acceptable return rate and the method used, again in 2018, of sending one survey to each individual no matter how many ADDS programs they are participating in was used.

Even though the return rate is less than in 2015 when Satisfaction Surveys were provided to individuals served or their guardians at the time of the ISP – some concerns later identified with this method of dispersal was that individuals served or guardians would quickly complete the survey while at the ISP rather than at home in a potentially more unbiased environment. Efforts have continued to be made to indicate very clearly on the survey the areas that were relevant to the individual receiving the particular survey. ADDS wants to continue to achieve a high rate of satisfaction among persons served and/or their guardians/responsible parties and this goal will be maintained.

GOALS/OBJECTIVES FOR 2018 FOR THE FIELDCREST COMMUNITY SERVICES PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 1. 95% of individuals served will have the opportunity to participate in a monthly life skills training.

Time of Measure – Calendar year 2018

Those measured – All individuals participating in the Fieldcrest Program who live in the Fieldcrest neighborhood

Data Source – Direct Care Staff documentation of training held and individuals attending.

Evaluation

Individuals participating in the Fieldcrest Community Services program living near the Fieldcrest office had the opportunity to participate in at least 1 life skills training per month. There is documentation verifying that some of the individuals participated in as many as 7 life skills trainings per month depending on issues arising regarding safety, coping, health and social concerns. Many of these Life Skills training opportunities were individual in nature while others were in a group setting. There were 5 individuals living near the Fieldcrest Community Services office at the end of 2018 and all 5 of them participated in at least one life skills training each month while the average number of trainings per individual was three.

Recommendations

Fieldcrest Community Services staff have shared that it seems very needed to continue these trainings in 2019 as it continues to seem necessary to repeat some of the safety, social, health and coping trainings/discussions on a regular basis in order to emphasize certain life skills.

Efficiency:

- 80% of the hours authorized each month by Support Coordinator will be utilized for each individual served. If the individual served chooses to participate in opportunities provided.

Time of Measure – Calendar year 2018

Those Measured – Individuals participating in the Fieldcrest Program for whom ADDS received reimbursement

Data Source – Fieldcrest Community Services ADDS billing information

Evaluation

In 2017, it was noted that there had been accommodations and plans for some changes in coding and billing. These accommodations did create more accurate reflections of activities and careful tracking of the usage of hours was done as support coordinators had suggested that amendments for hours could be made at some point during the course of the ISP year of the individuals served if necessary. In mid to late 2018 some further changes in goal definition and coding of goals as noted in the ISP's of the individuals being served by the Fieldcrest Community Services program were identified by support coordinators. Individuals in the program had been approved for hours under both Personal Assistant and Independent Skill Development codes. But, it wasn't found out until the end of 2018 that each of these main codes were then divided into group and individual with Personal Assistant hours actually having a code for individual, small group (2-3) and large group (4-6). Needless to say, this created the need for considerable focus and review of the types of activities and services being provided.

The Fieldcrest Community Services program provided services to 8 different individuals during 2018. Only 7 of those individuals did ADDS actually receive reimbursement. It was determined that due to the activities being provided to the individuals based on the goals written at their ISP's that authorized hours for Personal Assistant hours had to be increased for 3 of the 7 individuals, the PA hours needed to remain the same for the other 4 individuals and Independent Skill Development (ISD) hours had to be decreased for 3 of the individuals with the ISD hours for the other 4 remaining the same if they had ISD hours authorized.

So, to summarize, in 2016 there were some "definition changes" being initiated by DMH and 2017 was a "year of transition" of the "definition changes" as changes in authorized hours for Independent Skill Development and Personal Assistant became apparent. However, 2018 was also a year of changes as specific criteria for Independent Skill

Development and Personal Assistant – Individual, small Group and large Group hours – were more clearly delineated and defined. Therefore, in as much as can be determined, this goal was met as most of the individuals served in the Fieldcrest Program utilized hours authorized or amendments were written to change their hours to hours/services being utilized regularly.

Recommendations:

The hours authorized for the individuals in the Fieldcrest Community Services program continued to be a strong focus in 2018 as codes were changed or assigned and services were changed or developed to meet criteria/services described in certain codes – i.e. Personal Assistant – individual, small group, large group and Independent Skill Development – individual and group. There was a great deal of communication between the Program Coordinator, the service coordinator and the Regional Offices involved. It is hoped that as ISP's are completed for the individuals served in the Fieldcrest Community Services Program in 2019 that due to better understanding of the services described in the various codes that more accurate authorization of hours can be made.

One of the main purposes of the Fieldcrest Community Services Program continues to be to assist individuals in being as independent as possible and the impact of the Fieldcrest Program is to promote appropriate independent decision making as well; therefore, when Fieldcrest Program participants choose not to participate in activities offered and they offer an appropriate decision process utilizing reasonable judgment it is accepted without question. Obviously, this issue plays a significant role in the use of “the hours authorized” and this has been mentioned in previous Outcomes Reports.

GOALS/OBJECTIVES FOR 2018 FOR THE NATURAL HOME PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 100% of referrals by support coordinators to the Natural Home Coordinator will be processed and contact made with the individual served or their responsible party within 5 working days of official referral.

Time of Measure – 2018 Calendar year

Those Measured – All referrals to the Natural Home Program

Data Source – Records of the Natural Home Program Coordinator

Evaluation

During 2018, there was only 1 referral made to the Natural Home Program by the Support Coordination team. The Natural Home Program coordinator discussed options with the Support Coordinator and when notified to proceed with contact with the individual served in need of Personal Assistance contact was immediately made. It should be noted that Personal Assistance actually began within a week following the contact with the individual served as there was a current ADDS staff member available who could provide the service. This goal was met at 100% in 2018.

Recommendations

This goal continues to be an important goal for the ADDS Natural Home Program Coordinator and it will continue to be a Program goal in 2019. It should be noted that often due to the limited availability of staff members for Personal Assistants for this program as well as desires of family members it is sometimes difficult to actually begin offering the service as soon as desired. It appears likely that this difficulty will continue especially since there also seem to be limited referrals and ADDS does not have dedicated staff members waiting for opportunities to provide Personal Assistant services in the Natural Home. Ideas continue to be reviewed for the recruitment of Personal Assistants and ADDS expectations/needs of staff trainings and paperwork/documentation continue to be a necessary component of this program.

GOALS/OBJECTIVES FOR 2018 FOR THE DEVELOPMENTAL TRAINING CENTER (DTC) NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 95% of referrals for services at the DTC will be processed and services initiated within 30 days unless appropriate justification is made.

Time of Measure – Annual

Those Measured – All referrals for DTC services

Data Source – Referral records at DTC for 2018

Evaluation

In 2018 there were 3 referrals to the Developmental Training Center(DTC). One of the referrals was dropped as the mother/guardian of the individual to be served decided to not have her daughter begin services at the DTC. The second referral was an individual who was working part-time at the Handi-shop and she was referred to the DTC due to her lower productivity at the Handi-shop and medical issues. The referral was made to the DTC on 8/29/18 but plans were not made to leave the Handi-shop and start at the

DTC until 11/1/18 which she did. The 3rd referral was an individual moving with his mother to the Mexico area. Contact was made with the individual’s mother on 9/25/18 following the referral date of 9/24/18, however, due to the mother’s schedule she did not schedule a visit to the DTC until 10/25/18 and, at that time, arrangements were made for the individual served to begin on 11/19/18 per request. This goal was met at 100% with the above noted justifications.

Recommendations

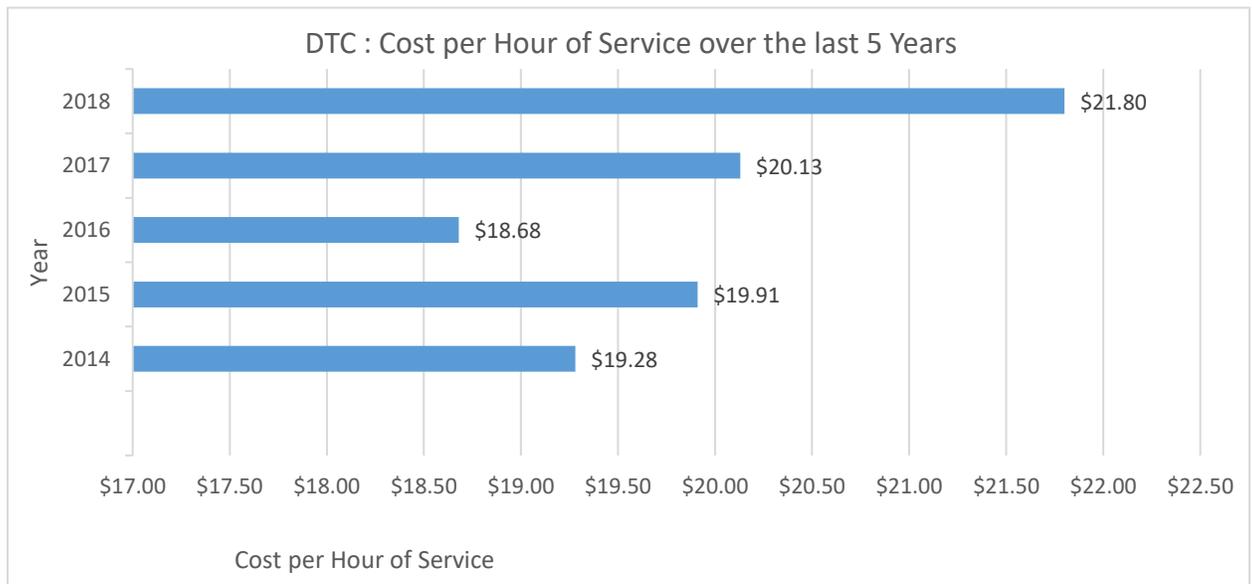
As noted above the goal was met. Due to the history of minimal referrals to the DTC over the past 2 years, the Director of the DTC has a goal for 2019 to increase referrals by at least two again and to do some outreach and information sharing with support coordinators as needed.

Efficiency:

- 1. Services provided at the DTC are cost effective.

Time of Measure – Annual

Data Source – Cost reports of the DTC



Evaluation

As can be seen in the above table, once again, there was an increase in cost per hour of service for the Developmental Training Center from 2017 to 2018. The Program Director reports that although the numbers of individuals served in this program may have decreased slightly through the years, there has been a need to maintain similar staff members due to the increased needs of individuals served as they age and have more

health and mobility issues. Therefore, the slight increase in costs was the result of wage and benefit increases in costs and decrease in units provided.

Recommendations

Although the slight increase seems readily explainable, the Executive Director and the Program Director will continue to review and evaluate the staffing/individual ratio closely. The Program Director continues to encourage referrals to the Program.

- 2. Each individual served will utilize 90% of the hours/units projected for them by the end of the ISP period unless appropriate justification exists.

Time of Measure – Annual

Those Measured – All individuals in the DTC program in 2018

Data Source – Logs of hours/units utilized by each individual in the DTC program during 2018

Evaluation

DTC records indicate that there were 22 individuals with ISPs receiving services in the DTC program in 2018. The hours/units projected for individuals served at the DTC were reviewed in ISPs ending in 2018. Thirteen of the 22 records showed that at least 90% of the hours/units projected for their use at the DTC were used with 6 of the remaining 9 unable to meet their hours due to extensive illnesses/absences of the individuals served. 1 of the remaining 3 was simply absent frequently and that concern was addressed at her recent ISP, another individual is gone frequently to his father's home during the summer months and the 3rd individual simply missed a number of days due to going to camp, visiting with family etc. Therefore it appears that the individuals enrolled at the DTC did utilize 90% of their hours or their absences were justified.

Recommendations

The outcome of 100% met with justification is an indication of efficiency within the DTC program. The Director works closely in reviewing hours offered and utilized to make attempts to correct issues and address concerns as they arise.

Satisfaction:

- 95% of individuals served or their responsible party will indicate satisfaction with ADDS services.

Time of Measure – Annual

Those Measured – Individuals served or the responsible party of the DTC program participants

Data Source – 2018 Satisfaction Survey

Evaluation

12 satisfaction surveys were returned regarding DTC services. 12 of the 12 surveys returned indicated a positive response to the statement “Overall, I am satisfied with my ADDS services at the DTC” and the percentage of satisfaction is therefore 100%. Comments that could have been associated with the DTC include –(please note that the comments are re-written here just as they were written on surveys without identifying information)

- They have been very friendly and helpful.
- Staff is friendly and helpful. They take good care of _____.
- Going to different places on outings.
- Take me places. Help me out when need help. Like to learn how to cook meals. Learn to pack lunch.
- To interact with other people. To do the activities that _____enjoys!
- Going to DTC.

As can be seen from the survey responses and the comments noted, the overall feeling shared regarding the DTC program and activities was positive. It would be the hope of ADDS staff to get more return surveys in the future although 12 out of 22 is over 50% as previously noted for the survey return rate in general.

Recommendations

This objective was met at 100%. ADDS and the DTC will continue to strive for high levels of satisfaction and return rate. The DTC program director voices intentions to continue providing services that are widely accepted and proven effective – thus resulting in high levels of satisfaction in spite of only receiving just over 50% of the satisfaction surveys back.

ADDS will continue to assess for any future changes and concerns that are expressed as ADDS pursues methods to increase the number of satisfaction surveys returned.

GOALS/OBJECTIVES FOR 2018 FOR THE TARGETED CASE MANAGEMENT (TCM) PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 1. 100% of individuals served or their responsible party responding to satisfaction survey will indicate that their support coordinator returns phone calls within 24 hours unless it is a weekend or holiday.

Time of Measure – Annual

Those Measured – Individuals being served by a support coordinator

Data Source – Satisfaction survey

Evaluation

The evaluation of this goal includes those satisfaction surveys returned for ADDS support coordinators. Due to the Federal regulation for conflict free case management, ADDS support coordinators do not provide case management for individuals receiving services from another ADDS program.

There was a total of 73 satisfaction surveys returned and although each one indicated receipt of support coordination services only 44 received services from ADDS support coordination. 27 of the 44 returned answered “yes” to the comment “My Support Coordinator returns phone calls within 24 hours unless it is a weekend or holiday” with 2 (2017 indicated 3) negative responses, 4 marked “sometimes”, and 4 surveys marked “NA” with the 7 remaining indicating no response to this statement.

This is a positive response rate of 71% (when including the “yes” and “sometimes” responses) compared to 76% in 2017, 72% in 2016 and 93% in 2015 and this goal was not met. If the 4 “NA” responses as well as the 7 with no response are added to the 31 positive responses it is a positive response of 96% (compared to 93% in 2017). When using that calculation this goal was still not met at 100% as there were 2 “no” responses.

Recommendations

This objective was met at 71% or 96% depending on the numbers/categories used. Obviously, the goal of 100% was not met in 2018. It is also understandable that 100% is a difficult number to achieve however, TCM staff will continue to strive for higher levels of satisfaction and have been made aware of the need to respond promptly to phone calls and inquiries.

- 2. 100% of referrals for any new individual served will have attempted contact by an ADDS support coordinator within 5 working days of eligibility determination.

Time of Measure – 2018 Calendar Year

Those Measured – New referrals for TCM services

Data Source – Records maintained in the TCM office

Evaluation

23 referrals for services for new individuals to be served were made in 2018 to the ADDS TCM office for services. (This is an increase of 2 from 2017 and a decrease from 26 referrals in 2016) 23 of these 23 referrals were contacted within 5 working days following eligibility determination. This is a significant improvement from Five referrals for services were beyond the 5 working day time frame in 2017. This goal was met in 2018.

Recommendations

Clearly, the plan of tracking referrals and responses to them has assisted in a clearer look at this goal. This method for accountability and record keeping is apparently working! The Support Coordinator Supervisor voiced responsibility for some of the late contacts in the past and he pursued this goal diligently in 2018 and this will be continued as a program goal in 2019 as well. This method of accountability will be maintained on the “ADDS Referral Contact Record” and the TCM supervisor will continue to be reviewing this by recording information as soon as he receives a referral through the Hannibal Satellite Office and follow up with the specific support coordinator assigned will begin and continue as needed. The importance of this initial contact has been stressed with support coordination staff.

- 2. Referrals for TCM services will increase by at least 10% in 2018.

Time of Measure – 2018 Calendar Year

Those Measured – New referrals for TCM services

Data Source – Records maintained in the TCM office

Evaluation

In 2018, there was an increase in referrals to TCM from 21 in 2017 to 23 in 2018. This is not quite 10% when computed, however it is very close at 9.5%. This is very close to the goal. As mentioned in 2017, there were a number of changes in 2017 and these continued into early 2018 in the ADDS Case Management program due to the state

changes based on the federal mandates regarding conflict free case management services. These changes resulted in shifting of caseloads not only among ADDS support coordinators but to Callaway County Special Services support coordinators as well.

Recommendations

The TCM Supervisor is continues to evaluate staffing duties, size of caseload and plans for the future. At the end of 2018, a TCM resource specialist was also hired and part of the role of this individual is to make contacts in the community (especially schools) and there is a likelihood of increased referrals simply based on these contacts and increased visibility of the TCM program.

Efficiency:

- 1. 100% of Individual Support Plans (ISP)'s will be approved (signed) by individual served or responsible party, support coordinator, and support coordination supervisor and delivered to and signed by the appropriate Program Coordinator(s) before implementation date.

Time of Measure – Calendar year 2018

Those Measured – Individuals being served by a support coordinator

Data Source – “Acknowledgment of receipt of ISP” form in records of persons served

Evaluation

It should be noted that in 2018 as well as 2017, the individuals reviewed for this goal were only individuals being served by an ADDS support coordinators and many of the Medicaid Waivered individuals served by ADDS in the past are now being served by Callaway County Special Services (CCSS) due to the Conflict Free Case Management policy put in place by the State of Missouri based on federal mandates. The TCM office staff has continued tracking information relevant to this Program goal for those individuals served without a Medicaid Waiver who are still being seen by ADDS support coordinators. The number of persons served by ADDS support coordinators at the end of 2018 was 139. 91 of the 139 ISP records met this goal for a percentage of 66% compared to 2017 when only 75 of the 133 ISP records met this goal for a percentage of 66%. This still does not meet the goal of 100% but it does show a significant improvement. It should also be noted that 23 of the late ISP's were on the caseload of one support coordinator who made a decision to leave in the last half of 2018 and reorganization of the program occurred.

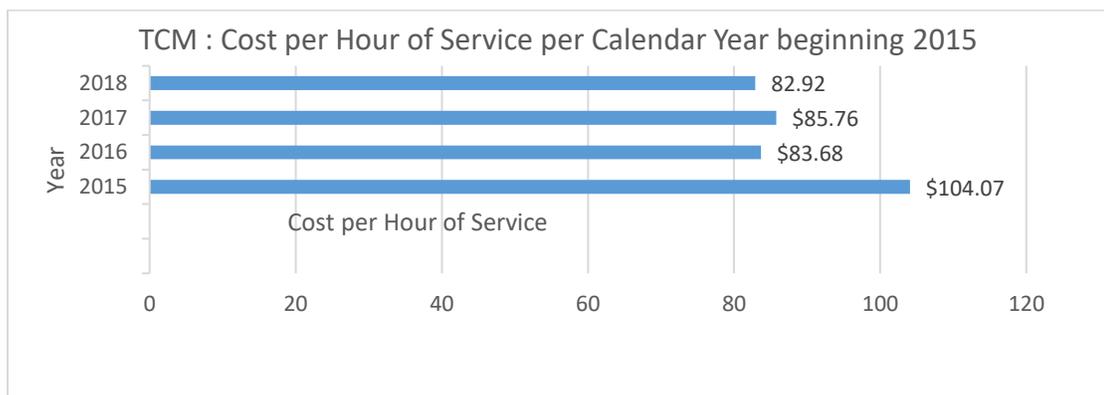
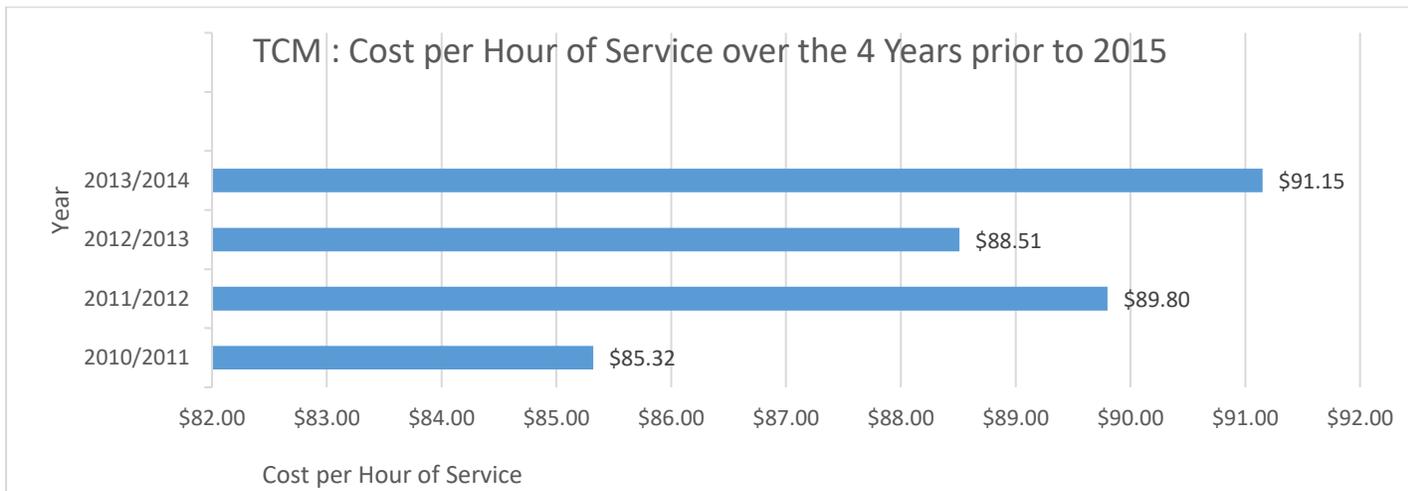
Recommendations

The measurement in 2018 is an improvement from the outcome of the same goal in 2017 so it does indicate that improvements are being made. The ADDS TCM supervisor feels strongly that this goal must continue as it is important that ISPs of persons served be provided to them and the other providers of the individual's services prior to the end date of the previous ISP. 2018 was a year of continued adjustment for the ADDS support coordinators with the many changes in support coordination in 2017 and early 2018 for which adjustments were necessary. It should also be noted that changes in the structure of the ADDS TCM program was made in late 2018 in regard to existing staffing, caseloads, schedules and resources and, there will, hopefully, be a positive impact from those changes in 2019. It should be noted that the TCM Supervisor continues to collect data indicating the individual support coordinators delinquency and he will be continuing to follow up with them in an attempt to correct this deficiency.

2. Provision of targeted case management services will be cost effective.

Time of Measure – Annual

Data Source – Cost reports of TCM program



Evaluation

As mentioned in previous years' reports, the 1st graph viewed above details information from 2010 – 2014 and it should be noted that the TCM cost report was based on the State of Missouri's fiscal year of July 1 through June 30 and therefore cannot be compared to other ADDS cost reports as they are determined using ADDS' fiscal year of January 1 through December 31. Changes in cost per hour of service over those 4 years listed reflect largely changes in staffing as well as changes in numbers of individuals served. The 2nd graph viewed above details information for 2015 -2018 and is based on ADDS' fiscal year of January 1 through December 31. As one can see, 2015 showed a cost per hour of service of more than the previous years computed based on the State of Missouri's fiscal year and more than the 2016 cost report based on ADDS' fiscal year. It appears that this increased cost per hour of service reflects an increased cost/unit indicating fewer units being billed. This was reviewed and changes in the efficiency and timeliness of billing made and these changes seem to be reflected in the cost per hour of service in 2016. The 2016 cost report also reflects some staffing changes that resulted in fewer hours worked by TCM staff but not a significant change in numbers of individuals served. The cost per hour of service in 2017 was slightly higher than in 2016 likely reflecting fewer units billed due to the transfer of several individuals served to CCSS and an overall decrease in units. And, the cost per hour of service in 2018 is slightly lower than the previous year and is likely a reflection of a support coordination position being vacant from late August through December.

Recommendations

TCM cost reporting will continue to coincide with the ADDS' fiscal year and with financial reporting of other ADDS services. The cost per hour of service for 2018 is slightly less than 2017 is explainable when reviewed. The TCM supervisor is encouraged to continue monitoring of staff/consumer ratios for appropriate and it should be noted that in late December the support coordination position was filled.

Effectiveness:

- 1. 100% of Quality of Life Assessments will be completed before the ISP implementation date for all individuals served who are provided TCM through ADDS.

Time of Measure – Calendar year 2018

Those Measured – All Individuals served by TCM staff

Data Source – Records maintained in TCM office at ADDS

Evaluation

There were 140 different individuals who received TCM services in 2018. 49 of the 140 were late for a completion rate prior to the ISP of only 65%. This is notably lower than in the past 3 years – 70% in 2017, 98% in 2016 as well as in 2015.

Recommendations

2018 was the fourth year for this goal to be a Program goal for the TCM program. A frequent reason for late assessments include the ISP meeting held late due to difficulties in scheduling. Since it was a Program goal, as well as a requirement to do some type of assessment on which to base the ISP information and goals, the TCM supervisor will maintain close monitoring and follow up regarding this activity. The outcome was lower than the previous 3 years and the TCM supervisor is definitely planning to continue this monitoring and goal in 2019 – at least until some significant improvement is seen. **It should be noted that more than half of the late Quality of Life assessments were on the caseload of one individual support coordinator who has left ADDS and plans began in late 2018 to make some changes in the structure of the TCM program and it is hoped that a positive impact will be felt in 2019.** TCM staff members have, once again, been provided instruction regarding the importance of completing the Quality of Life Assessments timely.

- 2. 100% of Level of Care (LOC) assessments will be completed within 365 days of the previous year LOC assessments. (Example: If the 2017 LOC was completed 3/28/17; then the 2018 LOC needs to be completed on or before 3/27/18.)

Time of Measure – Calendar year 2018

Those Measured – All individuals served from Audrain County with a Medicaid Waiver – this includes individuals served by a for-profit Agency in Audrain County as well as individuals served by ADDS

Data Source – Records maintained in TCM office at ADDS

Evaluation

52 LOC Determinations were completed in 2018. Two of the 52 LOCs completed were late and this goal was not met at 100%. One was late due to some issues with case management coverage and, again, there have been some changes in the structure of the TCM program to hopefully have a positive impact on this issue. The other LOC was

late due to difficulties in communication with the individual served and their location as they were moving back and from county to county/family members to family members.

Recommendations

2018 was the fourth year that this goal was in place for the TCM program. It should be noted that recently the overall procedure for completion of LOCs has changed from the Regional Offices and now the LOC can be completed within 90 days prior to the ISP start date which gives the support coordinator more opportunity to complete the LOC. The TCM supervisor has indicated a desire to maintain this goal for 2019 as it is an important component of the services provided to those individuals served in Audrain County with a Medicaid Waiver.

Satisfaction:

- 95% of individuals served or their responsible party responding to the satisfaction survey will indicate satisfaction with their support coordinator.

Time of Measure – 2018 Calendar Year

Those Measured – Individuals/guardians receiving TCM services through ADDS.

Data Source – 2018 Satisfaction Survey

Evaluation

There was a total of only 44 satisfaction surveys returned indicating services from ADDS support coordination as compared to 50 in 2017 and 82 in 2016 (before conflict free case management implications). Each of the 44 had received support coordination services. 34 of the 44 surveys returned had a positive response to the statement “I am satisfied with my Support Coordinator” for a percentage of 77% compared to 85% in 2017. The responses on the other 10 surveys include 2 “sometimes” and 8 did not provide a response. Therefore, if the 8 with no response were added into the positive category the percentage would have been 96% compared to 95% in 2017.

For informational purposes there were 29 surveys that were completed by individuals receiving services through CCSS support coordinators. Out of these 29 surveys only 1 provided a negative response to the statement “I am satisfied with my Support Coordinator”. There were some 3 comments indicating no contact had yet been made with CCSS Support Coordinator and this information has been shared with CCSS contact staff with their immediate follow up as possible.

Some of the responses that were related to TCM services to the question “What do you like BEST about ADDS?” services included – (please note that the comments are re-written here just as they were written on surveys without identifying information.)

- Consistency
- They are a great support system
- It helps my family feel a little less stressed
- (Support Coordinator) is great
- (Support Coordinator) is an amazing service coordinator and is a huge asset to me during IEP meetings at my child’s school.
- She’s really helped me out with getting SSI, Medicaid, Easter Seals and she’s there if I have questions about anything.
- Haven’t really had much to do with ADDS
- (Support Coordinator) has always been there for support for not just my son, but our family. I’m sure everyone else would do the same.
- I enjoy being checked on to make sure everything is going good.
- Listening and options
- Fast and efficient
- Feel safe, helped by staff

This objective was met at 100% when including the “sometimes” and “no responses” in the positive response rate. This objective was met at 95% in 2017, 94% in 2016 and 97% in 2015 when using the same calculations. TCM staff will continue to strive for high levels of satisfaction and will attempt to respond to concerns expressed. The TCM supervisor will review this data and share with TCM staff as they continue to work toward improvements in all areas. ADDS Quality Assurance staff will also continue to assess and monitor the satisfaction of the individuals served for any future changes and concerns that are expressed. And, it should be noted that ADDS also plans to continue reviewing responses from individuals served by CCSS support coordinators (to assure positive outcomes with the individuals served by them as well.

Efforts will also be made to increase the satisfaction survey return rate as discussed earlier in this report.

OVERALL LEVEL OF SATISFACTION WITH ADDS SERVICES

- 95% of individuals/guardians will indicate that they are satisfied with ADDS services.

Time of Measure – Annual

Those Measured – Individuals/guardians receiving any ADDS services

Data Source – Satisfaction Survey review of results for each ADDS Program

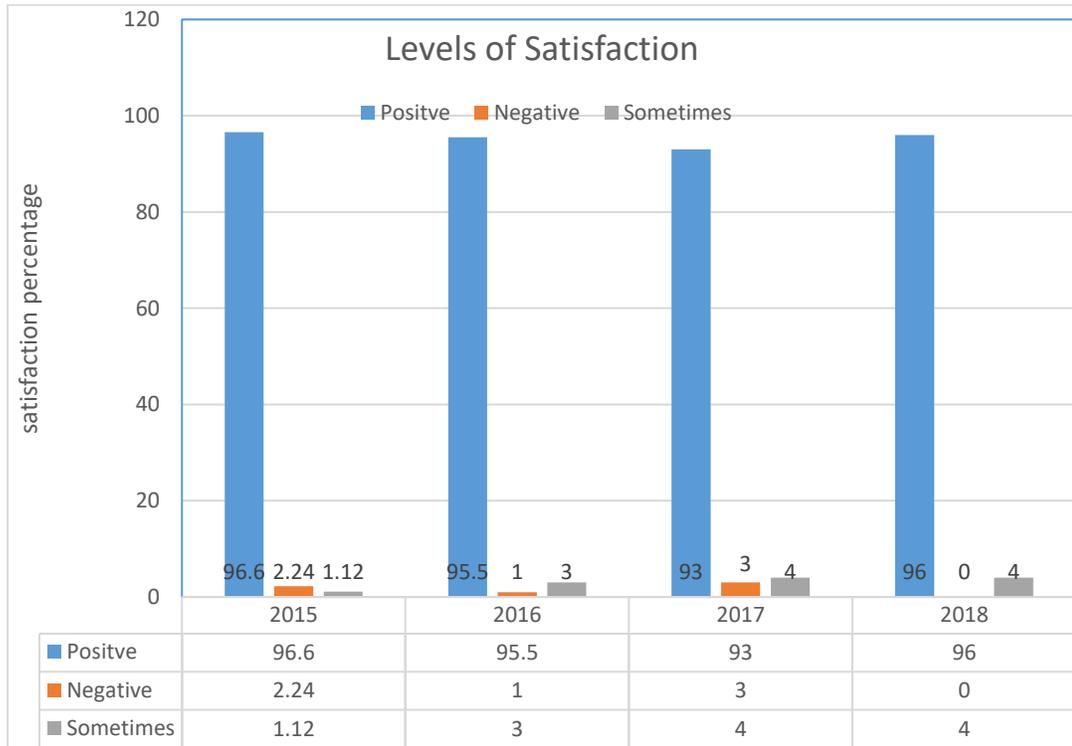
Evaluation

In 2018, a survey was mailed or given to individuals served and/or their guardian in August of 2018. An envelope was also provided for return if they chose to mail the survey back to ADDS. Individuals served and/or their guardian was asked to complete the sections for the programs applicable to them and these sections were check marked prior to the survey being given to the individual served or guardian in an attempt to make completion of the survey as easy as possible. Approximately 183 surveys were mailed or given to individuals served or their guardians. 73 (an increase of 1 from the 2017 return rate) surveys were returned and each of these surveys had 44 responses regarding Support Coordination services as stated in the previous section in addition to responses for other programs in 39 cases. In addition to the Support Coordination responses (34 positive responses, 2 “sometimes”, and 8 did not provide a response), the responses for all other ADDS programs regarding “Overall satisfaction with ADDS services” there were 37 “yes” responses, 1 “sometimes” responses, and 1 not answered out of 39 returns for other ADDS programs. When adding these 2 ADDS survey sections together there is a total of 83 survey sections responding to satisfaction of Support Coordination and other ADDS programs. 71 out of the 83 satisfaction questions returned with a “yes” response to the question regarding satisfaction, 3 “sometimes” responses and 9 did not provide a response for a rate of 86% rate – and, if including the 9 responses without a response as positive, the rate is 96% with a rate of 4% “sometimes” – this is depicted in the graph below.

Recommendation

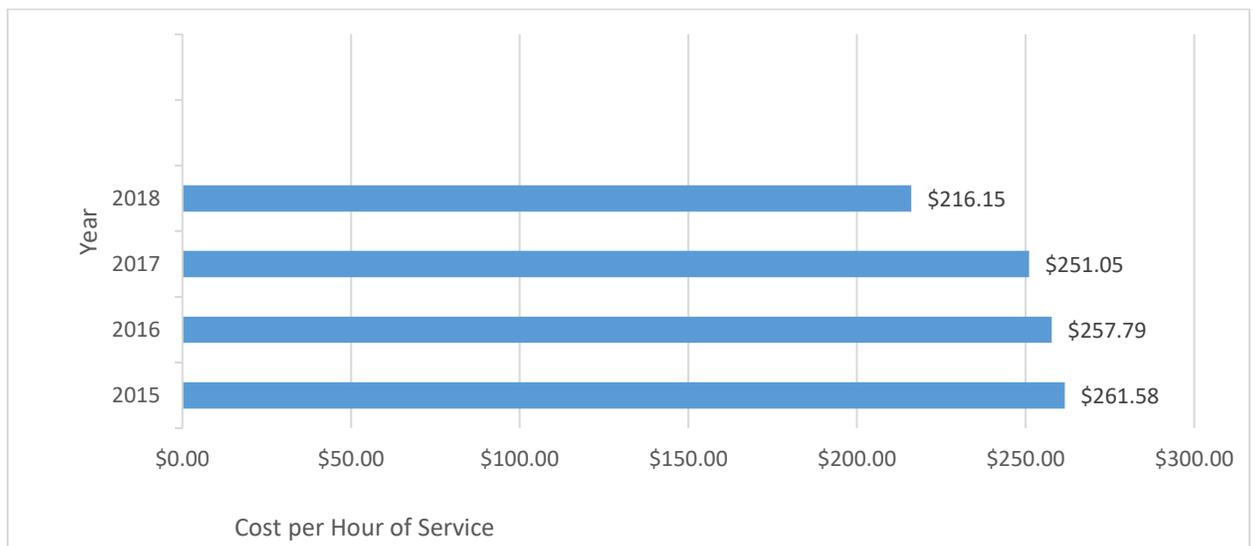
This positive response rate was only slightly better than 2017. However, ADDS is pleased with the positive response rate of 96% as it is a return to 95% or above as received in 2016. The method of distribution of the surveys in 2018 was mailings as well as hand delivered to individuals in group homes who do not have a guardian. This does not seem to be increasing the return rate and some evaluation can be utilized regarding a different process – although as mentioned earlier in this report a return rate such as ADDS experienced is acceptable according to many public survey standards. Perhaps ADDS can utilize the newsletter and website in a more efficient manner to hopefully

increase the rate of returns. ADDS staff will also continue to brainstorm for any other methods to increase response rates as well.



OVERALL COST PER HOUR OF SERVICE FOR ALL (INCLUDING TCM)

ADDS' PROGRAMS BEGINNING 2015



Evaluation

The table seen above includes all 8 ADDS programs. As can be seen, the cost per hour of service declined from 2017 to 2018 and can be explained by reviewing the individual cost reports from each of the ADDS programs – i.e. a decrease in 1 of the residential programs and a significant decrease in the Fieldcrest Community Services program related to close tracking of use of hours authorized. There was a slight decrease in Natural Home services as well as TCM and evaluations and recommendations for each of those programs can be reviewed.

Recommendations

No significant recommendations seem to be warranted at this time as the changes in costs seem to be explainable and reasonable. All Program Coordinators seem to work diligently to make sure all costs are appropriate and centered on the needs of the individuals served. All Program Coordinators are all encouraged to maintain current costs with expected increases and, as previously mentioned, the ADDS board will annually review employee benefits and costs associated with them.

As mentioned in the 2017 Outcomes Report the areas of reduction of both medication errors and falls were not continued as specific goals for the Agency as they are tracked and summarized annually by the RN, regardless of whether they are an Agency goal or not, and both remain of utmost importance to the quality of care offered by ADDS. Summaries of these 2 reports are included in the 2018 Agency Risk Management Plan Spreadsheets. In reviewing those reports an increase in medication errors as well as falls can be seen and this is, in large part, related to improved and increased reporting.

SOME OVERALL AGENCY ACCOMPLISHMENTS IN 2018 INCLUDE:

- **More informative ADDS website available – audraindds.org**
- **Participation in a community group looking at Sustainability of economic growth, individuals and workforce development in the Mexico/Audrain area - included in this were development of ideas and actions for ADDS staff recruitment and retention**
- **Continuation of a Social/Advocacy Group meeting on a monthly basis**
- **Worked more closely with community services to provide integration opportunities for individuals served**
- **6 newsletters completed – two for the community and stakeholders and 4 for ADDS staff**
- **Participation in Special Olympics**
- **Support of 2 dances with assistance of Elks' membership**
- **Obtained a new shuttle through MODOT**
- **Completed NCI staff stability survey for use for planning for recruitment and retention of direct care staff**
- **Developed more new volunteer opportunities in the community for individuals served by ADDS and staff**
- **Further developed reorganization of TCM to meet the guidelines for “conflict free case management” services**
- **Reorganization of Agency Management staff to provide more seamless staffing for group residential homes and ISL's**
- **Developed a stakeholder survey and included a link on the Agency website for the 1st time – minimal response at this time**
- **Reviewed results of an ADDS staff survey to provide information and appropriate responses**
- **Initial stages of development of a TCM resource specialist position to provide increased connections/services with local schools and families**
- **Developed a new residential facility for an individual served desiring more independence**

SOME OF THE GOALS AND OBJECTIVES FOR 2019 INCLUDE:

- **Continue to offer and encourage additional trainings for all ADDS staff members to improve their knowledge base, understanding and professionalism**
- **Improve medication administration practices – reducing medication errors further**
- **Improve safety measures for individuals**
- **Increase community integration opportunities for individuals served as discussed in ISPs**
- **Complete annual NCI staff stability survey and review outcomes for use in ADDS staffing development.**
- **Continue to develop ideas to enhance staff retention.**
- **Begin participation in Tiered Supports to improve staff relations as well as responses to individuals served**
- **Improve documentation consistency in all programs.**
- **Develop fully the TCM resource specialist position to develop case finding, relationships with outside agencies as needed**
- **Develop new volunteer opportunities in the community for each ADDS program**
- **Develop relationship with Center of Human Services (new TCM provider as Callaway County Special Services no longer provides case management) to enhance the case management services available and monitor satisfaction of individuals served in ADDS programs**
- **Continue to monitor increases in cost per program and attempt to maintain costs at or below a 5% increase annually**
- **Work with City of Mexico Parks and Recreation Department to create an inclusive playground at Plunkett Park**
- **Implement new HR module for better tracking of records, trainings, etc**
- **Further develop ADDS agency reorganization to enhance coordination of services**

2018 ADDS BOARD OF DIRECTORS

Tracy Wilburn, Chair
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Michelle Vogt
Todd Yager

ADDS AGENCY COMMITTEES

Case Record Review/Safety Committee
Quality Assurance Team
Activities Committee

**ADDS ADMINISTRATIVE AND SUPPORT COORDINATION STAFF MEMBERS AS OF
12/31/18**

Tim Crews, Executive Director
Janet McDowell, Business Manager
Vicki Woolridge, Adm. Assistant
Susie McGee, Director of Health Services
Bev Borgeson, Director of Programs, QA, Fieldcrest and Natural Home Programs
Lisa Harrison, Coordinator of Group Residential Services
Colleen Davis, Coordinator of ISL Services
Angie Littrell, Developmental Training Center Program Coordinator
John Wilhoit, Maintenance/Construction
Mark McDowell, Targeted Case Management (TCM) Supervisor
Brett Workes, Office Assistant TCM
Toni Cole, TCM
Tim Hopkins, TCM
Sherry Chedwick, TCM Resource Specialist
Kara Clovis, Harvey House Home Manager
Belinda Silvey, Breckenridge Heights Home Manager
Penelope Cearley, C.T. Loyd Apartments Home Manager