

OUTCOMES REPORT FOR 2020

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 global pandemic caused many shut downs beginning in March of 2020 and changed the activities and contacts of our Agency and those served by our Agency throughout the remainder of the year. The Mexico community and Audrain County have continued to embrace the mission of our agency but put on hold many of the employment and volunteer opportunities usually offered to the individuals served by ADDS. Many of the contacts with the usual 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, Dollar Store, General Dollar, Mexico Senior Center, City of Mexico Parks and Recreation, Handi-shop, Mexico Elks Lodge, Mexico Housing Authority were put on hold due to Covid 19 restrictions. Plans are to begin volunteering again at the Local Help Center, Missouri Veteran's Home as well as assisting with the Salvation Army Bucket Brigade Bell Ringers, cleaning in parks, decorating for holiday parties, baking and taking cookies to Mexico Public Safety, Sherriff's Department, Ambulance District, and participating in local Trunk or Treat efforts.

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 2020 as we continually work toward improving the quality of our services in spite of Covid-19 restrictions and cancellations. Each program described in this report is led by a coordinator/manager 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/Managers 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/Managers 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. And, in 2020, Program Managers, and direct care staff worked very hard to bring positive attitudes and a fun and caring atmosphere into the ADDS homes.

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 2020 data and acknowledge the weaknesses that we want to improve upon in 2021 and future years. Some of the collected data may reflect changes and adjustments made throughout 2020 due to complications of the pandemic.

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 serving 9 adults with developmental disabilities during at least half of 2020 in a community group home setting. The latter half of 2020, this group home served 8 adults as one individual moved to another setting.

Harvey House is a Medicaid-Waiver funded residential program serving 7 adults with developmental disabilities in a community group home setting during 2020.

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 serving 7 individuals with developmental disabilities in an independent community living setting during 2020.

Fieldcrest Community Services Program is an independent living program 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 4 individuals.

Developmental Training Center (DTC) is a day program which served 19 individuals in 2020. 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. Due to Covid-19 restrictions, the day program was closed for several months during 2020, however, the day program staff was able to go into the group homes and ISL's to provide services to the individuals living there that would normally have attended the day program. The individuals who normally attend the day program that live in their natural home indicated preferences to stay home throughout this time period.

Support Coordination is a Medicaid funded case management program currently serving approximately 134 Audrain County residents. 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. It should be noted that due to Covid-19 restrictions, case management staff did not go into the homes of individuals served throughout most of 2020, but they remained in contact by phone or virtually.

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 and 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 generally a minimum of 2 staff members on duty.

Harvey House: 24 hour supervision at a staff to individual served ratio of 1:4 during awake hours. There is generally a minimum of 2 staff members on duty during the day and not less than 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 Regional Office's services and can be utilized one weekend per month as staffing allows.

These residential programs all offer:

- a. Community outings 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 2020 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

Access:

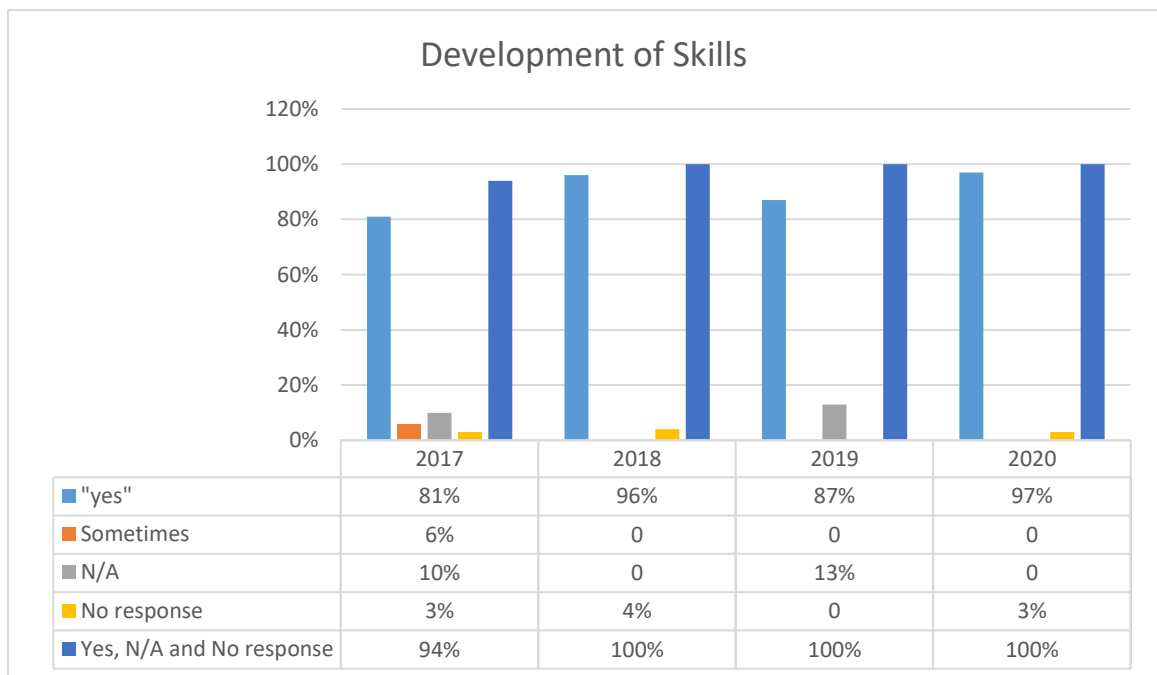
- 1. 95% of individuals served or their responsible party will report that ADDS assists them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party.

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

Thirty-five surveys were returned from individuals/families/guardians associated with ADDS residential facilities, Fieldcrest Community Services and the Natural Home/PA program. 34 of those 35 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 did not have a response to this question marked.



Evaluation

In 2020, this goal was met at 97% with no negative responses with the 97%. This compares to 87% with no negative responses within the 87% in 2019. The response in 2018 measuring the same things was 96% with only 1 no response. This shows an

improvement from 2019 as well as 2018. It is also noted that the survey return rate actually rose in 2020 from past years when it had continued to go down from 32 in 2017 to 26 in 2018 to 23 in 2019 in this category which was disappointing. but acceptable – there was a possibility of 47 responses in these 7 programs so the return rate was 75% up from 48% in 2019. Efforts had been taken to encourage house managers to follow up with their individuals served who were their own guardians requesting them to complete the survey and follow up was done with some of the guardians as well encouraging them to provide feedback via the survey. It is hoped that this rate of return will continue in the future with similar efforts being made.

Recommendations

In spite of Covid-19 restrictions, the response to this question was 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. It should be noted that there were several months in 2020 during which very little activity in the community took place, but this response indicates that individuals served as well as their guardians felt that development of skills continued to take place as Program Coordinators and house managers attempted to be creative in activities held within the homes.

- 2. At least one general community outing monthly.
Time of Measure – Annual
Those Measured – Individuals living in the ADDS’ Residential Programs
Data Source – Progress notes and outing/transportation logs of individuals served in ADDS’ Residential Programs as reported by Program Supervisors

Evaluation

Due to Covid-19 restrictions this goal was not met monthly during 2020. There were 2 to 3 months during Spring/Summer of 2020 when there were no outings. In late Summer as there were opportunities for drive through food pick-ups, some consumers rode along with staff. With those exceptions in mind and upon discussion with Program Supervisors regarding all 35 individuals who are residents in ADDS’ residential facilities this goal has been met for individuals served except for one (and an explanation was provided in this particular individual’s ISP) had information recorded that included 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 2021. Upon discussion of this goal with Program Coordinators and review of the 2020 Person Served Satisfaction Survey responses, 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 would have increased in 2020 except for the presence of Covid-19 restrictions.

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

Once again, due to Covid-19 restrictions, there were challenges in meeting this goal in 2020. Since Covid-19 restrictions went into effect in late March (end of winter) there wasn’t a great deal of opportunity for volunteer activities- especially new ones. As noted above “those measured” includes 7 different ADDS programs. There was one new volunteer activity that 3 of the ADDS programs participated in during the month of January – staff and consumers participated in meal prep and visiting for the local homeless shelter. New volunteer sites/opportunities that were initiated in 2019 and would have continued in 2020 if not for Covid-19 include setting up and decorating for a holiday dance, made cookies for public safety officers, increased Salvation Army bell ringing opportunities, providing treats for a local Trunk or Treat event, providing cookies to the local ambulance district and sheriff’s office as a gesture of gratitude for all they do for our agency and community. The 2 programs who did not have a new volunteer activity in 2019 serve individuals are currently working on activities to participate in during 2021.

Recommendation

ADDS individuals served and Program Coordinators are looking forward to when volunteer opportunities become more available in 2021 so that they can begin participating in this goal/activity – the individuals served seem to enjoy these activities and seem very proud of their efforts in giving back to others in the area! In 2021, one of the ADDS 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 2021.

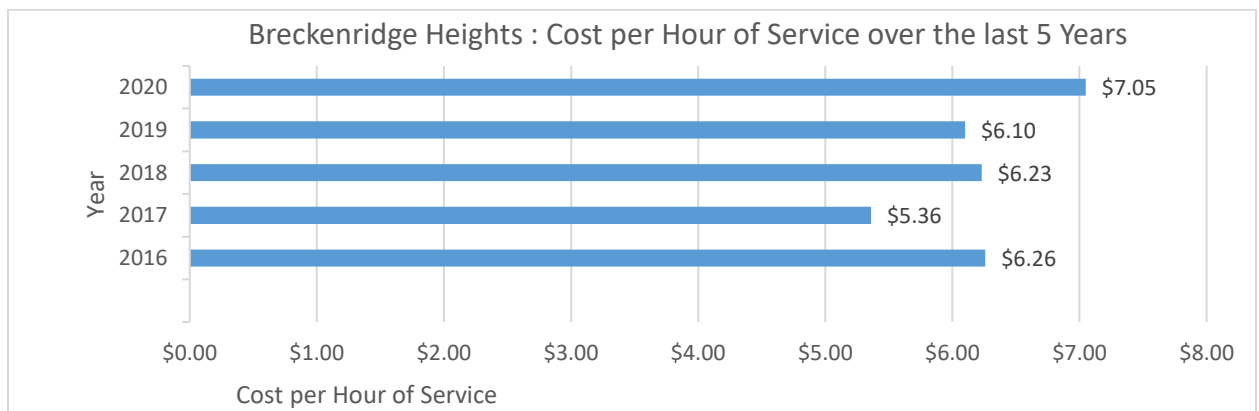
Efficiency:

- 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



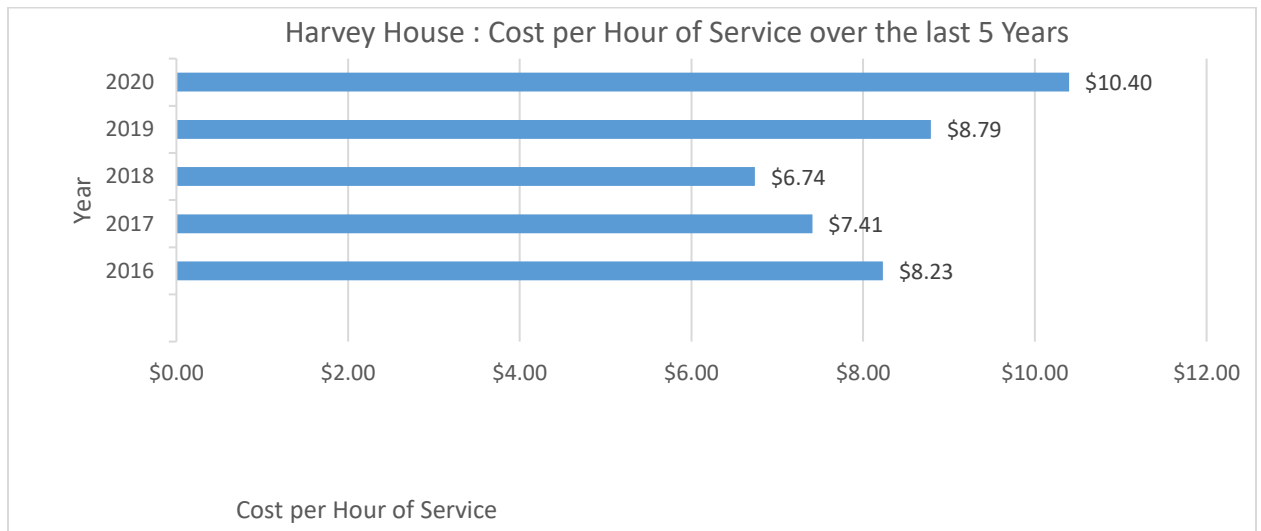
Evaluation

The cost per hour of service for 2020 shows a significant increase from 2019 which showed a slight decrease from 2018 to 2019, while 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. This consistency in staffing continued through most of 2019 until the 4th quarter when there was some shortage in staffing. The increase shown in 2020 is likely due to several factors related to the pandemic and the necessary responses to the conditions it created. ADDS paid double overtime for several months including March and much of November and December of 2020 and a significant wage increase as well as a weekend shift differential was also initiated in April of 2020.

Recommendations

No significant recommendations seem to be warranted at this time as the increase seems to be explainable and reasonable. It is certainly our anticipation that many of the staffing issues related to the pandemic – the stresses and concerns – will be alleviated in 2021. The Program Coordinator is encouraged to continue to maintain current costs with expected increases for cost of living, salary increases, etc.

Harvey House



Evaluation

This table for the Harvey House residential facility indicates a increase in costs per hour of service compared to all other years shown. As in the evaluation for Breckenridge Heights, the cost per hour of service for 2020 shows a significant increase from 2019. The increase shown in 2020 is likely due to several factors related to the pandemic and the necessary responses to the conditions it created. ADDS paid double overtime for several months including a period during March of 2020 and November and December of 2020 related to a need for staffing incentives due to Covid-19 positive residents and a significant wage increase as well as a weekend shift differential was also initiated in April of 2020.

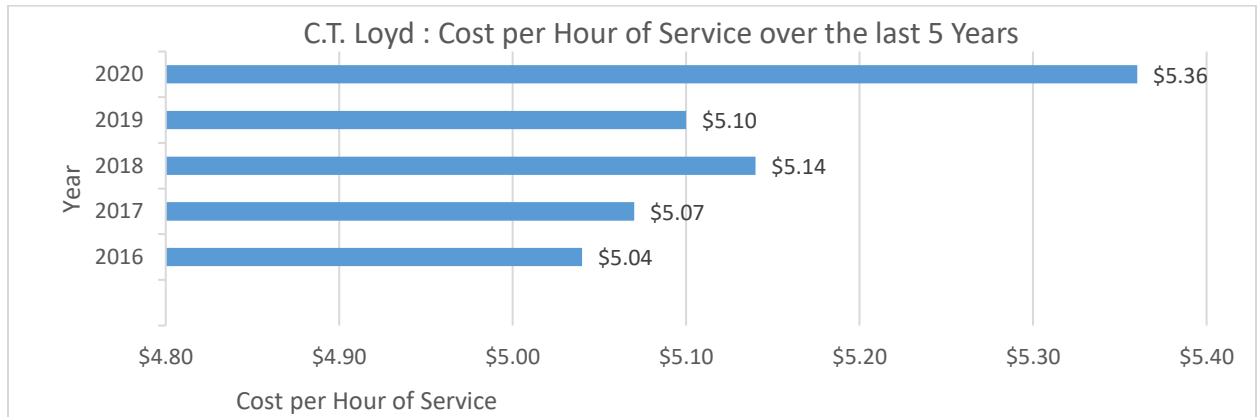
It should also be noted that the vacancy left by a death in 2019 was not filled throughout 2020 and due to the level of care needs of the remaining Harvey House residents the staffing pattern has not been decreased; therefore, staffing costs have increased per individual served as well.

Recommendations

No significant recommendations seem to be warranted at this time. The increased cost per hour of service was readily explainable due to the issues of wage increases, weekend shift differential and staffing issues related to the pandemic including payment of double overtime and the decision not to fill the vacancy (as stated above) due to the level of care needs of the remaining residents. Costs of employee benefits is continued to be reviewed annually by the ADDS Board and overall wages will likely be increased again in 2021, in part due to the minimal wage directives being gradually implemented.

The Program Coordinator is continually working to maintain adequate staffing and minimal use of overtime.

C.T. Loyd



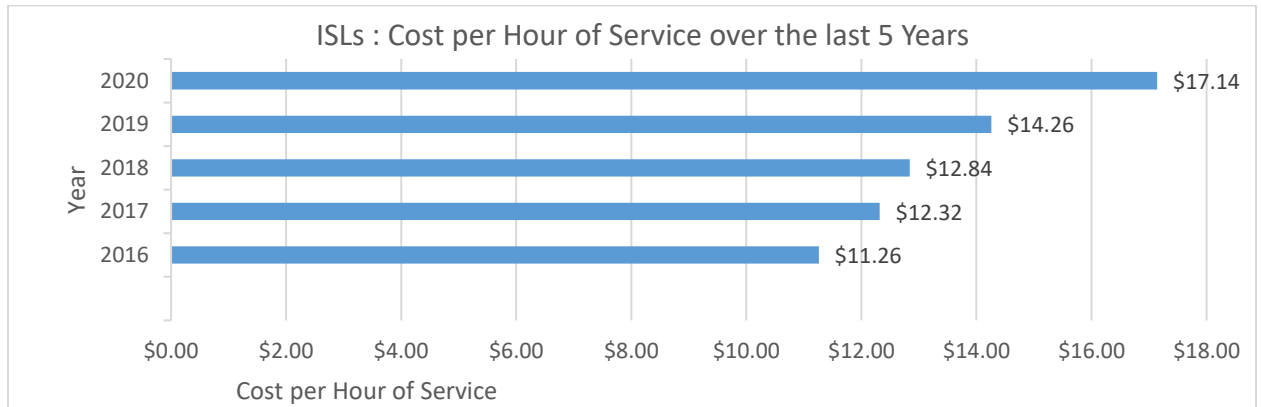
Evaluation

This table for the C.T. Loyd residential facility shows only a slight increase per hour of service from last year in spite of the changes and needs related to the pandemic. In spite of this minimal increase there was still an overall increase in wages per staff member as well as some double overtime paid and the shift differential on weekends. This increase in costs per hour of service might also have been more but there was a retirement of 2 long time employees who had worked at C.T. Loyd for a number of years.

Recommendations

No significant recommendations seem to be warranted at this time. The ADDS Board of Directors will continue to be reviewing benefit costs and increases. The Program Coordinator is encouraged to maintain current costs with expected increases and the staffing pattern continues to be improved without unnecessary staffing presence and overtime.

ISLs



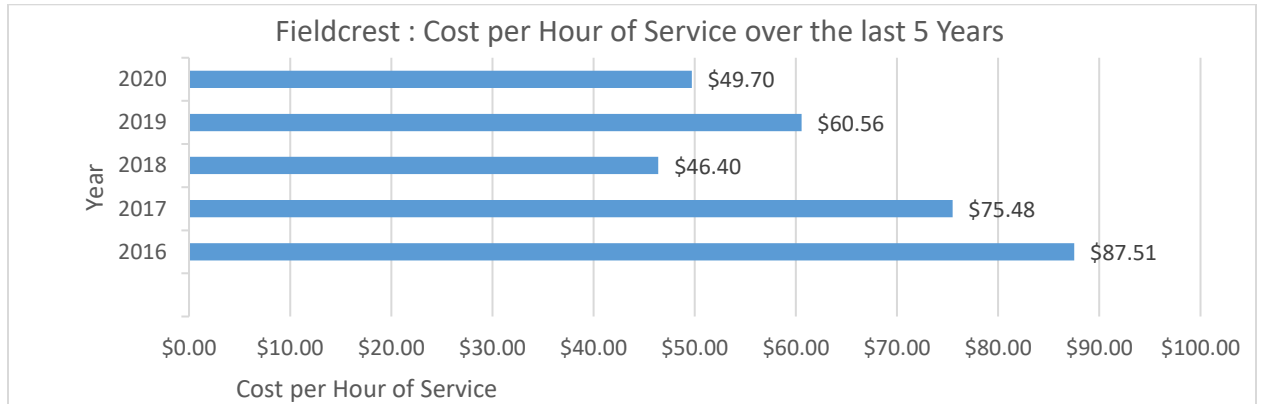
Evaluation

This table for the 3 ISL Residential Facilities shows a significant increase in cost per hour of service over the last year and a more gradual increase for the 4 years prior to that. The significant increase from 2019 to 2020 can definitely be attributed in the most part to short staffing but Covid-19 issues as well and the need for overtime – some of which was paid as double overtime during March as well as November and December. And, as in the other ADDS programs, there have been increases in the past year due to the initiation of a weekend shift differential as well as a continued increase in wages as we begin adjusting for the change in minimum wage law. It should be noted that most of the individuals served in this program continue to require specialized staffing due to their diagnoses as well as medical conditions. Past increases include significant renovations and repairs to the Abat ISL home.

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.

Fieldcrest Community Services Program

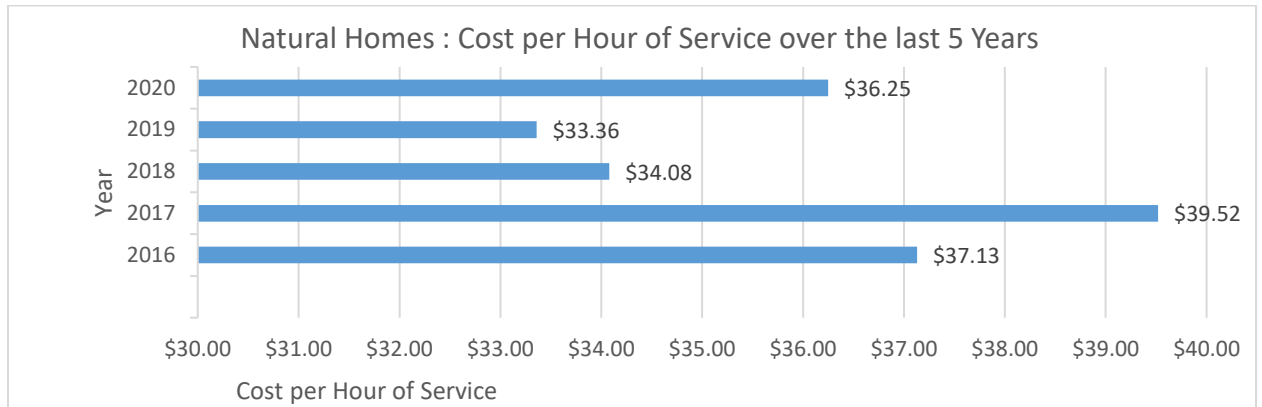


This table for the Fieldcrest program shows a significant decrease in cost per hour of service from 2019 to 2020. In spite of wage increases this program actually underwent some changes in the past year which have decreased staffing costs and increased payment per unit of service. This program continues 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. There have been several billing/coding changes in this program over the past 3 years and in mid 2019, the coding description was changed and ADDS is now compensated at a higher rate per unit of service provided. This change was made evident in 2020 and reflected in compensation received. There was significant tracking of services resulting in more effective use of time and due to staff turnover the staffing pattern has changed which has resulted in lower staff costs.

Recommendations

There were more changes in the billing codes in 2019 and there is now more reimbursement received for the services provided. In 2020, ADDS chose to not continue the PA code for services which resulted in no need to pursue Electronic Visit Verification which was mentioned in last year's Outcomes Report. The changes in the staffing pattern in 2020 will likely continue throughout 2021 and this has resulted in lower staffing costs. Even though this is an ADDS program that will probably always lose some money and need financial support from the tax dollars received by ADDS these two changes have resulted in the program being more economical.

Natural Home Program



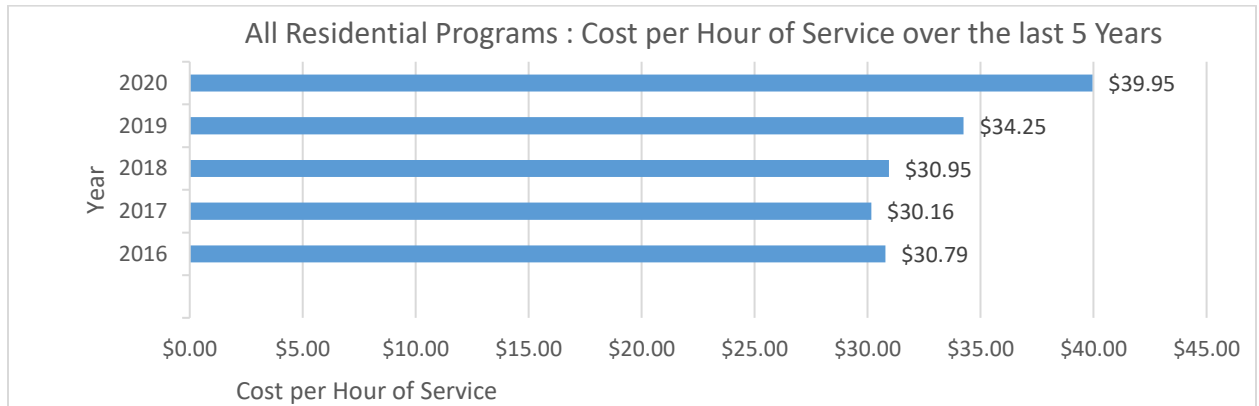
Evaluation

This program shows an increase from 2019 to 2020 following 2 years of decreases. There was an overall wage increase in 2020 and family support costs continue to be charged through this program. Due to the pandemic there were fewer visits made to some of the individuals served at the individual's request and sometimes due to Covid positive contacts. Otherwise the wages and services of this program remain much the same. Each of the individuals served in this program continue to 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 continue to assess the needs and costs of the individuals referred to this program. As mentioned in the 2019 Outcomes Report there was re-assessment of services made due to the need for Electronic Visit Verification for PA services beginning in 2020 that led to a decision to no longer provide PA services at ADDS. At this time the staffing pattern that was initiated in the last quarter of 2020 will continue as it seems to be working well for service provision.

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 an overall increase which is reflected increases in each of the residential programs due to the reasons stated previously .

Recommendations

No significant recommendations seem to be warranted at this time as the increases 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. And, hopefully, the issues related to the pandemic will resolve in 2021. The ADDS Board will annually review the cost of employee benefits. As was noted in the 2019 Outcomes Report residential rates did go up in 2019 and ADDS did receive increased funding for residential services offered in 2020.

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

Time of Measure – 2020 Calendar Year

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

Data Source - ADDS Payroll system information

Evaluation

This goal had significant challenges due to Covid-19 restrictions. Covid-19 restrictions had a major impact on staffing needs, changes, etc as the Developmental Training

Center and the sheltered workshop were closed from time to time throughout the latter 8 months of 2020. There were frequent days through 2020 that Developmental Training Center staff assisted in providing direct care services in the homes or Developmental Training Center supports were completed in the residential homes and not in the center. There were also several months that sheltered workshop work was completed in the residential homes rather than on site at the sheltered workshop and an ADDS staff member who generally worked at the sheltered workshop worked in the residential homes.

In spite of these challenges and adjustments, 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 the 6 facilities in 2020, it appears that 59 out of 72 months (12 months x 6 facilities) were fully staffed in ADDS residential programs without factoring in the extra staff provided by the Developmental Training Center or the Sheltered Workshop specialist. This is a percentage of 82% which is less than the 93% from 2019 which had been an improvement over the 83% in 2018. 82% does not meet the ADDS goal of 95% but if further accounting into the hours provided by the Developmental Training Center as well as Sheltered Workshop Specialist was completed it is likely that the percentage would be higher. It should be noted as well that often during 2020 and due to the special circumstances created by the pandemic that salaried staff also provided direct supports to individuals served in an effort to consistently provide adequate staffing.

Overall staff coverage continued to be positive in the ISLs. This was due in part to the willingness of the salaried ISL Coordinator to cover shifts as needed.

Recommendations

As an agency, ADDS will continue to strive for full and appropriate staffing. Although 2020 data indicates some increased difficulties with staffing, the issue of Covid-19 restrictions as well as outbreaks was a considerable factor. The Agency wants to report that for the most part, staff – salaried and hourly worked very hard to provide adequate staffing. There remain consistent issues with retention as well as recruitment and quality of staffing. ADDS is like most other similar agencies who need direct care staff 24/7 and have difficulty retaining staff – this continued to be a significant factor in 2020. There continue to be many possible reasons for this including new reasons such as covid illness and fears, lock down guidelines, unemployment benefits, stimulus packages, as well as the reasons consistent with past reports of 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, 2017 and 2018 as well as 2019 and ADDS plans to participate again in 2020. 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.

In 2020, even more efforts were continued for recruitment and retention of staff including regular visits from the food truck, ice cream truck treats, book give-aways, t-shirts, sweatshirts, Thanksgiving turkeys, Halloween pumpkins and regular meals provided to staff. ADDS has hired a Human Resource Manager to assist with recruitment and staffing concerns and 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.

In 2019, ADDS began 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”. This was continued in 2020 with some limited contact with Department of Mental Health staff due to Covid-19 restrictions but ongoing positive techniques being used in staff and individuals served interactions.

- 2. Staff turnover will decrease by 10% in each program – employee retention/reinforcement events will be held at least 6 times a year.

Time of Measure – 2020 Calendar Year

Those measured – ADDS Direct Support Professionals

Data Source – ADDS payroll system as well as Administrative record keeping of activities

Evaluation

Upon review of the ADDS payroll system the retention rate in 2019 96% while it was only 87.5% in 2020 – clearly indicating an increase in staff turnover instead of a decrease. There are several possible explanations for increased staff turnover in 2020 including Covid-19 fears and complications related to day care, online school for families, government stimulus payments as well as increased payment for unemployment.

Recommendations

ADDS will continue to strive for an improved retention rate and therefore decreased turnover. ADDS did provide at least monthly retention/reinforcement activities in 2020

including ice cream truck visits, t-shirts, agency sweatshirts, food truck visits, pumpkin giveaway, turkey giveaway, children's book giveaway, as well as meals brought in to the homes for staff as well as consumers.

Effectiveness:

- 95% of program staff will have at least 6 trainings per year in addition to standard certifications required by ADDS funding.
Time of Measure – Annual – 2020 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. This goal has been in effect for several years but was increased to 6 trainings per year and has been established for those employees who had worked 12 months of 2020 for ADDS and, therefore, if the employee had worked 6 months or less the outcome was for at least 3 additional trainings per year. At the end of 2020 the percentage of ADDS employees having 6 trainings was 97% or 61 out of 63 staff with the 2 not obtaining this goal having been hired in the 4th quarter of 2020. This compared to 81% in 2019, compared to 70% in 2018 and 84% in 2017. This number includes direct care staff employees, program coordinators and TCM staff. Therefore, this goal was met in 2020 as Program Coordinators reviewed this carefully with employees on a regular basis and has been seen as a priority. The number of trainings for this goal was increased from four to six in 2020 and it has been determined that Program Coordinators want the goal to continue at six trainings in 2021.

ADDS also became a Tiered Support Agency through the Missouri Department of Mental Health in 2019 and this has continued to encourage teamwork and behavioral support of all staff members.

Recommendations

The plans in place for 2020 to continue improvement in training offerings, quality of trainings, attendance and documentation of attendance are continuing into 2021. 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. There is frequently a health related article in the quarterly staff newsletters that can be utilized as a training. Reminders at monthly administrative staff meetings are 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.

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 – 2020 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 2020. Quarterly the committee continues to review random records of individuals served 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 40 records (which meant some records were reviewed more than once in 2020) over the period of 4 quarterly reviews in 2020, findings included 2 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 95% which is higher than 2019 when it was 90% and higher than both 2018 when it was 85% and the 82% met in 2017 as well as the 80% in 2016. ADDS is very pleased with the Case Record Review findings in 2020, but will continue to strive to reach 100%.

Recommendations

In 2020, a brief discussion continued to be held at each quarterly case record review meeting regarding the importance of reviewing the records thoroughly. This goal will continue to be reviewed by the Case Record Review/Safety Committee in 2021 with specific discussion regarding the need to review for thorough documentation. It should be noted that in 2021 there will also be documentation trainings held with all ADDS DSP's. Efforts continue by House Managers to assist their direct support professionals (DSP's) in improving documentation as well. Discussion/training will continue 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. It should be noted that during monthly service monitoring visits from the support coordinators that the documentation regarding goals is often reviewed and any concerns noted are shared with managers as well as DSP's.

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 – 2020 Satisfaction Survey

Evaluation

In 2020 35 satisfaction surveys were returned out of a possible 52 that were mailed or delivered. This is a return percentage of 67% compared to 2019 when 23 satisfaction surveys were returned out of a possible 48 mailed out or delivered for a percentage of 48%. For an increase of almost 20% return rate. 33 of the 35 returned indicated a positive response to the question – “Overall, are you satisfied with ADDS services?” with the other 2 respondents not answering this question – this leads to a percentage of nearly 95% for completely positive responses. In 2019, 22 of the 23 returned indicated a positive response to the question “Overall, are you satisfied with ADDS services?” with 1 responding “no”. The response rate was down quite a lot in 2019 – down to 23 from 39 in 2018. The percentage of positive responses was 22 out of 23 which is a percentage of 96% which is about the same as 2018 when it was 95% or 97% depending on how the “no responses” responses are calculated. 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 services provided by 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)–

- I liked here and they take good care of me.
- The staff is friendly and helpful.
- I like the staff.
- I like my staff and my boyfriend _____.
- Snack shopping work my room
- Staff
- Watch TV
- Supports me to do what I want such as movie night, laptop or singing.
- My son feels like Harvey House is home and he is loved and his personality is enjoyed. I love them and appreciate all they do for him.
- Transportation to and from home to DTC.
- Being able to get out to do outings.
- Everyone seems to really care and really doing a good job.

The 2020 survey responses and the comments noted above continue to indicate that the overall feeling from the respondents to ADDS and ADDS programs continues to be very positive.

Recommendations

This objective was met at 95% with 22 of the 23 returned surveys indicating a positive response. It will be mentioned that two other surveys had no response to the question which can be an indication of a positive or a negative response. The positive response rate does indicate that nearly overwhelmingly individuals/families served feel positive regarding ADDS services. The return rate this year was 67% compared to last year's rate of only 48% compared to 61% in 2018. This is still an acceptable return rate. The method of distribution of the surveys will be reviewed prior to distribution in 2021 to continue to encourage a higher rate of response. 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. Plans are being made to include an Agency goal in 2021 very similar to this one.

GOALS/OBJECTIVES FOR 2020 FOR THE FIELDCREST COMMUNITY SERVICES PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 1. 100% of individuals served will have the opportunity to participate in a monthly life skills training.

Time of Measure – Calendar year 2020

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 6 or 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 2020 and all 5 of them participated in at least one life skills training. It should be noted that due to the pandemic and Covid-19 restrictions there were a number of life skills trainings related to those restrictions and the response of the community, etc.

Recommendations

Fieldcrest Community Services staff have again, shared that it seems very needed to continue these trainings in 2021 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. And, it should be noted that this is frequently an individual goal in ISP's for each of the individuals living near the Fieldcrest Community Services office.

- 2. 100% of individuals served will have the opportunity to review their medications at least 1 time monthly with Fieldcrest Community Services' Staff.

Time of Measure – Calendar year 2020

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

Data Source – Direct Care Staff documentation of discussion with participants regarding review of medications

Evaluation

Individuals participating in the Fieldcrest Community Services program living near the Fieldcrest office had the opportunity to participate in a review of their medications at least 1 time monthly with Fieldcrest Community Services' Staff. Generally, this occurs at least twice per month when participants pick up their weekly medication planners from staff. This occurred even during Covid-19 restrictions utilized precautions as indicated.

Recommendations

Fieldcrest Community Services staff have again, shared that it seems very needed to continue review of medications in 2021 as it has appeared evident that the repetition and review is necessary even if medications are ongoing but certainly when there are changes in the medication regimen.

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 2020 (actually ISP year)

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

Data Source – Fieldcrest Community Services ADDS billing information

Evaluation

The Fieldcrest Community Services program provided services to 8 different individuals during 2020. Only 7 of those individuals did ADDS actually receive reimbursement for services. Five of those individuals live on the street where the Fieldcrest Community Services office is located and the other 2 (for whom reimbursement is received) live in their natural homes with other family members. In reviewing hours authorized in the ISP year beginning in 2020 and taking into account the Covid-19 restrictions regarding activities and outings necessitated by public lockdowns and Agency policies, there were many authorized units for outings that were not utilized. Essentially from late March, 2020 through December, 2020 there were few outings approved but many hours spent 1 on 1 with Fieldcrest Community Services' participants living near the Fieldcrest Community Services' office. The individuals living in the community with their families did not receive any hours through Fieldcrest Community Services during much of that time period due to the lockdown and family/guardian preference.

Recommendations:

It is hoped that as 2020 ends and news about a vaccination for Covid-10 is coming out that this program staff will be able to begin services at a higher percentage in 2021.

Plans for 2021 include continuing this goal as it is important to work toward utilization of hours authorized at the time of the ISP unless there are team decisions to decrease the hours. In the 2010 Outcomes Report it was mentioned that the impact of Electronic Visit Verification would need to be reviewed and it should be noted that in 2020 there was a decision made to discontinue the use of Personal Services at ADDS and therefore Electronic Visit Verification is currently a non-issue.

GOALS/OBJECTIVES FOR 2020 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 – 2020 Calendar year

Those Measured – All referrals to the Natural Home Program
Data Source – Records of the Natural Home Program Coordinator

Evaluation

As in 2019 there were no referrals made to the Natural Home Program by the Support Coordination team during 2020. One of the reasons for this might have been the relative inactivity in the Natural Home population during 2020 and the Covid-19 restrictions and precautions. This program will be discussed in 2021 with the Support Coordination team as need while remembering that a difficulty with referrals to the Natural Home Program for staff assistance is the lack of immediate available staff unless there is someone identified by the individual or family to be served. This particular difficulty is unlikely to be resolved in the foreseeable future.

Recommendations

This goal is an important goal for the ADDS Natural Home Program Coordinator and it will continue to be a Program goal in 2021 as the precautions regarding Covid-19 are likely to be lifted due to the news about a vaccination. It is important to remember that if there is a referral for the Natural Home Program contact should be made quickly with the individual or family members to be served. It should be noted that often due to the limited availability of staff members for staff 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 Natural Home services in the Natural Home. Ideas will continue to be evaluated for the recruitment of staff for this purpose and ADDS expectations/needs of staff trainings and paperwork/documentation continue to be a necessary component of this program.

GOALS/OBJECTIVES FOR 2020 FOR THE DEVELOPMENTAL TRAINING CENTER (DTC) NOT INCLUDED PREVIOUSLY IN THIS REPORT

Access:

- 95% of appropriate 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 2020

Evaluation

In 2020 there were no referrals to the Developmental Training Center (DTC). Due to Covid-19 precautions the DTC was closed during several periods of 2020 beginning in March of 2020 when the pandemic first led to lockdowns in Missouri. Even though the DTC opened up to individuals served who had been part of the program prior to March of 2020, there were no new referrals made to the program.

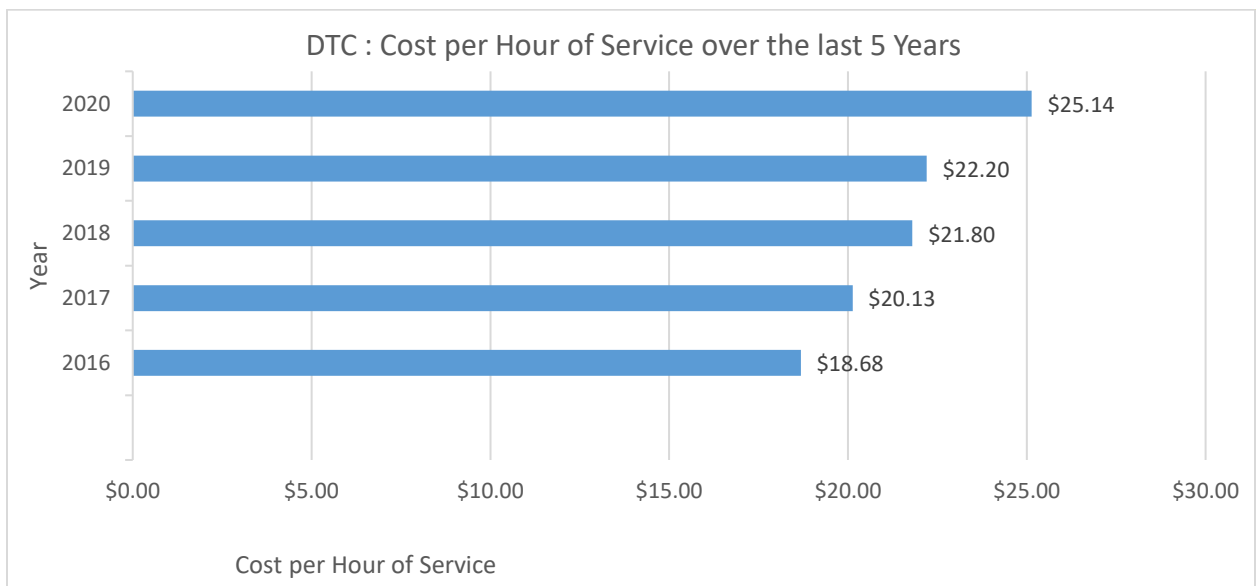
Recommendations

It is hoped that 2021 will be a return to a more normal routine at DTC. Even though new referrals were not made to the DTC and the DTC was closed for a few brief times due to Covid-19 restrictions, the DTC staff were able to provide services in the residential homes and ISL's to individuals who had participated at the DTC. This was a welcome activity for the individuals who found themselves in a lockdown. It should be noted that although the 2019 Outcomes Report indicated that this goal would not be continued in 2020 as the DTC Director doesn't necessarily have control over this process, it was continued as it is certainly an appropriate timeline to pursue if possible. This goal will be continued in 2021 as well.

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 (DTC) from 2019 to 2020. As noted previously in this report, Covid-19 restrictions impacted ADDS in several ways. One of the ways not yet described in detail was changes in provision of the DTC. The program was closed for several weeks during 2020 while staff were still paid to assist in other ADDS programs or the staff were paid benefits they had earned. In 2019, the Program Director had reported that although the numbers of individuals served in this program has decreased through the years, there was still 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 and this remained an accurate statement. The long time Director also retired in the fall of 2020 and benefits were paid out to her. The individual replacing her is also a veteran employee of ADDS and there was a period of time when there would have been wages paid to both the previous and the current Director.

Recommendations

Although the increase in costs of services at the DTC seems readily explainable, the Executive Director and the Program Director will continue to review and evaluate the staffing/individual ratio closely. The Program Director will continue to encourage referrals to the Program. The Program Director is also in the midst of getting budgets authorized for the participants in the DTC program to increase their hours of services from 6 hours per day to 7.5 hours per day in many cases. It is also hoped that DTC services can be provided uninterrupted in 2021.

- 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 2020

Data Source – Logs of hours/units utilized by each individual in the DTC program during 2020

Evaluation

DTC records indicate that there were 19 individuals with ISPs receiving services in the DTC program in 2020. The current Director of this program reports that no one participating in the DTC was able to utilize 90% of their hours in 2020 primarily due to Covid-19 precautions, closures, absences, etc. There was a period of several months when natural home participants stayed home completely and did not attend the program. During much of this same period of time, DTC staff provided services in the

residential homes and ISL's to accommodate the need for a more closed environment during the lockdown.

Recommendations

This outcome and inability to meet the 90% utilization rate is clearly understandable in the circumstances of a global pandemic. As 2020 came to a close and 2021 has begun, provision of services at the DTC appears to be much more routine. It has been noted that the hours per participant have increased if they wanted to increase their hours. The Director continues to work closely regarding utilization of ISP designated hours of DTC services, however she feels that this will be a difficult measure to continue due to the variance of ISP years and the fact that the ISP years do not coincide with the calendar year. Therefore, this goal will be replaced in 2021.

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 – 2020 Satisfaction Survey

Evaluation

12 satisfaction surveys were returned regarding DTC services. 11 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 92%. This is an improvement of 1% from 2019 as there was 1 more survey returned and 1 more satisfied survey. The remaining survey returned had no response to this question. Comments that were made on the 2020 satisfaction survey that could be associated with the DTC include – (please note that the comments are re-written here just as they were written on surveys without identifying information)

- Will be glad to return. Bur am thankful her health is taken into consideration
- _____ has many friends there
- Everyone is great there
- Transportation to and from home to DTC
- Very satisfied
- They have been very flexible during Covid and a blessing that allowed us parents to keep working
- I feel that you need to consider putting some kind of shelter for loading and

unloading in the weather

As can be seen from the survey responses and the comments noted, the general feeling shared regarding the DTC program and activities was positive with 1 suggestion noted. It would be the hope of ADDS staff to get more return surveys in the future although 12 out of 19 is again over 50% and acceptable.

Recommendations

This objective was met at 92% due to one survey with no response. 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. The suggestion offered is being reviewed and staff are certainly aware of the need to transition as quickly as possible from vehicles to inside of the building. Clearly the goal of 95% was not yet met by the DTC and efforts to strive toward increased satisfaction continue.

GOALS/OBJECTIVES FOR 2020 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 an ADDS support coordinator

Data Source – Satisfaction survey

Evaluation

The evaluation of this goal includes those satisfaction surveys returned for ADDS support coordinators. It should be noted that due to the Federal regulation that became policy several years ago to assure 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 78 satisfaction surveys returned and although each one indicated receipt of support coordination services only 37 received services from ADDS support coordination. 24 of the 37 answered “yes” to the comment “My Support Coordinator

returns phone calls within 24 hours unless it is a weekend or holiday” compared to the 2019 survey when 31 of the 41 returned and to the 2018 survey when 27 of 44 returned answered “yes” to the same comment. In 2020, there were also 2 negative responses, 3 “sometimes” and 7 “NA” and 1 with no response, while in 2019, there were 2 negative responses, 1 “sometimes” and 4 “NA” and 3 with no response to this comment.

This is a positive response rate of 65% in 2020, 78% (2019) compared to 71% (when including the “yes” and “sometimes” responses) in 2018 and then compared to 76% in 2017, 72% in 2016 and 93% in 2015 and this goal was not met once again and actually saw a decrease in positive responses. If the 7 “NA” responses as well as the 1 with no response are added to the 24 positive responses and the 3 “sometimes” it is a positive response of 95% same as in 2019. When using that calculation this goal was still not met at 100% as there were 2 “no” responses.

Recommendations

This objective was met at 65% or 95% depending on the numbers/categories used. Obviously, the goal of 100% was not met in 2020 just as in the past few years. It is also understandable that 100% is a difficult number to achieve however, TCM staff will be encouraged to continue to strive for higher levels of satisfaction and have been made reminded 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 – 2020 Calendar Year

Those Measured – New referrals for TCM services

Data Source – Records maintained in the TCM office

Evaluation

10 referrals for services for new individuals to be served were made in 2020 to the ADDS TCM office for services. (This is an decrease of 16 from 2019 as Covid-19 precautions limited the referrals during much of 2020.) 10 of 10 of these referrals were contacted within 5 working days following eligibility determination. This goal was met at 100% up from last year!

Recommendations

This will be continued as a program goal in 2020 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 continue as needed. The importance of this initial contact will be stressed with support coordinators again even though the goal was met in 2020, it was not met in 2019 and needs to be maintained. It is also likely that 2021 will see a significant increase in TCM referrals due to the precautions and restrictions of 2020.

- 2. Referrals for TCM services will increase by at least 10% in 2020.

Time of Measure – 2020 Calendar Year

Those Measured – New referrals for TCM services

Data Source – Records maintained in the TCM office

Evaluation

In 2020, there was actually a decrease in referrals to TCM from 26 in 2019 to 10 in 2020. This decrease can be directly related to Covid-19 precautions and restrictions that created restrictions in the general initiation of referrals to the ADDS TCM office. This goal was not met and a decrease in referrals was noted.

Recommendations

The TCM Supervisor is continues to evaluate staffing duties, size of caseload and plans for the future. It should be noted that already in early 2021 a significant increase in referrals is already being seen as Developmental Disability services are opening up with staff resuming new normal duties and routines.

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 2020

Those Measured – Individuals being served by a support coordinator

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

Evaluation

The number of persons served by ADDS support coordinators at the end of 2020 was greater than 2019 when it was 117. Because of changes in Missouri law regarding support coordination services to Medicaid waiver only individuals, it should be noted that only 22 individuals currently served by ADDS support coordinators qualify to be Medicaid waived. Out of the 22, 17 met this goal. In reviewing the reasons for the 5

late ISP signatures, there were 3 that the authorization had been sent to the responsible party in a timely manner but had not been returned to the service coordinator. One other authorization had been sent to the responsible party but not in a timely manner. The 5th late ISP signature was actually completed but was not in the file. This goal was not met. The service coordinator supervisor does note that in many case ISP meetings were held close to the ISP start dates without a responsible party present as they chose not to participate in the meeting likely due to Covid-19 concerns.

As was noted in the 2019 Outcomes Report, a service coordinator left in 2018, early 2019 and some reorganization occurred at that time.

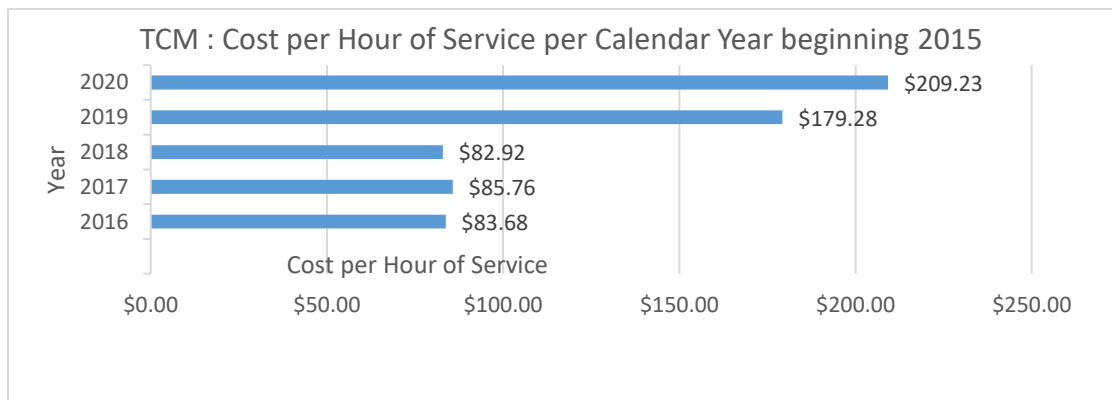
Recommendations

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. The TCM supervisor has encouraged service coordinators to maintain contact with responsible parties when they refuse to attend ISP’s and follow up regarding any requests for authorizations. 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. It is also hoped that 2021 will prove to be a year of some consistency after staffing changes in 2018, structural changes to the TCM program in 2019 and Covid-19 restrictions/precautions in 2020.

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

Time of Measure – Annual

Data Source – Cost reports of TCM program



Evaluation

As this table reflects costs per hour of service had remained about the same from 2016 – 2018 following some changes in efficiency and timeliness of billing made in 2015. 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. The significant increase (double) from 2018 to 2019 seems to be an indication of staffing issues which ultimately resulted in 1 staff resigning at the end of 2019. Then, the increase of over \$30 from 2019 to 2020 is likely the result of a decrease of just over 5000 units of billing in 2020.

Recommendations

The cost per hour of service for 2020 is significantly higher than 2019 and although the large increase from 2018 to 2019 resulted in some staffing changes, 2020 presented a new set of issues related to the precautions/restrictions of Covid-19. TCM staff were unable to make in person visits for almost 9 months in 2019. At this time the TCM supervisor has begun close monitoring of staff/consumer ratios for appropriate workloads as Covid-19 precautions are being lifted and TCM staff are making face to face visits again in 2021. TCM staff are also being followed closely as their billing efforts are being monitored and supervised closely.

3. Efficiency in billing hours will be shown by billing 50% of services provided in an 8 hour day.

Time of Measure – Annual

Data Source – Review of logging hours in the TCM program

Evaluation

This goal was not met at 50% - TCM supervisor reports the average of hours logged between the 3 support coordinators was only 21%. Part of the reason for this could be related to Covid-19 precautions as well as the fact that it appears support coordinators were providing services but not billing for them or logging their hours.

Recommendations

It should be noted that in the early months of 2021 this situation has shown significant improvement as stronger attempts are being made to encourage and follow the process of logging for each support coordinator. The importance of logging which leads to billing accurately has been stressed and will be followed on a month to month basis by the Billing Manager and the Executive Director.

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. – **This goal was deleted in 2020 as the Hannibal Regional office no longer requires these assessments as they feel a yearly assessment is no longer necessary.**
- 2. 100% of Level of Care (LOC) assessments will be completed within 365 days of the previous year LOC assessments. (Example: If the 2019 LOC was completed 3/28/19; then the 2020 LOC needs to be completed on or before 3/26/20.)

Time of Measure – Calendar year 2020

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

22 LOC Determinations were completed in 2020 according to TCM information. One of the needed LOCs completed was late and this goal was not quite met at 100%. This goal was completed at 96% in 2020 compared to 82% in 2019 and 96% in 2018. It should be noted that the statewide average is 97%.

Recommendations

2020 was the sixth year that this goal was in place for the TCM program. It should be noted that in 2019 the overall procedure for completion of LOCs had changed from the Regional Offices and 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 2021 as it is an important component of the services provided to those individuals served by ADDS with a Medicaid Waiver and the goal has not yet been met at 100%.

Satisfaction:

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

Time of Measure – 2020 Calendar Year

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

Data Source – 2020 Satisfaction Survey

Evaluation

There was a total of 37 satisfaction surveys returned indicating services from ADDS support coordination as compared to 41 in 2019, 44 in 2018 and 50 in 2017. 20 of the 37 surveys returned had a positive response to the statement “I am satisfied with my Support Coordinator” for a percentage of 54% in 2020. This is compared to 83% in 2019, compared to 77% in 2018. The responses on the other 17 surveys include 2 “no”, 10 “sometimes”, 3 “NA” and 2 did not provide a response. Therefore, if the 3 “NA” and 2 with no response were added into the positive category the percentage would have been 68% in 2020, 93% in 2019 and 96% in 2018. It should be noted that the satisfaction surveys returned with a “no” response has been responded to by the Service Coordinator.

For informational purposes there were 41 surveys that were completed by individuals receiving services through Center for Human Services (the agency that provides support coordination services to individuals receiving program services through ADDS) support coordinators. Out of these 41 surveys there were 38 “yes” responses to the statement “I am satisfied with my Support Coordinator”. There was one survey returned with a “sometimes” response and the other surveys returned did not have a response to this statement.

Some of the responses that were related to ADDS 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.)

- It’s a safe, friendly environment. Amanda and I have decided with the covid concerns that she will stay home and the team has been helpful and informative and supportive without concerns.
- Always try to help with whatever we need for _____.
- We feel good have someone can help.
- To be honest my life is really good. And no problem with the service.
- Your added support.
- Work transportation and respite care after work at Breckenridge.
- I’m always able to get a hold of someone if I have questions.

This objective was met at 95% in 2020, 98% in 2019, and 100% in 2018 when including the “sometimes” “NA” 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 higher levels of satisfaction and have attempted to respond to all concerns expressed in the survey. The TCM supervisor reviews the data from the satisfaction survey and shares it with TCM staff to respond to

any specific concerns and questions. 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 Center for Human Services' coordinators (to assure positive outcomes with the individuals served by them as well.

Efforts will continue to be made to increase the satisfaction survey return rate as well.

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

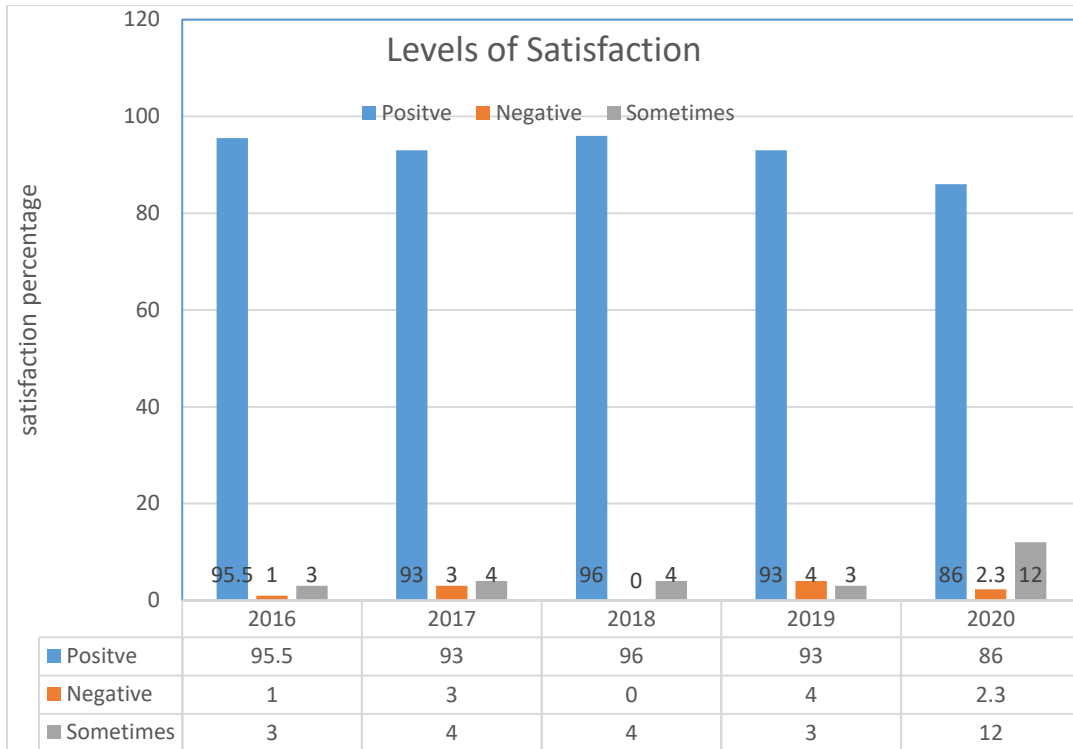
Evaluation

In 2020 (just as in 2019 and 2018), a survey was mailed or given to individuals served and/or their guardian in the late summer months. An envelope was also provided for return if they chose to mail the survey back to ADDS. Individuals served and/or their guardian were 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. 168 surveys were mailed or given to individuals served or their guardians. 78 (an increase of 8 from the 2019 return rate) surveys were returned and had 37 responses regarding ADDS Support Coordination services as stated in the previous section in addition to surveys returned for other programs in 47 instances (And, within those 41 returned surveys there are some individuals/guardians who responded to questions regarding their living situation as well as the Developmental Training Center thus showing more than 41 responses to the statement regarding satisfaction with ADDS services). In addition to the Support Coordination responses (20 positive responses, 2 negative responses, 10 "sometimes", 3 "NA" and 2 did not provide a response), the responses for all other ADDS programs – including Developmental Training Center, Residential facilities, ISL's, Fieldcrest Program and Natural Home individuals receiving ADDS staffing - regarding "Overall satisfaction with ADDS services" there were 44 "yes" responses and 3 did not provide a response. When adding these ADDS support coordination and all other ADDS programs together there is a total of 84 survey sections responding to satisfaction of Support Coordination and other ADDS programs. 64 out of the 84 satisfaction questions returned with a "yes" response to the question regarding

satisfaction, 2 “no” responses, 10 “sometimes” responses, 3 “NA” response and 5 did not provide a response for a completely positive response rate of 76% which is less than 2019’s which was 88% which was higher than the 86% rate in 2018 – and, if including the 8 responses without a response and “NA” as positive, the rate is 86% which is lower than 2019’s 93% which was lower than 2018’s 96% and with a rate of 12% “sometimes” compared to last year’s 3% “sometimes” – this is depicted in the graph below. It should also be noted that there were only 2 completely negative responses for a rate of negative responses of only 2.3% in 2020 which is less than the last 3 years.

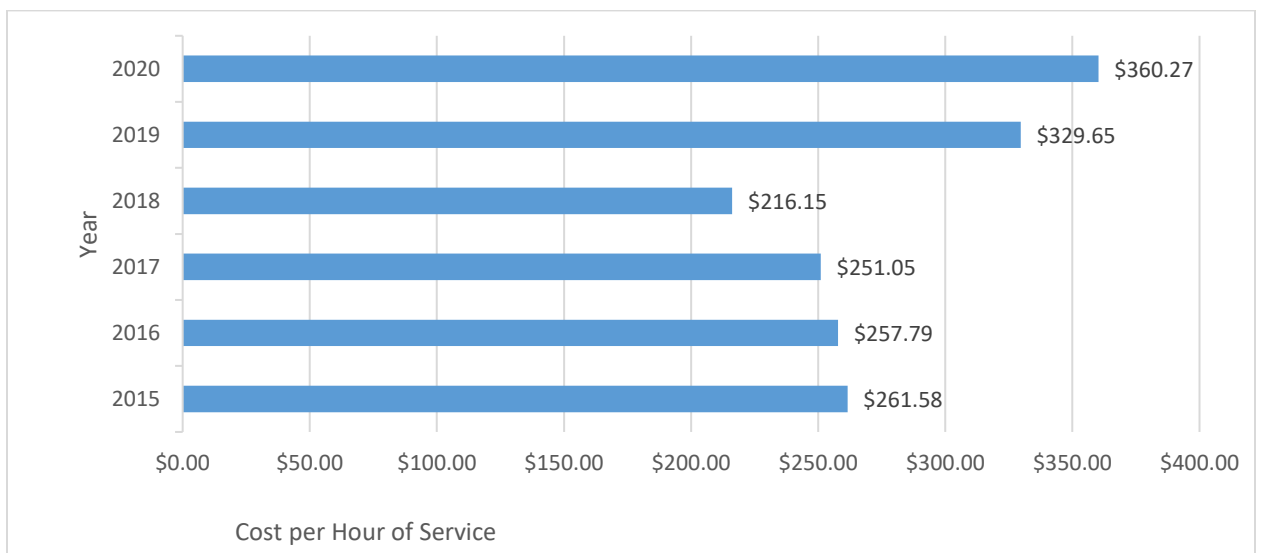
Recommendation

This positive response rate was slightly decrease from 2019. And, the overall positive response rate is less than 2019 with the positive response rate of 88% compared to last year’s 93%. This clearly does not meet the goal of 95% and continues to leave areas for improvement – predominantly in TCM services. The method of distribution of the surveys in 2020 was again, mailings as well as hand delivered to individuals in group homes who do not have a guardian as well as verbal contact with guardians regarding also giving the survey to the individual served. This additional step did seem to increase the return rate slightly (11%) from 70 in 2019 to 78 in 2020 after some evaluation regarding a different process. ADDS will also continue to utilize the newsletter and website to hopefully increase the rate of returns. The additional contact with some of the guardians seemed to encourage participation and the plan is to continue this contact. ADDS staff will also continue to brainstorm for any other methods to increase response rates.



OVERALL COST PER HOUR OF SERVICE FOR ALL

ADDs' PROGRAMS BEGINNING 2015



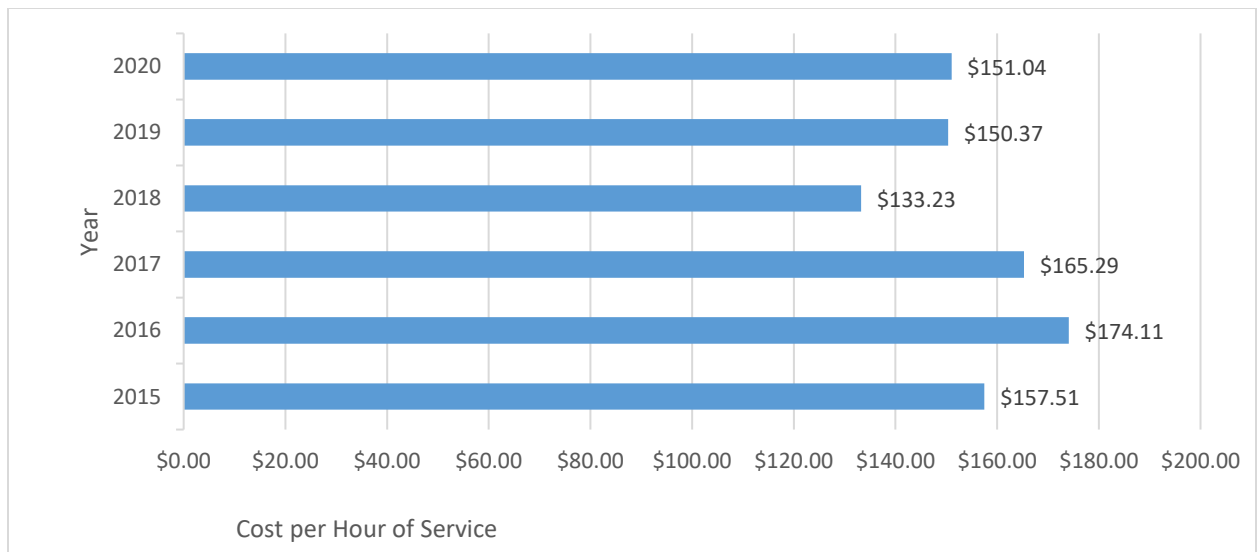
Evaluation

The table seen above includes all 8 ADDS programs. As can be seen, the cost per hour of service increased significantly from 2019 to 2020 and can be explained by reviewing the individual cost reports from each of the ADDS programs – i.e. primarily the increase in costs of services in all programs except for the Fieldcrest Community Services program and found to be primarily related to Covid-19 precautions and its impact as well as the increase in TCM costs per hour. It should also be noted that these extra costs have not put the Agency at risk as rates being received for individuals served have also increased in many cases as the rates ADDS had been receiving had been below average.

Recommendations

Most of the increases seem justifiable and the TCM program continues to undergo some evaluation and recommendations. Program Coordinators generally 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.

**OVERALL COST PER HOUR OF SERVICE FOR ALL
ADDS' PROGRAMS EXCEPT FOR TCM BEGINNING 2015**



This table is presented in order to give a view of costs without the TCM program. Other than the TCM Program the other ADDS' programs operate with direct support care for individuals -mostly on a 24/7 basis. The results in this table are somewhat surprising given increase in most of the ADDS programs in 2020. The slight increase from 2019 to

2020 can be attributed in large part to the one program that decreased cost per hour in 2020 – Fieldcrest Community Services.

Summaries of the RN Medication Error Consolidation Report and Event Report are included in the Agency Risk Management Plan Spreadsheets.

SOME OVERALL AGENCY ACCOMPLISHMENTS IN 2020 INCLUDE:

- Persevered through the Covid-19 pandemic restrictions and complications
- Informative ADDS website available – audraindds.org
- Updated Facebook page information ongoing
- Continuation of a Social/Advocacy Group meeting on a monthly basis when able to meet per Covid-19 restrictions
- Continued to work closely with community services to provide integration opportunities for individuals served – however most of these activities were cancelled due to Covid-19 restrictions
- 6 newsletters completed – two for the community and stakeholders and 4 for ADDS staff
- Support of 2 dances would have been provided but dances had to be cancelled due to Covid-19 restrictions
- Obtained 3 new vans for transportation purposes
- Completed NCI staff stability survey for use for planning for recruitment and retention of direct care staff
- Development of more new volunteer opportunities in the community for individuals served by ADDS and staff was put on hold due to Covid-19 restrictions
- Reorganization of Agency Management staff to provide more seamless staffing for group residential homes and ISL's continued
- Developed a stakeholder survey and included a link on the Agency website for the 3rd time – minimal response at this time but increased from 2018 and 2019
- Hired a Human Resource Manager
- Reviewed results of an ADDS staff survey to provide information and appropriate responses
- Updating of residential facilities to include paint, flooring, siding, roofing as needed
- Inclusive playground at Plunkett Park opened with ADDS support and the Mexico Parks Department
- Continued as a Tiered Supports Agency with Department of Mental Health with limited contacts due to Covid-19 restrictions
- Began extensive retention program for DSP's
- Developed Covid-19 protocols as well as implemented emergency staffing guidelines and retention efforts
- Beginning to upgrade Agency computers

SOME OF THE GOALS AND OBJECTIVES FOR 2021 INCLUDE:

- **Continue to offer and encourage additional trainings for all ADDS staff members to improve their knowledge base, understanding and professionalism – continue to work towards 6 per year per staff**
- **Improve medication administration practices – reducing medication errors further**
- **Improve safety measures for individuals**
- **Increase community integration opportunities for individuals served as discussed in ISPs as Covid-19 precautions are decreased**
- **Complete annual NCI staff stability survey and review outcomes for use in ADDS staffing development.**
- **Continue to develop even more ideas to enhance staff retention with assistance of the Human Resource Manager.**
- **Continue participation in Tiered Supports to improve staff relations as well as responses to individuals served**
- **Improve documentation consistency in all programs.**
- **Develop new volunteer opportunities in the community for each ADDS program as Covid-19 precautions are decreased.**
- **Continue to further develop relationship with Center of Human Services 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.**
- **Continue to update ADDS facilities requiring paint, flooring, etc**
- **Fully Implement new HR module for better tracking of records, trainings, etc**
- **Converting to an online based network to ensure security and better online communication**
- **Further develop ADDS agency reorganization to enhance coordination of services**
- **Continue to upgrade computers within the Agency**

2020 ADDS BOARD OF DIRECTORS

Tracy Wilburn, Chair
Andrew Baker, Vice Chair
Frank Marth, Treasurer
JoAnn Thomas, Secretary

Sara Robertson
Kelly Smith
Kevin Wilkerson
Amy Webber

Holly Hoover

ADDS AGENCY COMMITTEES

Case Record Review/Safety Committee
Quality Assurance Team
Activities Committee

**ADDS ADMINISTRATIVE AND SUPPORT COORDINATION STAFF MEMBERS AS OF
12/31/20**

Tim Crews, Executive Director
Janet McCollum, Business Manager
Melissa Brumagin, Human Resources Manager
Valarie Haller, Director of Health Services
Bev Borgeson, Director of Programs, QA, Natural Home Programs
Lisa Harrison, Director of Developmental Training Center, Community Services Manager
Colleen Davis, Coordinator of ISL Services
Kara Clovis, Coordinator of Group Residential Services
Angie Littrell, Developmental Training Center Program Coordinator
John Wilhoit, Maintenance Director
Mark McDowell, Targeted Case Management (TCM) Supervisor
Brett Workes, Technology
Tim Hopkins, Service Coordinator
Sherry Chedwick, Service Coordinator
Kristine Dennison, Harvey House Home Manager
Belinda Silvey, Breckenridge Heights Home Manager
Sierra Malone, C.T. Loyd Apartments Home Manager