
Outcomes Report 2021

Year: 2021

Audrain Developmental Disability Services
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Audrain Developmental Disability Services Quality Outcomes Report: FY 2021

Mission Statement: *“Creating a Better Life for Audrain County Citizens.”*

Motto: **S-M-I-L-E (Support, Motivate, Integrity, Lead, Engage)**

Audrain Developmental Disability Services (ADDS) has provided services and resources for Audrain County residents with developmental disabilities since 1978. It is our belief 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, COVID-19, continued to impact local and statewide shutdowns that affected the services and events that our organization strives to provide to our community. Audrain County and the local governing community of Mexico continued to play a valuable role in supporting our agency and the mission we stand by. In return, our organization has served as a community liaison and network resource to promote community inclusion and the continuance of our services and how we provide them. Despite our community involvement, COVID-19 still impacted our overall ability for those we serve to provide volunteer services in the community and hindered our agency employment efforts.

ADDS continued to engage with community businesses during the year of 2021 when restrictions were not in place, or it was deemed that community outings were those that those we serve could implement social distancing strategies and masking efforts and that were not a significant risk of exposing those we serve with COVID-19. Those community contacts included local churches (St. John Lutheran Church and 1st Presbyterian Church), Color Me Bleu, Mexico Bowling Lanes, Mexico Area Cinema, Mexico Area YMCA, Wal-Mart, Dollar General, Dollar Tree, Aldi’s, Mexico Senior Center, City of Mexico Parks and Recreation, Oaks Country Club, Mexico Veteran’s Home, Handi-Shop (HSI), Mexico Elks Lodge, Mexico Housing Authority, McDonald’s, Hardee’s, Dos Arco’s, Sonic, 54 Diner, and Dairy Queen.

Plans to continue to provide volunteer services include opportunities 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. We continue to appreciate the time and capacities provided to our agency by the ADDS Board of Directors and our community.

An annual Outcomes Report is created to share some of the areas we focused on during 2021 as we continually work toward improving the quality of our services despite COVID-19 restrictions and cancellations placed upon our agency and the serves we provide.

Each program described in this report is led by a Program Coordinator or Program Manager who is committed to ADDS and our mission, but they are all especially committed to the well-being of the individuals that ADDS serves. Each of the Program Coordinators and Program Managers has assisted in data collection that is used throughout this report in addition to shared feedback as we continually review and plan for quality care and improvement in the services we offer. The Program Coordinators and Program Managers continue to recognize that the Direct Support Professionals are a key component to providing quality services and proposing ideas for improvements in the services we offer and how we offer them. Despite the continuing and revolving global pandemic, ADDS staff continued to provide an atmosphere of compassion, perseverance, and bliss within the homes of ADDS in 2021.

Data for this Outcomes Report has been gathered from satisfaction surveys, employee records, records of persons served and program/service logs. An extensive and detailed review has been performed on all data collected and has been subsequently discussed and evaluated to assess responses and identify trends. The compiled data for 2021 has also been reviewed to initiate planning for improvements for the year of 2022 in which we will focus on improving identified areas of weakness and continue to sustain and improve identified areas of strength. As previously noted in 2020, some data reflects responses in correlation to complications of the current global pandemic, COVID-19.

ADDS PROGRAMS

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

Breckenridge Heights: Medicaid-Waiver funded residential program serving eight adults with developmental disabilities during 2021 in a community group home setting.

Harvey House: Medicaid-Waiver funded residential program serving seven adults with developmental disabilities in a community group home setting during 2021.

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

Community ISL Program: Medicaid-Waiver funded residential program serving seven individuals with developmental disabilities in an independent community living setting during 2021.

Fieldcrest Community Services Program: independent living program serving eight 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 four individuals.

Developmental Training Center (DTC): day program which served 19 individuals in 2021. 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 need 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 2021, 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.

Support Coordination: Medicaid funded case management program currently serving approximately 175 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 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 2021, 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. Individuals 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):

- I. Must be over 18.
- II. Must be approved for services by Hannibal Satellite Office or otherwise provide financial reimbursement for services, except for residents of Audrain County.
- III. Must not require constant medical attention.
- IV. 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

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 two 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 two 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:

1. 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.
2. 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.
3. Medical Care/Consultation including coordination of annual physical, lab work, annual visual exam, audiology exam as prescribed, and any other medical consultation as needed.
4. Dental Care coordination consisting of annual check-ups and any dental work as prescribed.
5. 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 medication check to make sure self-medicating individuals served are taking medications as prescribed.
6. Psychological Services are provided through consultation with service providers.

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7. 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.
 8. 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.
 9. Therapies on a consultation basis as prescribed by a physician.
 10. Dietetics and meal planning with training by the registered nurse in conjunction with consultation with a registered dietician, as necessary.
 11. Behavioral Supports in cooperation with consultation by Hannibal Satellite Office (Missouri Department of Mental Health Division of Developmental Disabilities).
 12. Transportation Services to encourage community participation by all individuals served.

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.

Natural Home Program: provides supportive assistance for individuals who reside in their homes in the community.

Developmental Training Center provides:

1. Training in Daily Living Skills
2. Work Attitudes/Vocational Pursuits
3. Safety/Health Practices
4. Functional Academic Skills
5. Development in Choices/Decision Making
6. Responsibility/Self Direction
7. Self-Advocacy/Assertiveness
8. Socially & Age-Appropriate Behaviors
9. Physical/Mental Development
10. Leisure/Recreational Activities
11. Religious/Cultural Activities
12. Community Service/Volunteerism
13. Community Integration/Awareness
14. Utilization of Community Resources
15. Language/Communication Development
16. Developing Social Connections in the Community
17. Interacting with Other Volunteers from the Community

Support Coordination provides:

1. Advocacy
2. Assessment
3. Planning
4. Communication
5. Education
6. Resource referral and management

GOALS/OBJECTIVES FOR 2021 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

I. ACCESS

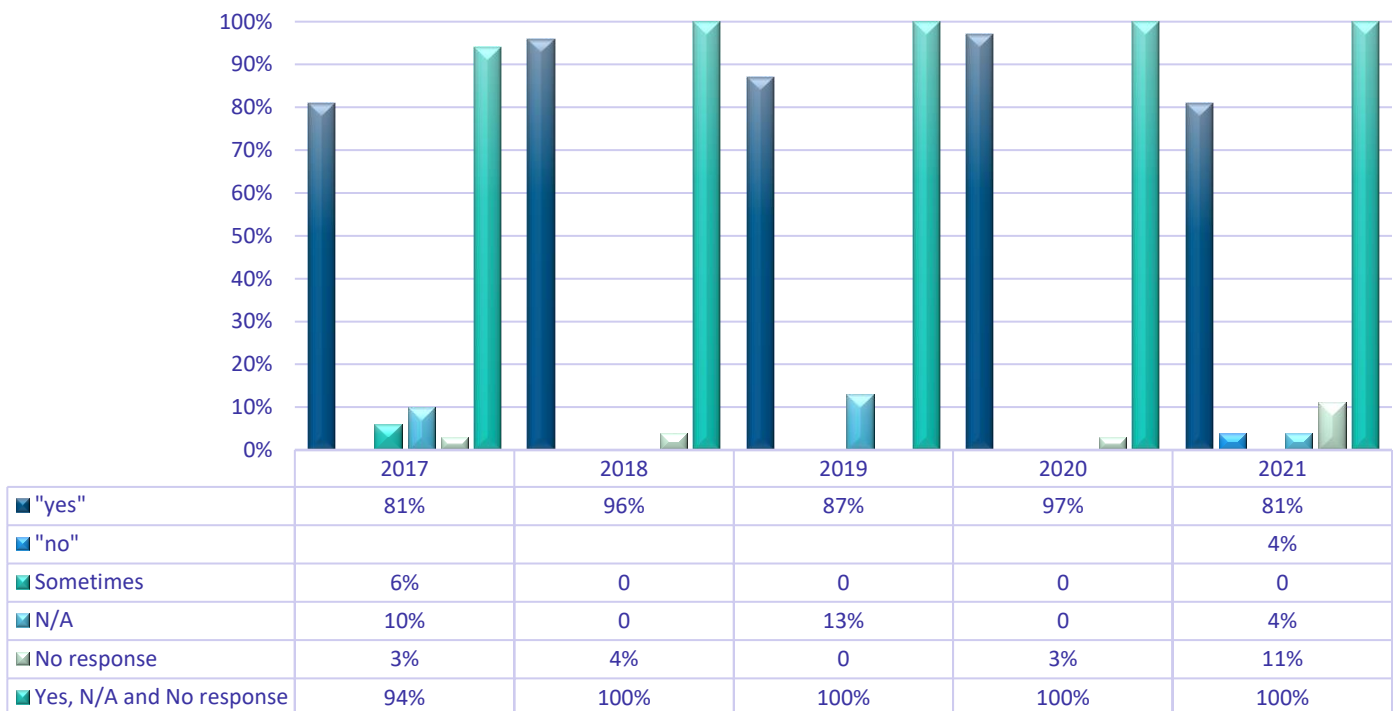
1. **Goal:** *95% of individuals served or their responsible party will report that ADDS assists them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party.*

a. **Measures:**

- Time: Annual- 2021
- Population: Individuals living in the ADDS' Residential Programs and participating in the Fieldcrest Community Services Program and Natural Home/PA program
- Data Source: Satisfaction Survey

b. **Results:** 217 surveys were distributed for completion of which 169 were mailed and 48 were distributed to consumers served. 53 surveys were returned from individuals/families/guardians associated with ADDS residential facilities, Fieldcrest Community Services, and the Natural Home/PA program. 47 out of 53 surveys were completed in this area. 43 of those 47 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. Two out of 47 respondents reported that ADDS did not assist them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party and two out of 47 responded to the area as not applicable.

Development of Skills



- a. **Results/Outcomes:** In 2021, this goal was not met as only 81% of respondents indicated that ADDS does assist them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party.

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 one no response. This shows an improvement from 2019 as well as 2018. It is also noted that the survey return rate 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 seven 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.

- b. **Recommendation:** Despite 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 like 2019 and 2020 there were several months in 2021 during which truly 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. **Goal:** *At least one general community outing monthly.*

- a. **Measures:**

- Time: Annual- 2021
- Population: 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

- b. **Results/Outcomes:** Due to COVID-19 restrictions this goal was not met monthly during 2021. There were several months throughout the year of 2021 when there were no outings due to positive cases of COVID-19 within the community and our agency. ADDS continued to provide opportunities for outings that were considered safe from risk of expose of COVID-19 such as drive through food pick-ups, scenic rides, and visits to local parks. 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.

- c. **Recommendation:** Despite the success of the outcome of this goal, ADDS plans to continue this Agency goal in 2022. Upon discussion of this goal with Program Coordinators and review of the 2021 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 see this outcome of this goal as particularly important and desired and, overall, throughout the Agency the number of outings would have increased in 2021 except for the continued presence of COVID-19 restrictions.

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

a. **Measures:**

- Time: Annual- 2021
- Population: 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.

- b. **Results/Outcomes:** Once again, due to COVID-19 restrictions, there were challenges in meeting this goal in 2021. COVID-19 restrictions continued from the previous year into 2021 which greatly impacted the decline of opportunity for volunteer activities- especially new ones. As noted above “those measured” includes seven different ADDS programs. There was one new volunteer activity that three 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 2021 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 two programs who did not have a new volunteer activity in 2020 serve individuals are currently working on activities to participate in during 2022.

- c. **Recommendation:** ADDS individuals served and Program Coordinators are looking forward to when volunteer opportunities become more available in 2022 so that they can begin participating in this goal/activity – the individuals served look forward to involvement in volunteering in the community and immensely 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 2022.

GOALS/OBJECTIVES FOR 2021 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

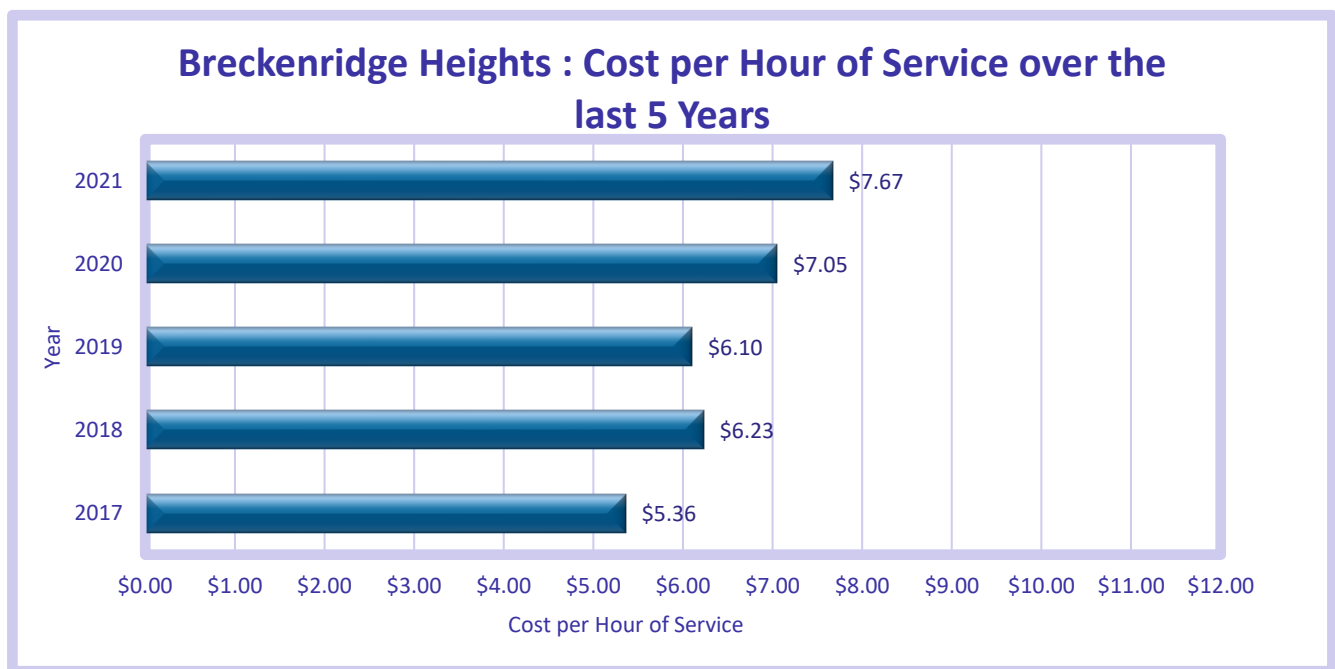
II. EFFICIENCY

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

- i. **Breckenridge Heights**

- a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from Breckenridge Heights

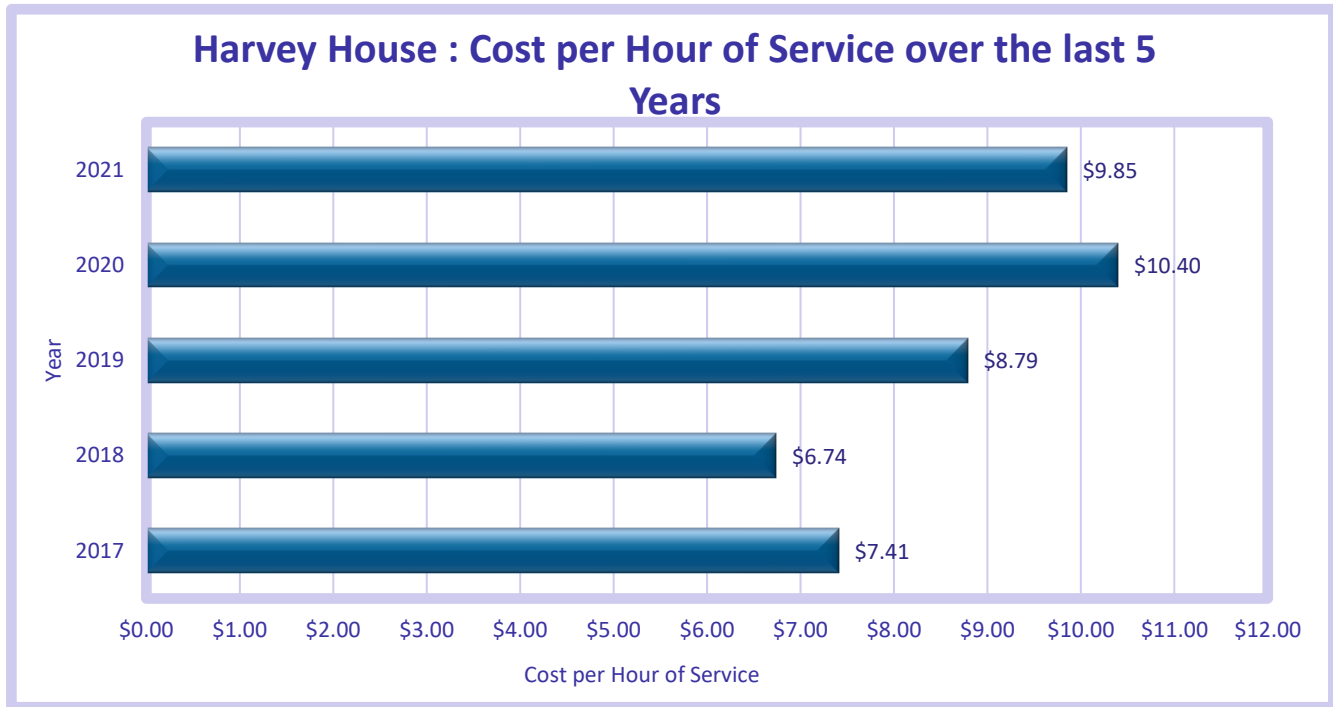


- b. **Results/Outcomes:** The cost per hour of service for 2021 shows a slight increase from 2020 which showed a significant increase from 2019 to 2020. This slight increase from 2020 to 2021 is due to an increase in wages as well as some COVID-19 pay in 2021. The increase shown in 2020 was likely due 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.
- c. **Recommendations:** No significant recommendations seem to be warranted at this time as the increase seems to be explainable and reasonable. Although it was certainly our anticipation that many of the staffing issues related to the pandemic – the stresses and concerns – would be alleviated in 2021 this did not happen. Once again, we have hopes for that in 2022. The Program Coordinator is encouraged to continue to maintain current costs with expected increases for cost of living, salary increases, etc.

ii. **Harvey House**

a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from Harvey House

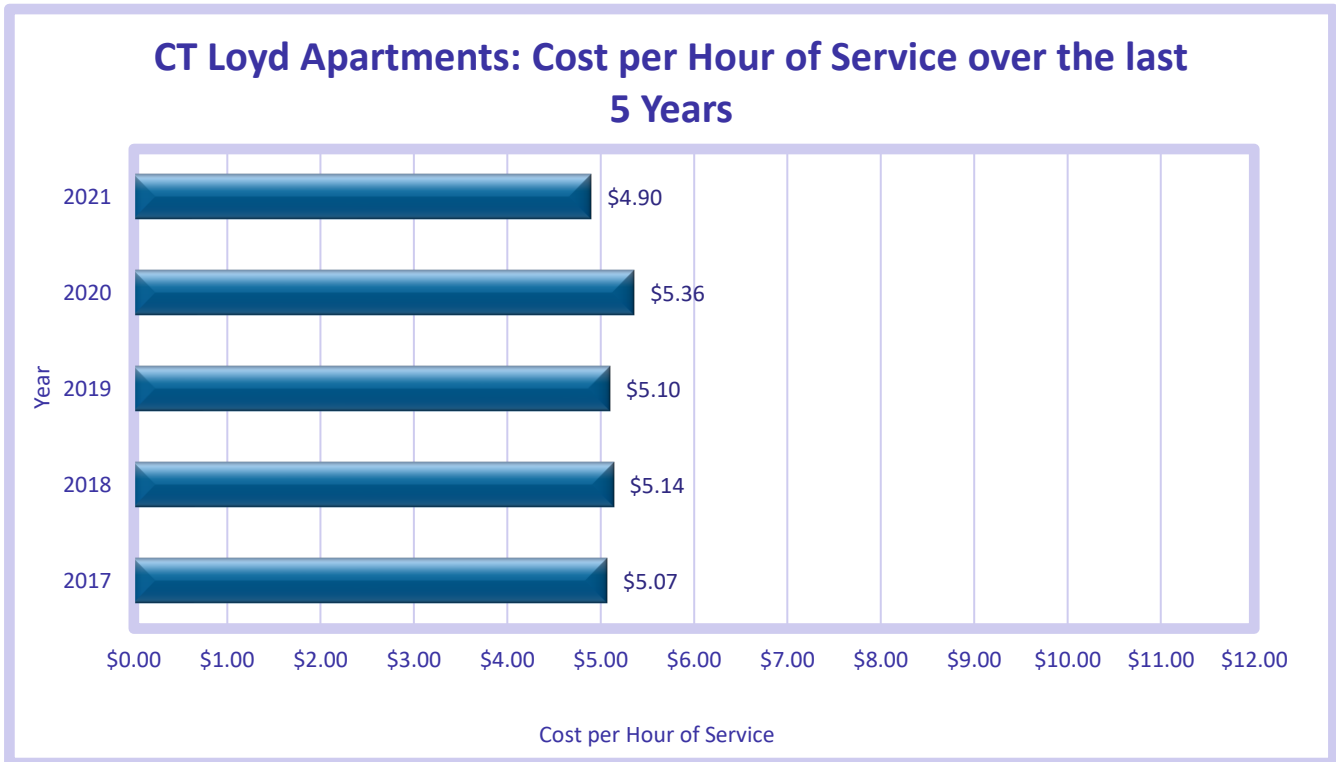


- b. **Results/Outcomes:** This table for the Harvey House residential facility indicates an increase in costs per hour of service compared to all other years shown. As in the evaluation for Breckenridge Heights, the cost per hour of service for 2020 shows a significant increase from 2019. However, the cost per hour shows a slight decrease in 2021. The increase shown in 2020 was 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, 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. The slight decrease shown from 2020 to 2021 is related to the loss of one consumer in 2021 along with a decrease of needed daytime staff.
- c. **Recommendations:** No significant recommendations seem to be warranted at this time. The decreased cost per hour of service was readily explainable due to the issues noted with decreased staffing. Costs of employee benefits continues to be reviewed annually by the ADDS Board. The Program Coordinator is continually working to maintain adequate and appropriate staffing.

iii. **C.T. Loyd**

a. **Measures:**

- Time: Annual-2021
- Data Source: Cost reports from C.T. Loyd

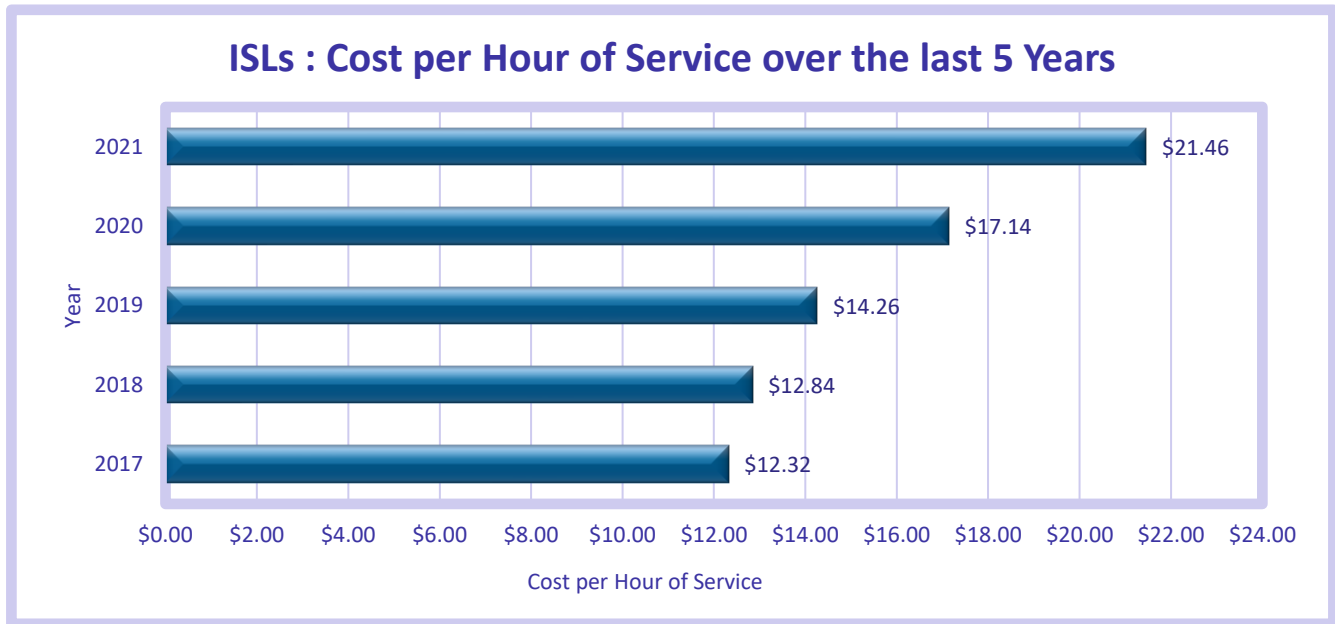


- b. **Results/Outcomes:** This table for the C.T. Loyd residential facility shows a slight decrease in cost per hour of service when compared to 2020 when there was only a slight increase per hour of service from 2019 despite the changes and needs related to the pandemic. This slight decrease could well be related to the fact that C.T. Loyd was short staffed through several months in 2021. The continued impact of COVID-19 as well as the low unemployment rate in the Mexico community was felt at C.T. Loyd. It should be noted that adequate staffing continued as salaried staff spent hours at this facility as well.
- c. **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.

iv. **ISLs**

a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from ISL's



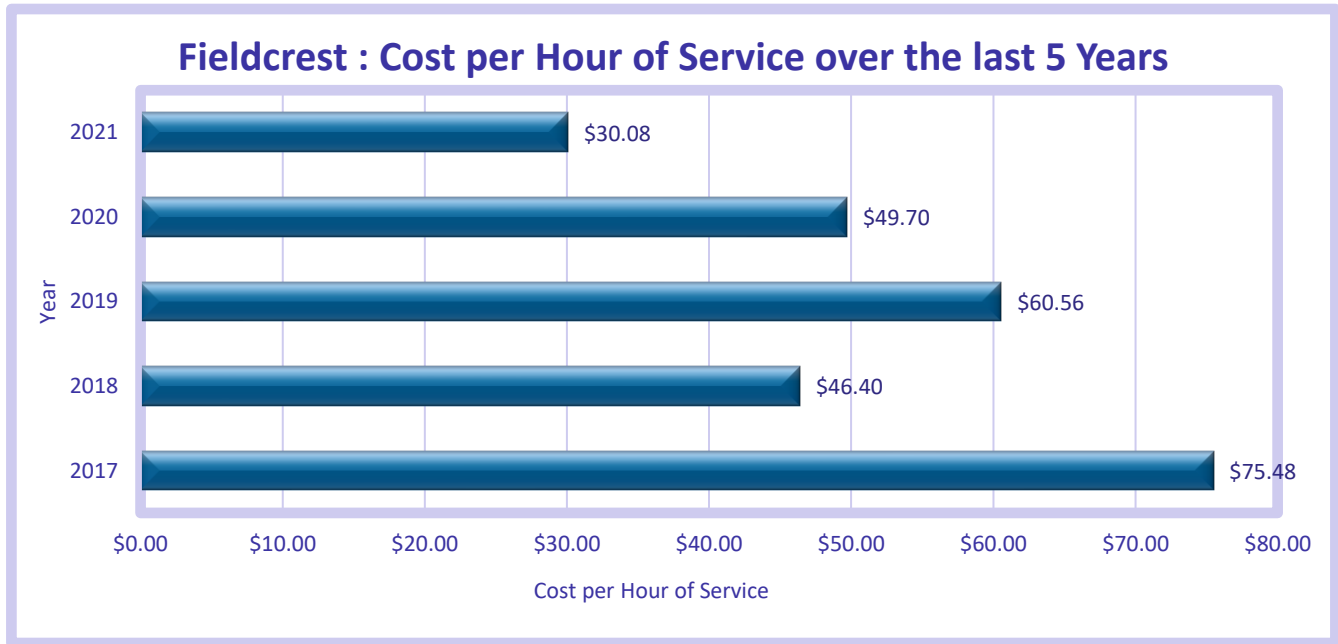
b. **Results/Outcomes:** This table for the 3 ISL Residential Facilities shows a significant increase in cost per hour of service over the last 2 years and a more gradual increase for the 4 years prior to that. The significant increase from 2020 to 2021 can be attributed in large part to the loss of two consumers at one of the ISL's while staffing levels stayed much the same as well as a significant wage increase in the latter part of 2021. The increase from 2019 to 2020 can be attributed in the most part to COVID-19 issues and the need for overtime – some of which was paid as double overtime during March as well as November and December of 2020. 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.

c. **Recommendations:** No significant recommendations seem to be warranted at this time as the increase certainly seems to be explainable and reasonable. The Program Coordinator continues to monitor the staffing situation closely while hoping to increase residency at the home that lost two consumers in 2021. The Program Manager is encouraged to maintain current costs with expected increases.

v. **Fieldcrest Community Services Program**

a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from Fieldcrest Community Services



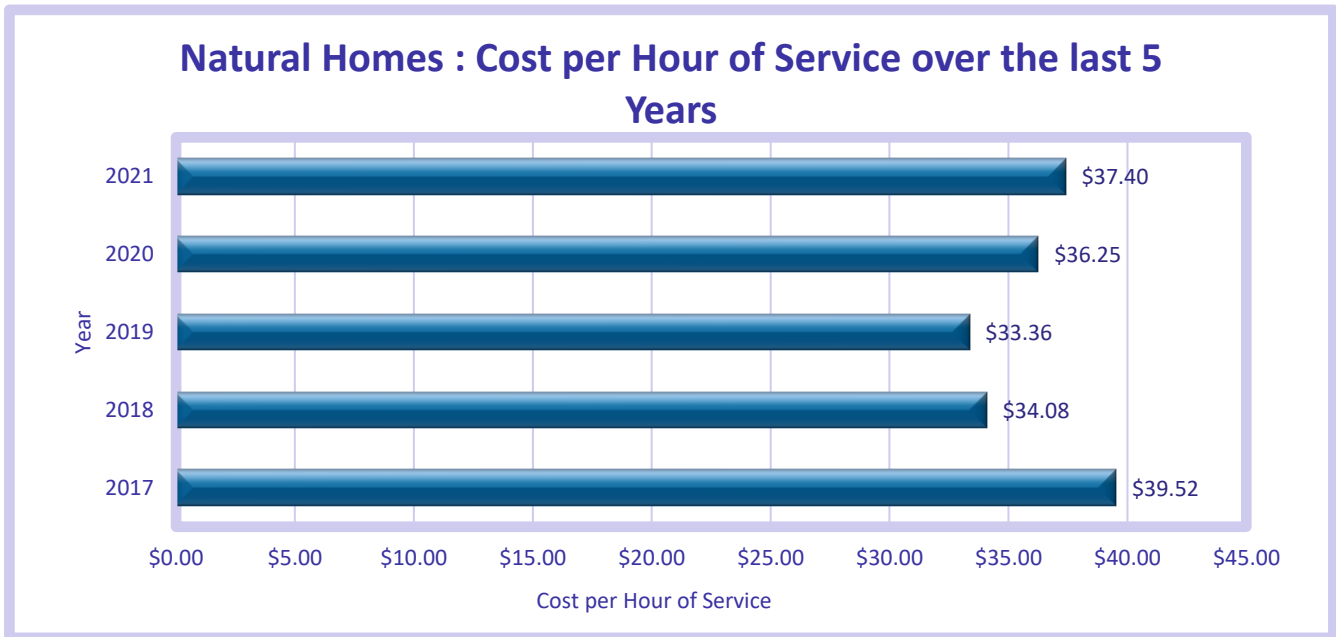
b. **Results/Outcomes:** This table for the Fieldcrest program, again, shows a significant decrease in cost per hour of service from 2020 to 2021 as well as from 2019 to 2020. During 2021, there was a decrease of consumers served in the Fieldcrest program as well as a decrease in staff members providing services in this program. The billing per consumer increased and despite wage increases this program shows a significant decrease in cost per hour 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 to maintain their level of independence. There have been several billing/coding changes in this program over the past 4 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 despite COVID-19 restrictions this program has maintained adequate service and staffing. There has been significant tracking of services resulting in more effective use of time and due to staff turnover in the past, the staffing pattern has changed resulting in lower staff costs.

c. **Recommendations:** The changes in the staffing pattern in 2020 and 2021 has resulted in lower staffing costs. Even though this is an ADDS program that will always lose some money and need financial support from the tax dollars received by ADDS, these two changes have resulted in the program being much more cost effective.

vi. **Natural Home Program**

a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from the Natural Home Program.

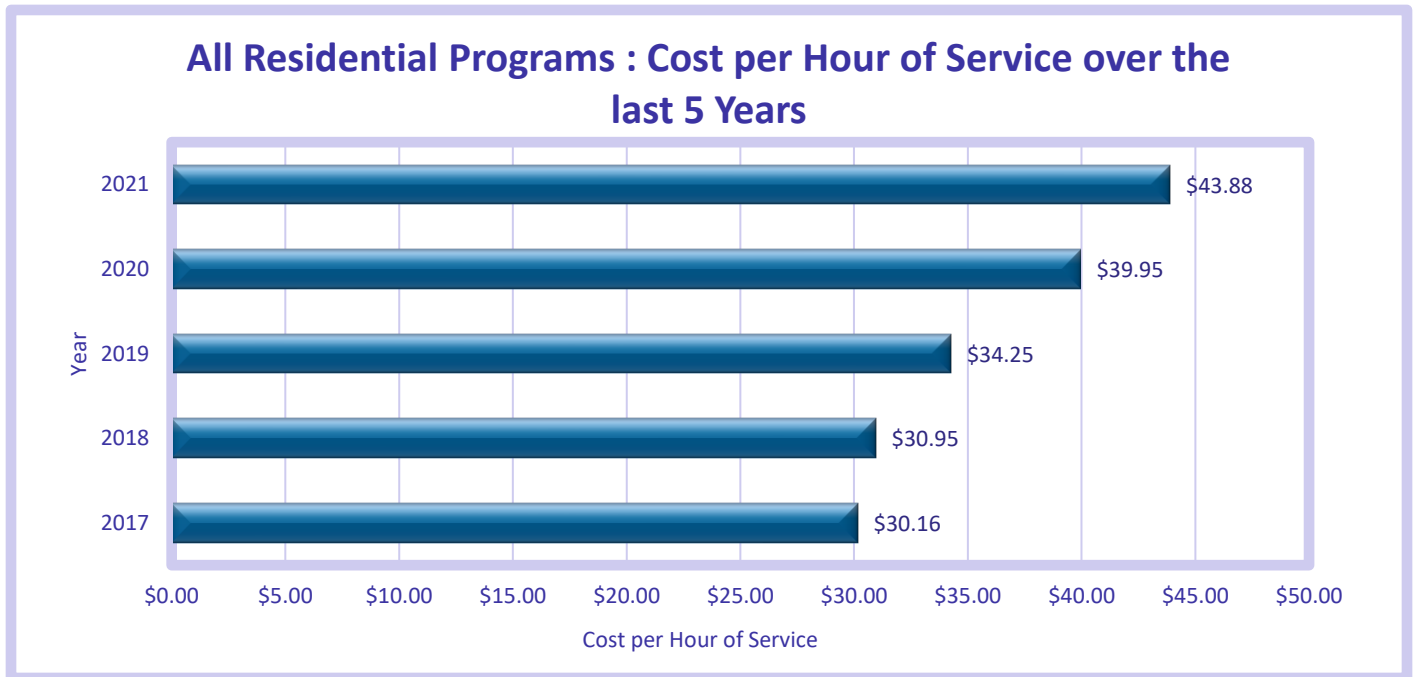


- b. **Results/Outcomes:** This program shows a continued increase from 2020 to 2022 as from 2019 to 2020 following 2 years of decreases. There was another significant wage increase in 2021 as in 2020 and family support costs continue to be charged through this program. Due to the continued impact of 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.
- c. **Recommendations:** The Executive Director and Program Coordinator will continue to assess the needs and costs of the individuals referred to this program. The staffing pattern that was initiated in the last quarter of 2020 continues as it seems to be working well for service provision and ADDS continues to provide services utilizing Day Hab and ISD codes instead of PA.

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

a. **Measures:**

- Time: Annual- 2021
- Data Source: Cost reports from each of the following – Breckenridge Heights, Harvey House, and C.T. Loyd.



b. **Results/Outcomes:** 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 in increases in two of the residential programs due to the reasons stated previously.

c. **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 2022. The ADDS Board will annually review the cost of employee benefits. It should be noted that residential rates did go up in 2021 ADDS did receive increased funding for residential services offered in 2021.

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year
- Population: ADDS Programs including each of the following Breckenridge Heights, Harvey House and all ISL's.

- Data Source: ADDS Payroll system information (IPS)

- b. **Results/Outcomes:** This goal had significant challenges due to the continued complications of COVID-19. 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 several months in 2021. There were frequent days through 2021 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 with the residents.

Despite these challenges and adjustments, this Agency goal continues to reflect the importance of full staffing to the Agency. Daily, weekly, and monthly reviews of staffing are ongoing to assess any trends in staffing in the various residential facilities and ISL's. In a review of monthly staffing adequacy in the six facilities in 2021, it appears that 57 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 80% which is less than the 82% from 2020 and less than the 93% from 2019 which had been an improvement over the 83% in 2018. 80% obviously does not meet the ADDS goal of 95% but if shifts filled by salaried staff were considered the percentage of full staffing would be higher. A clarification should be made, in that, although all the homes were not staffed adequately according to the standards set by ADDS in this goal; the homes were all staffed adequately with the needs of residents met. In some situations, some recreational outings might have been postponed but daily needs were well met with residents expressing no concerns or complaints. It should be noted that overall staff coverage continued to be positive in the ISLs. This was due in part to the continued willingness of the salaried ISL Coordinator to cover shifts as needed.

- c. **Recommendations:** As an agency, ADDS will continue to strive for full and appropriate staffing. Although 2021 data continues to indicate some difficulties with staffing, the issue of COVID-19 restrictions as well as outbreaks remained a considerable factor. The Agency wants to report that, staff – salaried and hourly worked extremely 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 2021, however some strides were made in 2021 as the ADDS Board of Directors approved a wage incentive to cover weekend shifts and in the last quarter of 2021 a substantial wage increase was approved for all direct support professionals.

The low unemployment rate in Mexico, Missouri, continues to be a factor in recruiting staff. A National Survey (National Core Indicators Staff Stability Survey) was completed for 2015, 2016, 2017, 2018, 2019 and ADDS participated again in 2020 but not results have been shared at this time. The survey results from this national survey will show similarities with the issues faced by our Agency. (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 2021, efforts were continued for recruitment and retention of staff including regular visits from the food truck, ice cream truck treats, book giveaways, t-shirts, sweatshirts, Thanksgiving turkeys, Halloween pumpkins and regular meals provided to staff. 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. Our Agency has had to be creative in sharing staff among homes when there is a shortage of staff on days and the use of our Developmental Training Center staff and salaried staff to assist/cover shifts has continued successfully to this point.

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 2021, with some goals of two staff members to become in house Tools trainers for staff and resident relationships - the goal is for more positive interactions leading to more satisfaction in relationships of staff - staff as well as staff - resident.

3. ***Goal: Staff turnover will decrease by 10% in each program – employee retention/reinforcement events will be held at least six times a year.***

a. **Measures:**

- Time: Annual- 2021
- Population: ADDS Direct Support Professionals (DSP)
- Data Source: ADDS Payroll system information (IPS) and Administrative record keeping of activates

b. **Results/Outcomes:** Utilizing the ADDS payroll system it was determined that the retention rate in 2021 was 73%. However, one employee loss was due to a death, and one was due to retirement; therefor, if we calculated the two losses as an exception to the turnover rate, our retention rate for 2021 would be 75%. If using the 75% retention rate for our calculations, we experienced a turnover rate of 25% and 12.5% increase in turnover rate compared to the previous year. The retention rate was 87.5% in 2020 and 96% in 2019.

As seen in 2020, there continued to be an increase in staff turnover in 2021 instead of a decrease. As seen in the previous year, we are still facing the impact of COVID-19 in the workforce which include fear of illness from COVID-19, continuation of childcare and school complications on families due to quarantine guidelines, continued government stimulus payments, early childhood tax credits, and increased unemployment rates.

c. **Recommendations:** ADDS will continue to strive for an improved retention rate and therefore decreased turnover in 2022. ADDS continued to provide at least monthly retention/reinforcement activities in 2021 including ice cream truck visits, t-shirts,

agency jackets, food truck visits, pumpkin giveaway, turkey giveaway, children's book giveaway, as well as meals brought into the homes for staff as well as consumers. ADDS also increased the starting wage in 2021 to become a more competitive place of employment and initiated an employee of the month program to reward employees who are nominated by their peers for their work. Additionally, ADDS continues to strive to provide well rounded benefits for agency employees.

III. EFFECTIVENESS

1. ***Goal: 95% of program staff will have at least six trainings per year in addition to standard certifications required by ADDS funding.***

a. **Measures:**

- Time: Annual- 2021
- Population: ADDS Staff working in all ADDS programs additionally including the Developmental Training Center (DTC) and Target Case Management (TCM)
- Data Source: Records of Program Coordinators and ADDS Training Coordinator

b. **Results/Outcomes:** 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 2021 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 2021, the percentage of ADDS employees having six trainings was 96% or 71 out of 74 staff with the three not obtaining this goal having been hired in the fourth quarter of 2021. This compared to 97% in the year of 2020. Previous data indicates a compliance rate of 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 2021 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 2022. 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. ADDS is beginning to utilize PBS online service for continued trainings as appropriate.

c. **Recommendations:** The plans in place for 2021 to continue improvement in training offerings, quality of trainings, attendance and documentation of attendance are continuing into 2022. 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. It is desired that utilizing the training system online through PBS will provide more availability to employees for completion of required and additional trainings.

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

a. **Measures:**

- Time: Annual- 2021
- Population: Records of all persons served in ADDS Residential Programs, Fieldcrest Community Services Program and Developmental Training Center (DTC).
- Data Source: Monthly reports and goal sheets from records of persons served

b. **Evaluation:** Members of the Case Record Review/Safety Committee reviewed this Agency goal quarterly during 2021. Quarterly the committee continues to review random records of individuals served in the residential facilities, ISL's, Fieldcrest program and the DTC. The reviews are conducted by an unbiased member of the ADDS management team. In reviewing 47 records (which meant some records were reviewed more than once in 2021) over the period of four quarterly reviews in 2021, findings included 14 times when documentation on ISP goals was identified as needing improvement. This does not meet our goal of 100% of goal sheets sampled in the quarterly case record review for individuals served to have appropriate documentation regarding progress on ISP goals as the outcome for 2021 was 70%. Reasons for these findings could be identified in several areas to include what the surveyor defines as appropriate documentation and new agency staff that is not experienced in goal documentation. It also provides insight that the surveyor may be reporting more details compared to prior years. Staff continue to receive documentation training at least annually or more often if needed and an example of appropriate documentation is available for employees to review as a resource.

In 2020 it was identified two times when documentation on ISP goals was found to not be 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 pleased with the Case Record Review findings in 2020 but will continue to strive to reach 100%.

c. **Recommendations:** In 2021, 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 2022 with specific discussion regarding the need to review for thorough documentation. Documentation trainings held with all ADDS DSP's was initiated in 2021 and will continue into the year of 2022. Efforts continue by House Managers to assist their direct support professionals (DSP's) in improving documentation and examples of satisfactory documentation is provided as a resource to staff. Discussions and 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.

IV. SATISFACTION

1. ***Goal: 95% of individuals served or their responsible party will indicate satisfaction with ADDS services.***

a. **Measures:**

- Time: Annual- 2021
- Population: 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: 2021 Satisfaction Survey

b. **Results/Outcomes:** A total of 217 surveys were distributed by either mail or handout for 2021. In 2021, 80 total surveys were returned making a return rate of surveys to be 37%. Of those 80 returned surveys 53 indicated that the individual is receiving services from at least one ADDS program and therefor has a CHS Support Coordinator. The remaining 27 surveys were marked indicating that they receive ADDS Support Coordination Services. Of the 80 surveys returned, 76 responded to the question, “Overall, are you satisfied with ADDS services”. 73 out of 76 respondents responded “yes” to the question. One respondent marked “no” but did not include comments on reason for dissatisfaction and two respondents marked “N/A” with no comments for explanation of response. Overall satisfaction of ADDS services reported in a positive response was 96%. Positive responses for the year 2020 were 95%, indicating an increase of 1% in satisfaction of ADDS services. In 2021, 80 satisfaction surveys were returned out of a possible 217 that were mailed or delivered. This is a return percentage of 37% compared to the return rate of 67% in 2020 and 48% in 2019. Data indicates a 30% decrease in returned surveys from the previous year and an 11% decrease rate returned in 2019. In 2021, 33 of the 35 returned indicated a positive response to the question – “Overall, are you satisfied with ADDS services?” with the other two 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”. There was a significant decline in returned surveys 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)–

1. *The quality of care, safety, outings, medical care.*
2. *My son is regarded as a person not a "thing". He loves his "moms."*
3. *Outings and snack shopping; going to the movies.*
4. *They clean my room.*
5. *Care and oversight.*
6. *The help they give me, and they let me talk to them.*
7. *We appreciate the transportation.*
8. *They help me stay socialized and part of the community.*
9. *If I need help, there is someone to help me.*

-
10. *The care is great at DTC and the Jefferson House!*
 11. *Knowing about services, otherwise we would not know.*
 12. *To see staff. Going out in the community.*
 13. *Friendly staffing.*
 14. *Having choices of community with peers.*

The 2021 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 positive.

- c. **Recommendations:** This objective was met at 96% with 73 of the 76 returned surveys completed in this area indicating a positive response. It will be mentioned that two other surveys provided a response of “N/A” to the question which can be an indication of a positive or a negative response. The positive response rate does indicate that overwhelmingly individuals/families served feel positive regarding ADDS services. The return rate in 2021 declined significantly from 67% in 2020 to 48%. The response rate in 2019 was 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 2022 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 survey. Survey questions were also tailored in simplicity so that consumers receiving services within the agency had the opportunity to complete the survey if desired. 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. We plan to continue including an Agency goal in 2022 like previous surveys.

GOALS/OBJECTIVES FOR 2021 FOR THE FIELDCREST COMMUNITY SERVICES PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

I. ACCESS

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

a. **Measures:**

- Time: Annual- 2021
- Population: 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.

b. **Results/Outcomes:** Individuals participating in the Fieldcrest Community Services program living near the Fieldcrest office had the opportunity to participate in at least one 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. During the year of 2021, two individuals transferred from Fieldcrest to residential and ISL services which resulted in four individuals living near the Fieldcrest Community Services office at the end of 2021. All four individuals residing at Fieldcrest participated in at least one life skills training. It should be noted that due to the continued pandemic and COVID-19 restrictions, life skills trainings continued to be related to those restrictions and the response of the community, etc.

c. **Recommendations:** Fieldcrest Community Services staff continue to demonstrate the importance of continuing these trainings in 2022 as it continues to seem necessary to repeat some of the safety, social, health and coping trainings/discussions on a regular basis to emphasis 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. ***Goal: 100% of individuals served will have the opportunity to review their medications at least one time monthly with Fieldcrest Community Services' Staff.***

a. **Measures:**

- Time: Annual- 2021
- Population: 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

- b. **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 one time monthly with Fieldcrest Community Services' Staff. This occurs at least twice per month when participants pick up their weekly medication planners from staff. This practice occurred even during COVID-19 restrictions utilized precautions as indicated.
- c. **Recommendations:** Fieldcrest Community Services staff have indicated the importance to continue review of medications in 2022 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.

II. **EFFICIENCY**

1. **Goal:** *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.*

- a. **Measures:**
 - Time: Annual- 2021 Calendar Year for Individual Support Plans (ISP's)
 - Population: Individuals participating in the Fieldcrest Program for whom ADDS received reimbursement
 - Data Source: Fieldcrest Community Services ADDS billing information
- b. **Results/Outcomes:** The Fieldcrest Community Services program provided services to five different individuals during 2021. Only four of those individuals did ADDS receive reimbursement for services. Four of those individuals live on the street where the Fieldcrest Community Services office is located, and the other person served lives in their natural home.

Despite COVID-19 restrictions and challenges, 91.3% of hours authorized each month by support coordinators was utilized for each individual served which exceeds our goal of 80%. It should be noted that staffing at Fieldcrest went from two staff to one staff during 2021 and has resulted in adequate completion of hours despite the staff loss.

- c. **Recommendations:** It is hoped that the year 2022 continues to show improvement in combating COVID-19 and utilization of hours authorized in each ISP continue to be met. 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 2021 FOR THE NATURAL HOME PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

I. ACCESS

1. ***Goal: 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 five working days of official referral.***

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: All referrals to the Natural Home Program
- Data Source: Records of the Natural Home Program Coordinator

b. **Results/Outcomes:** As in 2020 there were no referrals made to the Natural Home Program by the Support Coordination team during 2021. One of the reasons for this might have, once again, been the relative inactivity in the Natural Home population during 2021 and the COVID-19 restrictions and precautions as well as staffing shortages. This program will be discussed in 2022 with the Support Coordination team as needed while remembering that a primary 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 difficulty is unlikely to be resolved in the near future. And it should be noted that ADDS no longer provides PA services but does continue to do ISD and Day Hab services but often PA services are often preferred over meeting the ISD and Day Hab guidelines.

c. **Recommendations:** This goal will continue to be a Program goal in 2022 as it is important to our Agency to offer this service to Natural Home individuals when the service can be provided. 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 staffing of this program as well as desires of family members it is sometimes difficult to 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 still 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 2021 FOR THE DEVELOPMENTAL TRAINING CENTER (DTC) NOT INCLUDED PREVIOUSLY IN THIS REPORT

I. ACCESS

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: All referrals for DTC services
- Data Source: Referral Records at DTC for 2021

b. **Results/Outcomes:** In 2021 there was only one outside referral to the Developmental Training Center (DTC). Due to continued COVID-19 precautions the DTC was closed during several periods of 2021 for quarantining purposes. The one outside referral made was referred by Center for Human Services as the individual was moving with his family from a nearby county. The referral was completed in a timely manner which was influenced by COVID-19 precautions from the individual and his family as well as from the DTC management.

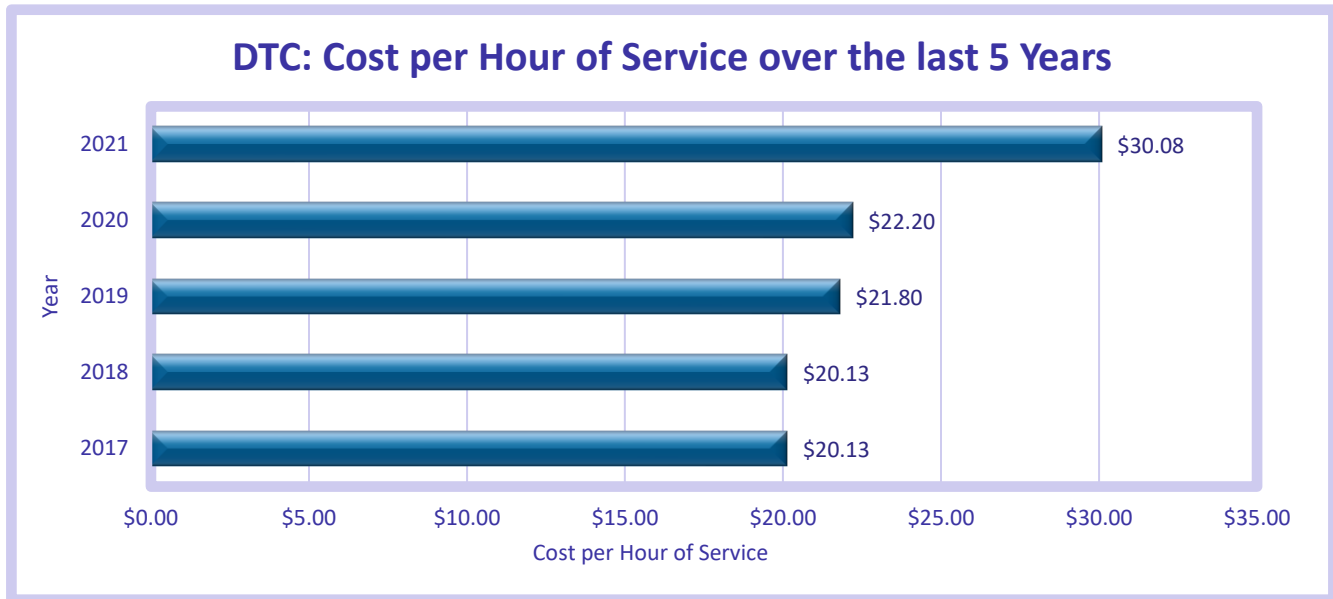
c. **Recommendations:** It is hoped that 2022 will be a return to a more normal routine at DTC with potentially more referrals. Even though new referrals were not made to the DTC and the DTC was closed for a few brief times due to COVID-19 restrictions, the DTC staff were able to provide services in 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 does not 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 2022 as well.

II. EFFICIENCY

1. Goal: Services provided at the DTC are cost effective.

a. Measures:

- Time: Annual- 2021 Calendar Year- Annual
- Data Source: Cost reports of the DTC



- b. **Results/Outcomes:** As can be seen in the above table, there was a decrease in cost per hour of service for the Developmental Training Center (DTC) from 2020 to 2021, when previously there has been an annual increase. New DTC management decided in late 2019/early 2020 to increase the hours of DTC services to consumers from 6 to 7.5 or 8 daily for full time participants. This made a significant overall difference in the income produced and each of the participants and family members seemed very comfortable with the change. For a prolonged period in 2021, there was also a decrease in staff although the staffing ratio continued to be adequate and to meet the staffing ratio of 1:4. This decreased the overall expenses of the program as well.
- c. **Recommendations:** The decrease in costs of services at the DTC is readily explainable, however, the Executive Director and the Program Director will continue to review and evaluate the adjustment to the increased daily hours as well as the staffing ratio. The Program Director will continue to encourage referrals to the Program. The Program Director was able to get budgets authorized for the participants in the DTC program to increase their hours of services from 6 hours per day to 7.5 or 8 hours per day in all cases. It is also hoped that DTC services can be provided uninterrupted in 2022, depending upon COVID-19 restrictions.

2. **Goal:** *100% of ISP's to be amended to reflect an increase in hours due to longer hours at the DTC.*

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: All individuals in the DTC program in 2021
- Data Source: ISP's of individuals served

b. **Evaluation:** DTC records reflect that all individuals attending DTC full-time have had increases in either their ISP's completed in 2021 or had amendments to reflect the increased hours being offered at the DTC.

c. **Recommendations:** This goal was accomplished at 100% in 2021 and consideration will need to be given to its continuation or replacement of this goal in 2022.

III. **SATISFACTION**

1. **Goal:** *95% of individuals served or their responsible party will indicate satisfaction with ADDS services.*

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: Individuals served or the responsible party of the DTC program participants
- Data Source: 2021 Satisfaction Survey

b. **Results/Outcomes:** 18 respondents answered the following question for the DTC program, "Overall, I am satisfied with my ADDS services at the DTC and feel the services meet my needs adequately". Of the completed surveys, 17 respondents responded that they are satisfied with the services provided at the DTC program and one respondent provided an answer of "N/A" without a comment for the response. 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 one suggestion noted. It would be the hope of ADDS staff to get more return surveys in the future although 18 out of 19 is again well over 50% and acceptable.

c. **Recommendations:** 18 satisfaction surveys were returned regarding DTC services. 17 of the 18 surveys returned indicated a positive response to the statement "Overall, I am satisfied with my ADDS services at the DTC and feel the services meet my needs adequately" and the percentage of satisfaction is therefore 94%. This is an improvement of 2% from 2020 as there were six more surveys returned and five more satisfied surveys. The remaining survey returned had no response to this question. Comments that were made on the 2021 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)

1. *Kim's my favorite.*
2. *Wish I could go half day so I could watch tv or listen to music at home*
3. *The care is great at the DTC and Jefferson House!*
4. *Getting to go out into the community.*
5. *I appreciate all that help. DTC is great.*
6. *They pick ___ up of a morning and drop him off after the program.*

This objective was met at 94% due to one survey with a response of “N/A”. ADDS and the DTC will continue to strive for elevated 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 elevated levels of satisfaction. The goal of 95% was not yet met but has increased overall since last year. The DTC program and staff continue their efforts to strive toward increased satisfaction. DTC continues to provide transportation services and continues to be creative in developing and planning outings and community service opportunities that do not increase the risk of exposure to COVID-19.

GOALS/OBJECTIVES FOR 2021 FOR THE TARGETED CASE MANAGEMENT (TCM) PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

I. ACCESS

1. **Goal:** *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.*

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: Individuals being served by an ADDS support coordinator
- Data Source: 2021 Satisfaction Survey

b. **Results/Outcomes:** 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 80 satisfaction surveys returned and although each one indicated receipt of support coordination services only 27 received services from ADDS support coordination. 20 out of 27 respondents supported the question “My Support Coordinator returns phone calls within 24 hours unless it is a weekend or holiday” or 74%. Previous responses indicated a response rate of 65% in 2021, 78% in 2019, and 71% in 2018. In 2021, 3 respondents answered “No” and 4 responded with “N/A”, while in 2020, there were also 2 negative responses, 3 “sometimes” and 7 ‘N/A” and 1 with no response and in 2019 there were 2 negative responses, 1 “sometimes” and 4 “N/A” and 3 with no response to this comment, 71% (when including the “yes” and “sometimes” responses) in 2018 and then compared to 76% in 2017, 72% in 2016 and 93% in 2015. As previously indicated, 2021 provided a positive response rate of 74% which demonstrates a 9% increase from 2020. When using that calculation this goal was still not met at 100% as there were three “No” responses.

c. **Recommendations:** This objective was met at 74%. Subsequently, the goal of 100% was not met in 2021 as seen in previous 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 coached on the need to respond promptly to phone calls and inquiries.

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: New referrals for TCM services
- Data Source: Records maintained in the TCM office

b. **Results/Outcomes:** 30 referrals for services for new individuals to be served were made in 2021 to the ADDS TCM office for services (This is an increase of 20 from 2020 as COVID-19 precautions limited the referrals during much of 2020). 26 of those 30 referrals were contacted within five working days following eligibility determination. Therefore, the goal was not met at 100% but only at 87% in 2021.

c. **Recommendations:** This will be continued as a program goal in 2022 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 has been stressed with support coordinators as well as with the Supervisor of the Support Coordinators as information shows that the Supervisor did not assign the referrals until after five business days of eligibility determination by HSO. This goal needs to be maintained. 2021 did see a significant increase in TCM referrals and it is likely that this increase will continue in 2022 due to fewer restrictions due to COVID-19 precautions.

3. **Goal:** *Referrals for TCM services will increase by at least 10% in 2021.*

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: New referrals for TCM services
- Data Source: Records maintained in the TCM office

b. **Results/Outcomes:** In 2021, there was an increase in referrals of 63% (11 in 2020 and 30 in 2021) from 2020. It should be noted that there was a decrease in referrals to TCM from 26 in 2019 to 10 in 2020. The decrease from 2019 to 2020 can be directly related to COVID-19 precautions and restrictions that created restrictions in the general initiation of referrals to the ADDS TCM office. The increase in 2021 is likely directly related to the lifting of some of the COVID-19 restrictions and precautions. This goal was met and the increase in referrals of 63% was noted.

c. **Recommendations:** The TCM Supervisor will continue to evaluate staffing duties, size of caseload and plans for the future. It is anticipated, at this time, that the increase in referrals will likely be high in 2022 but maybe not quite as high as in 2021 due to the COVID-19 precautions/restrictions.

II. EFFICIENCY

1. ***Goal: 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.***

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: Individuals being served by a support coordinator
- Data Source: "Acknowledgment of receipt of ISP" form in records of persons served

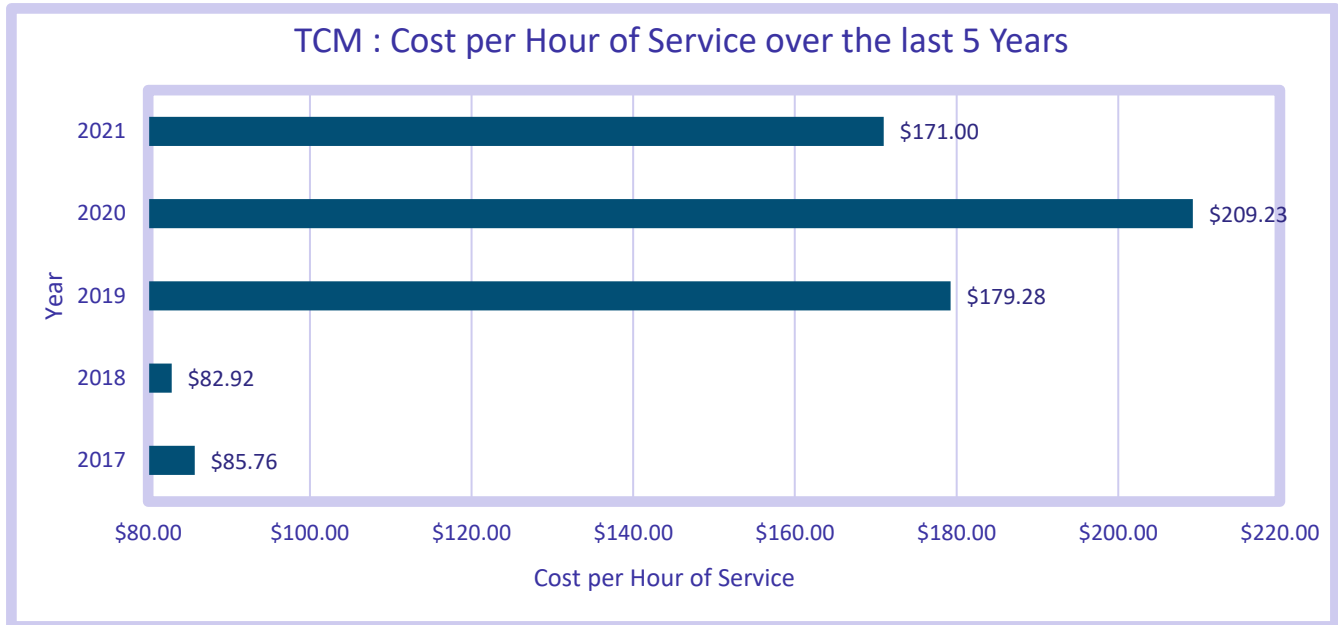
b. **Results/Outcomes:** The number of persons served by ADDS support coordinators at the end of 2021 was 24 Medicaid waived individuals and this was greater than 2020 when it was 22 Medicaid waived individuals. Out of the 24, 17 met this goal in 2021 while in 2020, 17 out of 22 met this goal. In reviewing the reasons for the seven late ISP signatures in 2021; there were two that the responsible party signed late, three that the provider staff did not sign timely, one ISP contained no signature sheet and one more that the authorization had been mailed to the responsible party but was not in the file compared to 2020 when out of five late ISP signatures, there were three 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 fifth late ISP signature was actually completed but was not in the file. This goal was not met again in 2021 with the percentage of signatures secured before the ISP start date at 71%.

c. **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 to correct this deficiency. At this time, strict tracking of ISP's, due dates, and follow up regarding signatures has begun by the QA staff member. It is hoped that 2022 will prove to be a year of some consistency and successful correction of this deficiency.

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Data Source: Cost Reports of TCM program



b. **Results/Outcomes:** As the table above reflects there was a significant decrease in cost per hour of service in the TCM program from \$209.23 to \$171.00 in 2021. This decrease in costs per hour reflects more focus on appropriate logging as well as the fact that the supervisor has taken on more of the individuals served in this program and his logging is taken into consideration as well. When reviewing this table, it can be seen that 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 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 resulted in one staff resigning at the end of 2019. Then, the increase of over \$30 from 2019 to 2020 is the result of a decrease of just over 5000 units of billing in 2020 and it should be noted that 2021 logging reflects an increase of nearly 4000 units.

c. **Recommendations:** The cost per hour of service for 2021 is significantly less than 2020 and although COVID-19 precautions and restrictions have continued in 2021 to a less extensive degree than in 2020 they remained an issue. The TCM supervisor has continued close monitoring of staff/consumer ratios for appropriate workloads as COVID-19 precautions are being lifted and TCM staff were able to make some face-to-face visits again in 2021. TCM staff continue to be followed closely as their billing efforts are being monitored and supervised closely.

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Data Source: Review of logging hours in the TCM program

b. **Results/Outcomes:** This goal was not met at 50% - TCM supervisor reports the average of hours logged between the three support coordinators was 31%. This is an improvement over 21% in 2020. Part of the reason for the continuation of this goal being unmet could be related to the fact that it appears likely that support coordinators were providing services but not billing for them or logging their hours with accuracy in both 2020 and 2021.

c. **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.

III. **EFFECTIVENESS**

1. **Goal:** *100% of Level of Care (LOC) assessments will be completed within 365 days of the previous year LOC assessments. (Example: If the 2020 LOC was completed 3/28/2020; then the 2021 LOC needs to be completed on or before 3/27/2021.)*

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: 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

b. **Results/Outcomes:** In 2021, there were 32 LOC's completed with five of them being late. This is a percentage of only 84%, this is compared to 22 LOC Determinations were completed in 2020 with only one of them being late for a percentage of 96%. It is still an improvement over the 82% in 2019, but less than the state percentage that has been 97%.

c. **Recommendations:** 2021 was the seventh year that this goal was in place for the TCM program. 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. LOC completion dates are being strictly tracked by the Director of QA in 2022 with the hopes that this goal will be achieved in 2022. This goal will be continued in 2022 as it is a critical 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%.

IV. **SATISFACTION**

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

a. **Measures:**

- Time: Annual- 2021 Calendar Year- Annual
- Population: Individuals/guardians receiving TCM services through ADDS.
- Data Source: 2021 Satisfaction Survey

- b. **Evaluation:** There were a total of 27 satisfaction surveys returned indicating services from ADDS support coordination in 2021 as compared to 37 in 2020, 41 in 2019, 44 in 2018, and 50 in 2017. In 2021, 19 of 27 surveys returned had a positive response to the statement, "I am satisfied with my support coordinator" for a positive percentage rate of 70%. The eight remaining respondents responded in the following manner: four responded that they were not satisfied with their support coordinator by selecting "No," while three responding with "Sometimes" and one responded with "N/A." 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 two "no", ten "sometimes", three "NA" and two did not provide a response. Therefore, if the three "NA" and two 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 have been responded to by the Service Coordinator.

For informational purposes there were 53 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 53 surveys there were 51 "yes" responses to the statement "I am satisfied with my Support Coordinator". There was one survey returned with a "sometimes" response and one survey with a "no" response.

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.)

1. *"We appreciate the transportation."*
2. *"They help me stay socialized and part of the community."*
3. *"I LOVE the support from our coordinator (Mark), he is amazing!"*
4. *"They are easy to talk to."*
5. *"If I need help there is someone to help me."*

- c. **Results:** This objective was not met in 2021 when adding the responses of "sometimes" and "N/A" into the positive response rate as the rate was 85% with those additions. It 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

1. **Goal:** *95% of individuals/guardians will indicate that they are satisfied with ADDS services.*

a. **Measures:**

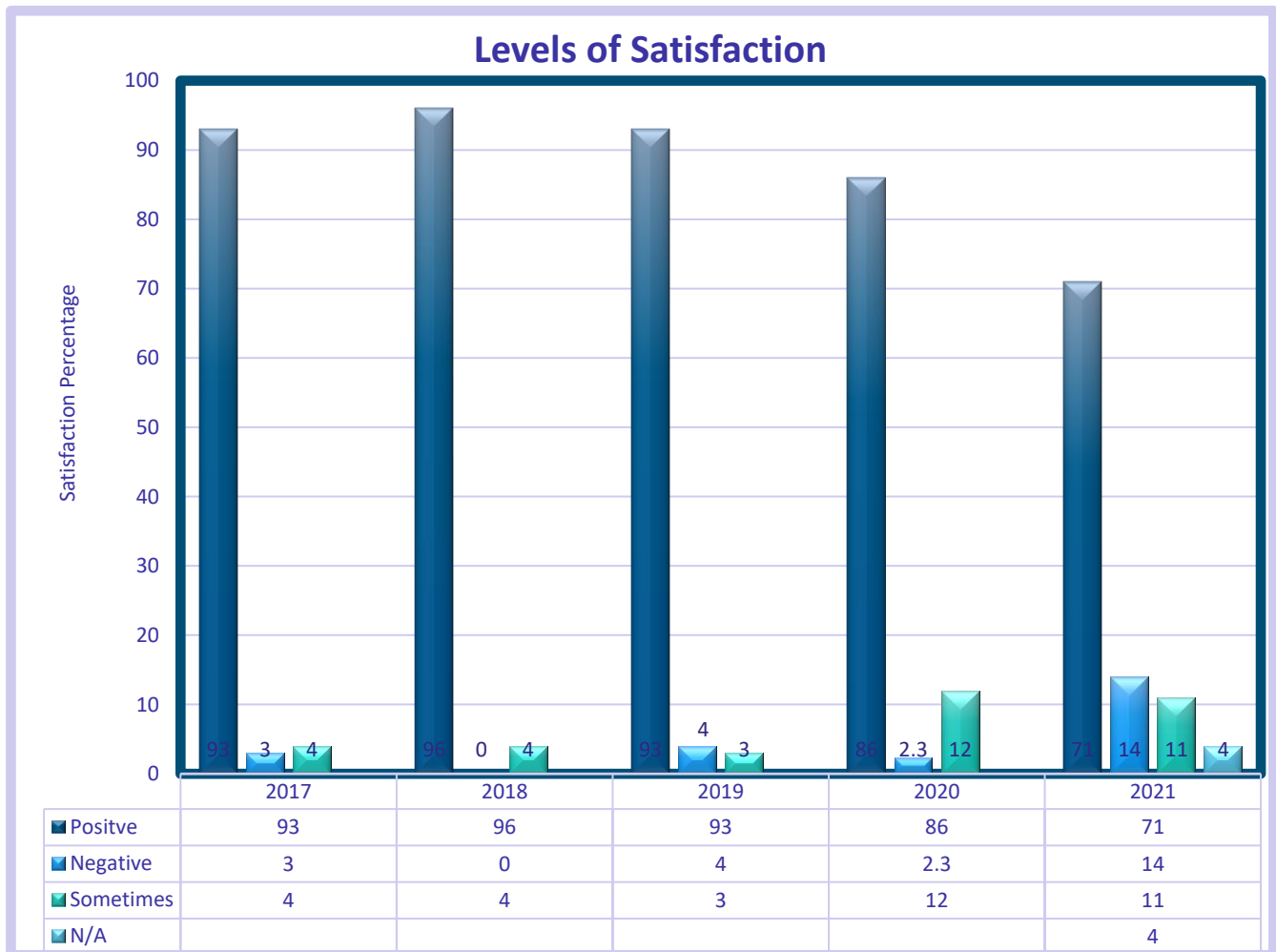
- Time: Annual- 2021 Calendar Year- Annual
- Population: Individuals/guardians receiving any ADDS services
- Data Source: Satisfaction Survey review of results for each ADDS Program

- b. **Evaluation:** As done in previous years (2018, 2019, and 2020) 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. 217 surveys were mailed or given to individuals served or their guardians. In 2021, 80 surveys were returned-an increase of two returned surveys from 2020. As previously mentioned, 27 of those surveys were in relation to ADDS Support Coordinator services; whereas the remaining 53 were in relation to other ADDS services provided to include residential services, ISL services, Natural Home services, the DTC program, and respite services. Following the responses in the previous section regarding TCM satisfaction, responses for other ADDS services were evaluated. 45 out of 53 respondents responded “Yes” to the question, “Overall, I am satisfied with my ADDS services at the DTC and feel the services meet my needs adequately”- an 85% positive response rate. There was only one negative response with “no” to the question and 7 responded with “N/A”. If we include the “N/A” responses into the positive responses, the positive rate would be 98%. In all, the negative response rate was 1.8% when calculating the one response of “No” to the total of 53. When adding the following satisfaction rates with Support Coordination satisfaction, 71 out of 80 responses were positive responses in satisfaction- indicating an 89% satisfaction rate in 2021.

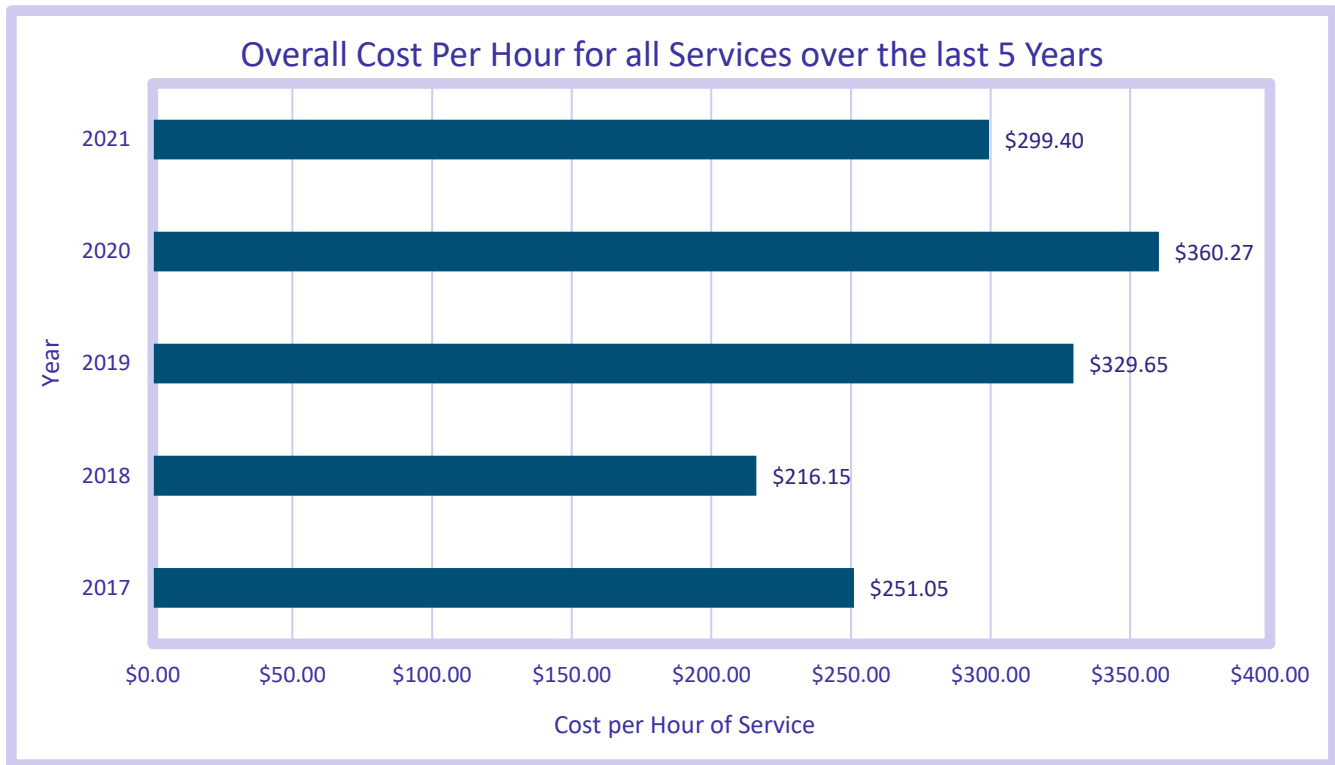
In 2020, 78 (an increase of 8 from the 2019 return rate) surveys were returned and had 37 responses regarding ADDS Support Coordination services as stated in the previous section in addition to surveys returned for other programs in 47 instances (And, within those 41 returned surveys there are some individuals/guardians 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. 2021 had a negative response rate of 1.8% with only one response which was improved from 2020 when only two completely negative responses for a rate of negative responses of only 2.3% in 2020 which is less than the last 3 years.

- c. **Recommendation:** The positive response rate was up one percent from 2020, from 88% to 89%, which demonstrates a decline from the positive response rate in 2019 of 93%. The goal of 95% was not met 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 again this year from 70 returned surveys in 2020 to 80 returned surveys in 2021. Historically, we saw a slight increase (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.

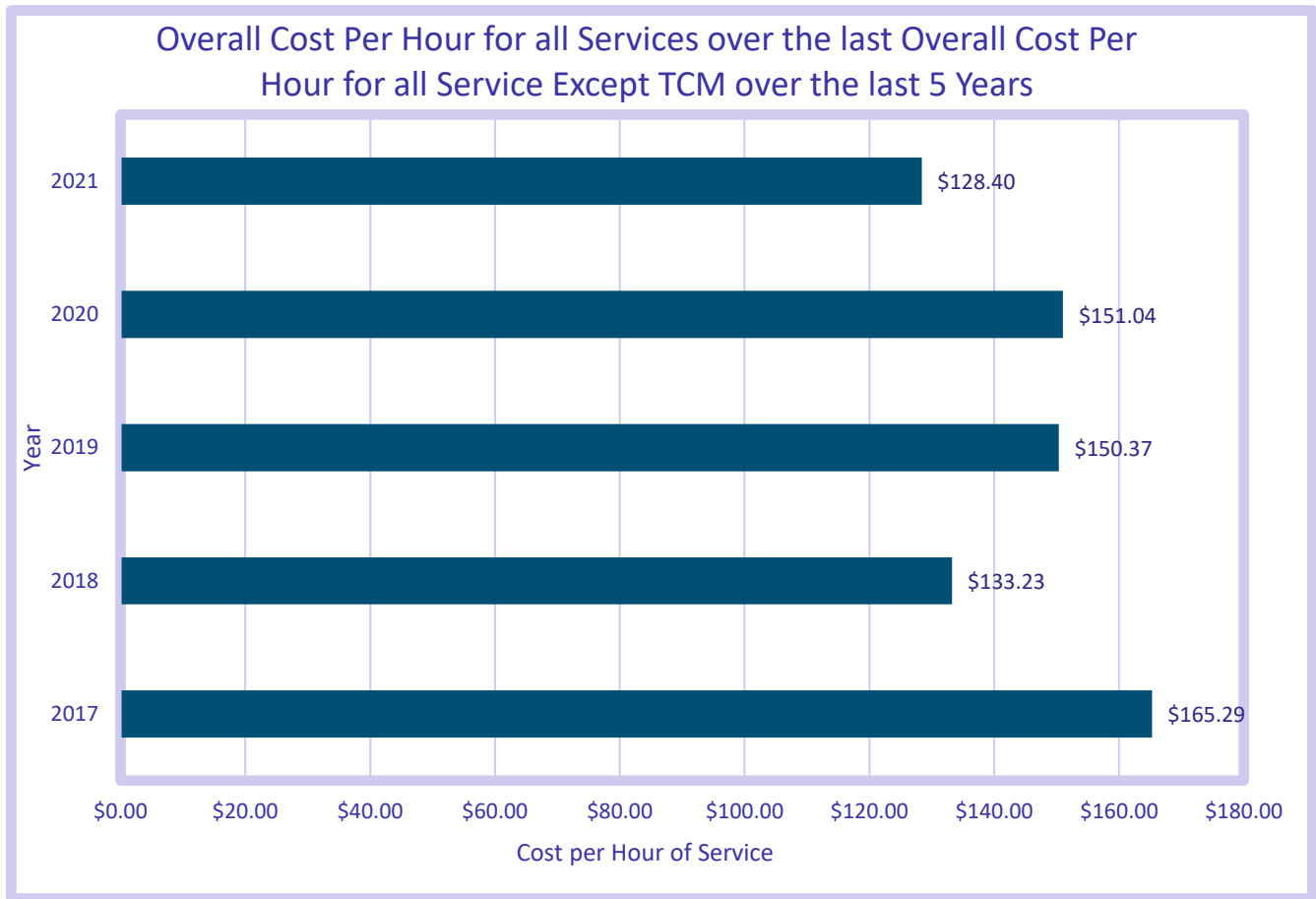


**OVERALL COST PER HOUR OF SERVICE FOR ALL ADDS' PROGRAMS
BEGINNING 2017**



- a. **Results/Outcomes:** The table seen above includes all 8 ADDS programs. As can be seen, the cost per hour of service decreased over \$60.00 from 2020 to 2021. This can be explained by reviewing the individual costs of services in each of the ADDS programs described earlier and it is primarily related to significant decreases in costs to the DTC, Fieldcrest Community Services and the TCM programs. Previously, costs had increased significantly from 2019 to 2020 and was 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.
- b. **Recommendations:** The decreases seen are justifiable and the critical issue to note is that the quality of care does not seem to have diminished in any way. It seems that several of the ADDS programs now have staffing that is very appropriate for the workload and the needs involved. All ADDS programs will continue to undergo steady evaluation with recommendations. Program Coordinators seem to work diligently together to make sure all costs are appropriate and centered on the needs of the individuals served. And all Program Coordinators are encouraged to maintain current costs with expected increases and as previously mentioned, the ADDS board will annually review employee benefits and costs associated the hiring and retention of quality employees.

**OVERALL COST PER HOUR OF SERVICE FOR ALL ADDS' PROGRAMS
EXCEPT FOR TCM BEGINNING 2017**



- a. **Results/Outcomes:** This table is presented 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 except for the Fieldcrest Community Services program and the DTC. This graph continues to display the results shown in the individual programs mentioned earlier in this report. The decrease from 2020 to 2021 can be easily attributed to the decrease in costs at the DTC as well as within the Fieldcrest Community Services Program. Again, evaluation of these programs is ongoing and at this time, the quality of care has been maintained with appropriate staffing and efforts.

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

AGENCY ACCOMPLISHMENTS IN 2021

- Persevered through continued COVID-19 pandemic restrictions and complications
- Informative ADDS website available – audraindds.org and updated regularly
- Updated Facebook page information ongoing with more visibility of ADDS
- Continuation of a Social/Advocacy Group meeting monthly when able to meet per COVID-19 restrictions
- Continued to work closely with community services to provide integration opportunities for individuals served – however many of these activities continued to be canceled or modified due to COVID-19 restrictions
- Six newsletters completed – two for the community and stakeholders and four for ADDS staff
- Support of two dances would have been provided but dances still had to be canceled due to COVID-19 restrictions
- 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 continued to be on hold due to COVID-19 restrictions and changes
- Reorganization of Agency Management staff to provide more seamless staffing for group residential homes and ISL's continued
- Developed a new position of Assistant Director of Quality Assurance
- Developed a stakeholder survey and included a link on the Agency website for the fourth time – minimal response at this time but some increase from 2020 - 2021
- Applied for a MoDOT grant for a new shuttle
- 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
- Asphalted all parking lots and appropriate areas on ADDS' properties
- Continued as a Tiered Supports Agency with Department of Mental Health with more defined plans for staff/consumer observations
- Converted to an online based network to ensure security and better online communication
- Training began for 2 ADDS staff to become official Tools trainers for ADDS
- Continued extensive retention program for DSP's with ongoing evaluation and planning
- Participated in local Christmas parade along with a brief reception after the parade at the Chamber of Commerce
- Consumer artwork on display at the Chamber of Commerce for a month
- Began efforts to consider an electronic method of documentation

AGENCY GOALS AND OBJECTIVES FOR 2021

- Continue to offer and encourage additional trainings for all ADDS staff members to improve their knowledge base, understanding and professionalism – continue to work towards six 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 recruitment and retention with assistance of the Human Resource Manager.
- Continue participation in Tiered Supports to improve staff relations as well as responses to individuals served and continue plans for ADDS Tools Trainers for in-house training
- Complete training and begin use of electronic documentation to improve documentation consistency and accuracy 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 await results of 2021 MoDOT grant application and re-apply as appropriate
- Continue to update all ADDS facilities requiring paint, flooring, siding, etc.
- Fully Implement new HR module for better tracking of records, trainings, etc.
- Further develop ADDS agency reorganization to enhance coordination of services
- Continue to upgrade computers within the Agency as needed
- Complete a successful survey with CARF surveyors

2021 ADDS BOARD OF DIRECTORS

Tracy Wilburn, Chair	Sara Robertson	Holly Hoover
Andrew Baker, Vice Chair	Kelly Smith	
Frank Marth, Treasurer	Kevin Wilkerson	
JoAnn Thomas, Secretary	Amy Webber	

ADDS AGENCY COMMITTEES

Case Record Review/Safety Committee
Quality Assurance Team
Activities Committee
Tiered Supports A Team

ADDS ADMINISTRATIVE AND SUPPORT COORDINATION STAFF MEMBERS AS OF 12/31/2021

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