

**ALLEN COUNTY BOARD OF MR/DD - COMMUNITY SUPPORT SERVICES**  
**2006 Program Evaluation**  
**July - December Summary/Synopsis**

**A. Barriers to Meeting Projected Outcomes**

- Our effectiveness results were very good during the second half of 2006. Vocational percentages for the 3<sup>rd</sup> and 4<sup>th</sup> quarters were equal at 95%. This is the highest effective rate achieved in this area for a very long time. We believe this is likely related to the increased options being offered to individuals and families. Not only are additional providers being offered, but the Board's Adult Services program has been actively pursuing ways to provide a more diverse range of services appealing to the needs/desires of many individuals. Residential numbers of 95% and 97% were also both up from the first half of 2006. Educational effectiveness remained excellent with 100% effectiveness reported for both quarters. Transportation also continued to be very effective with results of 100% and 99%. Community Supports and Opportunities remained fairly constant with effectiveness reported at 93% and 94%. The target percentage of effectiveness in all areas remains at 95%. The barriers to effectiveness typically revolve around availability of resources. We hope that the enrollment of additional Level 1 waivers have contributed to the increased effectiveness of both vocational and residential supports. It should be noted that in 2007 we will be drastically changing our effectiveness measures. As Service and Support Administration has evolved, we have determined that our effectiveness measures have been doing more to evaluate the effectiveness of other services than it has actually been evaluating the effectiveness of SSA services. Barriers to meeting projected outcomes have often been issues that are completely out of the control of the CSS Department. We hope the new measures will help us to improve the effectiveness of services specific to SSA.
- Our efficiency in casenote completion was 82% for the 3<sup>rd</sup> quarter and 92% for the 4<sup>th</sup> quarter, but our goal in this area is 100%. This typically represents 1-3 Service and Support Associates who are not meeting the monthly deadline. This is commonly associated with caseload crises, an exceptionally high number of annuals in the month, etc. We have developed tools which help us to track and evaluate SSA efficiency. Barriers during the 3<sup>rd</sup> quarter directly correlate with a high number of transition and increased caseload numbers.
- Our efficiency goal of 95% in plan review was met both quarters with efficiency of 99% and 96%. This goal was met the entire year. This is remarkable considering the high number of transitions we facilitated during this report period.
- In the area of satisfaction, we achieved 100% for both the third and fourth quarters. We are arriving at this number by combining the results of the program evaluation questionnaire and the satisfaction survey which is sent directly to individuals/guardians. Our biggest concern with this area is that our response rate

continues to be very low. We are continually encouraging individuals and families to provide feedback, but we still have minimal response. We do not believe SSAs should be responsible for this feedback due to the apparent conflict of interest. We are focusing more on this issue through the formalized Quality Assurance process which we hope will lead to increased feedback from those we serve.

**B. Implications for marketing, policy development, programming and resource allocation**

We continue to have significant issues related to marketing and PR as we finish up the process of waiver transition. Our Waiver Stakeholders group has continued to meet quarterly and we are now planning to implement a monthly meeting for all providers. As new providers of both residential and day habilitation services enter our community we have a lot of new issues to consider in terms of policy development and resource allocation. Our Board is currently engaged in the strategic planning process. It is hoped these discussions will help guide us in the direction that is most appropriate and most cost effective for our Board and those we serve.

Policy work has continued to be a huge task for the CSS Department. The most prominent policy we have been working on is the Major Unusual Incident – Incidents Adversely Impacting Health and Welfare policy. We started work on this policy in late 2006 and that work is continuing in 2007 as the policy goes before the Board for review. We have also done extensive work on internal procedures related to MUI, UIs and waiver administration.

Work on these and similar policies will continue to be an issue in 2007 especially as it relates to decisions made by the Board in terms of resource allocation for day habilitation services. We also expect transition to the new day hab array of services to occur sometime before July 1, 2007. This will require extensive revision to our current procedures and processes for planning and authorizing services.

The biggest unknown at this time in terms of resource allocation is what will happen to our waiver “allocation” after June 30, 2007. The Department has continually said the transition would not result in additional liability for the county boards. While this is a great promise and hope, the cost of transition is far from being determined. Regardless of the final outcome, we know we have already lost access to significant residential funding due to the numerous disenrollments we have had during the transition period. We are certainly hoping that the new administration at the Ohio Department of MR/DD will be able to answer questions and develop strategies to lessen the complexities of the system while controlling cost.

**C. Summary of Exit Data for July - December 2006**

A total of 18 individuals exited Service and Support Administration services during this report period. We had a total of 36 exits during 2006 which is three fewer than 2005. The following outlines the reasons given for service termination:

Moved out of county: 6

Deceased: 7

Voluntary ( No longer desires services): 4

Incarcerated: 1

**D. Action Items**

- Participate in agency-wide strategic planning to assist in determining goals and expected outcomes.
- Develop and implement schedule of provider meetings to enhance communication, share resources and offer training.
- Monitor progress of day hab transition and develop procedures related to planning, authorization and monitoring.
- Continue to expand services related to self-advocacy including the development/implementation of a training curriculum.
- Enhance monitoring of residential services through effective use of newly developed measures and the formal QA process.
- Increase community collaboration, referral and partnerships for individuals/families receiving community-based SSA services.
- Ensure monthly contact with all individuals receiving SSA services and improve response rate of satisfaction surveys.
- Work on development and implementation of new review processes mandated under the new MUI rule.
- Develop and implement a system of waiver utilization review.
- Continue to expand the pool of providers of respite care services.

---

Jeannie Stahl, Director of Community Support Services

---

Date