

**2010 Annual Action Plan
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<i>Annual Goal 1: Adults who choose community employment will be supported to work successfully in an integrated employment setting and will earn at or above minimum wage level.</i>		
Develop a contract with a dedicated provider that only focuses on community employment for our population. (SSA)	20 new individuals will obtain employment in an integrated setting that pays minimum wage or greater and maintain it for a minimum of 90 calendar days. (SSA)	<ul style="list-style-type: none"> • 3 new placements have reached the 90 day benchmark this quarter.
Utilize paid internships as a way of connecting people to work and assessing their interests, strengths, assets and abilities. (SSA)	25 new individuals will participate in paid internships as a way of becoming better prepared for working. (SSA)	<ul style="list-style-type: none"> • 5 individuals used paid internships this quarter.
Continue the School to Adult Life Transition (SALT) group seminars. (SSA)	We will hold at least 15 transition themed seminars to educate and empower families and students. (SSA)	<ul style="list-style-type: none"> • Held 6 transition themed seminars this quarter; average of 48 people attended each session.
Continue to provide retention services to individuals already trained and working in community settings. (AS)		<ul style="list-style-type: none"> • 68 individuals received retention services within the 1st quarter.
Monitor longevity of employment and wages, as well as individual and employer intervention hours. (AS)		<ul style="list-style-type: none"> • Average length of employment is 11 years. • Average hourly wage is \$8.99. • 252 hours of interventions were provided directly to the employee. • 6 hours were provided to the employer.

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<i>Annual Goal 2: Adults who choose to participate in day habilitation programs will have options and choices for meaningful activities.</i>		
<p>Continue to receive input from various sources: consumer feedback meetings, satisfaction surveys, quality reports. (AS)</p>	<p>Maintain consumer satisfaction at 98% in adult day hab. (AS)</p>	<ul style="list-style-type: none"> • 31 satisfaction surveys were completed during the 1st quarter - 100% reported satisfaction. • Also received: <ul style="list-style-type: none"> ✓ Feedback from OIR reports ✓ Feedback from Consumer Council • 15 Program Audits were completed throughout all 3 facilities.
<p>Continue a centralized intake process and “customized” approach to service delivery. (AS)</p>	<p>Measure percentage of referrals who require customized approach and/or who do not meet current acuity measures (requires more than 1:3 ratio of supervision). (AS)</p>	<ul style="list-style-type: none"> • Received 3 referrals – all of which are still pending as of the end of the 1st quarter. • We continue to support a total of 13 individuals who do not meet their current acuity and require additional supports = 8% of our total enrollment.
<p>Continue to develop marketing opportunities for artists represented by InsideOut Studio by: developing satellite sales locations; developing community partnerships; developing individual artists; developing connections and friendships for artists. (AS)</p>	<p>Retail sales for InsideOut Studio will be maintained or exceed \$900.00 per quarter (30% increase from 2009). (AS)</p> <p>Pay to artists represented by InsideOut Studio will be maintained or exceed \$390.00 per quarter (30% increase from 2009). (AS)</p>	<ul style="list-style-type: none"> • Retail sales = \$1,432.20 (exceeded our goal by 59%) • Pay to artists = \$849.60 (exceeded our goal by over 100%) • Satellite Sales locations: Pendleton, Coffee Emporium, and Kona Bistro • Community Partnerships: Service Learning through Badin High School, Artist in

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		<p>Residency through the Ohio Arts Council, and Cincinnati Christian High School</p> <ul style="list-style-type: none"> • Number of new developing artists: 17
<p>Maintain an array of available supports for facility and community based activities (YMCA, volunteer opportunities, employment, sensory, computer, art, etc.) (AS)</p>		<ul style="list-style-type: none"> • 88% of the facility based enrollment participated in community based outings. • 46% of the facility based enrollment participated in activities available through the YMCA. • Opportunities were offered to individuals within all 3 facilities to participate in Music Therapy/class. • Individuals who wish to spend time in the art studio had 3-4 opportunities per week.
<p>Increase the newly defined efficiency and effectiveness of the Habilitation Coordinator role (while maintaining internal quality assurance):</p> <ul style="list-style-type: none"> ✓ Assessments completed by the HC (ISP Coordinator) ✓ Quarterly individual plan reviews will be completed by the HC (ISP Coordinator) ✓ Performance evaluations will be completed by the HC (Instructor Supervisor) ✓ Program audits will be completed monthly to assure internal quality 	<p>98% of assessments will be completed on time and with 100% accuracy. (AS)</p> <p>98% of quarterly reviews of individual plans will be completed. (AS)</p> <p>75% of individuals' goals reviewed will show maintenance or improvement of skills. (AS)</p> <p>100% of performance evaluations will be completed on time. (AS)</p>	<ul style="list-style-type: none"> • 49 assessments were completed within the 1st quarter – 100% were timely, with no errors. • 114 quarterly goals were reviewed – 100% were timely. • 90% showed maintenance, improvement, or mastery of skills (exceeded our goal by 15%). • 15 evaluations were due within the 1st quarter and 93% were timely (14/15) – but 100% are completed as of the completion of this report.

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<p>of services – monitor recommended needs and analyze for trends and adjust as needed.</p> <p>✓ Case record review will be completed quarterly by HCs to assure compliance of current procedure (<i>minimum of 10% of current enrollment will be completed over the course of the year</i>) (AS)</p>	<p>100% of case record reviews will be corrected within the same quarter of review. (AS)</p>	<ul style="list-style-type: none"> • 16 Case Record Reviews were completed. 98.5% error free. All errors were corrected by the end of the review period.
<p>Identify primary questions that can be pulled from the 3 year quality enhancement reviews to use as global satisfaction information. These questions will be formatted to allow responses to be tallied as provider specific (residential and day hab/employment) and added to the satisfaction information currently posted on web site. (QA/QE)</p>	<p>25% of individuals receiving waiver services will have a satisfaction survey completed. (QA/QE)</p>	<ul style="list-style-type: none"> • Questions have been identified and are currently being formatted for use by the QA Coordinators. Initial conversations have been held with the Communications Coordinator regarding how the information can be disseminated on the website.
<p>Increase effectiveness of facility based nursing staff. Curricula development to allow for rotation of topic between facilities. Individuals involved will be provided with appropriate method to communicate understanding of topic and participation. (ANC)</p>	<p>Nursing staff will conduct 2 health education classes per quarter. (ANC)</p>	<ul style="list-style-type: none"> • Nursing staff in the two adult centers have provided 1 education class this quarter.

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<i>Annual Goal 3: Families with children (0 – 3) will access services and supports that will meet their specific needs.</i>		
For families requesting services that may require supports in a concentrated area, develop an individual budget and present as an option. Track the utilization and cost incurred. Compare the budget projection with actual cost. (EI)	If parent chooses an individual budget, we will assess if the service met the child’s need. (EI)	<ul style="list-style-type: none"> • We have had no request for an Individual Budget this quarter. • In process of developing procedures, and processes for recommendation for an Individual Budget.
Compare the progress of individuals using individual budgets for a specific service with comparable individual receiving an array of supports. Will track amount billed through invoices and progress through provider progress notes. (EI)		N/A
Move toward a primary service delivery model and train staff on that model. (EI)		<ul style="list-style-type: none"> • We are in the process of rescheduling Sheldon and Rush to come to Butler County to Train on the Primary Service Provider Model.
Continue to develop and track individuals identified on the autism spectrum. (EI)		<ul style="list-style-type: none"> • Updated numbers are tracked by asking for staff to give clinical opinion concerning the number of children on each caseload suspected to have a Pervasive Spectrum Disorder. According to the quarterly survey, staff felt that we had 27 children on our caseloads with PSD. The Social/Communication team continues to

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		<p>provide intense Developmental Individualized Relationship Coaching to families, and served 12 children this quarter with these intensive services.</p>
<p>At intake we will include a list of additional services available to families and children in our community. (EI)</p>		<ul style="list-style-type: none"> • We are presently formulating a list of services to be added to the intake packet.
<p>We will continue to collaborate with other agencies in order to improve and expand services available to families and children. (EI)</p>		<ul style="list-style-type: none"> • We continue to work with Help Me Grow and Early Head Start. • We continue to work with three other counties in our region to formulate an Early Intervention Autism Diagnostic Team for our area. • We continue to meet with the Abilities First Early Childhood Director to support the Play Project in their program. • Kinship Navigator, Kin in Care of Kids, Butler County 4-H and other groups utilize the Janet Clemmons Center for meetings and events.
<p>We will facilitate the development of peer groups to allow for parents to begin to support each other as well as allow the children opportunities to interact with other children. (EI/ANC)</p>		<ul style="list-style-type: none"> • We have had one parent group request the use of the Janet Clemmons center for a social/ play group for their children. • Support will be given by our EI Aide to facilitate this group.

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<p>Continue to provide services based on curriculum models that are backed by research. (EI)</p>		<ul style="list-style-type: none"> • We continue to support all staff to implement the “coaching” model of service delivery in which families are taught how to use their everyday routines, in their natural environments to teach their child. • We are now working towards training all staff in the Primary Service Provider Model of program implementation, which is a model that looks at the primary need of the child, and identifies a person in a discipline that can facilitate the services needed.
	<p>All children (age 0-3) who receive Early Intervention Services for at least 6 months will show improvement in meeting their developmental milestones as evidenced by parent input, ongoing assessment and clinical opinion. (EI)</p>	<ul style="list-style-type: none"> • 100% of the families surveyed were able to tell their child had made some kind of progress during the time their child was enrolled in Early Intervention Services. Assessment and clinical opinion also indicate improvement.
	<p>90% of families who receive services will indicate satisfaction with services. (EI)</p>	<ul style="list-style-type: none"> • We will add a question to the Family Outcomes Survey to ask families if they have been satisfied with services. This question will be added for the beginning of next quarter.

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	<p>All families receiving education from our Early Intervention Specialists and therapists for at least 6 months will show improvement in knowing how to educate their child as indicated by the Family Outcome Survey. (EI)</p>	<ul style="list-style-type: none"> • 100% of the families answered yes.
<p><i>Annual Goal 4: Individuals will know what services cost and will make choices based on allocations available to them.</i></p>		
<p>Maintain system of informing individuals about their choices and budget allocations on ISP. (SSA)</p>		<ul style="list-style-type: none"> • SSAs link individuals to Rehab Services Commission, Caregivers For Independence, and Workplace for community employment options; day array catalog is given for individuals choosing other options. Each individual receives a budget and it is explained to them and/or their guardian the breakdown of costs for services. This occurs at their Annual Review.
<p>Continue to give families an approximate cost at enrollment in program. Letters with actual cost information will be mailed annually. (EI)</p>	<p>All families in EI will be given the number of service hours received and costs associated with those hours. (EI)</p>	<ul style="list-style-type: none"> • Every family enrolled was sent a letter explaining our services, the hourly cost of services, and the services that were provided to each child for the year 2009.
<p>Individual budgets will be developed for EI families and presented as an alternative method of receiving supports. (EI)</p>	<p>We will track acceptance and utilization of individual budgets. (EI)</p>	<ul style="list-style-type: none"> • No family has applied for an individual budget this quarter.

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<i>Annual Goal 5: Individuals' safety and health will be monitored by BCBDD.</i>		
<p>MUI (Major Unusual Incidents) Trends and Patterns Committee meetings will include a variety of stakeholders familiar with MUI's and capable of recommending actions that may need to be taken for future prevention. (QA/QE)</p>	<p>MUI Trends and Patterns Committee will be held at least 2 times per year to monitor MUI's and make recommendations for prevention/reduction of MUI's. (QA/QE)</p>	<ul style="list-style-type: none"> • Meeting held on 3/31/10 to review MUI trends and patterns. Action Plans were developed and will be sent out soon in an effort to deter/prevent future MUI's.
<p>Focus of annual MUI update training will be re-established to define the MUI areas and reporting requirements. A post test will be developed to determine effectiveness of training. (QA/QE)</p>	<p>Annual MUI update training will be revised and implemented (QA/QE)</p>	<ul style="list-style-type: none"> • We have refocused our training to highlight reporting procedures and definitions of MUI's. We have also implemented a post test for those in attendance. Training on "Alerts, Abuser Registry" is now being completed out of the HR department through web based training.
<p>Community based nurses will work with teams and provider agencies to assess health needs of individuals. Individualized instruction and training to providers will be offered by nursing staff. (ANC)</p>	<p>Number of trainings provided and the number of participants will be tracked. Level of satisfaction of assistance by nurse will be monitored via survey. (ANC)</p>	<ul style="list-style-type: none"> • 6 trainings/in-services have been provided by the community based nurses this quarter. Topics included med administration, syndromes, med certification and general health guidelines.
<p>Quality Assurance nurse will evaluate medication administration compliance. (ANC)</p>	<p>33% of medication administration QA's will be completed. (ANC)</p>	<ul style="list-style-type: none"> • 7% were completed. Deficit due to staff absence.

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<p>The Butler County Dental Program will work directly with provider agencies to determine oral health needs and provide inservice training for staff. Number of individuals receiving direct services through the program and number of inservices requested and provided to staff will be tracked. (ANC)</p>	<p>Level of satisfaction of training through Dental Program will be monitored via survey. (ANC)</p>	<ul style="list-style-type: none"> • This survey will sent out in the 3rd quarter.
<p><i>Annual Goal 6: Individuals will participate in defining how their lives can be better.</i></p>		
<p>Develop committee that will work on expanding PATH facilitators and work towards increasing the number of plans completed per year. Committee members will work to identify and train new facilitators. These facilitators will be highlighted on our web site. (QA/QE)</p>	<p>A pool of 10 person-centered planning facilitators for individuals to work with will be developed. (QA/QE)</p>	<ul style="list-style-type: none"> • Eight (8) PATH/MAPS facilitators have been identified and trained, and possess considerable experience.
<p>Contact providers to determine which ones will be interested in being recorded on DVD, develop a standard format to be used for each recording, and distribute to teams for easy access. (QA/QE)</p>	<p>All interested Individual Providers will be recorded on DVD to allow for easier access of individuals and families during the initial selection process. (QA/QE)</p>	<ul style="list-style-type: none"> • Initial discussions have resulted in this becoming a web-based project, since DVD's would be too difficult to update. The Supported Living Advisory Council is meeting later this month to begin working on the format for the interviews.

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<p>We will market self advocacy through SALT (School to Adult Life Transition) trainings, discussions at provider meetings, emailing information, direct information sharing through SSA's, EPRO Web Site, etc. (QA/QE)</p>	<p>In 2010 we will increase participation in self advocacy to 80 people who are consistently attending self advocacy projects such as: EPRO (Empowered People Reaching Out), SALT trainings, fund raising projects participation, etc. (QA/QE)</p>	<ul style="list-style-type: none"> We have had two meetings this year, with attendance at both around 40 advocates. We are working on a conference with self advocates from Hamilton, Delaware and Montgomery Counties to take place in July.
<p><i>Annual Goal 7: Individuals who use Board facilities will be safe and secure.</i></p>		
<p>Safety Committee will explore collaboration with Red Cross and the Emergency Management Agency for community emergency site that meets needs of people with developmental disabilities. (BO)</p>	<p>Safety Committee recommendations are submitted to Superintendent by December 2010. (BO)</p>	<ul style="list-style-type: none"> The Supervisor of Transportation/Site Services is working with a representative from the Red Cross through the Hamilton Safety Council. The Provider Relations team is also working on this same goal with the private providers.
<p>Quarterly report by facility based nurses will be completed on review of medically based IES (Information Exchange Sheets). Report will include number of individuals assessed, action taken, and outcome. (ANC)</p>	<p>Facility based nurses will submit report to Program Services Administrator quarterly. (ANC)</p>	<ul style="list-style-type: none"> 198 individual IES were submitted. 186 were of "minor" nature requiring no additional follow up. 12 required medical follow up with physicians.

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<i>Annual Goal 8: Individuals who have intensive needs will have services that are designed and supported to meet their unique needs.</i>		
Convert the Seven Mile home to a setting where periodic planned respite services may be provided for participants in the Butler County START (Systemic Therapeutic Assessment Response Treatment) Program. (SSA)	Start “planned respite” weekend services at the Seven Mile home during the first quarter of 2010. Provide at least one weekend of service during the first quarter and at least one weekend per month thereafter. (SSA)	<ul style="list-style-type: none"> • Completed. Building renovations completed in March and we had our first guest stay for planned respite (START Program) during the last weekend of March.
Establish contractual relationships with foster care providers and establish respite and/or long term residential options. (SSA)	At least 2 adults will receive respite and/or long term residential services through an adult foster care network. (SSA)	<ul style="list-style-type: none"> • No adults received respite or long term residential services through a foster care network this quarter.
The Technical Assistance Team will continue to meet monthly and as requested. (ANC)	Follow-up reports will be provided within an established length of time post meeting that address effectiveness of technical assistance intervention. (ANC)	<ul style="list-style-type: none"> • 5 individuals were reviewed by the TAT this quarter. Recommendations were given for follow-up in 4 of the 5 cases. Reports indicate that 3 of these individuals have had concerns addressed.
Explore the possibility of becoming a certified provider through the Ohio Department of Rehabilitation and Corrections for individuals identified as having “sexually problematic behavior”. (ANC)	Certification will be granted by end of 2010. (ANC)	<ul style="list-style-type: none"> • Began creating documents and forms required for certification. • Tracking staff training according to certification guidelines. • Scheduling visit for DRC representative to come to Butler County to begin process.

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<p>Family Focus, nursing and other specialized supports will participate in the development of supports for individuals involved in the dual diagnosis grant collaboration with the Mental Health Board. Attendance and participation in plan development, training opportunities for additional individuals identified for the program. (ANC)</p>	<p>We will track number of people supported by Family Focus staff. (ANC)</p>	<ul style="list-style-type: none"> • Currently supporting 7 individuals in the START model. BCBDD staff involved include nursing, behavior supports, administrative staff, contracted staff (PES and Sexuality) & Family Focus. These staff members provide 5-8 hours weekly each to cover meetings as well as time to complete assessments (face to face) and writing of reports. Trainings are coordinated through the Staff Development coordinator averaging 2-4 hours/month.
<p>Develop strategy for multidisciplinary input into residential placement options. Ancillary staff will be involved in providing input. (ANC)</p>	<p>Strategy for input into residential placement options will be implemented. (ANC)</p>	<ul style="list-style-type: none"> • No progress to report this quarter.
<p>We will facilitate the development of peer groups for older children/children of elderly parents to allow them to interact and support each other. (ANC)</p>		<ul style="list-style-type: none"> • A survey and interviews with county providers has been completed by Miami University nursing students. Results will be available for next quarter reporting.
<p><i>Annual Goal 9: Individuals who live in housing contracted by BCBDD will live in safe, clean, well maintained and accessible homes.</i></p>		
<p>Support and educate transition students and families regarding shared housing options. (SSA)</p>	<p>Complete at least one session from the SALT (School to Adult Life Transitions) seminars on shared housing options. (SSA)</p>	<ul style="list-style-type: none"> • Not held this quarter.

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Identify individuals who might be interested in shared housing. (SSA)		<ul style="list-style-type: none"> • 23 individuals were identified that may be interested in shared housing. Most of them are from the West Hamilton region.
Implement a CHDO (Community Housing Development Organizations) Board that is required for funding access. (QA/QE)	The non-profit housing agency will secure funding for the development of shared housing. (QA/QE)	<ul style="list-style-type: none"> • CHDO Board has been established for Butler County. Their first Board Meeting will be held on 4/7/10. At this time there is currently consideration of Partnerships receiving Neighborhood Stabilization Program funding for residential development. No contract has been entered into to date.
Monitor provisions of Partnerships for Housing contract and maintenance of the properties (BO/QA)		<ul style="list-style-type: none"> • The contract monitor has also had ongoing discussion and contact with Partnerships related to renovations, housemate changes, etc.
Monitor Partnerships for Housing financial statements and expense reports by home. (BO/QA)	Meetings with Partnerships for Housing will occur at least 2 times annually. (BO/QA)	<ul style="list-style-type: none"> • Meeting scheduled to review financial statements and expenses scheduled for 4/22/10.
<i>Annual Goal 10: Individuals will receive natural supports from within the community to meet their specific individual needs.</i>		
Develop relationships with additional organizations that will work with individuals in ways that support greater inclusion for them. (SSA)	2 additional community organizations will agree to be involved with individuals. (SSA)	<ul style="list-style-type: none"> • Miami University Middletown (MUM) We started a group called PRISM (Reflecting Possibilities) MUM and community partners (focusing on how we need to work together to form a true community.

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Provide a transportation service via contract for individuals that only need transport to increase community involvement. (SSA)	Identify 10 individuals to use <u>only</u> transportation services (with no Leisure Coaching) to access community events. (SSA)	<ul style="list-style-type: none"> • 5 individuals identified in the Hamilton region. None in Fairfield; this service is not available in West Chester or Middletown.
Development of community based staff/volunteers for respite activities. Behavior Support staff and community resource coordinators will work to develop respite activities. (ANC)	3 group respite activities will occur per year. (ANC)	<ul style="list-style-type: none"> • Dates set for 2 all-day events: August 2, 2010 & December 4, 2010. • Investigating the possibility of a “teen” night out a local theater.
<i>Annual Goal 11: Children in school will receive supports from BCBDD.</i>		
Continue to provide classroom consultation with school districts for individuals identified as having behavioral concerns. (ANC)	School districts will indicate their satisfaction with services of classroom behavior consultants. (ANC)	<ul style="list-style-type: none"> • Survey being developed-will be sent late April or early May. • Madison school district increased their usage by half a day beginning in March.
Family Focus staff will participate in START program. (ANC)		<ul style="list-style-type: none"> • Family Focus staff attending 2 meetings weekly, and 2 phone conferences weekly. • Supervisor attends meetings twice monthly.
	Families who request support from a Family Focus Specialist will receive that support within 6 months. (ANC)	<ul style="list-style-type: none"> • Received 18 Referrals this quarter; 16 assigned within 3 months.
	The Family Focus program serves the same or more families who have requested services with the same number of staff as in 2009. (ANC)	<ul style="list-style-type: none"> • Family Focus currently serving 68 individuals with the capacity to serve 81. Referrals have not been coming in as expected.

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	97% of families who receive assistance by the Family Focus program will indicate satisfaction with their services. (ANC)	<ul style="list-style-type: none"> 20 Satisfaction Surveys sent out; 8 returned with 100% Satisfied.
Number of people supported by Family Focus staff will be tracked. (ANC)		<ul style="list-style-type: none"> Currently serving 68.
OT will provide in-home supports for school-age children through direct referral from support coordinators. (ANC)	OT referrals for supports in-home will be tracked. (ANC)	
	Families who attend the transition education series will indicate 95% satisfaction with the information they are given. (SSA)	<ul style="list-style-type: none"> Feedback is obtained later in the year.
<i>Annual Goal 12: Individuals will be supported by stable, qualified BCBDD staff.</i>		
Track that all employees have current, signed position descriptions on file. (HR)	100% of evaluations come with a newly signed, and if necessary, updated position description. (HR)	<ul style="list-style-type: none"> All evaluations are checked when they come in. Any which do not have newly signed PD are sent back. 100% of evaluations have signed PD's before they are recorded.
Monitor to ensure that all employees obtain and maintain applicable certification. (HR)	100% of all employees will obtain and maintain appropriate certification, as applicable. (HR)	<ul style="list-style-type: none"> Reminders sent out 90 days in advance. 100% of staff are in compliance.

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Assist Staff Development Coordinator in the development of web-based training. (HR)	Implement and track web-based training with 100% staff compliance. (HR)	<ul style="list-style-type: none"> • Training started in March. We just received a status report from the web based provider and will begin follow up with supervisors.
Assist as needed in the development of curricula for continuing leadership development. Encourage, track and develop minority participation. (HR)		<ul style="list-style-type: none"> • With few vacancies, the opportunity to fill with qualified minorities is not high. Will contact county to get on its posting list. Emotional Intelligence has been established as the first leg of leadership training.
Provide training, as needed (both formal and informally) to staff and supervisors. (HR)	Provide up to six training sessions over the course of the year. (HR)	<ul style="list-style-type: none"> • Provided harassment and worker's comp training.
Track employee performance evaluations to make sure a current evaluation is on file (including probationary evaluations). (HR)	95% of staff will have a current evaluation on file (within previous 12 months). (HR)	<ul style="list-style-type: none"> • Currently we are down some for the year (89%), but we are at 94.6% within 13 months and 96.8% within 14 months.
Edit evaluation tool to address specific functions of each position. (HR)	New evaluation tool will be developed and supervisors will be trained by December 2010. (HR)	<ul style="list-style-type: none"> • HR has, with input from staff and supervisors, tailored our evaluation tools specifically for each individual position.
Train supervisors on the revised evaluation tool. (HR)		<ul style="list-style-type: none"> • New tools are almost completed. Training to follow in April / May.
Track mid-point and end-point probationary periods to ensure evaluations have been completed in a timely manner. (HR)	100% of probationary staff will have received at least one evaluation before completing probation. (HR)	<ul style="list-style-type: none"> • We are in compliance.

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Track timeliness of completion of all phases of orientation for new employees. (HR)	100% of new employees will complete orientation within 90 days of start date. (HR)	<ul style="list-style-type: none"> • We are in compliance.
Continue to provide and track ongoing employee assistance and wellness programs. (HR)	Maintain or improve on employee participation in employee assistance and wellness programs from 2009. (HR)	<ul style="list-style-type: none"> • Our first wellness activity (health screens) was well attended (only 2 fewer than last year). This was a surprise because usually the year after a successful screening, participation falls off dramatically.
Develop and implement an employee satisfaction survey with central administration support. Collect data and take action as appropriate. (HR)	Employee satisfaction survey will be sent out and analyzed by December 2010. (HR)	<ul style="list-style-type: none"> • Survey conducted – analysis completed.
Target recruitment of bilingual and minority staff. (HR)		<ul style="list-style-type: none"> • No specific action in first quarter.
Monitor voluntary staff turnover in order to determine if any trends develop. Respond to obvious trends. (HR)	Voluntary turnover will be 10% or less annualized rate; exit interviews at 100%. (HR)	<ul style="list-style-type: none"> • Annualized rate for 1st quarter is under 4%. This represents only two departures and both of them retired.
Continue to monitor agency-wide use of non-FMLA sick leave. (HR)	Decrease non-FMLA sick leave by 2%. (HR)	<ul style="list-style-type: none"> • Annualized rate for 1st Q was virtually the same as 2009. 71.02% for 1st Q and 71.13% for 2009.
HR will continue accountability to supervisors regarding the tracking of FMLA absences. (HR)	HR will keep supervisors informed of status of FMLA cases utilizing bi-weekly updates. (HR)	<ul style="list-style-type: none"> • Notices sent to supervisors every pay period identifying which staff used FMLA and the amount used in the pay period and the cumulative amount used.

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HR will maintain current documentation of FMLA certification for all eligible staff. (HR)	100% of FMLA qualifying events are properly certified and/or recertified; no one will exceed 12 week limit. (HR)	<ul style="list-style-type: none"> • Met 100% goal.
Staff Development Coordinator will continue to work with board and private provider staff to determine training needs and address them. Online training modules will be developed. (ANC)	<p>2 online training modules will be developed for the “MRDD Works” program. (ANC)</p> <p>Level of training effectiveness will be based on pre and post tests. (ANC)</p>	<ul style="list-style-type: none"> • Discussion has occurred to determine an appropriate approach and topics.
Staff Development Coordinator will work with EI staff to further advance the primary service delivery model. (ANC)		<ul style="list-style-type: none"> • Training was scheduled and all arrangements made. The trainers cancelled 2 weeks prior to the training session. Trainers have been contacted to reschedule this training.
Staff Development Coordinator will contact outside agencies (i.e. OCALI and other counties) to determine collaborative opportunities for training to staff providing supports to individuals on the autism spectrum. (ANC)		<ul style="list-style-type: none"> • Contact made with Montgomery County DD. • Staff Development Coordinator had contact with Jan Rogers, Regional Coach from OCALI (Ohio Center for Autism and Low Incidence).

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<p>Board staff will participate in training for the START program. (ANC)</p>		<ul style="list-style-type: none"> • Family Focus staff has participated in 3 trainings. • Overview of Developmental Disabilities and Eligibility was presented by Board staff to START Program staff. Six topics were presented by webinar with 22 (total attendance at all sessions) Board staff in attendance.
<p><i>Annual Goal 13: Individuals will be supported by people with specialized training, experience, and knowledge about disabilities and appropriate strategies to support success.</i></p>		
<p>Individual staff who have expertise in specific areas of knowledge will be identified and included in a training resource list. (ANC)</p>		<ul style="list-style-type: none"> • The initial training resource list is completed and will be emailed to the departments for additions.
<p>Staff Development Coordinator to work with provider staff to determine needs and facilitate training. (ANC)</p>		<ul style="list-style-type: none"> • The following were requested from providers and delivered: Issues of Medication Administration, Managing Your Emotions in an Aggressive Episode, Lest We Forget, Gentle Teaching, START Model training, and Rock Solid Work Ethics for the Direct Care Professional. • Total Provider attendance: 196.

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<p>Develop the measure of effectiveness for training, through pre and post testing for each topic. (ANC)</p>	<p>Level of training effectiveness will be based on pre and post tests. (ANC)</p>	<ul style="list-style-type: none"> • Post tests were developed for 4 training sessions in March. These have been incorporated into the training evaluation. These are summarized and feedback is given to the department that received the training so that follow up and reinforcement of key learning outcomes can be facilitated by the department staff.
<p>Expand Accessibility Committee to include providers and others pertinent to these training efforts. Develop a survey to receive input on needs in this area. (QA/QE)</p>	<p>The Accessibility Committee will work on developing and completing up to 2 trainings for providers and county staff related to cultural diversity. (QA/QE)</p>	<ul style="list-style-type: none"> • Committee met first quarter and is developing a survey to determine the priority diversity issues to address.
<p>Market “Quality Loves Company” web site and ARC programs. Write a grant to secure funding for consultant. Secure materials for DSP (Direct Service Provider) development and training. (QA/QE)</p>	<p>Will develop a Marketing Consultant through grant dollars to increase awareness of the “Quality Loves Company” web site and to highlight ARC programs. Consultant will also work to secure materials for DSP development and training. (QA/QE)</p>	<ul style="list-style-type: none"> • A Marketing Coordinator has been selected and has attended two Butler County ARC meetings.
<p>Will work with agency Training and Staff Development Coordinator to develop the required training for potential providers. (QA/QE)</p>	<p>Develop pre-certification training for interested individuals to become providers, based on revised OAC rule. (QA/QE)</p>	<ul style="list-style-type: none"> • Trainings have been scheduled monthly through 2010. 20 potential Individual Providers have already taken the required training.

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Will begin to access and utilize the agency computer lab to assist providers in their certification process, training and billing. (QA/QE)		<ul style="list-style-type: none"> The lab is scheduled during Provider Relations office hours and information about its availability has been sent out in the monthly Individual Provider e-newsletter.
Will develop video trainings to assist providers with documentation mandates and ongoing required trainings. (QA/QE)		<ul style="list-style-type: none"> Initial discussions have occurred with the Communications Coordinator.
Place information for Provider Certification process on our web site. (QA/QE)		<ul style="list-style-type: none"> Initial discussions have occurred with the Communications Coordinator and initial information has been laid out.
<i>Annual Goal 14: The Board will monitor costs and stay within the budget due to careful management of resources.</i>		
Continue to monitor cost of our employee health insurance programs, possible redesign of our plan, etc., and other ways to provide for quality health insurance with no or little increase in cost to the Board of employee. (HR)	No increase of health insurance to Board will be proposed for 2011. (HR)	<ul style="list-style-type: none"> Have presented proposed changes to the health plan which will limit the amount of increase projected for 2011. Continue to monitor impact of recent health care legislation.

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<p>Continue to monitor changes and potential changes in legislation affecting Board employees, such as OPERS (Ohio Public Employees Retirement System) and certain federal proposals, especially those that may have a financial impact. (HR)</p>		<ul style="list-style-type: none"> • PERS has presented its proposed changes to the state. To date, no legislation has been drafted to implement the proposals.
<p>HR to continue to review all requests for significant disciplinary action. HR to review said action with attorney when necessary. HR to support supervisors to make good decisions with training and case-by-case consultation. Minimize number of HR issues that go to litigation. (HR)</p>	<p>Of cases that go to litigation, 100% will have a positive result. (HR)</p>	<ul style="list-style-type: none"> • Two arbitrations filed were settled at minimal cost. Ongoing consultation occurs. Neither of the disciplines recently issued were appealed.
<p>Maintain adult day hab enrollment within 2% of the established cap (166) by:</p> <ul style="list-style-type: none"> ✓ Monitoring enrollee attendance; ✓ Monitoring staffing (and adjust) based on enrollment, attendance, and individuals' "customized" needs; ✓ Respond to any recommendations that may come from the Facilities Committee; 	<p>Maintain facility-based attendance at 90% (based on daily enrollment). (AS)</p>	<ul style="list-style-type: none"> • Our attendance within all 3 facilities fluctuated over the 1st quarter between 83% - 93%. Our overall average daily attendance was 86.4% (missing our goal by 3.6%).

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<ul style="list-style-type: none"> ✓ Apply for Provider status with the Home Care waiver to increase revenue sources; ✓ Determine need for fee for service for individuals who reside within a nursing home setting. (AS) 		
<p>Monitor all Administration, Business Office, and HR functions for efficiency and complete satisfaction survey. (Admin, BO, HR)</p>	<p>Administration and Business offices will survey Board staff for effectiveness of supports to them by December, 2010. (Admin, BO, HR)</p>	<ul style="list-style-type: none"> • Survey was completed. Overall, results were positive.
<p>Implement an ongoing feedback system for data processing. (BO)</p>		<ul style="list-style-type: none"> • We installed the Spice Works IT software, specifically the Help Desk module, to track work orders and assist users in providing feedback.
<p>Continue to work on transportation alternatives that are less costly. (BO)</p>	<p>By end of 2011, data will show that all transportation is provided within reimbursement rate costs. (BO)</p>	<ul style="list-style-type: none"> • UTS threw us a curve at the end of the quarter when they announced price increases effective June 1, 2010. The reason behind the increase is the low attendance. We experienced over 800 no shows in the first quarter. We will be working with the SSA department to address this issue.
<p>Continue to monitor waiver costs and develop problem solving strategies. (BO/SSA)</p>		<ul style="list-style-type: none"> • We held 3 meetings this quarter to monitor costs. BO is developing a tool to aid in this process. • Business Manager is working on a new waiver tracking system for our agency.

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	Year end revenues and expenditures will be within 2% of projected 2010 budget. (BO)	<ul style="list-style-type: none"> As the first quarter comes to a close, we are at expected target percentages for the year.
	Adult Services will monitor revenue and expenditures. Gap between revenue and expenditures in Adult Services will be at 40% or less. (AS)	<ul style="list-style-type: none"> Based on projected revenues at 86% (based on current attendance rates). We currently have a 38% gap between expenditures and revenue.
<i>Annual Goal 15: The Board will inform the public about the effectiveness of services and the accomplishments toward its Mission.</i>		
Publish 2 newsletters and an annual report in the first quarter, 1 postcard in the second quarter, 1 postcard and 1 newsletter in the third quarter, and 2 newsletters in the fourth quarter. (COMM)	At least 6 published communications will be completed. (COMM)	<ul style="list-style-type: none"> First newsletter of the year was mailed out in January.
The agency's redesigned web site will be updated as needed. (COMM)	<p>Sample survey of web site redesign will show high level of usability and effectiveness. (COMM)</p> <p>There will be an increased number of "hits" on web site and increased duration on web site after redesign. (COMM)</p>	<ul style="list-style-type: none"> The web site was redesigned and unveiled at the beginning of March. Statistics reveal that an increased number of people are viewing the site, and they are staying longer on the site.

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<p>The agency’s news will be shared with stakeholders and the media on a regular basis. (COMM)</p>		<ul style="list-style-type: none"> • Media coverage in the first quarter = 7 stories initiated by Communications Coordinator. • Stories not initiated by Communications Coordinator, but featured Board programs or participations = 3.
<p>The agency will run advertisements in appropriate venues and publications. (COMM)</p>		<ul style="list-style-type: none"> • The Board’s partner project with the four county boards (Butler, Warren, Hamilton and Clermont) concluded in March. Advertisements around the “Erase the R word” ran in local theaters and in local papers. • Paid advertisements for the first quarter: <ul style="list-style-type: none"> ✓ Insight 2010 ✓ Kroger Pharmacy Bags ✓ 30-second radio commercial ran on 700 WLW ✓ 30-second TV commercial on Time Warner Cable ✓ Various ads ran in Chamber publications and community guides
<p>Staff at all levels will be encouraged to be involved with other agencies and community organizations. (All)</p>		<ul style="list-style-type: none"> • Directors are collecting information regarding current involvement by staff.

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<i>Annual Goal 16: The Board will maximize Medicaid revenues.</i>		
Maximize TCM (Targeted Case Management) revenue. (SSA, QA/QE, ANC)	<p>90% of SSA TCM billers will bill at the 60% target according to the Business Office billing records. (SSA)</p> <p>100% of other billers of TCM will be at target. (ANC, QA)</p>	<ul style="list-style-type: none"> • Goal met.
Continue to coordinate MAC (Medicaid category) billing. (BO)		<ul style="list-style-type: none"> • Quarterly billings complete and up to date.
Continue to track PAWS (prior authorization) entry timelines. (BO)		<ul style="list-style-type: none"> • PAWS confirmations from DODD are at 13 working days. By rule they are supposed to be within 10 working days.
	<p>Adult Services will maintain staffing at each facility to (at least) minimally meet acuity standards (based on the daily enrollment) 100% of the time. (AS)</p>	<ul style="list-style-type: none"> • Staffing levels met acuity, based on daily attendance 100% of the time
<i>Annual Goal 17: The Board will develop a marketing plan and assist Friends of Citizens with Disabilities, the Political Action Committee, to prepare for next levy campaign in 2012.</i>		
Follow timelines and structures as outlined in the marketing plan. (COMM)		<ul style="list-style-type: none"> • Publications and advertisements are on track with marketing plan.

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The PAC (political action committee), Friends of Citizens with Disabilities, will hold meetings and plan activities and develop a web site. (COMM)		<ul style="list-style-type: none"> • The PAC met once in the first quarter to plan out the year’s events.
Continue to prepare, discuss, and explore different options available to the Board with regard to levy options that will meet our long term needs (i.e. replacement, renewal, new millage) based on expenditures and revenues. (BO)		<ul style="list-style-type: none"> • Finalized the 2010 operating budget. The 2010 budget fell within the parameters of the projected cash flow.
	The Friends of Citizens with Disabilities will raise \$30,000 in 2010. (COMM)	<ul style="list-style-type: none"> • There were no fundraisers held in the first quarter – no monies raised. • At the end of the first quarter, the grand total raised to date for the PAC is \$69,789.00.
<i>Annual Goal 18: The Board will monitor trends for service needs and make adjustments to programs and facilities, as necessary, to meet the needs of individuals receiving services.</i>		
Convene a group of stakeholders to review the support coordination role and function and make recommendations for more efficient and effective operation. (SSA)	A formal list of recommendations for more efficient and effective operation of service coordination will be presented to the Superintendent. (SSA)	<ul style="list-style-type: none"> • The Review Committee met 3 times this quarter but is not ready to present recommendations.

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Reduce the vacancies in residential settings and number of people living alone. Increase efficiency and reduce cost in residential settings. (SSA)	There will be a reduction in the number of residential openings in existing settings by 20% and a reduction in the number of people living alone. (SSA)	<ul style="list-style-type: none"> • We have reduced capacity in 5 homes this quarter due to new placements or moves that did not result in a vacancy in another home. No progress on reducing the number of people living alone.
Improve families' understanding and use of "system" services (e.g. JFS, Social Security, etc.) Assist those that want to apply for system services through the use of contracted transition coach; document time and outcomes. (SSA)	Families will express high level of satisfaction with assistance provided by transition coach to apply for system services. (SSA)	<ul style="list-style-type: none"> • We have canceled contract with the current provider and will be looking for an alternative.
Behavior Supports and Early Intervention will continue to assess level and types of need for supports. There will be a review of intake/referral procedures for information and timeliness of assessments. (EI/ANC)	<p>Behavior Supports will meet timelines for intake/referral. (ANC)</p> <p>EI will meet timelines for intake/referral. (EI)</p>	<ul style="list-style-type: none"> • All timelines are being met. • All timelines are being met.
Early Intervention will move toward the primary service model of delivery, provide training for staff, and assign therapists to specific teams. (EI)	By fall 2010, primary service model will be implemented. (EI)	N/A