

BUTLER COUNTY
Board of
**DEVELOPMENTAL
DISABILITIES**
Supporting Possibilities

**LONG TERM GOAL I:
INDIVIDUALS CHOOSE THEIR LIFE ACTIVITIES AND GOALS**

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.

How we will measure success:

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)

25 new individuals will participate in paid internships as a way of becoming better prepared for working. (SSA)

We will hold at least 15 transition themed seminars to educate and empower families and students. (SSA)

Mid-Year Update:

10 new job placements reached the 90 day benchmark for the first half of the year.

8 individuals have used paid internships for the first half of the year.

10 seminar sessions have been held the first half of the year.

SSA = Service and Support Administration
AS = Adult Services

Annual Goal 2: Adults who choose to participate in day habilitation programs will have options and choices for meaningful activities.

How we will measure success:

Maintain consumer satisfaction at 98% in adult day hab. (AS)

Measure percentage of referrals who require customized approach and/or who (requires more than 1:3 ratio of supervision). (AS)

Retail sales for InsideOut Studio will be maintained or exceed \$900.00 per quarter (30% increase from 2009). (AS)

Pay to artists represented by InsideOut Studio will be maintained or exceed \$390.00 per quarter (30% increase from 2009). (AS)

98% of annual assessments will be completed on time and with 100% accuracy. (AS)

98% of quarterly reviews of individual plans will be completed on time. (AS)

75% of individuals' goals reviewed will show maintenance or improvement of skills. (AS)

100% of performance evaluations of Adult Services Staff will be completed on time. (AS)

100% of case record reviews will be corrected within the same quarter of review. (AS)

25% of individuals receiving waiver services will have a satisfaction survey completed. (QA/QE)

Nursing staff will conduct 2 health education classes per quarter. (ANC)

Mid-Year Update:

78 completed with 99.5% satisfaction.

We continue to support a total of 10 individuals who do not meet their current acuity and require additional supports = 6% of our total enrollment. This is a decrease because 3 individuals were discharged to Safe Haven Farm.

Retail sales for mid-year = \$3,240.60.

Pay to artists for mid-year = \$1,498.87.

91 annual assessments completed – 100% were timely with 100% accuracy.

100% were timely.

88% showed maintenance, improvement, or mastery of skills (exceeded goal by 13%).

28 evaluations were due within the first half of the year. 79% were timely (22/28), but 93% (26/28) are completed as of this report.

37 case record reviews were completed; 68% were error free. All errors were corrected by the end of the review period(s).

63 surveys completed thus far. Results will be tallied in July.

Nursing staff (facility based) have provided 2 classes at mid-year.

QA/QE = Quality Assurance/Quality Enhancement ANC = Ancillary

Annual Goal 3: Families with children (0 – 3) will access services and supports that will meet their specific needs.

How we will measure success:

If parent chooses an individual budget, we will assess if the service met the child’s need. (EI)

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)

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)

90% of families who receive services will indicate satisfaction with services. (EI)

Mid-Year Update:

We have had no requests for an individual budget.

Based on the Family Outcomes Survey*, 86% of families surveyed felt they had seen improvement in their child’s development. (18% of families leaving the program completed the survey.)

Based on the Family Outcomes Survey*, 91% of the families surveyed felt that they had learned a great deal of information that helped them to help their child.

Based on the Family Outcomes Survey*, 91% of families surveyed felt that EI staff had done an excellent job of helping their family and were satisfied with the services.

***Family Outcomes Survey is presented when families exit the program.**

EI = Early Intervention

**LONG TERM GOAL II:
INDIVIDUALS WILL CONTROL AND BE RESPONSIBLE
FOR ALLOCATED PERSONAL BUDGETS**

Annual Goal 4: Individuals will know what services cost and will make choices based on allocations available to them.

How we will measure success:

All families in EI will be given the number of service hours received and costs associated with those hours. (EI)

We will track acceptance and utilization of individual budgets. (EI)

Mid-Year Update:

Goal was met 1st quarter. Families received cost information on 2009 services.

There have been no Individual Budgets assigned so far this year.

NOTE: Older individuals already received budget information as part of their Individual Service Plan. Also, Individual Budgets for Early Intervention is a new offering for families if they desire.

LONG TERM GOAL III:

INDIVIDUALS ARE HEALTHY, SAFE AND TREATED WITH RESPECT

Annual Goal 5: Individuals' safety and health will be monitored by BCBDD.

How we will measure success:

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)

Annual MUI update training will be revised and implemented (QA/QE)

Number of trainings provided by nurses and the number of participants will be tracked. Level of satisfaction of assistance by nurse will be monitored via survey. (ANC)

33% of medication administration Quality Assurance Surveys will be completed. (ANC)

Level of satisfaction of training through Dental Program will be monitored via survey. (ANC)

Mid-Year Update:

Meeting held on 3/31/10 to review MUI trends and patterns. Next meeting will be held in September, 2010.

Updated training continues with focus on definitions and proper reporting procedures. Other MUI training is being conducted by HR through computer generated modules.

8 "formal" trainings provided; feedback from 4 of those indicates they are "very helpful". Satisfaction surveys will be requested in September.

All agency Quality Assurance Surveys have been completed. Individual providers to be completed within the next year.

Satisfaction survey to be completed in September.

Annual Goal 6: Individuals will participate in defining how their lives can be better.

How we will measure success:

A pool of 10 person-centered planning facilitators for individuals to work with will be developed. (SSA)

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)

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 (Student to Adult Life Transition) trainings, fund raising projects participation, etc. (QA/QE)

Mid-Year Update:

We currently have 8 facilitators.

Project in process.

As of June 30, 2010, EPRO has 66 members, up from 44 for the 1st quarter.

Annual Goal 7: Individuals who use Board facilities will be safe and secure.

How we will measure success:

Safety Committee recommendations on a community disaster plan are submitted to Superintendent by December 2010. (BO)

Facility based nurses will submit report to Program Services Administrator quarterly. (ANC)

Mid-Year Update:

Meetings have been held with the Emergency Management Agency (EMA) and the Red Cross as well as with residential providers to develop recommendations.

Liberty Center nurse reported 178 IES (Information Exchange Sheets) completed with 6 requiring referral for additional treatment by outside medical resources. Middletown Center/Middletown Enrichment Center reported 36 IES completed with 2 requiring additional treatment by outside medical resources.

BO = Business Office

Annual Goal 8: Individuals who have intensive needs will have services that are designed and supported to meet their unique needs.

How we will measure success:

Begin START* project “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)

At least 2 adults will receive respite and/or long term residential services through an adult foster care network. (SSA)

Follow-up reports will be provided within an established length of time post meeting that address effectiveness of technical assistance intervention. (ANC)

Certification through the Ohio Department of Corrections for individuals identified as having “sexually problematic behavior” will be granted by end of 2010. (ANC)

We will track number of people in the START* project supported by Family Focus staff. (ANC)

Strategy for input into residential placement options will be implemented. (ANC)

Mid-Year Update:

Provided at least one weekend per month the 2nd quarter and one weekend during the 1st quarter.

No adults have used planned respite in a foster care setting yet this year. Several have been referred but could not be served due to the severity of their needs.

We have established follow-up to our Technical Assistance Team, but because of the nature of the individual situations, we have yet to determine a timeline appropriate to measure effectiveness of our support

Certification visit by the ODRC is scheduled for August 9, 2010. Final draft of Policy Manual to be reviewed on 7/12/10.

Family Focus is currently supporting 12 individuals who are in the START project.

No progress.

***START project – dual diagnosis project in conjunction with the mental health board.**

Annual Goal 9: Individuals who live in housing contracted by BCBDD will live in safe, clean, well maintained and accessible homes.

How we will measure success:

Complete at least one session from the SALT (School to Adult Life Transitions) seminars on shared housing options. (SSA)

The non-profit housing agency will secure funding for the development of shared housing. (QA/QE)

Meetings with Partnerships for Housing will occur at least 2 times annually. (BO/QA)

Mid-Year Update:

1 session held on sharing an apartment and basics of residential planning.

CHDO (Community Housing Development Organization) Board has now been active since 4/10. With the development of this board our agency will benefit from the Neighborhood Stabilization Program. We are anticipating 3 homes being built with special features that could house up to 12 individuals.

Meeting held on 4/22/10. Partnerships has a new fiscal officer; as of yet haven't seen 2nd quarter reports, but expect improvements to the reporting.

**LONG TERM GOAL IV:
INDIVIDUALS ARE SUPPORTED TO CARRY OUT PLANS AND BUDGETS
IN ORDER TO MEET THEIR INDIVIDUAL NEEDS**

Annual Goal 10: Individuals will receive natural supports from within the community to meet their specific individual needs.

How we will measure success:

2 additional community organizations will agree to be involved with individuals. (SSA)

Identify 10 individuals to use only transportation services (with no Leisure Coaching) to access community events. (SSA)

3 group respite activities will occur per year. (ANC)

Mid-Year Update:

Miami University's "Students Involved in Real Volunteer Efforts" (SERVE) is working with the Community Resource Coordinator to foster relationships between students and people using DD services. Hamilton Optimists are getting involved in providing items for people moving into community settings and GE-IT is expanding its level of involvement with transition students.

8 individuals have used these services so far this year.

Dates are set for two all day events: August 14 and December 4, 2010. Respite for families participating in the Teen Enrichment Program is scheduled for September 2010.

Annual Goal 11: Children in school will receive supports from BCBDD.

How we will measure success:

School districts will indicate their satisfaction with services of classroom behavior consultants. (ANC)

Families who request support from a Family Focus Specialist will receive that support within 6 months. (ANC)

The Family Focus program serves the same or more families who have requested services with the same number of staff as in 2009. (ANC)

97% of families who receive assistance by the Family Focus program will indicate satisfaction with their services. Satisfaction surveys are sent to families when their case is closed. (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)

Mid-Year Update:

End of school year survey indicated 100% satisfaction with services.

Received 16 referrals 2nd quarter. 14 cases assigned within 3 months this quarter.

Family Focus currently serving 65 individuals with the capacity to serve 80.

15 satisfaction surveys sent out – 3 returned. 2 of those indicated 100% satisfaction; 1 was not satisfied.

46 referrals have been made.

An evaluation of the 2009-10 transition series showed that 79% of parents responding were satisfied at that level.

Annual Goal 12: Individuals will be supported by stable, qualified BCBDD staff.

How we will measure success:

100% of evaluations come with a newly signed, and if necessary, updated position description. (HR)

100% of all employees will obtain and maintain appropriate certification, as applicable. (HR)

Implement and track web-based training with 100% staff compliance. (HR)

Provide up to six training sessions over the course of the year. (HR)

95% of staff will have a current evaluation on file (within previous 12 months). (HR)

New evaluation tool will be developed and supervisors will be trained by December 2010. (HR)

100% of probationary staff will have received at least one evaluation before completing probation. (HR)

100% of new employees will complete orientation within 90 days of start date. (HR)

Maintain or improve on employee participation in employee assistance and wellness programs from 2009. (HR)

Employee satisfaction survey will be sent out and analyzed by December 2010. (HR)

Mid-Year Update:

100% of evaluations have signed position descriptions before they are recorded.

100% of staff are in compliance.

All but one staff member are in compliance, either already having the online training or scheduled for in-person training.

One series on Boundaries begin in June.

Currently, 93.8% of our staff evaluations are within 12 months and 96.7% within 13 months.

In process.

We are in compliance.

We are in compliance.

Wellness Committee sponsored an “Amazing Race” – 55% of staff participated. Liberty and Middletown Centers hosted the mobile mammogram unit. 39 employees participated, down 17% from 2009. A blood drive was held at Liberty Center and collected 21 units, which is nearly double the previous year. Hearing screenings have been scheduled for July.

Survey conducted – analysis completed.

Voluntary turnover will be 10% or less annualized rate; exit interviews at 100%. (HR)

Decrease non-FMLA sick leave by 2%. (HR)

HR will keep supervisors informed of status of FMLA cases utilizing bi-weekly updates. (HR)

100% of FMLA qualifying events are properly certified and/or recertified; no one will exceed 12 week limit. (HR)

2 online training modules will be developed for the “MRDD Works” program. (ANC)

Level of training effectiveness will be based on pre and post tests. (ANC)

Annualized rate for the first half of the year is 5.6%.

Overall sick leave use has increased by 8%, including FMLA sick leave use. We are in the process of updating our system reports to increase the accuracy of our data to distinguish between the various types of FMLA leave, i.e. sick, vacation, personal leave and unpaid leave.

Notices are sent to supervisors every pay period.

Current claims are certified. No one has exceeded the 12 week limit.

“The Words We Use” has been identified as the online module for development. Will be ready for inclusion in the 2011 training calendar.

Post tests have been completed for trainings provided 2nd quarter. Results indicate a 92% effectiveness level.

HR = Human Resources

Annual Goal 13: Individuals will be supported by people (other providers) with specialized training, experience, and knowledge about disabilities and appropriate strategies to support success.

How we will measure success:

The Accessibility Committee will work on developing and completing up to 2 trainings for providers and county staff related to cultural diversity.

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 (Direct Service Provider) development and training. (QA/QE)

Develop pre-certification training for interested individuals to become providers, based on revised OAC rule. (QA/QE)

Level of training effectiveness will be based on pre and post tests. (ANC)

Mid-Year Update:

1 training has been developed and held, but attendance by providers was low. Another training is scheduled with various departments in October.

Emma Warren started working as the Marketing Specialist for the Co-op and Butler County ARC in May 2010.

Training has been developed in conjunction with BCBDD agency orientation. 29 potential providers have attended the training since January 2010.

9 training sessions included post testing regarding key outcomes during 2nd quarter. 13 post tests done by mid-year with 249 respondents - 76.9% answered all questions correctly.

LONG TERM GOAL V:

THE PUBLIC WILL BE KNOWLEDGEABLE ABOUT HOW WE ACCOMPLISH OUR MISSION AND WILL TRUST HOW RESOURCES ARE MANAGED

Annual Goal 14: The Board will monitor costs and stay within the budget due to careful management of resources.

How we will measure success:

No increase of health insurance to Board will be proposed for 2011. (HR)

Of cases that go to litigation, 100% will have a positive result. (HR)

Maintain facility-based adult day enrollee attendance at 90% (based on daily enrollment). (AS)

Administration and Business offices will survey Board staff for effectiveness of supports to them by December, 2010. (Admin, BO, HR)

By end of 2011, data will show that all transportation is provided within reimbursement rate costs. (BO)

Year end revenues and expenditures will be within 2% of projected 2010 budget. (BO)

Adult Services will monitor revenue and expenditures. Gap between revenue and expenditures in Adult Services will be at 40% or less. (AS)

Mid-Year Update:

Although staff voted on changes to limit amount of increase projected for 2011, estimates of the impact of the new National Health Care Legislation on the cost of our plan indicates that our new premium rates are likely to increase above our projection.

No outstanding arbitrations or litigation.

Attendance by adult day enrollees within all 3 facilities fluctuated over the first half of the year between 84% - 100%. Our overall average daily attendance was 87.65% (missing our goal by 2.3%).

Survey was completed. Overall, results were positive.

Currently, the only transportation cost higher than the rate is Board contracted transportation. We are in the process of revising the way transportation is delivered to bring cost within rates.

Expenditures through May (most recently reported) are within .61% under budget.

Based on projected revenues at 86% (based on current attendance rates), we currently have a 38% gap between expenditures and revenue.

Annual Goal 15: The Board will inform the public about the effectiveness of services and the accomplishments toward its Mission.

How we will measure success:

At least 6 published communications will be completed. (COMM)

Sample survey of web site redesign will show high level of usability and effectiveness. (COMM)

There will be an increased number of “hits” on web site and increased duration on web site after redesign. (COMM)

Mid-Year Update:

All publications are on schedule. Newsletter was mailed in January; Annual Report was mailed in April as well as the second newsletter of the year; an oversize postcard was mailed in June.

Not completed yet.

Statistics reveal that an increased number of people are viewing the site, and they are staying longer on the site.

COMM = Communications

Annual Goal 16: The Board will maximize Medicaid revenues.

How we will measure success:

90% of SSA TCM billers will bill at the 60% target according to the Business Office billing records. (SSA)

100% of other billers of TCM will be at target. (ANC, QA)

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)

Mid-Year Update:

95.5% billed at target rate (not including two SC's that are recent hires.)

91% of other billers are at target.

Staffing levels met acuity, based on daily attendance, 100% of the time.

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.

How we will measure success:

The Friends of Citizens with Disabilities will raise \$30,000 in 2010. (COMM)

Mid-Year Update:

Total raised so far in 2010 is \$2,517.88.

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.

How we will measure success:

A formal list of recommendations for more efficient and effective operation of service coordination will be presented to the Superintendent. (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)

Families will express high level of satisfaction with assistance provided by transition coach to apply for system services. (SSA)

Behavior Supports will meet timelines for intake/referral. (ANC)

EI will meet timelines for intake/referral. (EI)

By fall 2010, primary service model will be implemented. (EI)

Mid-Year Update:

A list of recommendations has been developed and is being formalized to present to the Superintendent in July.

There has been an 8% reduction in vacancies and a 14% reduction in the number of people living alone.

Contract with a transition coach was initiated this quarter.

Timelines have been met.

EI is meeting timelines with 100% effectiveness.

We are moving forward with implementing this model, but implementation has moved back to January 2011 due to cancellation of primary trainers.