

GOOCHLAND POWHATAN COMMUNITY SERVICES
MENTAL RETARDATION SERVICES
Outcomes Measurement Results
FY 2004-2005

Mental Retardation Services at Goochland Powhatan Community Services is most conveniently divided into 4 program areas: Monacan Services, Case Management, In Home Residential Support and the Parent Infant Education Program. A brief description of each program area begins each section of this report.

This Long Range Plan will serve two purposes. First, outcome measures and attention to those services currently provided will ensure quality, consumer responsiveness and improvement to current programs. Second, long range plans will address future needs of the consumer population; plan for the use of anticipated resources, and prioritize identified needs in order of importance.

OUTCOME MEASURES AND LONG RANGE PLANS

Outcome Measures will use Consumer and Family Surveys, Stakeholder Surveys, and data accumulated over the next year to measure progress and success on a number of indicators for each program. This plan describes what we intend to measure, how we will measure it, what we expect to learn from measuring these outcomes and how we will use what we have learned to improve programs.

Planning for the long range in Mental Retardation Services requires predictions of consumer numbers and needs and anticipation of the necessary resources to provide services. Accuracy of consumer predictions and availability of resources can both be problematic. This plan anticipates and predicts, as well as one can, who we will be serving in the next three biennia. The larger question of resources to implement plans must be answered as needs arise.

For each service, we list the outcomes measures first followed by the long range plan goals.

MONACAN SERVICES

Monacan Services is an array of day support and supported employment services offered to citizens of Goochland and Powhatan Counties with mental retardation. The Center Based Program (8 individuals) and the Day Support Program (8 individuals) are day support services for adults with mental retardation. Activities in the Center Based Program center around pre-vocational activities, while Day Support activities include volunteer work, community integration, and behavior support. The Supported Employment Program provides paid work and supervision and support to 7 to 10 consumers as they learn and prepare for competitive employment. The After School Day Support Program provides support, supervision and training to two school age children in the afternoons during the school year and for a shortened day during the summer.

Goal: 80% productivity average across consumers.

Population measured: Center Based and Supported Employment Consumers

Rationale: As a work program, the focus of Monacan Services Center Based Program and Supported Employment Program needs to be to increase the employability of its consumers. A good measure of how well a consumer may perform in a competitive job setting is how productive they are in the Monacan Services work setting. A good productivity rating indicates that there are relatively little co-occurring behaviors that will limit success on a job.

Method to measure: Individual production information, DOL method of productivity measurement, conducted every 6 months.

This goal has not been met. Overall production is at 35%. After evaluation of this goal, we will change it to a more realistic goal of increasing average productivity by 5 % each year starting at the level of 35%.

Goal: Consumers will spend an average of 60% of their time at Monacan Services on paid work activities.

Population Measured: Center Based and Supported Employment Consumers

Rationale: Again, as a work program, the focus of Monacan Services Center Based Program and Supported Employment Program needs to be the development of appropriate job skills. To do this, consumers need to have the opportunity to work at jobs that pay them wages, at a variety of jobs that challenge them in different ways, and with each other and with supervisors in a setting that encourages the development of appropriate work skills and behaviors.

Method to Measure: Time in program versus time in paid work activities, collected on work and production records per individual daily.

For year 2004 to 2005 Monacan Services had individuals participate in work during their day and the breakdown is as follows: 6 Individuals in Center Based, 3 individuals in Day Support, 1 un-sponsored and 6 in Supported Employment.

The over all goal of 60% has not been met, however, consumers are still working, giving an overall work time average of 50%. The following is a breakdown of the programs.

Supported Employment has met the goal at 65.98%. The Center Based has not at 26.59% nor has the Day Support program at 38.04%, however, the un-sponsored did meet the goal at 69.45%

With staff supervision and encouragement individuals have been successful in the development of appropriate work skills and behaviors.

Goal: Maintain safe, effective consumer/staff ratio in existing programs.

Rationale: Each segment of Monacan Services has a consumer/staff ratio that represents a safe, effective programming level. In Supported Employment, the ratio is 1:3 or 1:4; in the Day Support Program and the After school Day Support Program the ratio is 1:2; in the Workshop Program the ratio is 1:6. As people join these programs, through school graduation, moving to the county, or discharge from State Training Centers, staff must be added to keep the programs safe and effective.

Method: Ensure that, to the extent possible, participants in Monacan Services programs are funded by the appropriate source, Medicaid or Department of Rehabilitative Services, so that staff can be added using increased revenues.

This goal has been met. Each segment of Monacan Services has a consumer/staff ratio that represents a safe, effective programming level. The Supported Employment and Center Based programs ratio are 6:1 and the Day Support Program ratio is 4:1. As people join these programs, through school graduation, moving to the county, or discharge from State Training Centers, staff must be added to keep the programs safe and effective.

Goal: Maintain program operations to CARF standards.

Rationale: Monacan Services received a three-year CARF accreditation for Organizational Employment Services in August 2002. At the end of the three years, another on site survey will be necessary, and scrutiny will focus on how well we have implemented CARF standards during the accreditation period, as well as how we have implemented our Plan of Action from the last survey. This accreditation is necessary to vend services with the Department of Rehabilitative Services, and is a valuable quality measurement. Monacan Services must maintain all CARF standards, and be able to show that they have done so, at the next survey.

Method: Regular, quarterly, review of standards and how well they are being implemented. Complete and submit and Annual Quality Assurance Report to CARF, per requirements.

The annual Quality Assurance Report to CARF has been submitted stating that we are maintaining the standards of CARF accreditation.

Goal: Seek to broaden employment opportunities available to Monacan Services workers.

Rationale: Monacan Services workers will benefit from learning a variety of tasks and jobs in their experience with supervised work. The more opportunities they have to try

new jobs and job tasks, the more they will be able to choose the jobs they enjoy and are proficient at.

Method: Continue to research other work opportunities, in the local area, in the greater Richmond area. Conduct annual job surveys, network with the Chambers of Commerce in both Counties.

Monacan Services continues to work with DRS, and Case managers in the readiness of an individual and long term support if a person would benefit from participating in our program here on site.

Monacan Services is in the process of working with other programs within our own organization to better serve the individuals that participate in the facilities. From this process thus far progress and/ or status report meeting with DRS have been consolidated to meet once a month. Together we are looking at current contracts and how we could enable individuals from separate programs the ability to take full advantage of the different types of work allowing people to better prepare them selves for competitive employment.

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CASE MANAGEMENT

Case Management is the process of assessing a consumer's needs, planning to meet those needs, linking consumers and their families to necessary services, and monitoring those services to ensure that they continue to meet the need. This allows for a wide range of very individualized activities with consumers as they work to meet their goals. Targeted Case Management, which is reimbursed by Medicaid, is the most intense level of this service, with a minimum of monthly activity, quarterly face to face contact and an annual plan that is reviewed quarterly. 43 people receive this level of Case Management, with 31 of those also receiving Medicaid Waiver funded services, which increases the paperwork requirements. A total of approximately 70 people receive Case Management services during the course of a year.

Goal: Consumers will meet the goals on the Consumer Services Plans.

Population Measured: Targeted Case Management Consumers.

Rationale: Goals on Individual Services Plans are developed with the individual, their Case Manager, the services providers, and family members as appropriate. These goals represent what the individual hopes to achieve over the year and where he will need assistance to reach those goals. If the goals are mutually developed, and well thought out for that individual, they should be met over the course of the year.

Method to Measure: Quarterly Reviews are conducted on all ISP's for individuals receiving Targeted Case Management. At these reviews, goals are reviewed, and will be recorded for this measure.

For the FY 2005 73 % of the consumer goals were met and 27 % were not yet met. Many of the unmet goals have shown progress and some had to be discontinued due to consumer choice.

Goal: Individuals newly referred for Mental Retardation Services will receive a response from Case Management within 10 days of the referral.

Population Measured: New referrals to Mental Retardation Services

Rationale: Responsiveness to consumer need is an important facet of Case Management. Making referral and intake easier by responding to referrals in a timely manner fosters confidence in the agency and in the services that it provides.

Method to Measure: Each referral is recorded on a Service Ticket. Response to the referral to set up intake is also recorded on a Service Ticket. Time lapse for these referrals will be measured on a quarterly basis.

This Goal has been met: All referrals have been contacted within the 10 day requirement.

Goal: Reflect the growth in both counties and in consumer population with growth in the availability of Case Management Services.

Rationale: Populations in both Goochland and Powhatan Counties are growing. People are moving to the counties, some with family members who require mental retardation services. Schools are graduating students who need to transition into adult services. Children with severe disabilities who exit the Parent Infant Education Program continue to need to have their case management needs met. Current Case Management resources (3 FTE) are nearing capacity. In addition, the Mental Retardation Director supervises Case Management Services.

Method: A Case Management Supervisor needs to be added during the next fiscal year to supervise and support the program full time.

This goal has been met: A case manager supervisor was hired and started on 5-16-05.

IN HOME SUPPORT SERVICES

In Home Support Services is a one on one training and support service that is usually provided in the consumer's home. Consumers have an In Home Support Specialist who works with them regularly. Each individual has a series of goals and objectives that they are working on with their In Home Support Specialist. In the process, families are relieved of some of the caretaking responsibilities of their family member, and often find that they are better able to function. This program currently serves 50 people in Goochland, Powhatan and Hanover Counties.

Goal: 90% of individual service goals will be met during the measurement period.

Population Measured: Individuals receiving In Home Support Services at 75% or more of the approved hours.

Rationale: Individual goals are developed annually with the consumer, their family, their case manager and their service provider. Goals should be appropriate, realistic and a reflection of the individual's wants and needs. This measure will indicate the appropriateness of goals and will assess the progress obtained towards reaching those goals.

Method to Measure: During each person's quarterly review, progress on goals and objectives is measured. This will be reported at this time.

Individual service goals were met at a rate of 33% during the past year. Many of the goals have shown progress but have not been met at this time. This goal has not proven to be an accurate measurement of the value the In Home Support and will be changed for the 2006 plan.

Goal: Serve all referred consumers with appropriate staffing levels and support services.

Rationale: This service is a one-on-one support service provided to Goochland, Powhatan and Hanover County residents. Revenues from Medicaid, GPCS and Hanover CSB support the program. Planning needs to address managing growth in this program and maintaining quality services.

Method: Continue to recruit personnel for individuals referred for service, provide appropriate services and supports, and react quickly to turnover in personnel.

This goal has been met and continues to be met. A small amount of turnover was expected and does exist with staff responding as quickly as possible to fill the openings. To address the growth especially with the new waiver slots, another full time coordinator has been hired. To further meet the needs of the program the plan is to have an office for one of the full time coordinators in Hanover county by July 1, 2005. The space is available and computer access is being worked out.

PARENT INFANT EDUCATION PROGRAM

The Parent Infant Education Program serves children who are birth to three years in age and who have a developmental delay or who are at risk for developing a delay. The services offered by the program include screening, assessment, educational therapy, speech therapy, occupational therapy, physical therapy and services coordination. Families are taught to work with their children within the context of their home lives, thereby teaching and aiding development as a routine part of their interaction with their children. At any given time, there are approximately 55 children and families in the Parent Infant Education Program.

Goal: Children served through intervention services will show an overall gain in skills in all developmental areas.

Population Measured: Children served in Intervention Status

Rationale: Children in Intervention Status with the PIEP are those children who show either a 25% or greater delay in one or more of the 7 developmental areas, atypical development or a diagnosed handicapping condition. Intervention is aimed at ameliorating those delays, helping the child catch up and aiding parents in helping their child develop. While there will be many reasons that children may not show a decrease in their documented delays, including health, family circumstances, and the underlying cause of the delay, overall gain in skills is a meaningful way to measure overall effectiveness of the interventions provided by the PIEP.

Method to Measure: All children in the population have an IFSP, which is updated every 6 months. Developmental progress is measured at these 6-month reviews, and this will be the basis for measurement.

Results: All children have evidenced progress on their 6 month reviews. The degree of progress varies based on a variety of factors including level of family participation/follow-through on recommendations, the child's health status and the child's diagnosis.

Goal: Service provision in the PIEP will adhere 100% to Federally Mandated timelines for response to referral and multi-disciplinary assessment.

Rationale: Increasing numbers of children referred and served, increasing complexity of children and families served, and a finite resource pool from which to serve those children is creating a crisis in Early Intervention across the state in general and in the PIEP in particular. Measurement of adherence to timelines is one way to demonstrate if the program is receiving more referrals and serving more children than can be accommodated by the current staffing level.

Population Measured: Children in Intervention Status

Method to Measure: Days from Date of Referral to Contact with Family (mandated time frame - 2 days), days from date of request to date of Multi Disciplinary Team Assessment and IFSP (mandated time frame - 45 days). Data is in individual client charts.

Results: All children received services consistent with the federally mandated time-lines except one. We were two days out of compliance due to a staff illness. We have written a plan-of-improvement, which has been approved by the Part C office.