

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

BOARD OF DIRECTORS

Clinical/Developmental/Residential/Organizational Employment Services

September 19, 2016

The Board of Directors-Program Development Committee have in receipt, reviewed and approved submission to the full Board of Directors for discussion and final action as follows for the FY-16 Outcome Management and Measurement System Report from January 1, 2016 through June 30, 2016. Included are the Program Outcomes for FY-16, Objectives for FY-16, Nursing and Safety Trend Analysis, Health/Safety/Accessibility Policy and Procedures, FY-16 Annual Accessibility Plan Analysis and Architectural Barriers as well as S.W.O.T. Analysis Reports.

Board of Directors Chairperson

President and CEO

Program Development Committee:

Christian County Mental Health Association

Outcome Management/Measurement System

FY-16: January 1, 2016 through June 30, 2016

CCMHA established and maintains ongoing activities that promote continuous quality improvements. This process is conducted and communicated by assigned committees, persons receiving services, stakeholders and/or other interested parties. On a semi-annual and annual basis, a summary of the agency's performance is submitted to the Program Development Committee and the Board of Directors. This summary may include strategic planning updates, operational/management activities, action plans/steps, specific program performance outcome narratives, demographics, compliance, suggestions, and recommendations.

The Quality Improvement Group and Corporate Compliance Team submit the following summary.

CORPORATE COMPLIANCE

It is the intent of CCMHA to comply with all local, state, and federal laws governing its operations; to conduct its affairs in keeping with the moral, legal and ethical standards of our industry; and to support the government's efforts to reduce healthcare fraud and abuse. The CCMHA Corporate Compliance Program establishes a culture within the organization that promotes prevention, detection, and resolution of instances of conduct that do not conform to agency guidelines, federal and state program requirements.

All new employees received training/information regarding the Code of Ethics and Confidentiality during their orientations. Educational updates regarding system changes for Illinois Department of Human Services contracts are provided and memorandums and/or informational packets distributed to the managers. Managers provide informational sessions to staff regarding clinical records, billing processes and compliance with Illinois Parts/Rules surveyed by the Bureau of Accreditation, Licensure and Certification (BALC) and The Illinois Mental Health Collaborative (Value Options) and CARF (Commission on Accreditation of Rehabilitation Facilities). Internal and external audits/surveys/inspections are ongoing.

Training, safety awareness and risk management activities are conducted to ensure safe physical plant facilities, ongoing environmental programs, and positive working conditions. In addition, the aforementioned training, safety awareness and risk management is monitored in client safety meetings, general client meetings, accessibility meetings, and general staff meetings. Exchanges occur between senior management staff during Management/Quality Improvement Group & Corporate Compliance Team Meetings for monitoring, compliance, and program enhancement(s). Annual Corporate Compliance Training was provided on October 16, 2015, for HIPPA and Rule 50-OIG. A designated safety officer assists in annual compliance, as well as new employee orientation.

CCMHA continues to comply with the approved Quality Improvement Plan and submit written documentation to CARF International, our Accreditation entity on Annual Conformance to Quality Reports. Programs surveyed in 2014 were classified as Community Services: Community Housing, Community Services: Community Integration, Employment Service: Organizational Employment Services, Case Management/Services Coordination: Psychosocial Rehabilitation (Adults) and Case Management/Services Coordination: Psychosocial Rehabilitation (Children and Adolescents). Christian County Mental Health Association was informed it was accredited from CARF International for a period of three (3) additional years through April 2017. This achievement is an indication of CCMHA's dedication and commitment to improving the quality of lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence. CCMHA will ASPIRE to Excellence in Business Practices by conducting ongoing assessment, applying appropriate strategies, continuing person's receiving services and stakeholder input, implementation of input, and monitoring results as part of its operations.

CCMHA must ensure the existing organizational structure will be in compliance with current and future demands, as directed by funding sources, persons receiving services, stakeholders and manufacturing customers. Eligibility guidelines eliminated and modified significantly the ability of CCMHA to serve indigent individuals. Unlike the past two Fiscal Years, FY-16 did see a reduction in non-Medicaid funding. In fact, all funding for non-Medicaid services was eliminated by the State of Illinois, as well as all grant dollars allocated for Psychiatric services. These changes impacted CCMHA greatly, as these changes placed a great importance on billing private insurances, many of which were the result of the Affordable Care Act. Crisis Intervention did remain a billable activity for FY-16. Utilization management parameters were implemented January 1, 2011 and require

reauthorization for persons enrolled in select programs. The Quality Improvement Group/CCT continuous to monitor reviews from Medicaid and other third party sources and recommend appropriate actions to the President/CEO for consideration.

Christian County Mental Health Association continues to adjust to the ongoing changes in payment methodologies and increased performance indicators set by the IL Division of Mental Health and the IL Department of Healthcare and Family Services. It is also anticipated ILDMH will attempt transition to a 100% Fee for Service Medicaid System for Mental Health Residential Programs. Efforts to tighten eligibility requirements, utilization, increased Primary Medical Care and Behavioral Health Integration, targeted Care Navigation/Coordination and Co-location opportunities are areas continuing to be closely monitored for possible implementation in future fiscal years. Illinois' lack of a State of Illinois approved budget, for the entire fiscal year, has created many challenges for the Association. These challenges include: no reimbursement for service fees and grants; difficulty in hiring and retaining quality staff and trouble meeting the general financial obligations of the Association. Failure by the State Legislature and the Governor, to adopt a budget has hindered growth for community funded programs serving the developmental disabled and the mentally ill. Future cuts will likely be necessary, based upon the economy, a continuation of limited tax growth and current state deficits for the general revenue fund. Additionally, federal and state caps and/or reforms under consideration for Medicaid recipients impacted the level of accessibility and availability of services to the public in FY-16 through Illinois Managed Care and care coordination contracts. Finally, as stated above, the implementation of the Affordable Care Act continued to impact the Agency, as it works to address its implementation of the procedures associated with the Act, thus affecting the overall cost of doing business.

INFORMATION MANAGEMENT PLAN COMMITTEE PERFORMANCE TECHNOLOGY IMPROVEMENTS

Under the direction of the President/CEO, the Information Management Committee assumes and continues the responsibility for monitoring the computer network system and proposed technology plan change/recommendations. In addition, the committee is responsible for the coordination of security, confidentiality, assistive technology, disaster recovery, and virus protection. Expansion opportunities are continually under review/pricing, utilizing full capability of equipment and facilities.

CCMHA continues with internal system upgrades based upon suggestions and recommendations from the committee and the Agencies private Technology Consultant. CCMHA has an established technology plan and continues to use the plan to guide its technology infrastructure. Development of the Technology Plan has improved the integration process of technology, allowing CCMHA to continue providing effective services. Computer upgrades and needs are continually being reviewed to expand program initiatives for persons served and infrastructure development to improve efficiencies for Association staff. It is anticipated additional contractual agreements may need authorized to ensure overall efficiencies and performance to successfully implement the plan. As CCMHA's IT infrastructure continues to evolve, additional expenses will be necessary to maintain and solidify the growth and performance of the overall IT system.

HIPAA PRIVACY AND SECURITY

The Privacy Rule continues implementation since April 14, 2003. There were no reports of privacy violations during this reporting period. In addition, the Security Rule continues implementation since April 20, 2005, with no reported violations this period. Annual refresher training was provided on October 16, 2015 for HIPPA Privacy & Security Rules, the Illinois Mental Health and Developmental Disability Confidentiality Act Rule-50-OIG. New employees continue initial training on the Office of Inspector General (OIG) Rule 50, Abuse and Neglect on these topics during the new-hire orientation process. In-service is provided to CCMHA staff on an annual basis for HIPAA/Privacy & Security and Rule 50-Office of the Inspector General, as required. The Quality Improvement Group and Corporate Compliance conducted required training on a standardized one or two day schedule, to assist in planning and maintenance of training needs.

HUMAN RESOURCES/HEALTH RESOURCE

The goal of CCMHA is to continue to maintain a safe work environment for persons receiving services/employees, thus sustaining a lower National Council on Compensation Insurance rating. Safety in the workplace is one of the best ways to reduce worker's compensation costs. CCMHA will strive to limit work related injuries and using a structured return to work program for employees using the insurance carrier's CinciSafe Guidelines in hopes of maintaining a lower rating experience. The experience ratings are calculated on an annual basis by NCCI. The experience rating for CCMHA for 1/1/16 – 12/31/16 is .78. The rating has gradually decreased each year due to the injury experience decreasing over the last three years. This resulted in the lowing of our Worker's Comp premium for the 2016 policy year. There were (0) reportable injuries for the period of 1/1/16-6/30/16, but we had three legal notices requesting a hearing on past alleged injuries. All three were denied by Cincinnati

and the hearing officer dismissed them all. This will most likely increase our mode for the year 1/1/17-12/31/17 due to the legal hours spent getting them dismissed. Dave Dagner and the Human Resources Manager continue to work with Cincinnati, our comp carrier, to continue the CincinnatiSafe program to lower our employees and clients risk of injury and have alternative (light duty) work to accommodate temporary restrictions which will result in getting individuals back to work quicker and ultimately lower the premium cost.

State mandated DSP training as well as CPR/First Aid training continues to be ongoing for new hires as well as those needing recertified. The annual mandatory staff training day will be held on October 14th, with doughnuts and coffee available in the morning and lunch provided as usual. We continue to offer all annual mandated trainings to all staff including temporary employees as well. The other managers and I continue to look for non-employee's to provide special training for staff who are required to have a certain number of hours outside trainings each fiscal year. The documentation of all training continues to be in the employee's personnel or training file.

Each January it is time to start DHS's required annual checks of all employees and by June the documentation of the annual checks are files in the employee's personnel file ready for survey staff. The documentation of all annual checks and hiring requirements are reviewed by the survey staff at the time of the survey. Our goal is to strive to maintain required documentation in the personnel files and continue to have successful surveys each year.

Employee and shift additions in manufacturing continues to be determined by product demand, high number of aging clients and a low number of clients who want and are willing to work. Therefore, a temporary service continues to be utilized for production and janitorial needs.

The turnover of residential staff remains a challenge therefore recruiting is ongoing for good, caring residential staff. CCMHA continues to follow all of DHS mandated hiring requirements for all employees as well as the annual rechecks. This does continue to include fingerprinting of all new employees at the time of hire, whether or not it is a requirement of their position. Last September we moved forward with splitting the DT program and DD CILA program into 2 separate programs. Susan E. remained DT Manager and Prudence I. was named CILA Manager and Cindy B. remained the CILA Q. This continues to have been a good decision. The goal at the time was to move CILA staff to (4) 10hr rotating shifts. Due to the turnover of the DSP trained residential staff and DSP trained staff not being available for hire; we have not been able to have all homes on the rotating schedule. That is still the goal once we have adequate staff. We continue to search for good staff, who give proper care for the clients and who are willing to work hours needed.

GRIEVANCES AND HUMAN RIGHTS COMMITTEE

The Human Rights Committee met two times during the quarter with no grievances.

There were no critical incidents.

There were no discharges

There was one interruption of service of a Work Services Client.

Any Critical Incident Reports for persons receiving services from our clinic are on file with Quality Assurance/Utilization Management Review Committee and/or Clinic Manager

There were no significant accidents or injuries in the Manufacturing area during the period.

There were no OIG Reports.

The committee, including Dr. James Myers, Psychologist, examines and approves CILA Behavior Management Plans as directed and for Developmental Training and Home Based Consumers as well. Plans for CILA residents were discussed and remain effective and current.

FINANCIAL

The overall financial position of CCMHA remains strong in light of many uncertainties it is faced with each Fiscal Year. Manufacturing product orders are continually monitored by the President and Manufacturing Manager and manufacturing still continues to review use of technological enhancements and procedure efficiency and effectiveness. Research continues for new subcontract opportunities by staff of CCMHA for both our current and possible consumers. Reels sales for Fiscal Year 2016

were solid. Sales totals for the year were \$4,393,279. Overall, the Agencies financial position remains on solid ground; especially in light of the difficulties associated with the State of Illinois payment delays or costs.

The Department of Human Services has essentially transitioned to a full Fee-For-Service payment and Medicaid reform for agency programs. Revenues are affected by this due to shifts in populations, eligibility, geographic choices, state requirements, etc. CCMHA will continue to monitor these and any other transitional issues to maintain similar levels of funding. The CIS software purchased for the clinic is still running well and updates are continually done to meet DHS requirements, as per federal regulations; the CCMHA Clinic has made the full transition to electronic medical records and these enhancements have assisted with better billing practices and accuracy. CCMHA continues to monitor efficiency, program expenses, etc. to manage any fiscal shortfalls that may arise. With the overall economy and state funding issues CCMHA has managed to maintain positive fiscal outcomes.

Major issues faced in FY-16, are as follows.

- Inability to attract and retain quality staff at all levels of service.
- Reimbursement timetables to agencies due to no State approved Budget for the entire fiscal year.
- Monitoring of DD program converted to Fee-For-Service and the subsequent client census numbers.
- Increased costs of benefits and salaries due to ACA and new Dept of Labor Laws.
- Client workforce needs for Manufacturing Operations.
- Medicaid reforms, as well as non-Medicaid and other grants being eliminated.
- Computer hardware and software updates for administration, accounting, and manufacturing.

CCMHA maintained approved coordination of benefits (third party liability for persons and/or other carriers) procedures in accordance with state contract guidance, including compliance with the FY-16 attachment B and Mental Health Service billings for Medicaid and Non-Medicaid. CCMHA continues upgrades to meet IDHS/DMH guidance for Clinic operations with newest eligibility requirements. CCMHA staff continues to participate in teleconferences, workshop, and network forums to broaden their comprehension regarding the complexity of the issues surrounding full fee for service transition, capacity grants, the impact of productivity and performance expectations.

The Division of Mental Health continues its contractual relationship with the IL Mental Health Collaborative for Access and Choice (Value Options). This transition allows Value Options to conduct the post payment on site reviews and clinical practice reviews independently from the IL Bureau of Accreditation, Licensure and Certification. Completion for all required elements on the Mental Health Assessments, Individual Treatment Plans and Progress Notes are stressed to prevent payback. Medicaid and Non-Medicaid are monitored for changes, updates, etc. as set by IL DHS as well as IL Healthcare and Family Services. IHFS is soliciting managed care requests for proposals from insurance companies for Medicare and Medicaid dual eligibility individuals.

To assist in prevention, education, and service co-location, CCMHA developed a Behavioral Health Agreement with both the Taylorville Memorial Hospital and the Christian County Specialty Court System. These contracts allow for further co-location opportunities for Clinical staff and downstream referrals for improved revenue and community support.

The president and accountant have secured the hardware and software needed to respond to Agvance not being upgraded and not working for the Agency. With the assistance of the IT Consultant, new software and has been purchased; that will allow migration to a more useable and practical bookkeeping and inventory control solution. Implementation is ongoing, as training for use of the new software package has begun and plans for full implementation will be targeted for late in the year.

QUALITY ASSURANCE/UTILIZATION MANAGEMENT REVIEW

CCMHA Performance Improvement includes administrative strategies, ongoing assessment, persons and stakeholder input, implementation, positive results and evaluation strategies. Staff completed quality assurance and utilization management reviews and submitted to the designated managers. Where required, the state agency received copies. Reports are on file for further review by approved individuals and/or funding entities/surveyors, in accordance with applicable confidentiality rules/procedures and contractual agreements. The Quality Improvement Group and Corporate Compliance Team advise and monitor QA/UM

Review Committee activities, throughout the fiscal year. A strengths, weaknesses, opportunities, and threats (S.W.O.T.) Analysis was completed for FY-16 and is being reviewed on an ongoing basis.

Dev-Training, Community Integrated Living Arrangements, and Community Mental Health Services continue to receive positive ratings. CCMHA strives for compliance with applicable program standards, policies and procedures. Ongoing reviews indicate that the agency is monitoring contractual agreements and requirements with the State of Illinois. Recommendations are submitted through Committees, Internal Audits, and the Quality Improvement Group & Corporate Compliance Team Meetings. The Quality Improvement Group and Corporate Compliance Team met multiple times during the period.

CCMHA is constantly monitoring eligibility status to ensure each individual receiving and/or requesting services have funding secured and/or waiver requests submitted. The agency continues to be successful in acquiring support and funding for the Community Integrated Living Arrangement Program-DD. The Division of Developmental Disabilities is reviewing access policies and procedures, which will be effective for all persons requesting services. Service eligibility and funding are based solely upon a needs based approach. The Division of Mental Health will monitor all billing submissions through Value Options. In addition, performance indicators are monitored, per contractual agreements, by IDHS-Divisions of Developmental Disabilities and Mental Health. Value Options, ILHFS and the Division of Mental Health continue informational trainings and teleconferences regarding new guidelines and utilization management parameters.

CCMHA continues utilization of the accessibility survey for agency facilities located at 707 and 703 McAdam Drive and 730 North Pawnee in Taylorville, Illinois. The Illinois Division of Mental Health issued policy guidance regarding Utilization Management and Medical Necessity throughout FY-16. Also, the Illinois Department of Health Care and Family Services assumed responsibility for data processing from agency Medicaid and Non-Medicaid billing submission effective July 1, 2011. Illinois Department of Health Care and Family Services revised the Community Services and Reimbursement Guide for implementation effective December 2012.

CCMHA program outcomes and related information from January 1, 2016 through June 30, 2016 will be narrated in the subsequent sections of this report. Access to desired services remains a high priority for persons seeking/receiving services, guardians, and stakeholders.

As a community stakeholder and provider, CCMHA promotes corporate responsibility, through attendance and active involvement in Division of Mental Health Illinois Central Network Forums, Division of Developmental Disabilities Network Advisory Councils, and other related scheduled meetings/training events/webinars/teleconferences.

The FY-15 through FY-17 Strategic Plan reflect and continues the commitment of the Board Administration and Staff to develop, monitors, modifies, and evaluates action steps to improve efficiency and effectiveness, for persons receiving services. The FY-15 through FY-17 Strategic Plan was approved by the Board of Directors with implementation initiated for ongoing compliance.

Information provided confirms CCMHA is continuing sound business practices and services to improve the quality of life for consumers, customers, and fellow citizens. Persons receiving services satisfaction, stakeholder satisfaction, customer satisfaction, access, efficiency, and effectiveness will remain high priority for CCMHA. State of Illinois funding for agency programs remain fluid with possible future reductions and/or potential restorations from the Division of Mental Health in FY-16.

Creating a great client experience, making CCMHA a leading employer and a great place to work in Christian County, and getting positive results continue to be the quality attributes identified for continuing quality improvement.

CCMHA DEMOGRAPHICS

Approximate number of people receiving services during this period was as follows in FY-2016:

| | | | |
|-------------------------|------------|--------------|------------|
| Clinical Services: | Males- 265 | Females- 321 | Total: 586 |
| Developmental Services: | Males- 42 | Females- 46 | Total: 88 |
| Agency | Males- 307 | Females- 367 | Total: 677 |



CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

FISCAL YEAR 2015 - BUSINESS ANALYSIS

JULY 1, 2015 – JUNE 30, 2016

The period of time from July 1, 2015 to June 30, 2016 was considered another success for the agency; especially when considering the financial barriers that are continuously imposed by the State of Illinois. The demands for accountability from the State of Illinois remain high and the pressure associated to provide services to those individuals served continues to increase. Revenues were reduced by the elimination of certain funds and payments for services that were still billable were yet again delayed significantly. This factor affected 100% of the total agency budget for which State dollars were counted on to serve those consumers of Christian County. These funds included those non-Medicaid fees and Psychiatric Service Grants, both which were totally eliminated for FY-16. Improved operating efficiencies and seeking new ideas for revenue enhancements were made priorities during the year; in order for Christian County Mental Health Association to maintain both fiscal balance and adequate levels of service to the community.

When considering the barriers presented to the Association; Fiscal Year 2016 should be considered a success and the overall corporation continues to thrive; even in the face of uncertain economic times. The overall Agency financial picture continues to be stable and this can be attributed to some of the following factors:

- Since 2009; CCMHA has continued its major emphasis on maintaining a “long-term debt free” way of doing business throughout the year. Essentially; all long-term debt has been eliminated. The exception to this model of business; was the purchase of additional transportation fleet vans/busses, used for administration of CCMHA’s own transportation system. This system however; while costing money upfront, has saved the Association more than 60% of its previous year’s transportation budget expenses. With continued uncertainty surrounding State funding; the Association has managed its resources/expenses extremely carefully. Having had no major long-term expenditures over this time, while not adding any new major expenses has allowed CCMHA financial flexibility to make timely payments to various vendors, meet pay-roll and other expense obligations on-time. Further; the Association’s financial stability did allow the ability to avoid additional expenses incurred by borrowing money for operations during the fiscal year.

- Second; raw material prices remained flat during the year and while manufacturing operations remained busy; sales projections were nearly identical to the previous fiscal year, finishing off slightly (2%) short of the budget target of \$4.5 million dollars. However; the Fiscal Year saw the agency experience one of its best quarters of sales since prior to the National recession. Sales continue to impact all agency programs; by generating revenue from the Association's manufacturing division; thus allowing consumers to continue to receive therapeutic and meaningful employment opportunities and allow the Association to continue to operate with financial solvency.
- Finally, careful planning by Administrators, allowed the overall financial position of CCMHA to remain positive throughout the year and for the foreseeable future. The total capital increased from FY-15 to 1.45 million dollars. The ratio of total assets to total liabilities settled at 4.75; indicating these assets exceeded liabilities by 4.75 times. Fiscal Year 2016 ended with an excess of expense over revenue. However; during these unprecedented financial times facing community providers; CCMHA continues to remain on solid financial footing.

As in years past, the biggest threat in the coming fiscal year remains the Association's reliance on dollars expected from the State of Illinois and the timeliness for which the Agency will receive these payments. As the State of Illinois continues to struggle to address to adopt a State Budget; State payments to providers continues to be significantly delayed.

Risks associated with the National and global economies also play a major factor in the economic health of CCMHA. Materials the Association counts on to generate revenue remain steady at this time; but have a significant impact on the overall viability of the Agency.

Further uncertainty with client workforce availability; due to program elimination, U.S. Dept. of Labor requirements and generalized aging of key client workforce have caused manufacturing operations to seek more costly labor. These labor changes have led to more overtime and the need for additional temporary labor force.

Christian County Mental Health Association's current financial stability will aid in allowing the Agency to persevere through the upcoming fiscal year and all the financial challenges it will face during the next twelve months; many of which the Agency continues to experience and deal with for the very first time.



Brent M. DeMichael, President and CEO
September 19, 2016

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION
ANNUAL REVIEW

Insurance(s), Product Pricing, Outpatient Mental Health Fees and Transportation

INSURANCE REVIEW(S)

The agency continued, its annual process of reviewing the associated costs with agency insurance coverage(s)/package(s), for inclusion into the budget process. This assessment is completed by the President and CEO, Human Resource Manager and Accountant. As referenced in previous documentation of this activity; the time tables for budget development and submission to the Board of Directors is dependent upon the Illinois State Legislature, Governor's Office and the Divisions of Developmental Disabilities and Mental Health allocations/grant awards.

PRODUCT PRICING

The agency continued to monitor, evaluate and adjust product costs during fiscal year 2016 as needed. Ongoing reviews, including increase or decrease needs, were completed as necessary, with changes implemented based on current market material cost requirements. Market fluctuation in the cost of raw materials, transportation, increased competition and the value of the U.S. dollar all were key market indicators impacting product pricing during the year and will be yet again over the next period.

FEE STRUCTURE/OUTPATIENT MENTAL HEALTH CLINIC

Annual changes to State service requirements, continued to drive the amount of State funds available to support mental health providers in Illinois and in particular Christian County. The Fee Structure for the Outpatient Mental Health Clinic continued to be reviewed annually and as directed by the State of Illinois and other accrediting Agencies. The implementation of revised billing standards, set by the Illinois Department of Human Services – Division of Mental Health, requires a continued review and alteration of billing activities, as well as fee structure. Reimbursement levels to providers were impacted for particular eligibility groups, thus altering those fees associated with those individuals. However; constant review of the standards was conducted and applied to meet those requirements and will also be outlined in fiscal year 2016.

TRANSPORTATION

The implementation of CCMHA's own transportation program has benefitted the Association financial bottom line significantly. Continued efforts to evaluate current reimbursement rates, agreements, equipment and anticipated expenses during the year occurred during the upcoming Fiscal Year. These reviews allowed for staff to determine the effectiveness of the program revision. The ongoing evaluations ensure the most appropriate use of resources; to meet required transportation obligations for those being served and requiring transportation in Fiscal Year 2016.



Brent M. DeMichael, President and CEO
September 19, 2016

CCMHA
OUTCOME MEASUREMENT SYSTEM - FY-17
January 1, 2016-June 30, 2016
Management Report for Developmental Training Program

OBJECTIVE #1: (Satisfaction)

It is the goal of CCMHA to maximize PRS satisfaction. This objective sets 100% satisfaction rate as its goal.

ANALYSIS #1:

It is important to note, CCMHA considers itself very fortunate to have such dedicated staff in our DT facility. We have two sites, one for programming and one for manufacturing. All of our Developmental Training staff are trained Direct Service Providers (DSPs). When they are hired, they attend the agency orientation, including introduction to program services, CPR, first aid, confidentiality procedures, infection control, and blood borne pathogens, participate in safety drills, and staff safety orientation. Also staff are required to complete initial OIG RULE 50 training. After a three-week period, staff begin DSP training. The modules must be completed within a limited time frame. The training includes six modules: abuse and neglect prevention, human rights, human interaction and communication, basic health and safety, service plan development, and introduction to developmental disabilities. Many new staff report that the training is very helpful. Also, the staff must complete 120 hours of on-the-job training. These training modules provide new staff with information that they will use daily. The agency provides an annual in-service training that all staff are mandated to attend.

The QIDP'S also attend at least 12 hours of mandatory training annually. The trainings keep our staff abreast of new and innovative teaching in the field. Staff attended a very informational in-service in April. A CISA agent reviewed the Approval form on Individual Service Plans which assisted staff to meet the requirements for meet DHS regulations. On June 21st several staff attended the Certified Recovery Support Specialist training. The training is offered as three one-day trainings that are conducted over the course of three months. We reviewed advocacy, professional responsibility, mentoring, recovery support, ethics and CRSS requirements. Also, Vanessa Worsley, MS, BCBA from Dynamic Behavioral Services spoke to us about Functions of Behaviors in May 12, 2016. In May there was a spring conference in Springfield that several staff attended. A few topics included ethical duties under NGA Guardian standards, dealing with clients with dementia and mental illness.

DSPs support our clients to lead self-directed lives and to participate fully in the community. Also, the DSP encourages attitudes and behaviors that enhance community inclusion. Another important role of the DSP is to recognize the clients and support their talents, choices, and preferences.

The CCMHA outpatient clinic is available for crisis issues 24-hours. Dr. Rohi Patil, Psychiatrist, continues coming to our workshop to provide on-site services. The clients have benefited by having the psychiatrist come to the workshop. They don't have to wait as long for their appointments, and transportation is readily available. These on-site psychiatric visits make it more convenient for the client/guardian and promote confidentiality. The QIDP, RN, Nurse Trainer and Case Managers are also on-site at the workshop for these appointments. Doctor Patil can always be reached by our nurse for intervention and consultation.

One hundred percent of DT consumers and/or guardians expressed satisfaction with our services. Clients seem to enjoy working in production and participating in DT services. Clients stated that they like the DT Case Managers, DT QIDPs and DSPs. Clients are able to bring any issue of their choice to staff. Clients report feeling safe while in programming and when using CCMHA transportation. CCMHA did purchase a new van. Weekly client meetings at the workshop offer the opportunities to discuss safety concerns such as proper procedure in drills and safe work practices. More importantly, in these meetings, consumers make

their own decisions, suggest any changes they would like at the workshop or at the home, and assist in the development of their future plans and goals. Consumers seem to enjoy their programming, and if they are interested in other activities, they have the option to choose. Activity choices are compiled from client meetings. Input from clients in the classroom is given to the DT Coordinator, and other DT staff to develop the monthly calendar. The scheduled events are distributed to the group homes, individuals and families. The DT Coordinator is exceptional, she has new ideas, and is very good with our clients. She gives them the opportunity to view their ideas for activities, and provides safe outings. Clients seem to enjoy the activities available, and the workshop serves as a major social outlet and gives them the opportunity to learn work skills.

Clients are offered a variety of activities, to assist in discovering and developing new personal interests such as participating in self-help classes. Furthermore, opportunities for counseling and psychiatric services, personal growth, and service to others play an instrumental role in consumers' lives.

Several of our DT and CILA clients attended Camp New Hope in Mattoon this summer. In the past, clients had to pay for their week long camp experience. However, this year several clients attended since they are offered financial assistance. Camp is filled with arts and crafts, music, and recreational activities. All activities are adapted to the individual camper needs. Also, a few parents take advantage of the respite program during weekends.

A new mode of transportation was welcomed to Christian County and surrounding counties this spring. It is the Central Illinois Public Transit. Several of our clients are riding the buses/vans. The goal of the program is to provide reliable and timely transportation to residents in surrounding counties by ensuring punctuality, accessibility and safety.

The agency provides a variety of learning activities to also enhance their daily adult living skills. Some of those activities include recreation, self-help skills, personal hygiene, basic etiquette, safety skills, and money management. Staff is trained to provide personal care for those who are unable to care for themselves. CCMHA encourages clients to explore their talents through arts and crafts. Many holidays are celebrated, as well as birthdays and seasons. The adult population of our clients ranges from 21 through 85. During DT programming, the clients were given choices to attend the outings listed below:

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January-March 2016

The workshop had a very eventful 3 months this quarter. It is a balancing act to keep the clients active and involved during some of the coldest months of the year, but we were successful in accomplishing a busy schedule.

Lots of planning for future events has taken place and clients input in this are very important. When the clients are involved in the decision making process they become more engaged and actually take something from the experience.

Planning ahead for outings and activities is more of a struggle when the weather is unpredictable, but **January** was fairly mild. The outings were kept local just in case the weather changed. The clients visited the YMCA 3 times during this month. Many have exercise programs and this helps them accomplish their goals. Many of the other clients love to play basketball or simply walk laps around the gym.

The senior clients have a very busy schedule every month. Every Friday they go to the Senior Center in Manner's Park. They have a great time socializing with other seniors and enjoying a meal. On the second Thursday of every month they also enjoy a potluck at the park. They are asked to bring a covered dish and enjoy helping decide what to bring. For many of the seniors it can be quite a task to go into the community, so we are very thankful for these programs. Our senior population at the workshop is increasing so these types of programs are very much in demand.

The clients give me their "votes" for any in town outing that they would enjoy. One popular one is a couples lunch outing. This month they decided on Angelo's. They really enjoy spending the lunch hour with their boyfriend or girlfriend and have a "date". We have also been going to Rene's Drug Store on the square which has also become a big hit with the clients. The owner is very nice and extremely accommodating with our clients. Another favorite is to go shopping. For some this is the only opportunity to shop without parents or guardians if they ever wanted to surprise them for a special occasion. Some just enjoy the experience of shopping on their own and it teaches them a great deal about budgeting their money. We also had a women's and a men's coffee day. The clients enjoy a peaceful morning having a drink at a local restaurant.

Cooking classes are also a great way to get everyone in a group and not only help make a dish but learn general cooking tips and safety in the kitchen. Previously the cooking classes were held in small groups but the large groups we do know seem to work much better. The clients are very engaged and love helping and are very eager to answer questions. During client meetings many suggestions for cooking classes are given which is where many of the ideas come from. We try to make them fairly simple so that they feel like they could accomplish cooking it with minimal help.

A few clients did venture out of town to visit some former clients, one in Pana and one in Nokomis. Visiting these former clients is beneficial for both parties. People love to have visitors and old friends come to see them and our clients love to see old friends and know that they are doing ok. One of our DT III clients enjoys making cards for both of them and takes much care and time into making a card they will love.

February was another month with unpredictable weather. Keeping the clients in town as much as possible was very important. One very important event this month was the Valentine's Party which the clients really look forward to.

The clients shop for Ruby and Kim to pick up items needed for Snack Shack. They enjoy the task of helping pick out things at the store and are great helpers putting everything away when they return. The Snack Shack can be a very busy place during breaks and lunch. It not only serves our DT clients, but staff and regular work as well.

A few clients went to Victorian Manor to visit a client who was not feeling well. She really enjoyed her visitors and the clients really had missed her. They made her some very cute get well soon cards and brought her a little stuffed animal. We also sent a small group of clients to visit a former client who now lives in Nokomis.

We visited the YMCA several times this month, which the clients really enjoy. They love playing basketball in the big gym or walking laps around it. It is a great way for them to socialize with other members of the community. The YMCA is also very accessible to our clients who are wheelchair bound or have a hard time with the stairs.

The DT III class had a great time going to the movies to see "Kung Fu Panda 3". The owner of the movie theatre is very understanding and works with us. He is gracious enough to open during odd hours during the day when he is usually closed, just for us. He also made a good deal for our clients who include the movie, popcorn, and a drink for one small price. The clients really enjoy getting the theatre all to themselves.

We have still continued going to the Senior Center every Friday. Our senior group really looks forward to it. Occasionally they play bingo or other games, and always have great food for everyone. It can be difficult to find outings that the seniors really enjoy and can physically handle. The Senior Center is a great place for that. They can socialize with other seniors and are able to venture in the community.

Cooking classes are another fun thing we do at least twice a month. This month we made cookies for the Valentine's Party and Banana Snowmen. The clients really get involved and are eager to help and learn.

The Valentine's Party was held on the 11th of this month. It was a huge hit with the clients and staff had a great time as well. We provided lunch which some of the clients helped to make. The tables were set up with white lights and flower petals. Don Bettis DJ'd the party for us and the clients were very excited to see him. We crowned a king and queen and played games, just an overall great time.

March brought much better weather for us. We also had two parties planned this month with Easter also falling during this time. St. Patrick's Day was also a fun filled day for our clients.

We visited the YMCA and the library several times this month. These have become favorites for the clients. When they go to the library they get to choose a book to take back to the workshop. They become very interested when the subject they are learning about is something they picked out.

A bus load of clients and staff went to see the movie Zootopia at the local movie theatre. Mike Wiseman, the owner, is always willing to work with us to set up a good time and a good day to come see the movie.

Our cooking classes were used to help with the parties that went on during this month. For St. Patrick's Day they helped make green milkshakes which were a huge hit. For our Easter party all the clients participated in making "peep bars". Traditionally we also dyed Easter eggs as we do every year. The clients enjoyed putting their own mark and design on each egg.

For the St. Patrick's Day party we had a lovely group of people play the bagpipes for us. The clients loved it, and they danced while the music played. Our Easter party was also a big hit. A local church provides a lot for our party. They brought snacks and drinks and little Easter baskets for each client.

This was a very busy 3 months for us, but very exciting. The clients enjoyed many parties and visitors. Getting more input from the clients is key in making sure they really take in what they are learning. They really thrive when they have a voice in daily activities. Most of the outings that are chosen are based off of client input during our weekly meetings. Now we are all trying to plan for the next three months of activities and learning experiences.

April-June 2016

Many changes were implemented during this quarter. Both staff and clients have had to make adjustments to their daily routine but have done very well. During this quarter we moved the DT III teacher (Suviya) up front to involve all of DT in her classes. We also moved our art staff (Chris) to the back so she can hold classes just for art. This move had the biggest impact on all of the DT III clients since they had to alter their schedules the most. Those clients, when they are not working, will come join in DT activities and have weekly classes with Suviya. They also can choose to partake in outings with DT or cooking classes at the workshop. Outings are scheduled to accommodate their work schedules and to keep them together as much as possible.

The month of **April** was a fairly calm month. The weather was just perfect for outings and time to be outside. Just like every other month clients continue to go Snack Shack shopping approximately every other Monday.

The clients really enjoy this and are extremely helpful to staff in carrying items and pushing the carts. They also enjoy choosing items to sell in Snack Shack and feel a sense of pride when the items they picked sell.

The Senior Center is another routine that the clients look forward to every week. They enjoy the socialization it provides and of course the great food. Also on the 2nd Thursday of each month they go to a potluck at the park. They enjoy this as well and get to choose a dish to bring.

We always try to do at least two cooking classes per month. This month the clients helped make frozen yogurt dots and earth day cupcakes. Recipes are usually something simple and basic kitchen rules are taught. Even if the clients cannot understand how to make the dish they are still learning etiquette in the kitchen.

The YMCA was visited several times this month. Many of them have exercise goals and this helps them accomplish them. They usually run or walk around the gym and some love to play basketball. It is also very close to the workshop which makes it a great option for those clients who cannot handle long trips.

The clients also made a couple trips to see some previous clients that live in Pana and Nokomis. They truly enjoy seeing that these clients are ok and enjoy the visits. Often times cards and art work are made for them so they know we are all thinking of them.

Some of the clients ventured out of town this month. We visited Del's Popcorn in Springfield. The clients enjoyed picking out popcorn from the vast array of options. This is often a favorite of theirs and they would all like to go. We also visited the Decatur Children's Museum. This is a fun place for the clients to visit. It is a great learning experience for them but they also have a great time. This is also a great outing for hot days when the clients really want to get out.

We also like to patronize local businesses as well. Tastee Treat is a client favorite. They offer a huge selection of different kinds of ice cream so everyone can get something that they like. Every so often we also like to have a men's or women's coffee. This is usually just a group going to McDonald's or Spring Garden just for a drink and socialization. We also went to KFC during this month. Out to eat visits are usually kept to a minimum with many of the clients on diets or for other health reasons. Every once in a while they enjoy a special day out to enjoy lunch.

The "TLC" class also enjoyed this month. This class is made up of 5 clients who need more one on one and a smaller class size. They did many things this month such as walking around the lake, shopping, Scovill Zoo, and the YMCA.

The big change to the DT classrooms came in *May*. The art class was moved to the back and a designated class room was set up in DT for special classes. It was a tough transition at first but has worked out very well. The DT clients enjoy going to this class to learn new things. She often does science experiments, crafts, or just really focusing on one thing that the clients can understand.

Art class was an instant hit for all of the clients. They all were very interested in going and a major effort was made to make sure they all got their turn. This art class has also made clients (and staff) more aware of the work schedule. Clients will tell us when they are working and when they would like to go to art. All of them are accommodated to the best of our ability.

With the weather in May still fairly mild we were still able to go on most of our outings. Summer is around the corner and the clients can enjoy a few different things during these months. They all love to go to garage sales. A few Fridays a month we schedule an outing to go to a few garage sales. They not only get to buy a few things but have to learn to budget their money. Budgeting money is an important life skill we try to incorporate into their daily routine. Whether that budgeting is on an outing or if they are in line at Snack Shack, or if they are simply in class, it is an important life skill to have.

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For the upcoming Memorial Day weekend the clients learned about what that meant. Some of them also took a van ride around town to look at all the flags.

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We still were able to keep our usual Snack Shack Shopping a couple times a month. The clients helping out with this really frees up time for some staff. We are also able to keep up with the demands of water and Gatorade during high heat days.

We also held two cooking classes this month. We made “Froyo” snacks, which is basically yogurt with fresh fruit that is frozen. The clients were very surprised at how well this turned out and have requested it again. We also made homemade apple sauce which also turned out very well. The clients enjoyed both of these because they were fairly simple and something they could help out with.

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A few clients ventured to Springfield to go shopping and have lunch. We do not do this too often so the clients really enjoyed shopping somewhere that is not available in Taylorville.

Couples lunch is also a popular outing that many of the clients enjoy. They don’t necessarily have to be a “couple”, but love going out to have a simple date. We were able to do this twice this month to accommodate everyone.

This quarter has had a lot of changes to the clients’ routines. They have all handled it very well. We continue to make small adjustments to make sure everyone is getting adequate class time and outings. Change is often required for growth, but keeping a routine is very important for our clients. Balancing this can be a challenge but team work has helped us accomplish this.

OBJECTIVE #2: (Satisfaction)

It is the goal of CCMHA to maximize stakeholder satisfaction. One hundred percent satisfaction of stakeholders surveyed is the goal of this objective.

ANALYSIS #2:

Surveys are not always returned, however, feedback is shown through telephone calls, letters, verbal feedback, and monetary donations made to the Foundation. Stakeholders indicated 100% satisfaction with the DT Program.

Broad ranging Stakeholder Surveys are sent twice a year to gather input to keep improving services such as clinic psychiatric services, developmental training, and home based services. CCMHA strives to be the preferred service and support provider for stakeholders.

During the clients ISP, family members/guardians have the opportunity to write their personal thoughts about the service we provide. Also, new ideas and services they may need or may want to share with us. Another opportunity for input is the visiting note that CISA completes with the family/guardians/clients. The note is completed by the CISA agent, and is shared with the staff at CCMHA.

In collecting information from stakeholders, the surveys contain questions such as: Are CCMHA's hours of operation suitable? When visiting CCMHA, do you feel comfortable and welcome? Is the person receiving services treated with dignity and respect? Overall, are you satisfied with our services? And most importantly, in what areas would you like to see improvement? Stakeholders have the choice of signing the stakeholder survey, asking to have someone contact them to discuss concerns, or leaving the signature blank.

CCMHA has always received excellent ratings from surveyors with minimal findings. Further, surveyors commented that CCMHA demonstrates through policies, procedures, case record documentation, consumer satisfaction and outcomes that compliance can be achieved with a dedicated staff, quality programming, and organizational leadership/commitment. CARF came during May 2014, and we received another three-year accreditation. CARF will return in 2017.

OBJECTIVE #3: (effectiveness, access)

It is a goal of CCMHA to maximize clients understanding of safety practices.

ANALYSIS #3:

A variety of work is offered to the clients daily. Our staff who work in the production areas are all trained to protect our clients, however it is our responsibility to assist our clients to identify what constitutes "safety" and become oriented to the various safety rules that are included in the CCMHA handbook.

The agency offered two safety sessions during this reporting period. Due to attendance and work schedules the third class will be completed in August. We plan to continue new sessions every three months, since we have several clients who didn't get a chance to be in a class during this reporting period. During the eight week sessions the instructor discussed definitions and key terms used in our safety handbook. The training material covered safety equipment used in the work area, rules of conduct, hazardous conditions, proper lifting procedures.

Summary of the first safety class

The curriculum of the DT safety classes was taken directly from the CCMHA employee handbook and divides the subject matter into eight week lesson plans adapted for a variety of intellectually abilities and learning styles. To introduce the clients to the classes a pre-test and post-test is administered to determine the effectiveness and levels of understanding. The instructor recently modified the test to include multiple choices as it was easier for some clients to choose an answer rather than formulate an abstract an idea verbally. The clients have their choice of tests either verbal or multiple choice.

The first week of the class covered the purpose of the eight week class including state and agency requirements to provide training to workers in regards to safety rules and personal responsibility. The clients were given a brief overview of the contents regarding in the safety handbook. A list of vocabulary words were written on the board and the clients were asked to state their meaning.

The second and third week covered the areas of personal protective equipment, dress codes, warnings signs, conduct rules and personal property.

The fourth and fifth week focused on hazardous conditions, warning signs, workplace rules and emergency evacuation procedures.

The sixth and seventh week covered transportation hazards and rules for using CCMHA transportation and proper lifting procedures. The clients took a tour of the workshop and DT building and observed workers using protective gear and looking for potential hazards.

The final week they reviewed all the material previously covered and the clients took turns answering questions. Several handouts were reviewed during the eight week course, and visual information was shared. Clients were encouraged to participate in all discussions.

The two safety classes showed an increase understanding on the pre/post-tests from 10% to 80% improvement. Clients feedback was very positive and asked if they could attend for the second time. The instructor plans to use the same instructions/curriculum for all classes that are planned for the future.

OBJECTIVE #4: (satisfaction)

The purpose of this goal is to maximize family/friends/guardians involvement in CCMHA scheduled events/parties.

ANALYSIS #4:

The parents/guardians/friends have the opportunity to attend annual ISP'S. CCMHA welcomes all family/guardians/friends to visit the workshop at any time. (with client/guardians permission). Several families have known each other for years, and some are new to the workshop. We feel working closely with the client's family member provides important information for their future planning, personal welfare, health related issues/concerns and strengths, needs, and preferences.

In order to achieve this goal, they will be invited to attend two special events/parties annually. We will schedule a Christmas tea and a summer cookout.

During this recording period, CCMHA held a Ice Cream Social (clients chose to have ice cream social). CCMHA hired a band and had several flavors of ice cream and toppings. We were very pleased that fifty guests attended the event. The staff was great help, and the clients really enjoyed the party. The new parents had the opportunity to talk with the parents that have been with CCMHA for years. It was very enlightening to watch parents share stories and learn from each other about activities in the community.

Staff and clients are excited about our Christmas Bazaar/Tour that we are planning in December 2016. The staff and clients have been very busy making crafts for the event. Also, we will have a dessert bar for the event. We hope to have tours of our workshop and booths set up for information for our community members and families.

On July 29, 2016, clients who generally do not attend Special Olympics events will have the opportunity to attend our first annual Motor Activities Training Event at our workshop. The area director Joanie Keys and her staff will bring several games, prizes, medals and pizza for our Olympians. Also, they will receive awards and have their picture taken. This event will be a great time for clients and we hope several of our parents will volunteer.

OBJECTIVE #5: (Effectiveness, access)

It is a goal of CCMHA to ensure that the work environment for the clients and their needs/preferences are addressed across all areas. CCMHA will address at least three improvements per quarter.
(Effectiveness)

ANALYSIS #5:

A variety of work has been offered to CCMHA's DT clients, per annual survey feedback. More DT clients are working in the manufacturing area due to the training offered to them in the therapeutic area. As in the last report CCMHA was offered another contract to further heighten the client's exposure to different skills. The variety of work includes several different jobs including counting, packaging, folding, and handling

A new air conditioner/furnace was installed during this reporting period. The old unit was costing CCMHA a lot in repairs and needed new parts that were very expensive. The new unit is very efficient and the clients seemed very pleased.

A very large ceiling fan was purchased for the wood room. It has six blades and seems to be working for air circulation. We have heard great reviews from clients/staff.

A rubber mat was installed on one of our van steps. The step was very slippery when it rained. Van drivers have requested that all steps have a rubber mat attached to the step.

A new van was purchased during this recording period. Wider running boards were installed. This specific improvement assists clients who have difficulty stepping in/out of the van.

GENERAL INFORMATION FOR THE DT PROGRAM

| | |
|---------------------------------|----|
| The number of male clients | 42 |
| The number of female clients | 46 |
| The number of clients age 18-20 | 0 |
| The number of clients age 21-30 | 21 |
| The number of clients age 31-45 | 26 |
| The number of clients age 46-64 | 33 |
| The number of clients age 65-74 | 6 |
| The number of clients age 75+ | 2 |

| | |
|---|----|
| Number of clients living with family members | 26 |
| Number of clients living with host families | 1 |
| Private pay | 1 |
| Number of clients/families receiving Home-Based funding | 18 |
| Number of clients attending the DT community program | 11 |
| Number of clients attending the DPA-16 program | 27 |
| Number of clients receiving Home-Based funding | 14 |

Christian County Mental Health Association
Management Report – January 2015 through June 2015 – FY 16

PROGRAM: DT

PERIOD COVERED: FY16

| OBJECTIVE | MEASURES | APPLIED TO | TIME OF MEASURE | DATA SOURCE | STAFF RESP. | GOAL | SEMI ANNUAL | | CUMULATIVE |
|--|--|---------------------------------|------------------------------------|---|---|------|---|--|------------|
| | | | | | | | 1 ST 6 MONTHS | 2 ND 6 MONTHS | |
| 1. Maximize PRS satisfaction (Satisfaction) | Maximize PRS satisfaction | PRSs | Semi-annually | PRS satisfaction surveys | Developmental Services Mgr. | 100% | 100% | 100% | |
| 2. Maximize stakeholder satisfaction. (Satisfaction) | Maximize stakeholder satisfaction | Stakeholders | Semi-annually | Stakeholders Satisfaction Survey | Developmental Services Mgr. | 100% | 100% | 100% | |
| 3. Increase scheduled meetings with CISA to enhance entrance to CCMHA services. (Access) | Develop closer working relationship through quarterly meetings and on the visit with CISA Representative. | PRS's Community Support Team | Semi-annually | Inservice Record Sheets with signatures of those in attendance included. | Developmental Services Mgr. QIDPs Case Managers | 100% | 100% (See Individual File for Signature Sheet) | 100% | |
| 4. Ensure that Behavior Intervention Plans are developed, applied, and evaluated. (Effectiveness) | Behavior Intervention Plans will be reviewed monthly by QIDP and approved by the Human Rights Comm. semi-annually, or as needed. (DT Community Home-Based ICF-DD) | PRS's | Monthly Quarterly Semi-Annually | Monthly reviews; Human Rights & Human Rights Committee; Inservice signature sheet (as needed); and Behavior Intervention Plans. | Developmental Services Mgr. QIDPs Case Managers DSPs Psychologist (QMRP's ICF-DD) | 100% | 100% (meet quarterly) | 100% (See Beh. Management Manual for Dates) | |
| 5. Ensure that the work environment for the clients and their needs/preferences are addressed across all areas (Effectiveness) | Three improvements/Preferences Per quarter are completed in the DT area/snack shack etc | CCMHA DT Staff | Semi-Annually | Suggestion Box, Work orders, Surveys, recommendations from Guardians, PSR's | CCMHA Staff | 100% | 100% (6 improvement this reporting period) | 100% (8 improvements this reporting period) | |

CCMHA
Quality Assurance/Utilization Review Report
Period Covered: 4th quarter-FY 2016
April, May and June 2016

Reviewers:

Susan Eckhoff, Developmental Services Manager, Chairperson; Margie Phelps, RN, Nurse Trainer; David Atkinson, Marketing and Rehab Services Manager, Shelly Snyder, QIDP Home Based Support Services; Prudence Ishmael, Residential Services Manager, David Dagner, QIDP, Safety Officer, Kim Barringer, ICF-DD Caseworker; Cindy Bethard, CILA QIDP, Rachel Andreatta, DT Coordinator, Ruby Forrest, DT, DSP, Deanna Gideon, DT Caseworker

Individual Case Record:

As it was noted in the 3rd Quarter-FY 2016 report all QIDP'S/Case Managers will complete their own Quality Assurance/Utilization review. The staff is pleased with this method of checking their files. They reported fewer steps are involved in the process. Also, staff is familiar with the order of their files and can complete the checklists quickly. A total of thirty files were reviewed. The information will be documented and filed in this report for surveyors, and staff members to monitor. If there are any issues/concerns about monitoring their own files, the DSM will speak to the staff. Issues/concerns that cannot be resolved will be taken to her supervisor.

Staff scheduled a meeting with CISA on April 26, 2016, and all staff reported the meeting was very helpful. The CISA director from the Lincoln office reviewed the "approval" sheets with the staff and our CISA agent. He answered questions, and informed us of changes. Since the meeting, the approvals sheets are returning without or minimal deficiencies. Also, we are attaching the "approval" sheet along with the CRRC/QA check sheets for surveyors to review.

Files are in good order. Deficiencies were noted such as chon notes are not up to date in some files, however notes pertaining to the chronos are in the staffs' office. Most staff is up to date on monthly Q-reviews and all ISP's are filed in the clients file. Staff is waiting for Redeterminations for Medicaid Waiver Eligibility, and signatures for risk assessments. Both DPA case workers are waiting for ISP signature sheets, CCMHA program Eligibility forms and additional forms from the ICF-DD/ guardians. Also, a few parents/guardians need reminding that an annual physical must be completed. We have one client who is enrolled in a CILA HOST HOME. The Q has difficulty receiving data from the ILLINOIS MENTOR program. The Q/Case Manager discussed this issue with CISA.

Overall documents were signed indicating that individuals were involved in the development and stating of goals and the objectivity and measurability of goals in the ISP'S was very good. Goals are being implemented and documented. All services are being provided such as the QIDP monitors the goals, completes monthly goal progress notes, and makes necessary revisions as necessary. The services the clients receive reflect needs/supports which include classroom activities, nursing/health care services, case management, special transportation needs, recreation, community outings, and additional services that arise in the DT setting.

A DT staff meeting was held for all DT aides. We discussed the importance of documenting goals and behavior management plans. The behavior management goals are being placed in one book. We hope this will assist staff. They were reminded that gathering and documenting information is very important. It provides information needed to complete assessments that are relevant to the individual's goals.

Consultants:

Jamie Myers, PhD is a member of our HR/BM committee. During these meetings Human Rights issues for the CILA, Home-based, and DT community programs are addressed as well as the DPA-DD program. Also, he assists with reviewing all the behavior management plans. The committee has two new members. Doctor Myers was present on April 25th, May 9th and June 6th. He is scheduled to return on July 11, 2016. Dr. Patil was on-site for psychiatric visits on June 13, 2016. Approximately thirty clients are seen at the workshop every three months.

Production:

The Manufacturing Manager, Safety Officer, Production Coordinator, DT Service Manager, and Wood Products Supervisors meet every Tuesday to discuss schedules, safety issues, and staff assignments. Notes can be reviewed in the Production Office. Also, a clinic case manager attends these weekly meetings to discuss PSR concerns/issues. In January the wood room was rearranged to improve efficiency and safety.

The YMCA was visited several times this month. Many of them have exercise goals and this helps them accomplish them. They usually run or walk around the gym and some love to play basketball. It is also very close to the workshop which makes it a great option for those clients who cannot handle long trips.

The clients also made a couple trips to see some previous clients that live in Pana and Nokomis. They truly enjoy seeing that these clients are ok and enjoy the visits. Often cards and art work are made for them so they know we are all thinking of them.

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This quarter has had a lot of changes to the clients' routines. They have all handled it very well. We continue to make small adjustments to make sure everyone is getting adequate class time and outings. Change is often required for growth, but keeping a routine is very important for our clients. Balancing this can be a challenge but team work has helped us accomplish this.

Referral-Intake-Admission:

One high school graduate plans to attend CCMHA beginning August 2016. He receives Home-Based services at this time. We plan for the family to attend an intake meeting in July 2016. Also, a client who resides at Taylorville Terrace started the DT program in May 20, 2016.

Discharges:

None at this time

Interruption of Services:

One client from the Regular Work Program was interrupted for an indefinite time. More information will be available in the September 2016 QA/UR report.

Incident report:

None at this time

Reports of Accidents/Injuries and/or Emergency Visits:

See attached quarterly Review Injury Report/Medication Error List completed by Margie Phelps, RN/Nurse Trainer.

CPR/First Aid/ Blood borne Pathogen Classes:

Our agency nurse trainer reviews Blood borne Pathogens at our annual training. Also, this is covered in CPR/First Aid. The agency provided classes on May 23, June 15, and June 1, 2016.

CCMHA staff received CPR/First Aid training from Taylorville Memorial Hospital personnel. Tonya Hughes will continue to schedule these trainings. There will be at least four to five sessions per year.

Safety Orientations:

Safety Orientations were conducted at the workshop on April 12, April 26, May 10, May 24, June 7, and June 22, 2016. Clients must attend orientation annually in addition to the initial orientation that a new client receives on his/her first day of programming. All completed forms can be seen in the client files. The safety officer schedules at least two trainings per month.

Transportation Meeting:

The transportation meetings were held on April 20, 2016, May 5, 2016 and June 6, 2016. During the month April the transportation staff informed all staff that seat belts must be used in all CCMHA vehicles. Thanks to all staff for their continued efforts to provide safe and efficient transportation. All drills and work orders can be reviewed at the front desk. Also, good news, the new bus and the Nokomis and Pana routes are working out great. The van drivers are learning each route in case someone calls in or there is an emergency.

The agency hired a new staff member for transportation and also to assist with the Pro-Shot project. Evacuation drills were completed in April 2016. There were a total of 6 drills. First aid kits for the bus/van were completed on April 13, 2016, April 14, 2016, April 18, 2016, April 20, 2016, April 27, 2016 and April 29, 2016.

Nursing report:

*See attached.

Drills held this quarter:

| Drills 2015 | 703 & 707 McAdam | John Street CILA | Siegrist House CILA | Lee Court CILA | Mardel House |
|---|----------------------------|------------------|---------------------|----------------|--------------|
| Fire | 6-3-16 | | | | 4-2-16 |
| Tornado/severe weather | 4/5/16 5-3-16 6-7-16 | 4-13-16 | 4-13-16 | 4-14-16 | |
| Earthquake | | | | | |
| Bomb Threatening Situations | 6-3-16 | | | | |
| Quarterly Safety Survey Walk thru for 703 & 707 McAdam was completed on June 30, 2016. The quarterly safety survey (6-24-16) is attached for Recommendations: people using wheelchairs/walkers and canes should exit 703 building at the North door by reception desk. | | | | | |

Safety Meetings:

A safety meeting was held June 16, 2016. All copies of safety meetings can be reviewed in the Human Resources Office. The DT First Aid kits were checked on June 7, 2016.

Medication: Review of QA Quarterly Report for Med Administration and Trends Analysis

See attached Medication Error Report and Adverse Drug Reactions.

CILA Site Survey:

A CILA site surveys was completed on April 1, 2016. The work requests have been reviewed this period and are available in the Residential Services Manager's office. First Aid kits at the CILA homes were checked June 7, 2016. Gary Edwards completes most of our repairs, and he should be commended for his hard work. The Taylorville Fire Assessment results and plan of correction for the CILA homes is attached for review.

Transportation:

Fire and evacuation drills were completed in April 2016. There will be a total of six drills. Also, the First Aid kits for the vans were checked on June 7, 2016. Additional information can be reviewed in the main receptionist's office.

Accessibility/Reasonable Accommodations/Adaptive Device Forms:

The Accessibility meeting was held June 29, 2016. See attached data.

Grievances and Human Rights Committee:

The Human Rights/Behavior Management/Committee met two times this quarter. No grievances have been filed during this period. The next meeting is scheduled on July 11, 2016...

OIG:

Information can be obtained from Shelly S.

Stakeholder Surveys:

Stakeholder surveys (105) were sent to all guardians, parents, and consumers in April 2016. The DT area is completed and a new contract has been initiated. Several clients will have the opportunity to learn new tasks and work skills. The clients seem to enjoy the work area, and parents/guardians are pleased that they are getting the opportunity to learn new skills. The annual surveys that are completed at their ISP'S are usually filled out by the client or assisted by staff.

RIA Admissions:

RIA/Admission meetings were held after the Human Rights meeting. List of names/dates can be reviewed in the RIA binder. At this time, only one client will begin the DT program. He is a high school graduate and already receives Home-Based services. He plans to begin this fall.

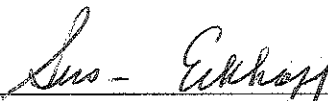
Additional Information:

Five clients attend Senior Citizens' luncheons on Fridays. They occasionally play bingo.
Several of our DT clients and CILA residents attended Camp New Hope.
Four new staff will be attending DHS class beginning July.
Two case workers will be completing Q training beginning July 2016.
The Out-come Measurement report is due in September 2016.
Public Health completed their annual visit on 3/22/16. GOOD report thanks to KIM.
Special Olympics/Soft-ball bowling practice is held monthly.
Clients completed Rights and Responsibilities Training.
CCMHA received parking placards for CCMHA vans and buses only. They must be signed out at front office.
The disaster procedure book was updated and revised.
Kids-R-Kids dances were held three times this reporting period.
The DT staff held three outing meetings-also two clients attend the meeting.
DT/CILA staff held a meeting with the CISA director on April 26, 2016.
Board Meetings were held monthly this reporting period.
QI meetings were held at least twice per month this reporting period.
CILA held a Memorial Day Picnic at John Street.
The agency will have an Ice Cream Social on July 1, 2016. Clients, parents, guardians are invited to participate.

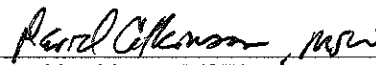
ADMISSIONS/DISCHARGES/UPDATES

11/2012 Home-Based client, Dan S, moved into a CILA opening.
01/13/13 Ronnie B, who lived in a nearby Community, moved to a nursing home and then to TT-ICF-DD.
02/13/13 Ronda E transferred from Victorian Manor to Meadow Manor Nursing Home for health reasons.
02/20/13 Dennis W moved out of state.
02/1/13 Montgomery Terrace client moved into CILA opening at Lee Court
03/23/13 Community person from Mt. Zion moved to Victorian Manor and then back home.
03/13/13 Crisis – Dan R moved from Windsor, Illinois to Lee Court and then transferred to Shelbyville, Illinois.
04/24/13 Cory P - Home Based, began 4/24/13 and discharged 6/28/13 due to relocation.
04/25/13 Trevor M - admitted, ICF, Victorian Manor.
04/29/13 Danielle M - Home Based, admitted to CCMHA.
08/23/13 Jason S - DT Community transferred into the Home-Based Program
07/10/13 Clifford C - transferred from Macon County He lives with his sister in Taylorville.
09/17/13 Charlie T - transferred from Fayco-he lives at TT.
09/18/13 David T - lives in Rochester—Home-Based program.
09/27/13 Kim R. - passed away—CILA client. All information was sent to OIG for review.
10/13 no admissions/discharges
11/13 Lynn L - TT - Transferred to Auburn Nursing Home
12/13 no admissions/discharges
1/2/14 Steve C. Chose to discontinue services.
1/13/14 Jillian C. discharged-attending FAYCO
2/14 No admission/discharge
3/14 Pam R-DT Community transferred to Intermittent CILA
3/14 Richard E. - moved from inter CILA to 24-hour CILA
4/14 no admissions/discharges
5/14 no admissions/discharges
6/9/14 Ed V. DPA, moved into TT
6/27/14 Sean S. DPA, moved into TT
7/8/14 Ronnie B.- moved from TT to nursing home
8/8/14 Charlie T-passed away-TT
9/3/14 Kristine A. /private pay
10/14 no admissions/discharges
11/3/14 Erica D. Home-Based
12/9/14 Allison F.-Home-Based
12/11/14 Tricia D.-Home-Based
1/15 no admissions/discharges
02/03/15 Robert M. moved into TT
03/15 no admissions/discharges
04/06/15 Michon H.-Host family/CILA
05/15 no admissions/discharges
06/15 no admissions/discharges
07/15 no admissions/discharges
08/15 no admissions/discharges
09/15 no admissions/discharges
10/1/15 Jessica S.-discharged- DT Community
11/15 no admissions/discharges
12/1/15 Diane O./CILA/discharged due to medical reasons
1/4/16 Angie P.-transferred from Home-Based program to 24-Hour CILA
1/22/16 Erica D transferred to Chatham
02/15/16 Christina W.-Moved from family home to Montgomery Terrace in Nokomis, Illinois
3/28/16 Sean S.-discharged from CCMHA DT program
5/20/16 Marcia U.-Taylorville Terrace-admitted

Respectfully submitted,



Susan Eckhoff, Developmental Services Manager



David Atkinson, MSW

CCMHA
4th Quarter CRRC Report of FY 2016
April, May, and June 2016

1. Summary of sample review (general comments):

As it was noted in the 3rd Quarter-FY 2016 report all QIDP'S/Case Managers will complete their own Quality Assurance/Utilization review. The staff is pleased with this method of checking their files. They reported fewer steps are involved in the process. Also, staff is familiar with the order of their files and can complete the checklists quickly. A total of thirty files were reviewed. The information will be documented and filed in this report for surveyors, and staff members to monitor. If there are any issues/concerns about monitoring their own files, the DSM will speak to the staff. Issues/concerns that cannot be resolved will be taken to her supervisor.

Staff scheduled a meeting with CISA on April 26, 2016, and all staff reported the meeting was very helpful. The CISA director from the Lincoln office reviewed the "approval" sheets with the staff and our CISA agent. He answered questions, and informed us of changes. Since the meeting, the approvals sheets are returning without or minimal deficiencies. Also, we are attaching the "approval" sheet along with the CRRC/QA check sheets for surveyors to review.

Files are in good order. Deficiencies were noted such as chon notes are not up to date in some files, however notes pertaining to the chrons are in the staffs' office. Most staff is up to date on monthly Q-reviews and all ISP's are filed in the clients file. Staff is waiting for Redeterminations for Medicaid Waiver Eligibility, and signatures for risk assessments. Both DPA case workers are waiting for ISP signature sheets. CCMHA program Eligibility forms and additional forms from the ICF-DD/ guardians. Also, a few parents/guardians need reminding that an annual physical must be completed. We have one client who is enrolled in a CILA HOST HOME. The Q has difficulty receiving data from the ILLINOIS MENTOR program. The Q/Case Manager discussed this issue with CISA.

Overall documents were signed indicating that individuals were involved in the development and stating of goals and the objectivity and measurability of goals in the ISP'S was very good. Goals are being implemented and documented. All services are being provided such as the QIDP monitors the goals, completes monthly goal progress notes, and makes necessary revisions as necessary. The services the clients receive reflect needs/supports which include classroom activities, nursing/health care services, case management, special transportation needs, recreation, community outings, and additional services that arise in the DT setting.

A DT staff meeting was held for all DT aides. We discussed the importance of documenting goals and behavior management plans. The behavior management goals are being placed in one book. We hope this will assist staff. They were reminded that gathering and documenting information is very important. It provides information needed to complete assessments that are relevant to the individual's goals.


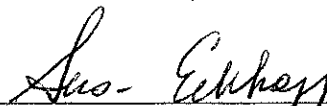
2. Procedures concerning case records: (see above)

3. Organization of files: The files are well organized.

4. Form Revisions: none

5. Recommendations to staff :

As we have noted in prior reports it is recommended that the reviewers continue to complete their checklists and correct deficiencies, in a timely manner. Also, the chronologicals and Q reviews should be filed timely. Just a reminder the CARF survey is due by April 2017, and at least five files per program must be ready for review by the CARF surveyors. The staff should be commended for their good work.

| | | |
|--|---|--------------------------|
|  _____ David Atkinson, MSW | / | 7-29-16 _____ Date |
|  _____ Susan Eckhoff, Developmental Services Manager | / | 7-29-16 _____ Date |

CCMHA
Annual Review of Outcome Measurement System
SWOT Analysis
FY 2016

Program/Service: Developmental Training

STRENGTHS (Internal):

1. Consumer/stakeholder satisfaction (positive input from clients, guardians, and parents).
2. All clients have an opportunity to better themselves in job opportunities.
3. Strong guardian, parental involvement including OSG, ISSA, Prairie Land, and Great Northern staff.
4. Community inclusion, staff transport clients into the community and introduce positive relationships.
5. Agency maintains accessible vans and well-trained van drivers (Safety, CPR, and First Aid)
6. Dependable staff: full-time and part-time.
7. Good working relationship with other providers and the community (ICF home).
8. Team approach (staff report concerns to appropriate staff) and cooperate with managers.
9. Specialized staff (psychologist, clinic personnel, QIDPs, counseling services, and nurses.) Behavior Analysis.
10. CARF accreditation (3 years in 2014), surveys and positive reviews annually (BALC and BQM)
11. Two RNs and one LPN are employed by the agency.
12. Staff promotes independence and normalization during DT programming and in the community.
13. CCMHA provides all transportation to/from developmental programs and used daily for outings.
14. Snack Shack sells nutritional food to all consumers and staff and teaches clients learning skills, money handling, communication, food preparation, safe food handling, inventory skills, and kitchen safety regulations. (staff are certified in food handling)
15. Flu shots, and hearing testing for clients and staff by CCMHA's RN.
16. CPI-several staff certified.
17. Local Kids-R-Kids assist with monthly dances, Special Olympics, Family Fun Festival in Mattoon, basketball, bowling, and track & field.
18. Local Family Community Resource Center is available to assist with food stamps and/or Medicaid needs.
19. Social Security (Springfield) available to assist with funds, direct deposits, etc.
20. Staff trained in CPR, First Aid, and Bloodborne Pathogens at local hospital.
21. Team approach (staff feel comfortable relating concerns, issues.)
22. Inspection/environmental drills are completed as needed.
23. Staff is familiar with Medicaid/Medicare funding sources.
24. CCMHA outings are centered on client's preferences.
25. Updated technology and computers.
26. Two additional community members added to the Human Rights Committee per DHS regulations.
27. Annual training/inservices for all staff.
28. Public transportation available. (Central Illinois Public Transit).
29. New contract/work opportunities available to our clients (Pro shot).
30. Parties/special events for Family/Friends of CCMHA clients.
31. Annual Special Olympics event for Developmental Training clients (Area 10).

WEAKNESSES (Internal):

1. As the number of clients increases – need for space (vocation/programming).
2. Need for additional residential homes for persons with developmental disabilities
3. Community volunteers.
4. Increase in food, electricity, supplies in general and use of gas for vehicles.
5. Staff turnover and recruitment issues.
6. In the near future vans will be needed to meet consumer's needs.

OPPORTUNITIES (External)

1. Community and businesses are very helpful to clients (video stores, down town Taylorville, constructed accessible side walks).
2. Teamwork continues with clinic personnel.
3. Many businesses and city employees are accommodating to clients.
4. DSP classes are conducted for all new staff.
5. Several community resources are available such as CEFS, Fire Department, monthly tornado siren awareness, Fire Suppression Inservices, DNR, free fishing license for our clients, YMCA, and Meals on Wheels, Senior Citizens, Local Movie theatre
6. Dr. James Myers, Psychologist, consults monthly with staff and clients, Behavior Analysis as needed for consults.(DHS)
7. Our mental health clinic is available 24-hours per day.
8. Psychiatric services at our workshop. Dr. Rohi Patil comes to our workshop quarterly for interviews, assessments, etc. Meeting at our workshop is very convenient for our clients, guardians, RNs, QIDPs, and Casemanagers.
9. Central Illinois Public Transit-new transportation opportunities in the Taylorville and surrounding areas.

THREATS (External)

1. Manufacturing competitors, and work fluctuation.
2. Operation costs increasing such as utilities, fuel, etc.
3. Federal/State budget fund cuts for developmental disabilities services.

CCMHA
OUTCOME MEASUREMENT SYSTEM – FY 16
January 1, 2016 to June 30, 2016
Management Report for the CILA Program

OBJECTIVE #1: (Satisfaction)

It is the goal of CCMHA to maximize PRS satisfaction. This objective sets 100% satisfaction rate as its goal in DT/regular work and residential facilities.

ANALYSIS #1:

It is important to note, CCMHA is very fortunate to have dedicated staff in our residential homes. All of the CILA clients attend either DT or regular work. We have four CILA (residential) sites and a total of 33 residents in our CILA program. Of those four residential sites, three are homes for those with a developmental disability, and one is a home for those with mental illnesses. Our staff are trained Direct Service Providers (DSPs). When hired, they attend the agency orientation, including introduction to program services, CPR, first aid, confidentiality procedures, infection control, and blood borne pathogens and participate in safety drills and staff safety orientation, etc. After a three-week period staff begin DSP training. The modules must be completed within a limited time frame. The training includes six modules: abuse and neglect prevention, human rights, human interaction and communication. The agency provides an annual in-service training that all staff are mandated to attend. The QIDP attends mandatory trainings annually required by DHS. Trainings keep our staff abreast of new and innovative teachings in the field. DSPs support our clients to lead self-directed lives and to participate fully in the community. Also, the DSP encourages attitudes and behaviors that enhance community inclusion. Another important role of the DSP is to recognize and support their talents, choices, and preferences.

One Hundred Percent (100%) of CILA clients and/or guardians expressed satisfaction with our services. Clients seemed to enjoy working in production, participating in DT, DT III, and regular work. The residents seem pleased that they live in our group homes, as are the intermittent residents. There are currently 24-CILA residents receiving 24-hour CILA services and five receiving intermittent CILA services. We also have 4 additional CILA residents receiving 24-hour CILA services in our home that serves those with mental illnesses.

Residents are reminded that they can bring any issue of their choice to staff. We want them to feel safe while in programming and in their residential home. Client meetings are held at the workshop and residential meetings in the CILA homes. These meetings offer our residents the opportunity to discuss menu changes, trainings, outings, and most importantly, in these meetings, clients can make their own decisions, suggest any changes they would like at the workshop or at home, and assist in the development of their future plans and goals. Activity choices are compiled from annual ISPs and client and residential meetings. Input from clients in the classroom is given to the DT Coordinator, who with the DT/CILA Case Managers, develop the monthly calendar of scheduled events, distributes it to individuals, families, and to CILA homes.

All Staff have open-door access during work hours, and qualified CILA staff are always on-call, as well as a Nurse Trainer. This is very beneficial to staff and residents. Monthly, we meet with the DSPs from all our residential facilities and discuss medications, health concerns/issues, behavior management, upcoming ISPs, risk assessments, further appointments with physicians, future activities, staff time-off, and any maintenance issues.

Furthermore, opportunities for counseling and psychiatric services, personal growth, and service to others play an instrumental role in consumers' lives. Several of our CILA residents participate in the Kids-R-Kids group, including bowling, track and field, basketball competition/skills, softball, Friend for a Day in Mattoon, monthly park dances, YMCA, local library, movies, community functions, and monthly church dinners are a few examples of different community activities CILA residents participate in.

CILA residents who are involved with Kids-R-Kids enjoy riding on their float in the Edinburg Labor Day Parade and practice for Special Olympics bowling and basketball nearly every Saturday. Clients also attend the church of their choice and attend Vacation Bible School. A few of the ladies attend Bible Study classes. Everyone at our CILA homes celebrate their birthdays individually. They receive their choice of cupcakes, pie or a cake to share. Each receives a gift, party decoration, and favors. Many choose to bake their own cakes. Several residents make plans to go out to eat, and some want to buy a large cake to share with their friends at the workshop, as well. CILA clients receiving services also enjoy sedentary recreation such as playing cards, word search books, bingo, movies, Wii, and friendship groups. Such activities are offered both in the DT classrooms and in CILA homes. A few of our residents will attend Camp New Hope this summer including two residents who have never been to summer camp. We were very fortunate that the Community Garden makes weekly visits to our homes and provides fresh vegetables and fruit for our residents. On Fridays, several of our clients over the age of 60, attend Christian County Senior Center for a weekly lunch. Once per month, they have the option to participate in playing Bingo at the Senior Center.

All CILA residents have an ISP annually. Parents and guardians are encouraged to attend. The residents are assisted with a very thorough tool called the Personal Visions and with a Record of Choice questionnaire. Q-reviews are completed monthly, and also semi-annuals are done only on dual-diagnosed clients.

The CILA homes have adequate storage for extra clothing, equipment, and seasonal items. Each home has its own storage shed. Siegrist house is currently being repainted. The residents picked out their own colors for their bedrooms. They have also spent a lot of time looking through magazines to pick out new bedding and decorations for their rooms. After the common rooms and bathrooms are painted at Siegrist, painting will begin in one of the living rooms at Mardel House. Both John Street and Lee Court will be done also.

All residents receive a weekly allowance. They can spend the money on extra activities, drinks, and food items. Residents also receive extra money for personal clothing, room accessories, or if they choose to attend an outing such as bowling or a movie. Local celebrations hosted in surrounding areas provide opportunities to interact with various members of the community. CILA residents have regular meetings in which they are able to learn and give input regarding safety rules during drills, attending in-services, wellness groups, future outings and seasonal activities.

OBJECTIVE #2: (Satisfaction)

It is the goal of CCMHA to maximize stakeholder satisfaction. One Hundred Percent (100%) satisfaction of stakeholders surveyed is the goal of this objective. It is the goal of CCMHA to maximize PRS satisfaction. This objective sets 100% satisfaction rate as its goal.

ANALYSIS #2:

Surveys are not always returned, however appreciation is shown through personal telephone calls, letters and monetary donations made to the Foundation. Stakeholders indicated 100% satisfaction with the CILA Program. Broad ranging Stakeholder Surveys are sent twice yearly to gather input and to keep improving services we provided such as CILA services, clinic psychiatric services, and developmental training. The surveys are kept confidential.

CCMHA strives to be the preferred service and support provider for stakeholders. In collecting information from stakeholders, the surveys contain questions, such as: When problems arise are they handled in a timely manner? Overall, are you satisfied with CCMHA's services? Is CCMHA staff helpful, courteous, and responsive? (Example: annual meetings, telephone conversations, etc.)

Has CCMHA made reasonable accommodations and provided assistance? Is your person receiving services treated with dignity and respect?

Signing the survey is always optional. After the survey is completed we ask in what area they would like to see improvement. If parents/guardians would like to address issues with someone other than CCMHA staff, the ISSA agent is always available. He/she is very supportive and acts as an advocate for the consumer. The ISSA representative meets with the clients individually, arranges home visits, and attends their ISPs.

Many of the parents/guardians are inquiring about additional CILA homes being built. Unfortunately, state funding is an issue. Will there be housing options? With the state's current situation, these are genuine concerns. Parents call the agency about attending the workshop. The parents notify ISSA if they are still interested in receiving services.

OBJECTIVE #3: (Effectiveness)

CCMHA strives to maximize the involvement of family members in services provided, such as attending ISP meetings and visits, either with consumers visiting family homes or family members visiting consumers' homes.

ANALYSIS #3:

The criteria of 75% of CILA family involvement for this reporting period was easily achieved for this objective as 93% of CILA family members visited residents, took part in individual ISPs or agency-wide activities or residents visited with families. From a total of 17 individual ISPs held, family members of 17 CILA consumers attended annual staffing's for a 94% attendance rate.

Specialized transportation was provided by CCMHA for consumers who use wheel chairs to visit their family members; several residents often visit friends and or family members locally. CILA residents attended Special Olympics in Decatur, Bloomington and Peoria. Several residents visited family burial plots using CCMHA transportation. As some clients have no family, staff has asked them to visit their homes for holidays or birthdays; also, some individuals are welcome to stay at 24-hour CILA homes for holidays, holiday meals or other celebrations. Authorization to fish without licenses from the State of Illinois has been granted.

In May we had our first CILA Family Memorial Day barbeque for all of our staff, residents and their family members. It was a great turnout with about 80 attending the event that was held at John Street. The staff all worked hard decorating, cooking, and setting up game stations. Several family members expressed their wishes that this become an annual event.

OBJECTIVE #4: (Effectiveness)

It is a goal of CCMHA to ensure that all behavior plans are developed, applied, and evaluated. The behavior plans will be monitored monthly by staff and reviewed/approved by the Human Rights Committee/Behavior Management Committee semi-annually or as needed.

ANALYSIS #4:

Development of all Behavior Management/Intervention Goals began in September 2010. QIDP and Case Managers consulted with our Psychologist, Jamey Myers, and an out-of-agency professional on plan development. All plans were completed and approved by the Human Rights Committee and the Behavior Management Committee. Dr. Myers has mentored staff through the behavior plan process since 2010.

The HRC/BMC meets quarterly. Each plan is presented at least quarterly and semi-annually, approved, and signed by committee members. Plans are then sent to guardians for final approval and signature. The client has a quarterly clinic appointment with Dr. Rohi Patil. At this time, the clients are assessed, and if necessary, medications are either changed or continued. Beginning in June 2013, Dr. Patil started visiting the workshop for the quarterly psychiatric visits, which makes it more convenient for the clients and promotes confidentiality. We do have one resident who along with his guardian, prefer to see their own psychiatrist.

Twenty-two of 29 of our CILA residents are dual diagnosed. Of those 22, two are behavior management plans, with the remaining plans being behavior intervention plans.

The QIDP continues to update all client Behavior Intervention Plans that are due quarterly and semi-annually, make changes, and receive approval from the Human Rights Committee at their meetings.

The plans are then sent to parent/guardians for their approval. Twenty-four -hour crisis intervention/therapy is available through our outpatient clinic.

We are very fortunate to have our Psychologist at the workshop monthly. If staff have questions about the plans, or if we need to meet at an earlier date, the committee is available. The DSPs complete the monthly data. If they have questions, they can call or stop by the office anytime. Before the DSPs sign the plan, the QIDP meets with the DSPs to ensure conformity.

OBJECTIVE #5: (Efficiency)

It is a goal of CCMHA to maximize the quality and quantity of medication training for the DSPs. At least two staff will be med-trained during this time period.

ANALYSIS #5:

During this period, four staff completed the classroom portion of the medication administration training program. Of those all are completely med trained. The staff completed Module 6 of DSP training on Basic Health and Safety conducted by the Nurse Trainer. Module 6 requires a minimum of fifteen hours in the classroom. Staff must also complete a variety of OJT's such as infection control, first aid for minor wounds, wheelchair transfer, proper hand washing, taking blood pressure, temperature, and pulse rate, along with seizure protocol. The Nurse Trainer must sign each OJT. Upon completing Basic Health and Safety class, test, and OJTs, staff that wishes to assist with medication administration must complete the medication administration training portion of the class (8 hours) and complete med tasks OJTs. They must then complete an OJT medication pass at 100% under supervision of the RN Trainer. Staff will be able to independently assist with medication administration after completing all tasks of the training program, under the supervision of the Nurse Trainer.

CCMHA employs two RNs and one LPN who provide medication training in the CILA homes to keep DSPs and residents updated on medication side effects. The two RNs train staff often on medication administration, ensuring the accuracy of documentation and health concerns. The Annual Med Training was held on November 2015. CCMHA currently employs 19 fully medication trained staff.

OBJECTIVE #6: (Efficiency)

It is a goal of CCMHA to maximize internal meetings regarding staff and client concerns. Our goal was to schedule 8 meetings per year, 4 semi-annually.

ANALYSIS #6:

During this recording period, we have met monthly with the DSPs from all our residential facilities to discuss medications, health concerns/issues, behavior management, upcoming ISPs, risk assessments, further appointments with physicians, future activities, staff time-off, and any maintenance issues. These meetings take place at John Street while the residents are at the workshop.

These are really important meetings to attend by each staff so every staff is on the same page to provide the resident services. DSPs are always welcome to attend ISPs. They also meet with the QIDP for behavior management plan reviews.

Wareham's security provides all CILA staff with an in-service to review the alarm system. The QIDP conducts meetings to explain new/updated behavior management goals. Several CILA staff are CPI trained, and are required to attend a refresher course annually.

Christian County Mental Health Association
 Management Report – July 1, 2015 through June 30, 2016 – FY 16

PERIOD COVERED: FY 16

PROGRAM: CILA

| | OBJECTIVE | MEASURES | APPLIED TO | TIME OF MEASURE | DATA SOURCE | STAFF RESP. | GOAL | SEMI ANNUAL | | CUMULATIVE |
|----|---|---|--|---------------------------------------|--|--|--|--------------------------|--------------------------|------------|
| | | | | | | | | 1 ST 6 MONTHS | 2 ND 6 MONTHS | |
| 1. | Maximize PRS satisfaction (satisfaction) | Percent of PRSs surveyed who expressed satisfaction with services | Guardians PRS's | Semi-annually | Annual ISP's PRS Satisfaction Survey, QI and staff/cient input for inservices | Developmental Services Manager QIDP | 100% | 100% | 100% | |
| 2. | Maximize stakeholder satisfaction (satisfaction) | Percent of stakeholders surveyed who expressed satisfaction with services | guardians PRS's | Semi-annually | Stakeholder Satisfaction Surveys | Developmental Services Manager | 100% | 100% | 100% | |
| 3. | Maximize family involvement (non-paid support for PRS) (effectiveness) | Percentage of family members visiting residents or taking part in activities such as ISPs, etc. | PRS Family members CILA staff Guardians | Semi-annually | Q-Reviews | Residential Services Manager QIDP | 75% family members will attend two activities per 6 month period | 86% | 93% | 90% |
| 4 | Ensure that Behavior Intervention Plans are developed, applied, and evaluated (effectiveness) | Behavior Intervention Plans will be reviewed monthly by the QIDP and approved by the Human Rights Committee quarterly | CILA residents Community Support Team | Monthly, Quarterly, and Semi-annually | Q-Reviews; Human Rights; Inservice signature sheets, and Behavior Intervention Plans | Residential Services Manager QIDP DSPs Psychologist | 100% | 100% | 100% | |
| 5. | Maximize the quality and quantity of medication training for DSP staff. (Efficiency) | DSPs will participate/ pass self-med training. 4 per year | DSP staff RN-nurse trainer | Semi-annually | Medication training Inservice signature sheets | Residential Services Manager QIDP Nursing staff DSPs | 100% | 100% | 100% | |
| 6. | Maximize internal meetings regarding client/staff concerns (effectiveness/service/ access) | DSP's will participate in 12 meetings per year (6 semi-annually) Each house to have 1 meeting per month | DSP's QIDP Case Manager Residential Services Manager | Semi-annually | Inservice Signature Sheets | Residential Services Manager QIDP | 100% | 100% | 100% | |

**Outcome Measurement System Annual Review
SWOT Analysis
FY-2016**

Program/Service: CILA

STRENGTHS (Internal):

1. PRS/Stakeholders Satisfaction (on-going positive input from PRS/guardians/parents, etc.)
2. Guardian/consumer choice in Individual Service Planning. Q-Reviews are completed monthly and reviewed.
3. Dependable staff
4. Community inclusion, staff willing to transport clients into community and introduce positive relationships.
5. Specialized staff (Psychologist, Clinic Personnel/LPHA/LCPC/QMHP/MHP, QIDPs, Case Managers, organizational employment services staff, RSPs, Nurses, Behavior Analysis, etc.)
6. Staff trained in CPR, First Aid, CPI, Blood Borne Pathogens, (Taylorville Memorial Hospital) and food handling. New staff orientation.
7. Team approach, staff feels comfortable relating concerns, issues.
8. Strong guardian, parent involvement, Office of State Guardian (OSG) and Central Illinois Service Access, (CISA) ISSA, Prairie Land, Great Northern, includes transportation to family homes, local and out of state, longer care facilities, hospitals, CILA Staff.
9. Good working relationship with community landlords, Primary Care Physicians, Psychiatrists, in-patients community hospitals, etc.
10. All community houses are accessible
11. Transportation is accessible
12. Two RNs, one Licensed Professional Nurse, and Certified Direct Service Providers are employed by the agency
13. Inspections and environmental drills are completed per rule/regulations.
14. Local residents receive 24-hour CILA/Intermittent funding.
15. CCMHA's Registered Nurse is trained to perform annual hearing exams.
16. All med-trained RSPs are certified annually for med passes at the CILA homes
17. CARF Accreditation (3 years in 2014), DHS Survey-positive reviews annually (BALC and QMB)
18. Local Family Community Resource Center available and willing to assist with food stamps/Medicaid.
19. Social Security (Springfield) available to assist with funds, direct deposits, new regulations, etc.
20. Local Kids-R-Kids Organization assists with monthly dances, Special Olympics, Family Fun Festival in Mattoon, basketball, bowling, and track & field.
21. Several updates in our residential homes are funded by CCMHA Foundation.
22. Updated Behavior Management Plans are completed as necessary. Additional members added to Human Rights Committee per DHS Regulations
23. CCMHA outings are centered on client's preferences
24. Updated technology – computers, communication board under consideration, and cell phones.
25. CEFS completes client's taxes free of charge.
26. All of our three DD homes are owned by CCMHA Foundation.
27. In-house Direct Services Coordinator provides therapy and support services for our client
28. CCMHA available 24-hours, 7 days a week, for crisis intervention.
29. Annual trainings/in-services for all staff.
30. Residents feel safe in their homes.
31. Several part-time staff are now full-time and are now receiving benefits, including health insurance.

WEAKNESSES (Internal):

1. Discuss retention strategy for Direct Service Providers.
2. Public transportation – difficult to transport in cab in Taylorville (promote normalization). Also costly to residents
3. DSP applicants.
4. A few CILA residents receive minimal SS/SSDI allowance. Food stamps and Part D supplement are not sufficient for personal expenditures.
5. Need for additional CILA homes
6. Staff turnover and recruitment.
7. Agency vans that meet our specific needs.
8. Aging population requiring more 1:1 care.

OPPORTUNITIES (External)

1. Community very helpful, many businesses/city employees are accommodating to the residents
2. Residents can request less restrictive living situations/choose the location of their home with DHS's approval.
3. CCMHA accepts people using wheelchairs, shown through increased accessibility
4. Referrals for PT/OT/Speech and specialized therapies
5. Residents are able to choose their own physician.
6. Dr. James Myers, Psychologist, consults monthly with staff and clients.
7. Dr. Rohi Patil completes interview, therapy sessions at the workshop. Meeting our clients at the workshop is very convenient for our clients, guardians, RNs, QIDPs, and Case managers.

THREATS (External)

1. DHS – restrictive opportunities to move into CILA unless emergency placement
2. More stringent eligibility criteria
3. Operation costs increasing with utilities, fuel, food, etc. (rent must be raised).
4. Medicaid - dentist currently provides services to our CILA clients but unable to add new residents. Residents must receive services “out-of-town.”
4. Many medical procedures, medications, supplies are no longer covered by Medicaid.
5. Federal and State budget cuts for Human Services.

CCMHA
OUTCOME MEASUREMENT SYSTEM
FY'16, July 1, 2015 –June 30, 2016
Management Report for Work Services

OBJECTIVE #1: Maximizing Safety awareness for workers receiving Work Services is an ongoing priority. Our goal is to offer classes that address these concerns, with posttest scores, measuring understanding of the subject material at or above 80% for 100% of the workers.

ANALYSIS: 14 workers attended these classes. 100% of these individuals did score at least 80% on the posttests.

OBJECTIVE #2: Maximizing productivity is a measure of efficiency for Work Services. Our measure for this objective is the percentage of persons receiving those services who have averaged a) =50-79% IM and b) =80%+ IM. Our goal is to reach 65% for a) and 12% for b), with an overall production rate for Work Services at 55% IM, or higher.

ANALYSIS: FY'16 results are in line with the FY'15 results and appear to be an accurate reflection of the production rates achieved by Work Services Program recipients of services. For (a), 33% of Work Services met an average production rate of 50-79% IM. For (b), 7% of Work Services met an average production rate of 80% or above. The overall production rate for the Work Services Program was 48%. This appears to be an accurate reflection of the gradual aging and slowing down of Work Services recipients, on average.

OBJECTIVE #3: To maximize Work Services Program utilization. This is measured by the percent of Work Services whose monthly attendance averaged at least 90% of scheduled days.

ANALYSIS: For FY'16 attendance was 93% of Work Services averaging 90% for scheduled days.

OBJECTIVE #4: To maximize ISP goal attainment for persons served. This is measured by the percent of all ISP goals attained during the six-month period. This objective measures the efficiency of the ISP process for

Work Services. The goal is that 60% of ISP goals will be met during the six-month period.

ANALYSIS: The cumulative percent of ISP goals attained was 61 % for FY'16.

OBJECTIVE #5: It is our goal to have 100% of Work Services recipients express satisfaction with their services. This is measured through Consumer Satisfaction Surveys. It is also our goal to have 100% of stakeholders express satisfaction with services offered in the Work Services Program.

ANALYSIS: FY'16 cumulative measure was 100% of those persons receiving services surveyed expressed satisfaction with their services. It is recommended we examine satisfaction through the input at Work Services Client Meetings, addressing the offerings of the Work Services Program. FY'16 cumulative measure is 100% of stakeholders expressed satisfaction, as measured in the Stakeholder Satisfaction Surveys. We should continue to strive for high levels of satisfaction of recipients and stakeholders.

In addition to the above, it should be noted: CARF recognized CCMHA for excellence in providing services to our recipients, through Work Services. We take great pride in this accomplishment.

The Work Services Program has gone through a transition. This is due to the conversion of some recipients to Medicaid funding, offered in our Developmental Training Program. It is the intent of CCMHA to continue to offer services to those individuals who will remain in the Work Services Program, even though it is currently non-funded.

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION
MANAGEMENT REPORT

July 1, 2015
to June 30, 2016
PERIOD COVERED: FY16

| OBJECTIVE | MEASURES | APPLIED TO | TIME OF MEASURE | DATA SOURCE | STAFF RESP. | GOAL | SEMI ANNUAL | | CUMULATIVE |
|---|---|--------------|--|---|--|-------------------------------|------------------------------|------------------------------|------------------------------|
| | | | | | | | 1ST 6 MONTHS | 2ND 6 MONTHS | |
| 1. Maximize Employment Services workers' Safety awareness (effectiveness) | Work Service Clients will score at least 80% or above on post-test | PRSS | Semi-annual | Prestest Score Posttest Score | Employment Services QIDP | 100% | 8 Clients 100% | 6 Clients 100% | 14 Clients 100% |
| 2. Maximize Employment Services workers' productivity (efficiency) | Percent of Employment Services Workers who meet an average production rate of a.) 50-79% IM b.) 80% IM + Overall production rate for Program | PRSS | Collect monthly Compute semi-annually | Payroll Records to Employment Services Source Document Payroll Statistics | Employment Services QIDP Rehab Manager | a.) = 65% b.) = 12% 55% | a.) = 29% b.) = 7% 47% | a.) = 36% b.) = 7% 49% | a.) = 33% b.) = 7% 48% |
| 3. Maximize Employment Services utilization (efficiency/access) | Percent of Employment Services Workers whose monthly attendance averaged at least 90% of scheduled days | PRSS | Collect monthly and compute semi-annually | Monthly Attendance Sheet to Source Document | Employment Services QIDP | 90% | 93% | 93% | 93% |
| 4. Maximize ISP goal attainment for persons served (effectiveness) | Percent of all ISP goals attained during six month period | PRSS | Semi-annual | ISP's for persons served to Employment Services Source Document | Employment Services QIDP | 60% | 62% | 60% | 61% |
| 5. Maximize PRS satisfaction (satisfaction) | Percent of PRSS surveyed who expressed satisfaction with services | PRSS | Semi-annually | PRS Satisfaction Surveys | Rehab Manager Developmental Service Support | 100% | 100% | 100% | 100% |
| Maximize stakeholder satisfaction (satisfaction) | Percent of stakeholders surveyed who expressed satisfaction with services | Stakeholders | Semi-annually | Stakeholder Satisfaction Surveys | | 100% | 100% | 100% | 100% |

CCMHA
Continuous Quality Improvement
Annual Review of Outcome Measurement System
SWOT Business Analysis for FY 2016-2017

Program/Service: Work Services

Date: September 15, 2016

STRENGTHS (Internal)

1. Consumer satisfaction remains strong.
2. Dedicated staff, however limited, only one Caseworker.
3. Production work services is strong; a thriving business
4. Development of work habits, attitudes, etc.
5. Consumer self esteem, pride in work, earning money, work with peers, and provides socialization interaction.
6. Clinic services available.

WEAKNESSES (Internal)

1. No grant funding. State wants Work Services clients to work in the community; clients are encouraged to look for work in the community.
2. Limited work opportunities in community. No supported employment contracts with employers in the community.
3. Limited outreach and case management services. Limited staff for these services. Make referrals.
4. Limited transportation alternatives; taxi service and Central Illinois Public Transit (Daytime hours only).
5. Limited housing opportunities for independent living. Only subsidized housing is affordable for clients.
6. Consumers comfortable with workshop setting. Little motivation to transition to community employment. Clients feel there few opportunities in the community. They want the same work environment as in the workshop setting, hours, days, no nights, weekends or holidays etc.
7. Limited training other than manufacturing. Limited diversity of work in production of plywood reels. Need to contact community Employers for other potential work opportunities.
8. Transportation with vans subject to vehicle replacement and vehicle upkeep issues. Limited funding available. Agency purchased a bus and 3 vans.
9. Keeping up with work orders in flange production. Reduced client population, fewer workers, having to hire more temp workers.
10. Limited socialization/outings. Maximum of two a year.
11. Staff morale low as new client enrollment declines; cannot bring in more clients without funding.
12. Client work force declining, increasing labor cost due to utilizing more temporary labor.
13. Experienced production supervisors, coordinators nearing retirement age.
14. Staff wages frozen.

OPPORTUNITIES (External)

1. Maximize case management/outreach services. Referrals to CEFS, food pantry, etc.
2. Qualified staff providing internal mentoring. Staff time limited due to only one Work Services Caseworker.
3. Maximize production/work services. 3 or 4 major customers. Limit small customers to standard size reels.
4. Staff development and training/in-services. Webinars and limited training offered by the State.
5. Improve relationships with other providers/businesses in the community. Encourage supported employment, contract work, and working agreements.
6. Limited alternative job training. Need more job diversity.
7. Housing opportunities/subsidized housing.
8. Vans and bus transportation to and from the developmental center.
9. Transportation grants. State funding unknown. Agency purchased Bus and 3 new vans.
10. Assemble Pro Shot Gun cleaning kits and supplies.

THREATS (External)

1. Competition for limited job opportunities in the community. Unemployment in the community remains high.
2. Economic instability/including competition in plywood reels. Slow economic recovery.
3. Lack of public transportation. Cabs are expensive. Central Illinois Public Transit available for daytime hours.
4. Aging consumer population/possibly less employable. Clients retiring, or not able to work as many hours at the Developmental Center Workshop. Average age of clients is 47 years old and continues to increase.
5. Transportation costs. Maintenance for aging vans and bus and fuel costs.
6. Possible reduction in clinic services. Reductions in State funding unknown.
7. Pricing of product increasing due to temporary labor costs increasing our costs to produce plywood reels.
8. Plywood prices fluctuate causing the need to increase plywood reel prices to our customers. Competition from competitors.
9. A greater portion of wood room positions are performed by temp employees resulting in higher costs.

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

FY16 CLINICAL CASE MANAGEMENT

OUTCOME MANAGEMENT REPORT

OBJECTIVE #1 (satisfaction): Maximize provider stakeholder's satisfaction with CCMHA Clinical services. This is measured by asking provider stakeholders to respond to a semiannual survey that is conducted through the mail. The satisfaction of our stakeholders is an integral part of the Clinical services continuum of care as the stakeholders may form part of the total array of services to the individual and also provided through CCMHA. CCMHA Clinic services always aspire to attain 100% satisfaction from our community peers and providers.

ANALYSIS: The first half of FY16 continues to find stakeholder satisfaction to be at the 100% rating. Stakeholders satisfaction is a reflection of the value other providers and community services place upon CCMHA Clinical Services to be in the community. The 100% satisfaction rating is also based upon how CCMHA Clinical services are integrated into the spectrum of services being provided by the community providers and services.

The second half of FY 16 stakeholder's satisfaction surveys once again indicated a 100% satisfaction with services provided by CCMHA Clinic. CCMHA Clinic has attained the goal set of 100% for FY16, as rated by our partners in service to the community. This goal will be continued in FY 17.

OBJECTIVE # 2 (satisfaction): Maximize satisfaction of persons receiving services. This will be conducted by collecting a random sample of completed surveys, at the rate of 10 per week from individuals who currently and previously received Clinical services. The surveys are available at the outpatient clinic and may be completed and placed in the comment box or returned by mail. The satisfaction of those receiving services is our paramount goal. The Clinic goal is always to attain 100% satisfaction rating from persons receiving service.

ANALYSIS: The first half of FY16 finds that consumer satisfaction with services has attained 100%. It is very important that our consumers remain satisfied with services and every effort is made to help the individuals understand how to access services, the service parameters, and their cost associated with receiving that service. We will continue to strive for 100% consumer satisfaction.

The second half of FY 16 reflected a positive outcome from clients regarding the service they receive from CCMHA Clinic. Although the written responses were minimal, all indicated 100% of consumer satisfaction. The consumer satisfaction survey will be revised in the next fiscal year to help us target what brings individuals into service, to rate the quality of service they are receiving, and to invite

suggestions for improvement. CCMHA Clinic will also explore receiving this information through emails. This goal will be continued in FY17.

OBJECTIVE # 3 (access): Clinic therapists will initiate or collaborate with at least one (1) group into their total assigned billing time. This approach to treatment is necessary to permit access to the increasing number of consumers seeking service, as well as individuals who lack third party payment source, and individuals with common issues that do not require intensive care. This approach is a more efficient use of staff time given the reduction in current number of staff. The goal of 100% compliance is the expectation.

ANALYSIS: The first half of FY16 indicates this goal received 25% attainment. The 25% attainment is derived from a single therapist, conducting a Medicare based group to the Psycho Social participants who attend work services. We will discontinue this goal until the end of FY16. We have struggled to initiate groups for three years without enduring success. At present time Clinic staff size is quite small and our main focus is upon providing open access/crisis service, and ongoing counseling case management services to currently enrolled consumers with serious mental illness, all of which restricts the amount of time available to initiate group services.

The second half of FY16 produced no change in group services. We remain at 25% attainment that is derived from Medicare Psycho-Social Rehab participants that receive work services through the Developmental Center. This goal is necessary to serve more people who do not have a insurance funding source as well as serve more people with less staff. We will continue this goal for FY 17.

OBJECTIVE # 4 (efficiency): The Clinic RN will initiate a nurse case manager service to provide wellness monitoring, illness education, medication monitoring and training, and medication administration to high risk clients. This will be done through outreach services in the community and with the consumer and other providers. This service will be delivered in the consumer's natural setting, such as their home. It is believed this approach will give the RN an opportunity to provide a more effective treatment modality that can be adapted to the needs of the client, and reduce costs associated with service delivery. The goal of attainment is 90% of all nursing services to be delivered outside of the Clinic setting.

ANALYSIS: The first half of FY16 found the outcome for this goal to be far less than anticipated at 10%. There were several issues that produced the poor results. The obstacle to the performance of this goal are changes in the billing process which limits what, where, and by whom can services be provided. Another major factor is that in November 2015, the county wide transportation system became a reality and began providing affordable transportation, which enables our consumers to come to the Clinic to be seen. This goal will be discontinued at the end of FY16.

The second half of FY 16 indicated the opportunity to provide wellness monitoring, illness education, and medication monitoring, training and administration achieved 80% success. The contacts with clients with serious and persistent mental illness improved, most probably due to the county wide transportation system. Clients have become more independent, self-reliant, empowered and responsible for their ongoing care, through the use of the county transportation system. This goal will be discontinued in FY 17.

OBJECTIVE #5 (effectiveness& quality): The maximization of billing is necessary to sustain Clinic services. It is important that each therapist or case manager submit, at a minimum, five billable hours per work day. Also to ensure the billing is valid each therapist and case manager must review the electronic record to ensure the consumer has a valid registration and individual treatment plan. If service is provided without valid registration and treatment plan the service is not billable thus creating a loss of time and money for the Agency.

ANALYSIS: The first half of FY16 indicated an overall score of 65% of staff maintaining five billable contacts per day. This goal is also reflected in goal #6 and will be discontinued at the end of FY16. However, due to the full implementation of electronic files it is no longer necessary for UR/QA to monitor the actual number of contacts.

The second half of FY 16 produced no substantial change in monitoring the individual files or the maximization of billing. The full implementation of electronic records has replaced the need for QA/UR monitoring. This goal will be discontinued for FY 17.

OBJECTIVE #6 (efficiency): All direct service staff of the Clinic will meet established performance hours and revenue targets. Each direct service staff has a targeted number of hours that must be met on a weekly basis. This time is based upon "billable time" spent with consumers and generating income for the agency as to support the staff position. The goal of 100% compliance is the expectation.

ANALYSIS: The first half of FY16 found the Clinic direct service staff performing at an overall 63%. This continues to be below the 100% expectation. This goal only measures direct service staff productivity and does not include student interns. We will continue to pursue increasing staff productivity into the second half of FY16.

The second half of FY 16 indicates that staff productivity fell by 2% to 61%. CCMHA Clinic continues to struggle with maintaining staff size and productivity. We will continue this goal for FY17.

CHRISTIAN COUNTY MENTAL HEALTH

FY16 CHILDREN AND ADOLESCENT

OUTCOME MANAGEMENT REPORT

OBJECTIVE #1 (satisfaction): Maximize provider stakeholder's satisfaction with CCMHA Clinical services. This is measured by asking provider stakeholders to respond to a semiannual survey that is conducted through the mail. The satisfaction of our stakeholders is an integral part of the Clinical services continuum of care as the stakeholders may form part of the total array of services to the individual and also provided through CCMHA. CCMHA Clinic services always aspire to attain 100% satisfaction from our community peers and providers.

ANALYSIS: The first half of FY16 continues to find stakeholder satisfaction to be at the 100% rating. Stakeholders satisfaction is a reflection of the value other providers and community services place upon CCMHA Clinical Services to be in the community. The 100% satisfaction rating is also based upon how CCMHA Clinical services are integrated into the spectrum of services being provided by the community providers and services.

The second half of FY 16 stakeholder's satisfaction surveys once again indicated a 100% satisfaction with services provided by CCMHA Clinic. CCMHA Clinic has attained the goal set of 100% for FY16, as rated by our partners in service to the community. This goal will be continued in FY 17.

OBJECTIVE # 2 (satisfaction): Maximize satisfaction of persons receiving services. This is conducted by collecting a random sample of up to 300 completed surveys per year from individuals who currently and previously received Clinical services. The surveys are available at the outpatient clinic and may be completed and placed in the comment box or returned by mail. The satisfaction of those receiving services is our paramount goal. The Clinic goal is always to attain 100% satisfaction from those we serve.

ANALYSIS: The first half of FY16 finds that consumer satisfaction with services has attained 100%. It is very important that our consumers remain satisfied with services and every effort is made to help the individuals understand how to access services, the service parameters, and their cost associated with receiving that service. We will continue to strive for 100% consumer satisfaction.

The second half of FY 16 reflected a positive outcome from clients regarding the service they receive from CCMHA Clinic. Although the written responses were minimal, all indicated 100% of consumer satisfaction. The consumer satisfaction survey will be revised in the next fiscal year to help us target what brings individuals into service, to rate the quality of service they are receiving, and to invite suggestions for improvement. CCMHA Clinic will also explore receiving this information through emails. This goal will be continued in FY17.

OBJECTIVE # 3 (effectiveness): Meet required criteria for children and adolescents eligible for SASS. This goal ensures the required criteria are met for children and adolescents eligible for SASS services. SASS (Screening and Support Services) is an intensive 90 day monitoring and treatment program available to children and adolescents until age 21. Individuals accepted into this program must be identified as in need of service by a specific set of criteria required by DHS. The CCMHA Clinic provides this service to children and adolescents of Christian County only, as part of a contractual agreement with Mental Health Centers of Central Illinois (MHCCI). The goal expectation is 100% compliance.

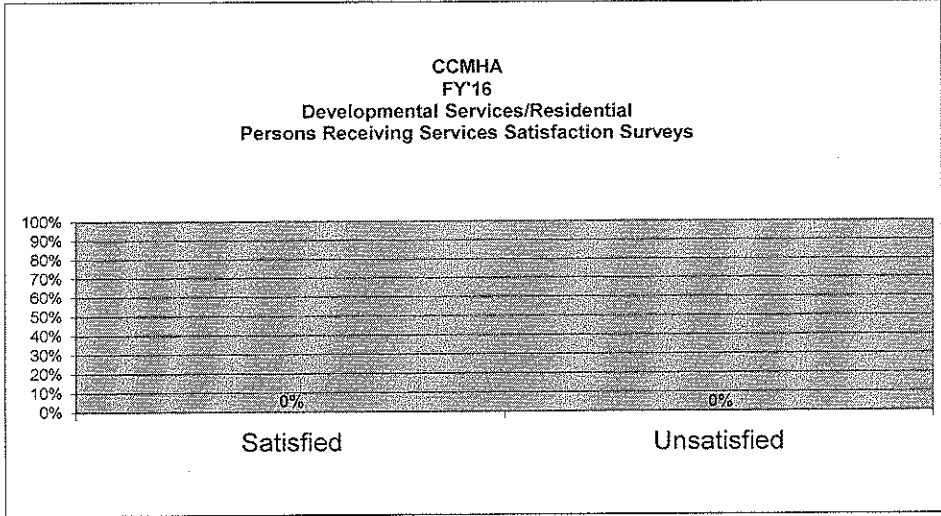
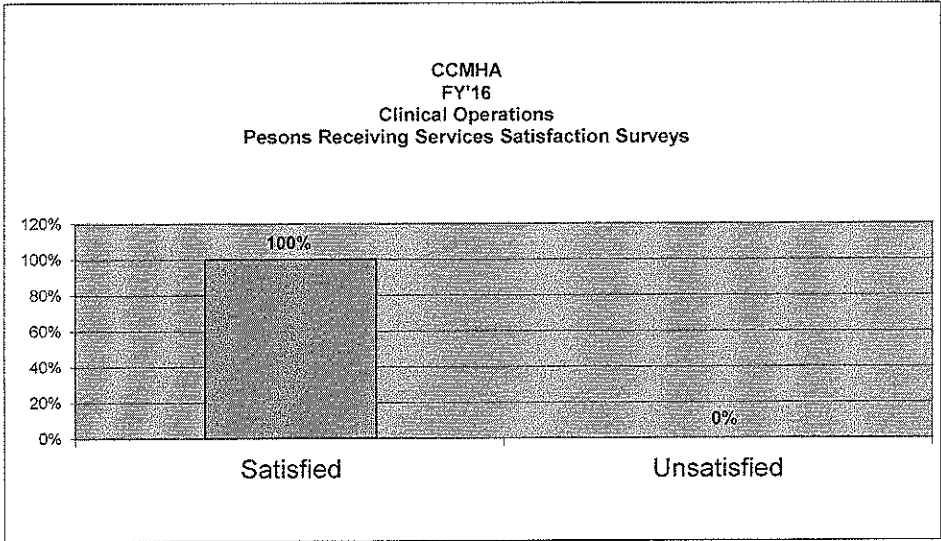
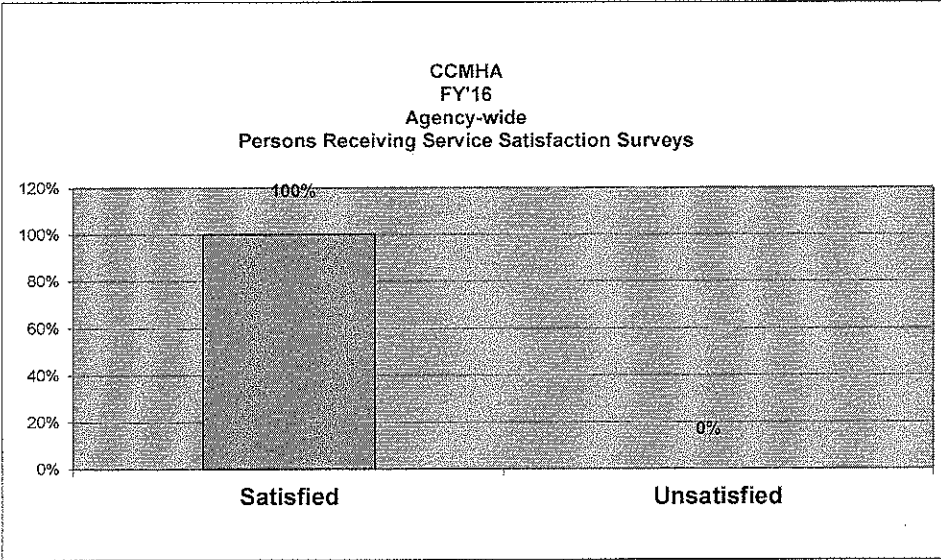
ANALYSIS: The first half of FY16 found an overall score of 93% of SASS eligibility. The inability to achieve the target of 100% may be attributed to the change in SASS payment process, as those with only Public Aid coverage is diminishing rapidly. Those consumers that were fully covered for 90 days with Public Aid as payer source are now being converted to a Public Aid-HMO and which applies standardized reimbursement for children and adolescents receiving services. We will continue this goal throughout the FY16; however at the end of FY16 revision will be necessary.

The second half of FY 16 found that we met SASS eligibility at a 100% level. We have implemented quarterly meetings with MHCCI to circumvent any problems or confusion that may occur regarding the SASS program. The SASS criterion is changing rapidly and the future of this program is questionable in FY 17.

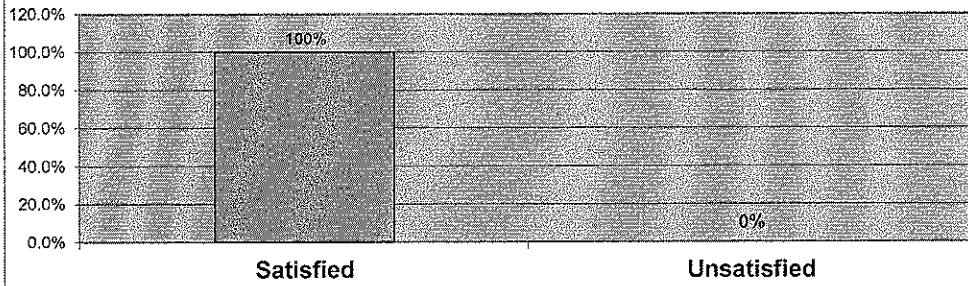
OBJECTIVE #4 (effectiveness): All therapists and case managers will comply with Quality Assurance/Utilization Management review protocols to meet the required timetables for compliance of 132 standards. Compliance will ensure maximization of billing efforts.

ANALYSIS: The first half of FY16 indicates 90% compliance of the expected 100% compliance. We will continue to strive toward the goal of 100% compliance in the second half of FY16.

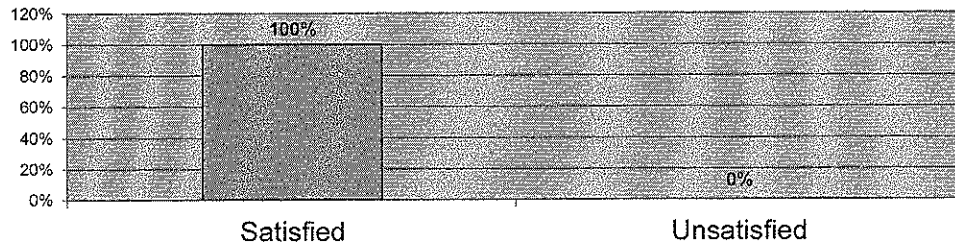
The second half of FY 16 indicates that 90% compliance continues to be maintained but this falls 10% short of the 100% compliance expectation. However, Rule 132 standards have been revised and the criteria may have changed significantly, CCMHA Clinic will discontinue this goal for FY 17.



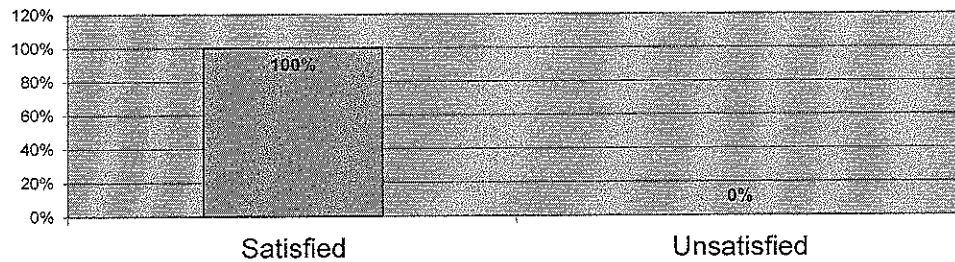
CCMHA
FY'16
Agency-wide
Stakeholder Satisfaction Surveys



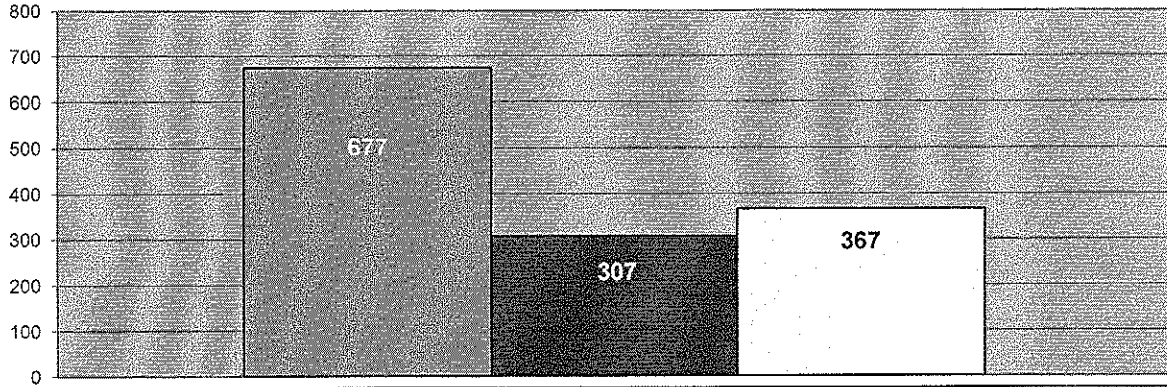
CCMHA
FY'16
Clinical Operations
Stakeholder Satisfaction Surveys



CCMHA
FY'16
Developmental Services/Residential
Stakeholder Satisfaction Surveys

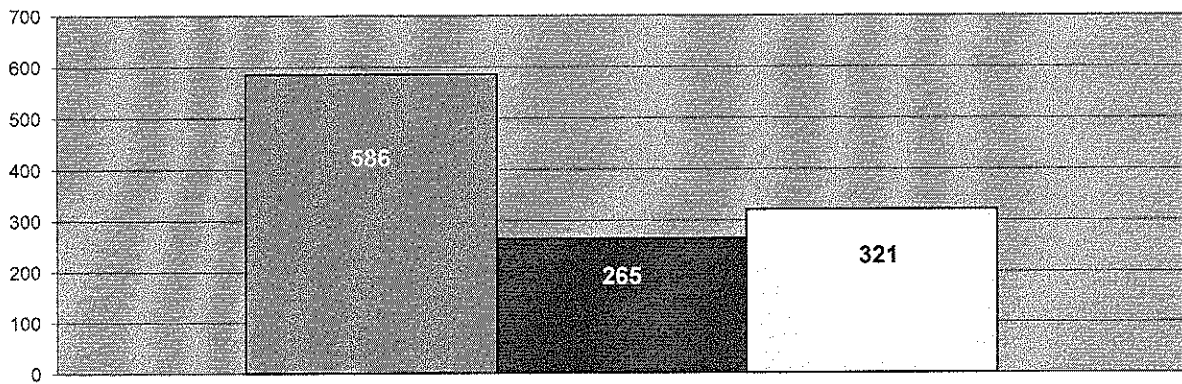


CCMHA
FY'16
Agency-wide
Unduplicated Persons Served



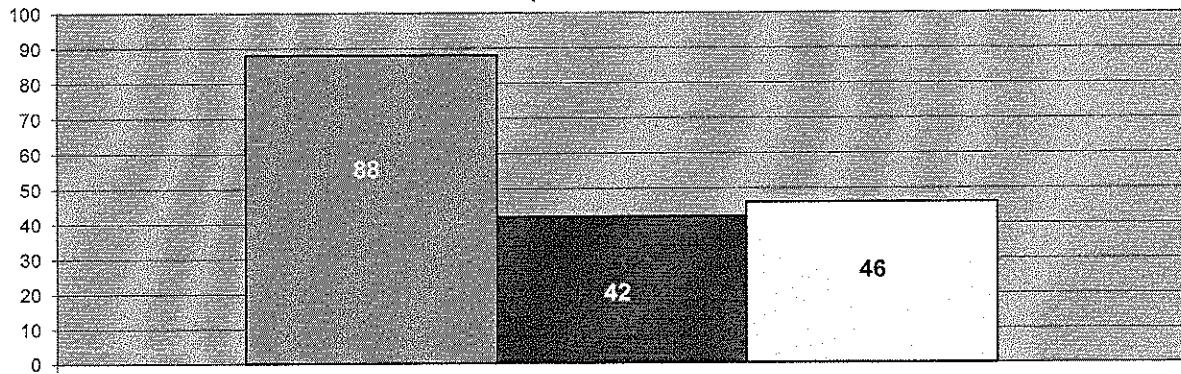
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CCMHA
FY'16
Clinical Operations
Unduplicated Persons Served



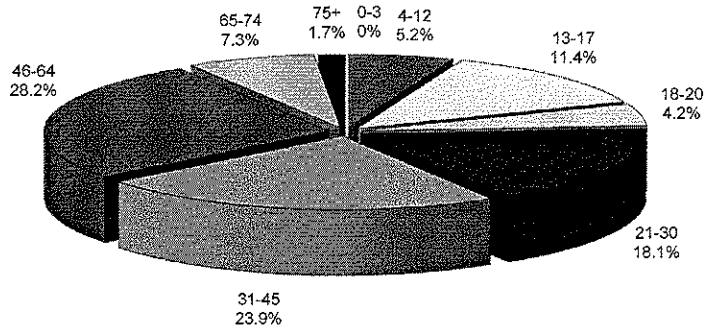
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CCMHA
FY'16
Developmental Disabilities
Unduplicated Persons Served



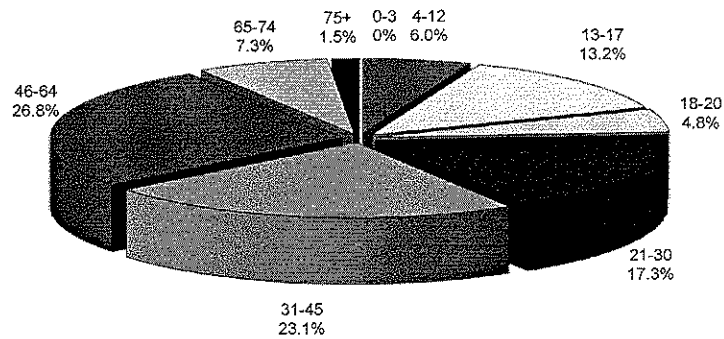
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CCMHA
FY'16
Agency-wide
Age of Unduplicated Persons Served



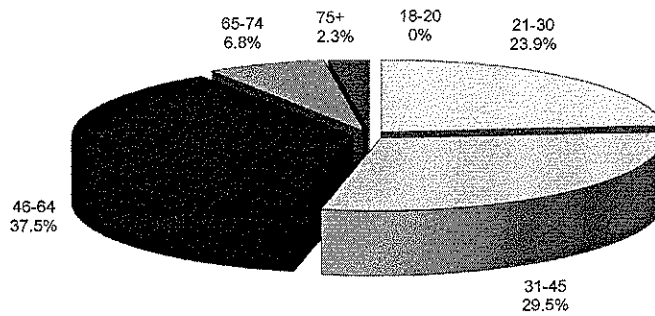
0-3 4-12 13-17 18-20 21-30 31-45 46-64 65-74 75+

CCMHA
FY'16
Clinical Operations
Age of Unduplicated Persons Served



0-3 4-12 13-17 18-20 21-30 31-45 46-64 65-74 75+

CCMHA
FY'16
Developmental Services/Residential
Age of Unduplicated Persons Served



13-17 18-20 21-30 31-45 46-64 65-74 75+

FY 17
CCMHA CLINIC
SWOT ANALYSIS

STRENGTHS:

1. Consumer satisfaction
2. Outreach and presence at various community locations and maintaining visibility and accessibility in the community.
3. Linkage to pharmaceutical companies to assist financially challenged consumers and provide training regarding various medications.
4. A well established network and working relationship with other providers in the area
5. The staff has knowledge of the culture and needs of the
6. Integration into multi-agency team approach within the community, such as Problem-Solving Court, and Rural Health Coalition
8. Agency provides presentations and community mental health education.

WEAKNESSES:

1. Governmental funding delays and lack of importance placed on mental health
2. Dwindling medical/insurance coverage despite Affordable Care Act.
3. Decreasing availability of inpatient psychiatric and SOF treatment
4. Delays to consumers accessing services due to staff shortages.

OPPORTUNITIES:

1. Improve efficiency.
2. Maximize 3rd party/commercial insurance revenues.
3. Coordinate with production/work services to resume Psycho-Social Rehab groups to generate income.
4. Review and rewrite policies and procedures to correspond with changes in 132 and develop procedures to improve service and provide a quality experience.
5. Staff development.

THREATS:

1. Insufficient funding of most necessary services by governmental agencies
2. Competition from other service providers for market share of the insurance monies.
4. Lack of experienced licensed staff to work daytime and after hours.
5. Salary base is incongruent with demands of job and the time required.

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

Health/Safety/Accessibility

Subject: Accessibility Plan
Policy #: 500.011
Effective: 09/04
Review Date: January/February
Revision Date:
07/05,8/06,8/07,6/08,8/09,8/10,8/11,12/11,8/12,9/13

Approved by: Brent DeMichael, President & CEO

PROTOCOL:

Documents comprising the PLAN include:

1. CCMHA Policy on Accessibility
2. CCMHA Accessibility and Persons Receiving Services Accessibility Committee
3. CCMHA Accessibility Plan (an overview)
4. CCMHA Accessibility Plan (Description of Barriers)
(Listing of current barriers by type and proposed solutions, level of priority, cost, due date, and staff responsible is maintained by accessibility Committee Chairperson(s).

CCMHA POLICY ON ACCESSIBILITY

It is the policy of CCMHA that each of our services is available to persons meeting the eligibility criteria for that service. CCMHA Board members, administration, management and employees participate in activities that promote opportunities in the community for the persons receiving services. It is further the policy of CCMHA to be actively involved in the removal of architectural, environmental, attitudinal, financial, employment, communication, transportation, community integration and other barriers to persons receiving services within the organization and the community. CCMHA has developed, implements and maintains an ongoing plan addressing the above barriers, in compliance with all applicable federal and state laws and regulations including input from those served. This plan identifies action to be taken, and time lines to remove barriers. The Board, administration and management team will participate in the ongoing review and implementation of this plan.

The Accessibility Policy was originally adopted on 4/7/87. However, the Accessibility Plan is a work in progress. Along with the agency's policy on Input From Those Served, the Accessibility Policy promotes the participation of persons being served in the ongoing improvement of the quality of CCMHA services.

CCMHA ACCESSIBILITY COMMITTEE MEMBERS

The Accessibility Committee has been appointed to facilitate implementation of CCMHA's policy on Accessibility. This group is charged with active involvement in the identification of and recommendations for the removal or minimization of architectural, environmental, attitudinal, financial, employment, communication, transportation, community integration and any other barriers identified to people with disabilities within the organization and the community. Members of this Committee are in a unique and well-informed position to recommend reasonable accommodations to individuals enabling them to participate fully in agency activities and more fully in community events and activities. These members, as representatives of CCMHA, are encouraged to participate in community activities that promote opportunities in our community for people with disabilities. The Accessibility Committee meets at least quarterly and reports directly to the agency's administration. The information contained in these reports and the administration's responses to these reports contribute to the agency's ongoing implementation and review of the Accessibility Plan. At the close of each fiscal year, the Accessibility Chairperson(s) shall coordinate, develop and submit an Analysis to CCMHA Administration and the Board of Directors. In addition the Board shall review and accept the Accessibility Plan on an annual basis.

The Accessibility Committee will include, but not limited to the following.....

- **Committee Chairperson(s)**
- **Safety Officer/Assigned designees**
- **Person served who has experienced accessibility challenges**
- **Developmental direct service staff who regularly take consumers on activities in the community**
- **Clinic staff member**
- **Four Persons Receiving Services (minimum)**
- **Quality Improvement Group Members, as requested by Committee**
- **Chairperson(s)**

CCMHA ACCESSIBILITY PLAN (an overview)

CCMHA is committed to the removal of attitudinal, architectural, employment, transportation, communication, and other barriers to people with disabilities. CCMHA actively strives to meet the requirements of the American with Disabilities Act (ADA) and other applicable state and federal laws. Input from people with disabilities is actively sought regarding all areas of accessibility.

The written policies and procedures of CCMHA serve to guide the practices of this organization. Results from self-assessments and supplemental inspections conducted by outside authorities, consumer and stakeholder input are incorporated into this Plan for the purpose of continued improvement of accessibility. The Plan includes time frames which can be adjusted for changes in finances and programming. Corrective actions are documented. The Plan is reviewed regularly and kept current.

CCMHA strives to offer a person-centered service approach, viewing accessibility primarily in terms of the consumer. The Plan serves to address whether or not persons who meet CCMHA's eligibility criteria truly are able to readily access the programs and services. Reasonable accommodations are provided as necessary to enable individuals to fully access services. For those individuals who do not meet the eligibility criteria, referral information is provided.

At CCMHA we take great pride in the availability of staff to the persons served. Listening to their concerns to provide information or assistance, and to refer them to other persons or agencies is essential for providing accessible services and for improving programs.

CCMHA actively works toward the removal of barriers and to promote opportunities in the community for individuals with all types of disabilities. This is accomplished through the regular involvement with stakeholders in the community. Persons with disabilities contribute to this process, enhancing the quality and impact of programs and services.

The Accessibility Committee meets at least quarterly and reports directly to the agency's administration. When identifying potential barriers to services, CCMHA looks at barriers within the organization, as well as in the community. The information contained in these reports and the administration's responses to these reports comprise the agency's ongoing implementation and review of the Accessibility Plan. At the close of each fiscal year the Accessibility Committee Chairperson(s) shall coordinate, develop and submit an Analysis to CCMHA Administration and the Board of Directors. The Board will review/approve this Plan annually.

CCMHA ACCESSIBILITY PLAN (description of barriers)

Architectural barriers may include steps that prevent access to a building, narrow doorways, bathrooms, the absence of light alarms, the absence of signs in Braille, and other “physical barriers”.

Environmental barriers address temperature, lighting, sounds, and the comfort of persons receiving services. Dust, plant layout, service delivery areas, furniture, etc., may fall under this category.

Attitudinal barriers may include the attitudes of staff and other stakeholders toward persons with disabilities. This may be reflected in the terminology and language used in the literature and everyday communications with persons with disabilities by staff, stakeholders, and the public. This may be reflected in how persons with disabilities are treated and viewed by others, and whether or not their input is solicited and used.

Financial barriers may include insufficient funding for services. This could be considered for groups as well as individuals with disabilities.

Employment barriers may include the lack of opportunity for meaningful work opportunities within the organization or in the community.

Communication barriers may include the absence of materials in a language or format that is understood by the persons receiving services.

Transportation barriers may include the ability of individuals to reach service locations or to access the community and other activities.

Community Integration barriers may include lack of support and services to remain living in a community setting and to fully participate in one’s community of choice.

**CCMHA
CLIENT INFORMATION ON ACCESSIBILITY**

ACCESSIBILITY

It is the policy of CCMHA to be actively involved in removing or minimizing barriers to people with disabilities within the organization or the community. These barriers include:

Architectural (buildings, bathrooms, curbs, etc.)

Attitudinal

Communication

Employment

Environmental

Financial

Transportation

Community Integration

CCMHA is constantly working to make these things accessible to you. Our transportation system includes two wheelchair lift vans. We have a TDD telephone and telephone receiver voice amplifier. We also have a variety of job site accommodations.

If you know of a barrier we've missed, please bring it up in your Client Meeting, Safety Meeting, or tell your Case Manager or Manager.

Accessibility includes access to your own case record. If you would like to review your confidential case record, your Case Manager will help you follow the procedure for Client Review of Case Record. Your Case Manager and another qualified professional will help you understand the information and reports.

ACCESSIBILITY MEETING MINUTES

March 31, 2016

1:45 PM to 2:45 PM

Present: Cindy B., Deanna G., Mike H., Pam R., Elaine M., Shannon C., and John L.,

Old Business: Reading of minutes and report from 12/7/15 was reviewed:

Old Business:

Architectural

No issues at this time.

Environmental

Type of barrier: The DT production area is usually cold due to the area heating inefficiently.

Solution: New furnace was put in.

Status: Complete

Attitudinal

No issues at this time.

Financial

No issues at this time.

Employment

Type of barrier: Lincoln Land Community College has asked CCMHA if they could set up training for Charles B. so he could earn a credit towards a certificate.

Solution: His caseworker set up a training with the production staff to learn to set up a machine for 3 to 4 months.

Status: On hold. Charles did not earn the grades during the class to move forward with earning the credit through a training.

Transportation

Type of barrier: Heat is not working in the back of the white Dodge wheelchair van.

Solution: Repair the heater in the van.

Status: Complete. No longer using the white Dodge wheelchair van. Now using the marron van.

Type of barrier: The tie downs on the white dodge van are not being properly tied or strapped down.

Solution: The safety officer and/or transportation coordinator will have an in-service with the staff to demonstrate the correct way to use the tie downs.

Status: Complete. Training was held in January and February.

Employment:

Type of barrier: CCMHA is short staff in production and in the CILA homes.

Solution: Put ad in papers in website for employment and hold interviews as needed.

Priority: MEDIUM

Cost: Cost of employees' wages and testing needed to be hired.

Due date: Continue to conduct interviews as the agency receives applications.

Staff responsible: Human Resource

Status: Ongoing. Three temps were hired for production and two DSPs were hired for the CILA homes.

Transportation:

Type of barrier: The side door on the passenger side of the dark blue van gets stuck.

Solution: Repair the door so it will not stick.

Priority: MEDIUM

Cost: none

Due date: 6/16

Staff responsible: Maintenance

Status: Not Complete

Type of barrier: The dark blue van has a screw/nail sticking out on the first seat behind the passenger seat.

Solution: Screw or nail it back in or remove the nail/screw.

Priority: LOW

Cost: None.

Due date: 6/16

Staff responsible: Maintenance

Status: Not complete

Communication:

No issues at this time.

Community Integration:

Type of barrier: Clients would like some community outings out of town.

Solution: Schedule some out of town community outings since the weather is better with Spring approaching.

Priority: Low

Cost: Cost of gas.

Due date: 5/16

Staff responsible: DT Coordinator

Status: Not Complete

The meeting adjourned at 2:45 p.m.

Submitted by: Cindy Bethard (accessibility co-chair person).

Original: Safety Book
CC: BD, VM, SP

CCMHA
SAFETY SURVEY (QUARTERLY)

Date: 9-14-16

Observer: DAVE DAGNER

Location: 707 McAdam

703 McAdam

Clinic X

List any deficiencies observed in each of the following areas:

A. Means of egress:

No Deficiencies

B. Walking and working surfaces:

Sufficient

C. Fire protection:

No Deficiencies

D. Housekeeping:

No Deficiencies

D. Electrical:

No Deficiencies

D. The working environment:

No Deficiencies

G. Restroom:

No Deficiencies

H. Personal protective equipment:

N/A

I. Tools (hand and portable power):

N/A

J. Power machinery:

No Deficiencies

K. Material handling & storage equipment:

No Deficiencies

L. Unsafe practices:

No Deficiencies

M. First aid:

No Deficiencies

N. Miscellaneous:

No Deficiencies

Original: Safety Book

CC: BD, UM, DA, SE

CCMHA
SAFETY SURVEY (QUARTERLY)

Date: 9-13-16

Observer: DAVE DAGNER

Location: 707 McAdam _____

703 McAdam X _____

Clinic _____

List any deficiencies observed in each of the following areas:

A. Means of egress:

No Deficiencies

B. Walking and working surfaces:

Sufficient

C. Fire protection:

No Deficiencies

D. Housekeeping:

Could be improved in pallet building area

D. Electrical:

No Deficiencies

D. The working environment:

No Deficiencies

G. Rest room:

Sufficient

H. Personal protective equipment:

Staff & clients are doing well regarding PPE

I. Tools (hand and portable power):

Inspect daily and maintain as needed.

J. Power machinery:

Inspect daily and maintain as needed

K. Material handling & storage equipment:

No Deficiencies

L. Unsafe practices:

Staff taking drinks to work areas

M. First aid:

No Deficiencies

N. Miscellaneous:

No Deficiencies

Original: Safety Book

CC: BD, VM, DA, DG, JB

CCMHA
SAFETY SURVEY (QUARTERLY)

Date: 9-12-16

Observer: Dave Dagner

Location: 707 McAdam X

703 McAdam _____

Clinic _____

List any deficiencies observed in each of the following areas:

A. Means of egress:

No deficiencies

B. Walking and working surfaces:

Sufficient

C. Fire protection:

No Deficiencies

D. Housekeeping:

Need to stay diligent

Empty trash receptacles regularly

D. Electrical:

No Deficiencies

D. The working environment:

Dust accumulation in the wood room can become excessive at times

G. Rest room:

Sufficient

H: Personal protective equipment:

Staff + Clients are doing well regarding the use of PPE

I: Tools (hand and portable power):

Inspect daily and MAINTAIN AS NEEDED

J: Power machinery:

Inspect daily and MAINTAIN AS NEEDED

K: Material handling & storage equipment:

No Deficiencies

L: Unsafe practices:

Staff taking drinks to work stations
Keep aisles clear
Do not block fire extinguishers, electrical panels, exit doors
Do not allow clutter to accumulate

M: First aid:

No Deficiencies

N: Miscellaneous:

No Deficiencies