

Developmental  
Disability Services

---

**DDS**

---

of Metro East

---

## **OUTCOME MANAGEMENT REPORT**

July 1, 2006 – June 30, 2007  
(FY 2007)

2900 Frank Scott Parkway West  
Copper Bend South  
Suite 928  
Belleville, IL 62223

(618) 236-7957  
(618) 656-9663  
Voice/TDD

(618) 236-7925  
Fax

[www.ddsme.org](http://www.ddsme.org)

**Developmental Disability Services of Metro East  
Outcome Measures Management Report  
Table of Contents**

<b>Agency Profile</b>	<b>3</b>
<b>Mission Statement</b>	<b>4</b>
<b>Criteria for Services</b>	<b>4</b>
Pre-Admission Screening	
Mandated Follow-up Service Coordination	
<u>Bogard</u> Individual Service Coordination	
Home and Community Based Waiver Service Coordination/Individual Service and Support Advocacy	
Home Based Support Services/Family Assistance Program	
Case Coordination	
<b>Referral Demographics</b>	<b>5</b>
<b>Quality Assurance Plan</b>	
<b>I.    Goal</b>	<b>8</b>
<b>II.   Authority</b>	<b>8</b>
<b>III.  Organization</b>	<b>8</b>
<b>IV.   Committee Functions</b>	
<b>A.    Quality Assurance Committee</b>	<b>8</b>
<b>B.    Accessibility &amp; Advocacy Committee</b>	<b>9</b>
<b>C.    Health &amp; Safety Committee</b>	<b>9</b>
<b>D.    Human Resource Committee</b>	<b>9</b>
<b>E.    Input &amp; Data Collection Committee</b>	<b>9</b>
<b>F.    Public Relations Committee</b>	<b>9</b>
<b>G.    Records Committee</b>	<b>10</b>
<b>H.    Rights Committee</b>	<b>10</b>
<b>V.    Program Evaluation System Description</b>	<b>10</b>
<b>VI.   Performance Feedback</b>	<b>12</b>
<b>VII.  Strategic Plan FY05-FY07</b>	<b>12</b>
<b>VIII. Program Evaluation Objectives and Results</b>	<b>14</b>
<b>IX.   Corrective Action Taken</b>	<b>18</b>
<b>X.    Agency Action Plan</b>	<b>18</b>
<b>Accomplishments</b>	<b>18</b>
<b>Outcome Measures Report Summary</b>	<b>19</b>
<b>Committee Members</b>	<b>19</b>
<b>DDSME Board of Directors</b>	<b>20</b>
<b>DDSME Staff</b>	<b>20</b>

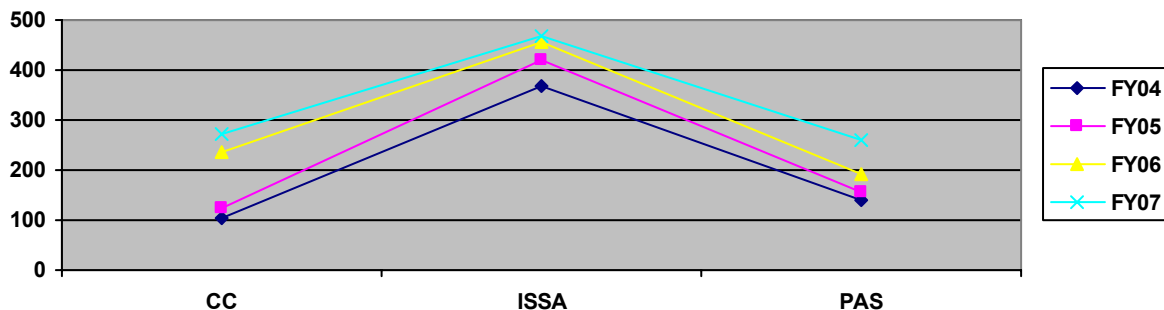
## **DEVELOPMENTAL DISABILITY SERVICES OF METRO EAST**

### **AGENCY PROFILE AS OF JUNE 30, 2007**

Developmental Disability Services of Metro East (DDSME) employs 19 staff: an Executive Director, an Associate Director, 2 support staff, 14 full-time and 1 part-time ISC/QMRP. The ISC/QMRP's perform DDSME services in Madison and St. Clair counties. They include Pre-Admission Screening (PAS), Mandated Follow-up, Bogard Individual Service Coordination, Home and Community Based Waiver Service Coordination Individual Services and Support Advocacy (ISSA), Family Assistance Program (FAP), Case Coordination, and Prioritization of Urgency of Need for Services (PUNS).

- DDSME is responsible for providing services in Madison and St. Clair counties
- This area has a population base of approximately 520,000 and contains:
  - 44 nursing homes
  - 25 ICF/DD homes with a total of 704 beds
  - 10 different CILA providers, most of whom have multiple sites
  - 1 State Operated Mental Health Facility
- The state operated facility referred 34 individuals to DDSME in FY 2007, which is more than a 50% increase from the previous year.
- Services are provided to 61 Bogard Class members, 12 of whom receive traditional Bogard services and 49 of whom receive ISSA services. This is a decrease of approximately 45% since 2001 when 113 class members were served by DDSME.
- Services were provided to 468 individuals through ISSA in FY 2007. This is an increase in ISSA clients; up from 457 FY 2006, 419 in FY 2005, 376 in FY 2004, 326 in FY 2003, 300 in FY 2002, and 306 in FY 2001.
- 217 individuals were referred for Pre-Admission Screenings in FY2007. This is an increase from the 194 cases that were referred for PAS in FY2006. 156 were completed in FY2005, 142 in FY2004, 133 in FY 2003, and 155 in FY 2002.
- DDSME served 1008 individuals in FY 2007. This is an increase from 999 individuals in FY 2006 and 758 individuals in FY 2005. The agency case load as of June 30, 2004 was 548; up from 476 in FY 2003, 503 in FY 2002, and 492 in FY 2001.
- 469 referrals were made to DDSME in FY 2007; up from 451 referrals in FY 2006, 346 in FY 2005, 306 in FY 2004, 181 in FY 2003, and 207 in FY 2002. In FY2001, it was estimated that 300 referrals to DDSME occurred annually.
- Services were provided in FY 2007 to 236 individuals through Case Coordination and 3 in the FAP. This figure shows an increase of over 300% since FY 2001.
- Services were provided this fiscal year to 23 individuals through Project Ground Floor program, which was discontinued. DDSME will continue to provide advocacy services for these homeowners.

The following graph depicts the increase of persons served in case coordination, ISSA, and PAS from FY04 through FY07:



Services that DDSME provides or participates in and does not receive direct funding:

- Technical Assistance/Clinical Administrative Review Team (CART)
- Discharge planning within state-operated facilities
- Facility closures
- Transition Planning Committee (TPC), Madison and St. Clair Counties
- Involvement in Local Interagency Councils and area planning meetings
- Quarterly Metro East DD Services Access Meetings for the community
- Supported Living Center Human Rights Committee
- Support Systems and Services Human Rights Committee
- Support Systems and Services Human Behavior Supports Committee
- DD Senior Services Committee
- Community Education and Outreach

## AGENCY MISSION STATEMENT

DDSME's mission is to promote, develop, and enhance the existing service delivery network for persons with developmental disabilities in Madison and St. Clair counties of Illinois. We strive to offer opportunities for persons to explore their choices, pursue their goals, and assume responsibilities as contributing citizens.

## CRITERIA FOR SERVICES

### **Pre-Admission Screening (PAS):**

- Referral received for pre-admission screening
- Individual suspected of having a developmental disability

### **Mandated Follow-up Service Coordination:**

- Developmental disability diagnosis
- Placement in an ICFDD following discharge from a state-operated developmental center

### **Bogard Individual Service Coordination:**

- Is a confirmed member of the Bogard Class Action lawsuit

**Home and Community Based Waiver Service Coordination Individual Service and Support Advocacy (ISSA):**

- Eighteen years of age and older
- Developmental disability diagnosis
- Receiving Medicaid Waiver services

**Case Coordination:**

- Individual, family and/or guardian requests services and there is a demonstrated need for services
- Developmental disability diagnosis

**Prioritization of Urgency of Need for Services (PUNS)**

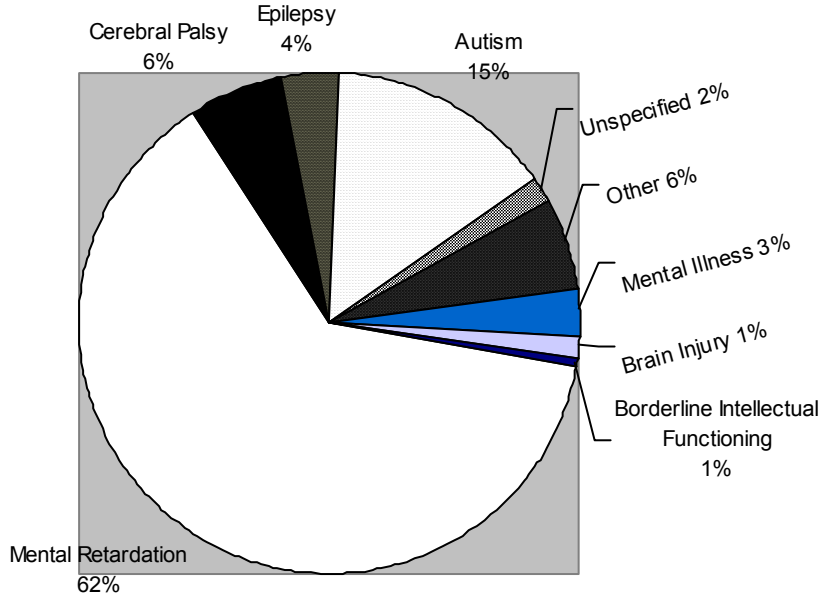
- Individual, family and/or guardian requests services from the State of Illinois Department of Human Services Division of Developmental Disabilities
- Have a projected need for service within 5 years

# REFERRAL DEMOGRAPHICS

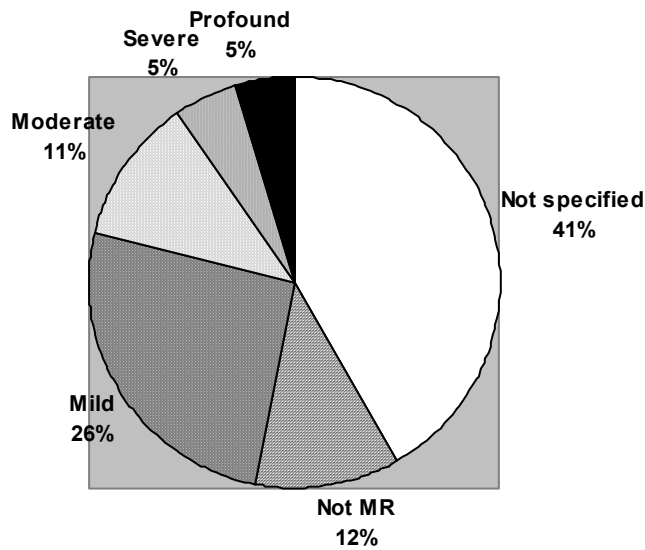
FY 2007

Total number of new referrals: 469

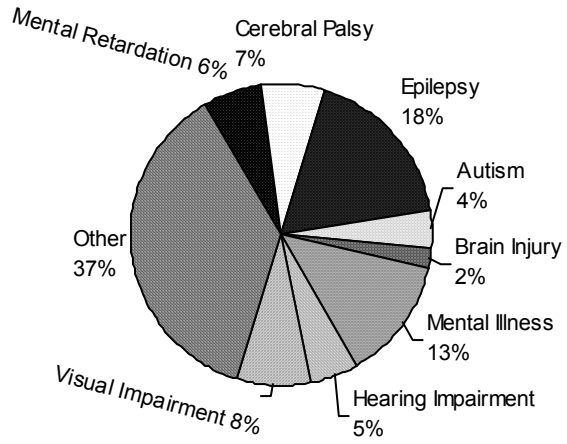
Individuals' primary disability as given by the referral source:



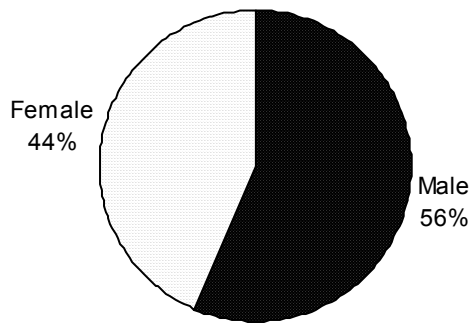
Individuals' level of mental retardation as given by the referral source:



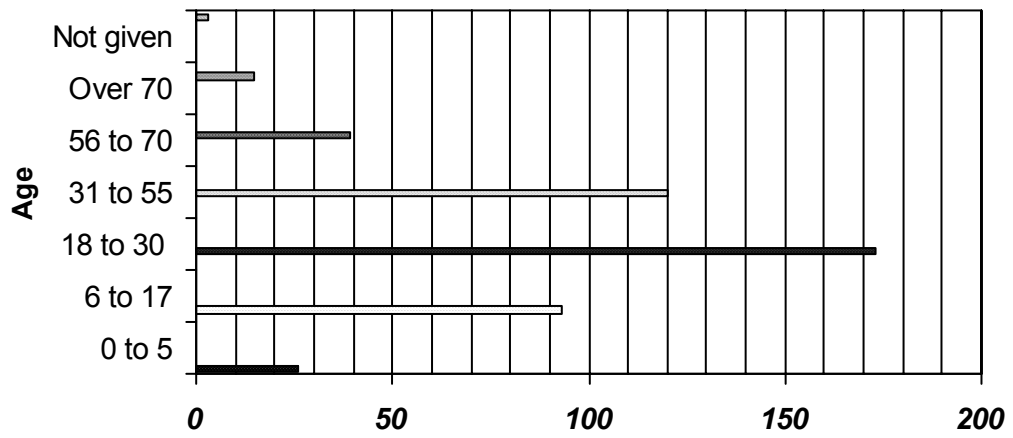
**Individuals' secondary disabilities as given by the referral source:**



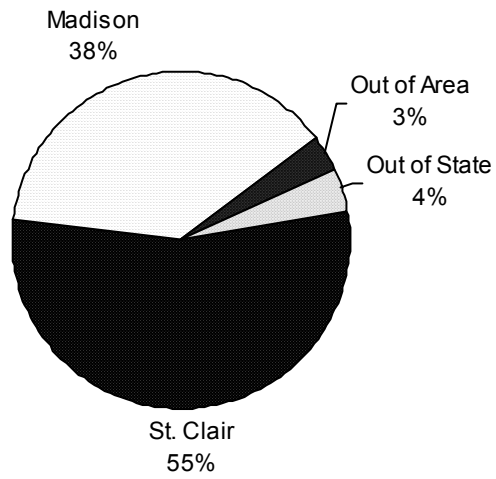
**Individuals' gender as given by the referral source:**



**Individuals' age as given by the referral source:**



**Individuals' county of residence as given by the referral source:**



# **QUALITY ASSURANCE PLAN**

## **A. GOAL**

It is the goal of this plan to assure that quality, appropriate, and effective services are provided by Developmental Disability Services of Metro East to individuals and their families.

## **B. AUTHORITY**

The Quality Assurance Committee (QAC) is vested with the authority to implement recommendations and take action necessary to correct identified deficiencies, as approved by the Executive Director.

The QAC will, at a minimum, utilize established performance criteria to evaluate the quality, appropriateness, and effectiveness of service delivery. These criteria will be approved by the Executive Director, and when necessary, the Board of Directors. Criteria will include all rules and directives issued by the agency's funding bodies and be reflective of the agency's philosophy of responsiveness to service users' needs.

## **c. ORGANIZATION**

The QAC shall be comprised of the Executive Director, Associate Director, Individual Service Coordinator (ISC) Manager, and Quality Assurance Manager. Members of the QAC, and others chosen by the QAC, will serve as the chairpersons of the standing committees. The current standing committees are:

- a. Quality Assurance
- b. Accessibility & Advocacy
- c. Health & Safety
- d. Human Resources
- e. Input and Data Collection
- f. Public Relations
- g. Records
- h. Rights

## **IV. COMMITTEE FUNCTIONS**

### **A. QUALITY ASSURANCE COMMITTEE**

The QAC will meet at least monthly to review activities and recommendations of standing committees, implement policy, and request further development of recommendations. This committee is responsible for annual review of agency policies and administrative directives, conducting file quality assurance reviews semi-annually and completing annual Outcome Management Report. The QAC will review the agency's Program Evaluation data and results of feedback/input process to assure quality of services provided. The QAC will make recommendations for resolving any problems, conduct follow-up reviews to assess whether recommendations have been implemented and whether such changes have actually resulted in improved service delivery. The Quality Assurance Manager will report the committee's progress at monthly staff meetings.

## B. ACCESSIBILITY and ADVOCACY COMMITTEE

The Accessibility and Advocacy Committee will meet at least quarterly to discover, track, and address attitudinal, architectural, communication, employment, environmental, financial, transportation, and other barriers that effect persons with developmental disabilities in Madison, St. Clair, and surrounding counties. The committee is responsible for reviewing and revising the written accessibility plan, at least annually, to address any new barriers identified. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## C. HEALTH and SAFETY COMMITTEE

The Health and Safety Committee will be responsible for knowledge and practice of local health and safety regulations. This will include implementing the internal safety checklist, conducting quarterly drills and inspections, scheduling annual fire safety evaluation with the local fire department, ensuring fire extinguishers are serviced annually, address issues discovered during inspections, and make recommendations of health and safety trainings to the Quality Assurance Committee. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## D. HUMAN RESOURCE DEVELOPMENT COMMITTEE

The Human Resource Committee will meet at least quarterly to review training needs of the professional staff of DDSME. The duties of this committee shall include, but are not limited to, developing a system for orientation/training of new staff; providing training regarding new directives, guidelines, and/or procedures received from DHS and to conduct a period of review of such; providing an ongoing review process for all professional staff regarding information given during the initial orientation/training; providing training to the professional staff regarding information pertinent to the field of developmental disabilities. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## E. INPUT/DATA COLLECTION COMMITTEE GUIDELINES

The Input/Data Collection Committee will meet at least quarterly to obtain and use input from the persons receiving services and other stakeholders. This committee will establish measures to collect and compile demographic data and data based on desired outcomes identified by persons receiving services and other stakeholders. The data collected will be used for service planning/quality improvement/agency planning. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## F. PUBLIC RELATIONS COMMITTEE GUIDELINES

The Public Relations Committee will meet at least quarterly to provide ongoing public information and secure ongoing relationships with other organizations through community education, outreach, and inter-organization planning. The goal will be to provide such education programs regarding DDSME's purpose, function, and place in the overall social service scope at least quarterly within the DDSME geographical service area. The committee is also responsible for reviewing and revising as needed the DDSME informative brochure and website for dissemination to social service agencies, governmental bodies, individuals and families, and any other interested parties; thus providing needed information about DDSME and the services provided. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## G. RECORDS COMMITTEE GUIDELINES

The Records Committee will meet at least quarterly to ensure that complete records are maintained for persons receiving services, that all information related to the persons receiving services is treated as confidential, and persons receiving services can access their own records. This committee is also responsible for reviewing and revising DDSME forms and procedure manuals as needed. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## H. RIGHTS COMMITTEE

The Rights Committee will meet at least quarterly to ensure that clients receive information about their rights, to review and revise as needed policies and procedures regarding the rights of persons served by DDSME, to develop staff training regarding rights, to review and revise as needed orientation materials for persons receiving services from DDSME, track and respond to consumer incidents, and to review and respond to grievances and appeals. The chairperson of this committee will report the committee's progress at monthly staff meetings.

## V. PROGRAM EVALUATION SYSTEM DESCRIPTION

In order to assure that quality, appropriate, and effective services are provided by DDSME, programs are reviewed quarterly, semi-annually, annually, or every 3-years by a variety of internal and external evaluation systems. The agency has identified the following service programs for which outcomes are evaluated:

1. Bogard Service Coordination
2. Home and Community Based Waiver Service Coordination (ISSA)
3. Community Case Coordination
4. Family Assistance Program (FAP)
5. Mandated Follow-up Service Coordination
6. Pre-Admission Screening
7. Project Ground Floor

The frequency of evaluation is determined by reviewer policy. The evaluations described below are categorized by frequency of evaluation:

### 1. Quarterly Program Evaluation activities:

#### St. Clair County Mental Health Board Case File Review

St. Clair County Mental Health Board Program Director will review a random sample of active and inactive Case Coordination client files using the Survey Protocol. After completion of the record review, 708 staff will complete the Survey Report Form and submit the form to the DDSME Executive Director. The results of the survey will be reviewed by the QAC who will present the findings and suggestions for improvement at the following staff meeting. If then deemed necessary by 708 policy, the DDSME Quality Assurance Manager will submit a plan of correction to 708.

### 2. Semi-Annual Program Evaluation activities:

#### DDSME Internal Quality Assurance File Review

The QAC Committee will review a random sample of active client files in each program using the "QA Protocol Worksheets" twice a year in April and October. After completion of the QA record review, the QAC committee will return the files to staff with the QA worksheets attached. The QA worksheets must be returned to the QAC committee within 10 working days, with

corrections and comments. The information is then forwarded to the Quality Assurance Manager, who will tally the results and develop and present the findings in a "Trends & Solutions" format to the QAC and at the June and December staff meetings. The QA Protocol worksheets will be reviewed by the QAC Committee for updates and changes during each QA activity, and as deemed appropriate to accommodate changes.

3. Annual Program Evaluation activities:

**DHS Accreditation, Licensure, and Certification (ALC) Survey**  
DHS ALC Survey Staff will review a random sample of active and inactive client files in PAS, Bogard, Case Coordination and ISSA programs using the ALC Survey Protocol annually in September. After completion of the record review, ALC staff will complete the Survey Report Form and submit the form to the DDSME Executive Director. The results of the survey will be reviewed by the QAC who will present the findings and suggestions for improvement at the October staff meeting. If the compliance score falls below 90%, the Quality Assurance Manager will submit a plan of correction to DHS within 90 days.

**Independent Financial Audits**  
An independent accounting firm will audit in accordance with auditing standards generally accepted in the United States of America annually. After completion of the review, the independent accountant will complete a Report Form and submit the form to the DDSME Board of Directors. The results of the audit will be reviewed by the Board of Directors and Executive Director who will, submit copies of the audit to DHS, the State Attorney General and the St. Clair County 708 Mental Health Board.

4. Three Year Program Evaluation activities:

**DHS Fiscal/Administrative Review**  
DHS Fiscal/Administrative Review staff will review agency fiscal policy and procedures approximately every three years. After completion of the review, the DHS staff will complete a Report Form and submit the form to the DDSME Executive Director. The results of the survey will be reviewed by the Executive Director and Board of Directors at their next scheduled meeting. The last DHS Fiscal/Administrative Review occurred on November 3, 2000.

**National Accreditation Review**  
CARF Survey Staff will review all aspects of DDSME services using the CARF Survey Protocol every 3 years, given the agency receives a Three-Year Accreditation. After completion of the review, CARF staff will complete a Survey Report Form and submit the form to the DDSME Board of Directors. The results of the survey will be reviewed by the Board of Directors and QAC, who will present the findings and suggestions for improvement to the DDSME Agency Staff. The Quality Assurance Manager will submit a Quality Improvement Plan to CARF within 90 days. The National Accreditation Review mandate is been discontinued as of Fiscal Year 2008.

For each of the evaluation processes, the results are analyzed, and when deemed appropriate, recommendations are made for agency/program additions or changes based on the trends identified. Program evaluation reports are provided to the Board of Directors and DDSME staff members and are available to individuals, families, funding sources, etc., upon request.

## **VI. PERFORMANCE FEEDBACK**

In addition to the evaluation system procedure, satisfaction surveys are utilized for eliciting feedback on services from service users, employees, and other providers. The focus of this process is responsiveness to service users' needs and desired outcomes. Individual Service Coordinators (ISC) distribute "Consumer Satisfaction Surveys" during the fourth quarter of each fiscal year to 25% of the persons receiving services from DDSME. The Input Committee Chairperson distributes the "Quality Assurance Staff Survey" to each DDSME employee during the third quarter of each fiscal year. The DDSME Support Staff distribute the "Interagency Satisfaction Survey" to 25% of the agencies and consultants affiliated with DDSME during the fourth quarter of each fiscal year. ISC's distribute the "Exit Satisfaction Survey" when closing a case. All surveys are gathered by the Input Committee Chairperson. The Input Committee records the data and the data is reviewed by the Quality Assurance Committee (QAC). The QAC acts upon issues that need to be resolved and incorporates the information into the strategic planning process.

## **VII. STRATEGIC PLAN FY 2005 –FY 2007**

### **VISION**

***People with developmental disabilities in Madison and St. Clair counties in Illinois will obtain their desired services in an efficient and satisfactory manner.***

### **A. INTRODUCTION**

The following will act as DDSME's One Year Strategic Plan (Fiscal Year 2005) and Three Year Strategic Plan for Fiscal Years 2005 to 2007. DDSME has prepared the following One Year and Three Year Plan to:

- ☞ Provide a review of planning activities and developments.
- ☞ Provide objectives for the utilization of DDSME's resources in FY 2005.

### **B. EXECUTIVE SUMMARY**

On any level, how needs are determined and the distribution of resources are core issues establishing priorities, and is the most difficult task of planning. Differences in perceptions regarding needs, shortages in available funding and the personnel involved in the planning process all effect planning outcomes. DDSME is very cognizant of the reality that the unmet needs of our agency and in turn our clients will continually exceed the financial resources available. Effective planning is, therefore, critical to ensure the most effective use of DDSME's resources in response to our needs. In addition, increasing demands on DDSME's resources require a plan which is consistent with DDSME's commitments and values.

During this past year a state budget crisis and Illinois human service system restructuring has significantly altered the manner in which community services will be funded in the state. The state's need to maximize Medicaid reimbursement to Illinois now drives a system that greatly prioritizes services to persons who are Medicaid eligible. Community providers like our selves will be expected to increase services by no less than twenty five percent to this population. This is in contrast to a historical system of care based on community needs and available resources.

Establishment of priorities is essential during the changes and transitions that are occurring in the human service system. It becomes critical to insure DDSME is positioned to meet the needs of its clients and to identify mechanisms for the development and achievement of our desired goals.

### **C. DEMOGRAPHICS**

DDSME is responsible for providing Individual Service Coordination activities to the individual residing in Madison and St. Clair counties of Illinois.

### **D. FY 2005 DDSME PROJECTED INCOME, BY PROGRAM AND NUMBER OF PERSONS SERVED**

<b>Program</b>	<b>Income</b>	<b>Number of Persons Served Monthly</b>
Pre-Admission Screening (PAS)	\$197,744.00	112
Bogard Individual Service Coordination	\$50,128.00	24
Individual Service and Support Advocacy (ISSA)	\$232,862.00	358
Case Coordination	\$274,384.00	42
Intensive Case Coordination	\$124,149.00	14
Project Ground Floor	\$42,632.00	23
<b>Totals</b>	<b>\$928,623.00</b>	<b>573</b>

### **E. GOALS and OBJECTIVES; FY 2005 – FY 2007 PLANNING**

Following the review of needs assessment surveys, and an analysis of available revenues, the following recommendations are being made for inclusion in DDSME's FY 2005 One Year Plan and FY 2005 – FY 2007 Three Year Plan.

#### **Three Year Goals**

1. To investigate alternative income generating business adventures to supplement agency resources.
2. To ensure DDSME services are accessible and available to all county residents in need of such services.
3. To assure that DDSME resources are used in a reasonable and cost effective manner.
4. To provide public education to improve awareness of DDSME services.

#### **FY 07 One Year Objectives**

**Objective:** Improve our Data Collection Methods and Analysis to improve DDSME operation.

**Goal #1** Upgrade computer system to handle data base development.

**Goal #2** Contract with a reputable and experienced software specialist, familiar with the DD Not-for-Profit agency, to develop a usable data base system.

Estimated cost: \$25,000

**Objective:** Provide staff with training opportunities.

**Goal #1** Conduct annual in-service training related to confidentiality, health and safety, file management, recognition of abuse and neglect, stress management, communication, and motivation.

**Goal #2** Allow staff to participate and attend workshops and conferences of their choosing away from the office.

Estimated cost: \$13,000

**Objective:** Investigate at least two new income generating activities.

**Goal #1** Contact IARF, IAISCA, ARC of Illinois, SIARF, and IPCDD for information regarding potential income generating activities.

**Goal #2** Report to the Board of Director at each scheduled meeting the progress made and information obtained from the trade association membership contacts.

Estimated cost: \$0

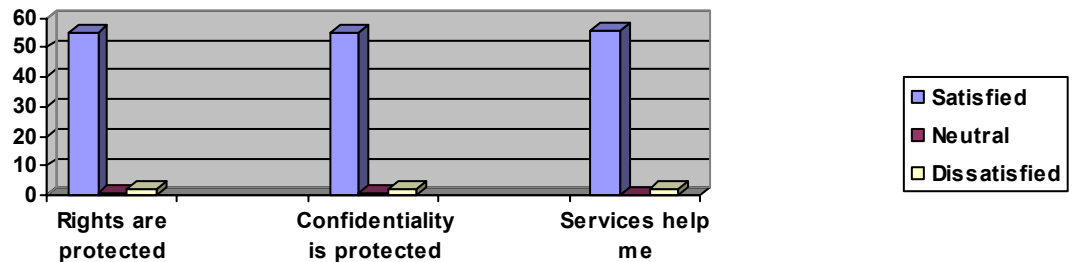
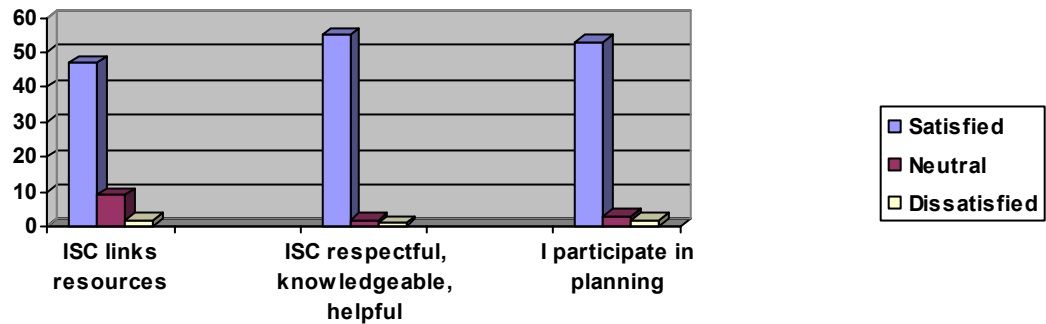
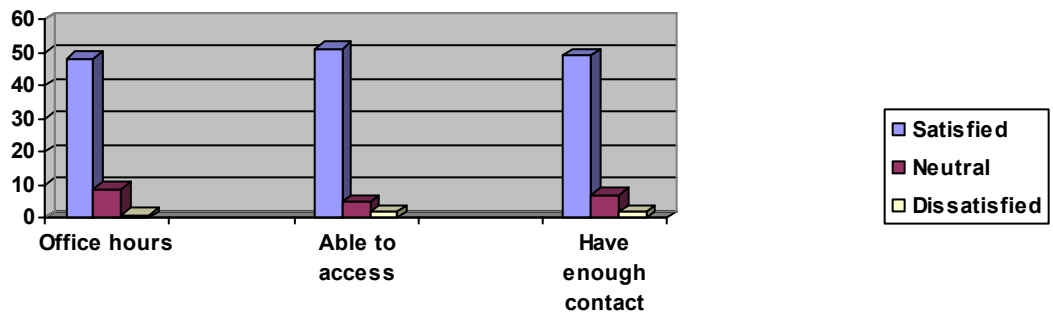
## VIII. PROGRAM EVALUATION OBJECTIVES and RESULTS FY 2007

**Objective #1** Individuals receiving services will be satisfied with the services provided by DDSME.

This objective was applied to all service categories. The Input and Data Collection Committee collected the data from the annual DDSME Consumer Satisfaction Survey. Optimal outcome is for satisfaction to be at 100%. Goal outcome is 95% and minimal outcome accepted is 80%.

**Results:**

Fifty-eight of 173 surveys were returned. Consumer satisfaction results are all within the acceptable range. The goal was exceeded for “The case management services I receive help me.” Overall, persons receiving services are 91% satisfied with DDSME. Following are graphs depicting the results:

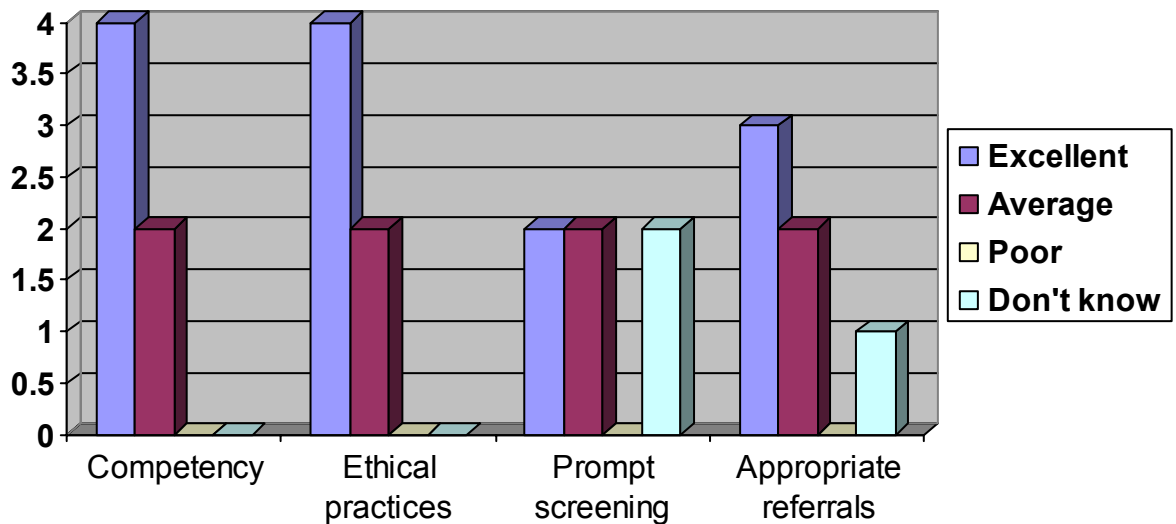
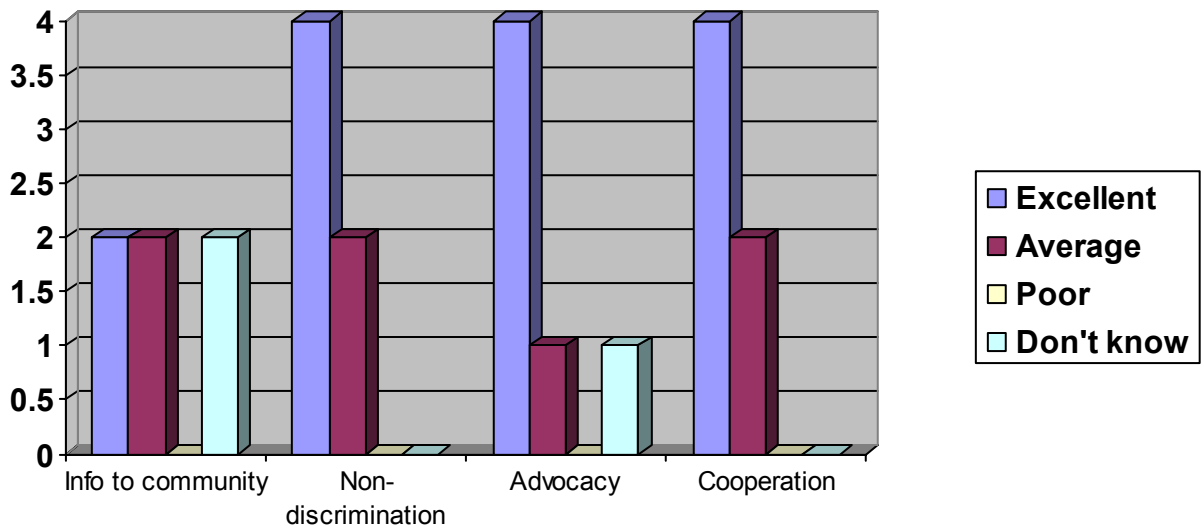


**Objective #2** Affiliated agencies will be satisfied with DDSME services.

This objective was applied to all service provider types associated with DDSME. The Input and Data Collection Committee collected the data from the annual Interagency Satisfaction Survey. Optimal outcome is for satisfaction to be at 100%. Goal outcome is 95% and minimal outcome accepted is 80%.

**Results:**

Seventeen percent of surveys distributed were returned. Optimal outcome was reached regarding availability of services without discrimination, cooperation and communication between agencies, competency, and ethical practices. One respondent commented, “competency is Super!” Following are graphs depicting these results:

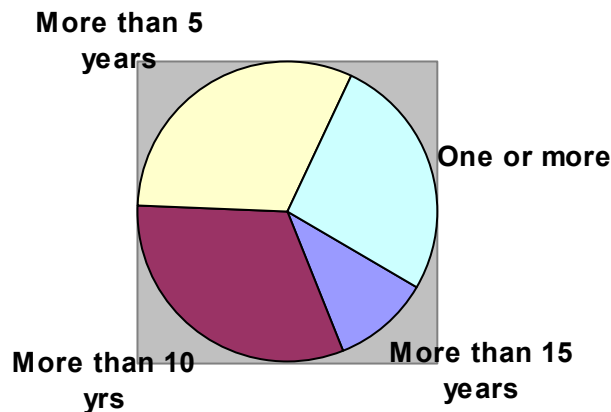


**Objective #3** DDSME staff will be satisfied with agency operation.

This objective was applied to all DDSME staff. The Quality Assurance Manager collected the data from the annual Personnel Satisfaction Survey. Optimal outcome is for satisfaction to be at 100%. Goal outcome is 90% and minimal outcome accepted is 75%.

**Results:**

Eleven of 19 surveys were returned. Two employees surveyed have been employed at DDSME for more than 15 years. Six have been employed at DDSME for 10 or more years, and 6 more than 5 years. The remaining 5 employees have been employed between 1 and 4 years. The goal was exceeded in the areas of competence, agency effectiveness, comfort in current position, personal interest, efforts to boost staff morale, safe environment, and joy being part of agency.

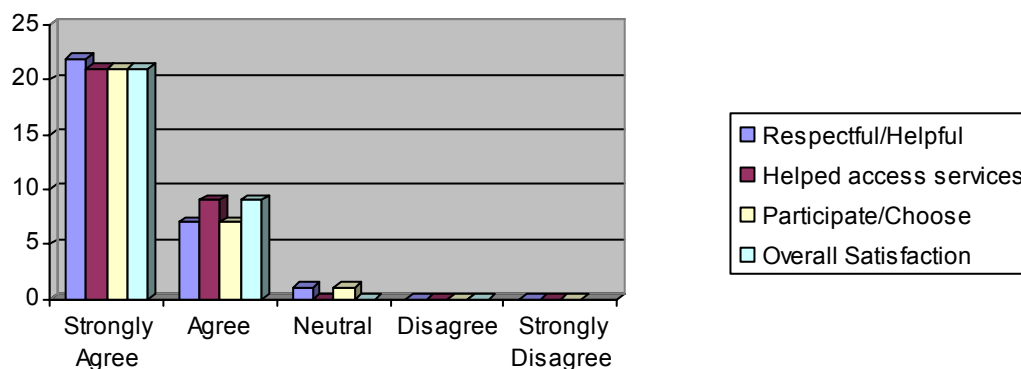


**Objective #4** Individuals exiting services will be satisfied with agency operation.

This objective was applied to all individuals exiting program services. The Quality Assurance Manager collected the data from FY07 Exit Satisfaction Surveys. Optimal outcome is for satisfaction to be at 100%. Goal outcome is 90% and minimal outcome accepted is 75%.

**Results:**

Thirty exit satisfaction surveys were returned. These exit satisfaction results indicate that the majority of persons responding to the survey feel that DDSME staff are respectful, helped them to access services, and enabled them to participate in choosing their services. The following graph depicts the results of the Exit Satisfaction Survey:



## **IX. CORRECTIVE ACTION TAKEN**

DDSME conducted periodical analysis of progress toward the program objectives and reviewed the overall quality assurance process and the progress toward components of the plan. Based on findings of those activities, and in direct response to the results, the following has been implemented by DDSME:

- Improved software for progress notes to make billing easier and more accurate
- Revised client lists to even out case loads
- Installed VPN capabilities for work-at-home option
- Staff members attended training, such as the National QMRP Conference
- Held a Question & Answer Session with the DHS-DDD Southern Network Facilitator
- Provided staff with a “closed for business day” to focus on file requirements
- Trained additional staff on PUNS data entry and fingerprinting
- Maintained the no-cost-to-employees health insurance by reviewing options
- Designed a new and improved DDSME web site
- Outfitted staff in professional attire from Land’s End
- Provided funding for guardianships to several families
- Provided educational seminars to the public
- Increases fingerprinting fee
- Mandated an annual worksheet for ISSA

## **X. AGENCY ACTION PLAN**

Through the quality assurance process, the agency identified areas in which improvements are needed and proposed the following actions in response to those needs:

- Prepare for unannounced audits and surveys
- Enhance data collection methods
- Improve long-range strategic planning process
- Conduct annual in-services regarding confidentiality, file management, recognition of abuse and neglect, stress management, communication, and motivation
- Fill vacancy on the Board of Directors
- Revise case load distribution

## **ACCOMPLISHMENTS**

As part of the overall quality assurance process, DDSME has also accomplished the following:

- Received a score of 100% from the Department of Human Services Accreditation, Licensure, and Certification Division via their unannounced on-site audit of programs/services
- Maintained a positive rating from the St. Clair County Mental Health Board review

## **OUTCOME MEASURES REPORT SUMMARY**

This report reflects progress toward the outcomes from July 1, 2006 to June 30, 2007 and contains information regarding program objectives, satisfaction surveys, agency accomplishments, and areas of identified need, as well as implemented corrective action and plans for future action. Developmental Disability Services of Metro East will continue to advocate not only for people but also for changes in aspects of the service system. We strive for excellence as defined by the individuals and families who receive our services.

### **DDSME Committees** **FY 2007**

#### **Accessibility and Advocacy**

Chairperson: Amanda Marti  
Brent Bicket  
Diane Suszko  
Jan Dressel  
Jane Nesbit  
Marsha Manual  
Michelle Maxwell

#### **Health and Safety**

Chairperson: Aimee-Michelle  
Gower/Becky Schaefer  
Amanda Marti  
Craig Mentzer  
Deborah Jones  
Gail Cange  
Rashawn Choice

#### **Human Resource Development**

Chairperson: Alice Devany  
Aimee-Michelle Gower  
Craig Mentzer  
Jan Dressel  
Kate Strohmeier

#### **Input and Data Collection**

Chairperson: Amanda Marti  
Jan Dressel  
Becky Schaefer  
Henry Keck  
Samantha Stephens

#### **Public Relations**

Chairperson: Craig Mentzer  
Amy Pilger  
Deborah Jones  
Jan Dressel  
Kate Strohmeier

#### **Records**

Chairperson: Ginny Jarrell  
Alice Devany  
Amy Pilger  
Becky Schaefer  
Diane Suszko  
Gail Cange  
Henry Keck  
Marsha Manuel  
Rashawn Choice

#### **Rights**

Chairperson: Brent Bicket  
Michelle Maxwell  
Craig Mentzer  
Ginny Jarrell  
Henry Keck

#### **Quality Assurance**

Jane Nesbit, Executive Director  
Alice Devany, Associate Director  
Michelle Maxwell, ISC Manager  
Amanda Marti, QA Manager  
Ginny Jarrell, ISC/PAS

**DDSME  
BOARD OF DIRECTORS**

Russ Signorino, President	Stephen Clement, Treasurer
Richard Przada, Vice President	Mary Ann Arnold, Secretary
Cheryl Largent	
Jerilyn Leonard	
Linda Sintzel	

**DDSME STAFF**

Jane Nesbit, Executive Director	Alice Devany, Associate Director
Jan Dressel, Office Manager	Becky Schaefer, Receptionist
Amanda Marti, QMRP/Quality Assurance Manager/Intake Coordinator	
Michelle Maxwell, QMRP/ISC Manager/St. Clair County PAS/ISSA	
Ginny Jarrell, QMRP/Madison County PAS/ISSA	
Aimee-Michelle Gower, QMRP/Individual Service and Support Advocate	
Amy Pilger, QMRP/Individual Service and Support Advocate	
Brent Bicket, QMRP/ Homeownership Specialist /ISSA	
Craig Mentzer, QMRP/Bogard Service Coordinator	
Deborah Jones, QMRP/Individual Service and Support Advocate	
Diane Suszko, QMRP/Individual Service and Support Advocate	
Gail Cange, QMRP/Individual Service and Support Advocate	
Henry Keck, QMHP/QMRP/Intensive Case Management	
Kate Strohmeier, QMRP/ISSA/PUNS/Case Coordination	
Marsha Manuel, QMRP/Individual Service and Support Advocate	
Rashawn Choice, QMRP/Individual Service and Support Advocate	
Samantha Stephens, QMRP/Individual Service and Support Advocate	