



2021 ANNUAL PROGRAM MANAGEMENT REPORT
January 1, 2021-December 31, 2021

DCO removes barriers to allow people the opportunity for a life of enrichment and inclusion.



DEVELOPMENTAL CENTER OF THE OZARKS
Annual Program Management Report-CY 2021

PROGRAM DESCRIPTIONS

EARLY CHILD CARE & EDUCATION PROGRAM (ECCE)

The Child Care Program offers an integrated developmental childcare program from 7:30 AM-5:30 PM Monday-Friday. Children who are six weeks through six years of age are eligible to enroll. Emphasis is on developmental and educational activities, perceptual motor, gross motor, and fine motor, communication, cognition, self-help and socialization skills. Each classroom is staffed with a degreed and/or experienced Teacher. Teacher's Assistants and Floats offer additional supports. A degreed Coordinator and Assistant Coordinator provide oversight. The Program is licensed by the Department of Health and Senior Services, Bureau of Child Care Licensure, is a vendor for Family Support Division (FSD), and approved as a natural environment for First Steps services.

THERAPY PROGRAM

The Therapy Program is available for infant and children from birth up to 36 months or older children with a physician referral or as part of the First Steps Therapy Program. Therapists provide developmental evaluations and therapies, a team therapy approach, and coaching and training for caregivers with home-based therapy focus for children under 3 years of age and center-based therapy for children over 3 years of age. All therapists are degreed, licensed and/or certified in Physical, Occupational, Speech, or Developmental Therapy. In addition, the program helps with adaptive equipment design and construction and a library loan program with books, videos, and toys to support the development plan. The Program approved by the Department of Education and Secondary Education (DESE), and is an approved Medicaid vendor with supports from the Departments of Health (DHSS), Mental Health, (DMH) and Social Services (DSS). First Steps therapies are provided in Christian and Greene counties.

Speech/Language Assessment and Therapy has a primary objective to assess speech/language status, eating, swallowing, and hearing deficits. The primary objective in Physical Therapy Assessment and Therapy has a primary objective to assess motor skills, balance, reflexes/strength and coordination. Therapy objectives include improving mobility and independence through direct therapy/strategies for the classroom and home. Occupational Therapy Assessment and Therapy has a primary objective to assess fine motor skills, adaptive skills and/or sensory concerns. The primary objective is to develop and improve skills such as eating, dressing, and the functional use of hands. Developmental Assessment and Special Instruction has a primary objective to assess and address general developmental age levels in all of the major developmental areas. If the child qualifies, objectives are outlined addressing the areas of delay.

ADULT DAY CENTER SERVICES (ADC)

The Program offers a daily alternative to staying at home by assisting persons over the age of 55, or those over 18 with developmental disabilities to maintain and retain skills of independence while participating in a stimulating, safe, and interactive environment. The program is available from 7:30am-5:30 pm, Monday-Friday. A licensed nurse administers medications, oversees prescribed treatments, and provides support to trained staff. Activities are provided which include Music, Games, Dancing, Mild Exercises, Crafts, Social Activities, and Quiet/Leisure Activities in the Center and Community Integration for those who choose. The Program is licensed by the Division of Health and Senior Services and approved by the Department of Mental Health-Springfield Regional Office (SpRO) for Day Habilitation services.

COMMUNITY BASED LEARNING (CBL)

The Community Based Learning Program provides community inclusive and integrated opportunities in a group with a 1:4 ratio or 1:1 for adults typically 18 and over with a developmental disability. The program is from 8:30am-4:30pm, Monday-Friday. Community Inclusion (CI) Coaches are responsible for planning activities and to assist each individual in selecting community sites and activities designed to provide opportunities for developing desired skills or interests. The Coach provides guidance, direct support, and assistance with any care needs. The degreed Program Co-Coordinators develop community sites that are inclusive and may include a volunteer component. Individuals may choose a part or full-time schedule in the community. The Department of Mental Health (SRO) for Off-site CI services approve the Program.

TECHNOLOGY AND LEARNING CENTER PROGRAM (TLC)

The Program provides training and educational opportunities for adults typically 18 and over with developmental disabilities. The program is available from 9:00am-3:00pm, Monday-Friday. Instructors provide a variety of classes with up to six individuals enrolled in each class. Class content is developed with general learning objectives based on individual's interests and choices and changes throughout the year (semester). Degreed Program Co-Coordinators provide guidance in developing classes and activities in the Center and the community as well as direct services. Classroom Assistants offer support and assistance with feeding, grooming, hygiene, and activities. The Department of Mental Health (SRO) for Day Habilitation services approves the Program.

Adults may be authorized for one or more services and participate in more than one program.

EMPLOYMENT PROGRAM

The Program is designed to assist individuals who have chosen DCO as their Employment Provider to obtain and maintain employment through three services. The success of the services is based on a thorough assessment, followed by a job that matches the individual's interests, preferences, and choices. There are **three** types of job placement offered through DCO Employment Services, either Supported Employment or Community Employment, **and Employment Services Plus-Autism Spectrum Disorder (ESP-ASD)**, with referrals to DCO from Vocational Rehabilitation (VR.) and the Springfield Regional Office (DMH.) The **fourth** service is Prevocational **Volunteer Services**, which is designed for individuals in need of additional training and work experience prior to competitive Job Placement. The majority of referrals for Prevocational **Volunteer Services** come from the Springfield Regional Office. A degreed Program Coordinator provides oversight and direct services. Employment Specials provide Assessment, Job Development, Coaching and Follow-Along services (if needed).

The 2021 Annual Management report includes a review of 2021 including outcomes measurement, demographic information, and input from stakeholders.

2021 REVIEW

During the calendar year of 2021 (January 1, 2021 – December 31, 2021) over 1300 individuals received services in the six different Program areas, and another 412 received First Steps Evaluations that didn't continue on to receive therapy services past the point of evaluation. It has been a year of challenge in individuals served, services, and changes to state regulations and expectations. Challenges have included COVID-19, staffing, addressing deficits in funding, addressing waitlists, changes in leadership, and streamlining internal processes for efficiency. Although these or other challenges will always exist, the quality of services and individual's successes continue to be a positive reflection of why we do what we do. Highlights for the year include:

- √ 3-Year CARF accreditation
- √ Relief Dollar Qualified
- √ Cross-training across programs to support program needs
- √ Grants for expanded services for Employment and ABA Services.
- √ Year-End Bonus for all Staff
- √ Fulfilled CORE and Step Teams as a result of building a Strategic Plan
- √ Updated Mission Statement
- √ Introduced Town Halls for Agency-wide updates and transparency
- √ Increased Advocacy Efforts

Individuals Served	2017	2018	2019	2020	2021
Early Child Care & Education	180	195	196	211	167
Therapy	743	780	798	810	612
Adult Habilitation (Technology & Learning)	83	70	84	105	93
Adult Day Center	39	44	57	50	42
Community Based Learning (opened 4/16)	25	22	27	#added in TLC	
Employment	64	80	65	63	64
Total Receiving Ongoing Services	1134	1191	1227	1239	978
Children Evaluated for First Steps	753	725	704	525	412
Total Individuals Receiving Services	1887	1916	1931	1764	1390

OUTCOMES MEASUREMENT and ANALYSIS

Program outcomes are developed annually and address areas of access, effectiveness, efficiency, and satisfaction. Information is gathered through input from stakeholders including individuals receiving services, various committees, survey responses, and staff. Data from quarterly Program Management reports is analyzed using a five (5) year comparison as a means of validity and reliability.

CHILDREN'S SERVICES **Early Child Care & Education and Therapy**

ACCESS OUTCOMES (ECCE):

To increase program outreach as measured by the number of community organizations and/or referral sources contacted.
(Goal: 64 annually)

Community connections are strong in the Childcare program; the development of collaborations has strengthened these connections and will continue to be a contributing factor in program improvement. Still ongoing from last year, the Program Coordinator participates in collaborations with Community Partnership Early Care, the DARR Foundation, the Early Learning Leadership Academy (ELLA), Community Foundation of the Ozarks, Every Child Promise, Parents As Teachers (PAT), and Springfield-Greene County Health Department. These collaborations have a common goal of better preparing children for success in school. Many other community organizations are involved either through volunteering or providing toys and supplies, including the Springfield Greene County Library, Evangel University, MSU, OTC, Smile Academy, and OACAC Foster Grandparent program. The number of actual contacts is much lower than in previous years, but that is a direct result of COVID-19 and program staff's availability to foster additional relationships through so

many restrictions. The collaborations are more involved, e.g., PAT includes assessments, Play Days, and K-prep classes, but were all postponed during the pandemic.

# of Organizations/	2017	2018	2019	2020	2021
Referral sources	23	7	56	23	25

The number of children enrolled compared to the maximum enrollment (including inactive) (138). (Goal: 93%)

Changes to tracking and maintaining an accurate wait list remained at play this year. With that said, due to the enrollment ages of some of our children, and how we need to adjust for them transitioning as they age, enrollment isn't always at 100% enrolled. Evaluation of the actual number to reflect true staffing will look to be 128 in the future. For nearly half of the year, we had an entire classroom closed that would typically serve around 20 children, but it's been unable to open due to an absence of staffing. The children that transitioned into Kindergarten opened this gap that has been unable to be filled. The Program Coordinator closely monitors upcoming discharges to ensure openings are filled as soon as possible. Enrollment has consistently fallen below capacity, but even more so with the pandemic. This prevents a timeframe when it appears there are openings in a particular age group, but in reality, the children are awaiting a birthday before they can/should transition. The program operates on a ratio basis, so if there are staff openings, the ability to enroll children also becomes delayed. Further staffing research was collected amongst several centers to see if we are aligning ourselves in the best fashion for quality of care while remaining conscientious of revenue/expenses.

# Enrolled to	Goal	2017	2018	2019	2020	2021
Maximum Enrollment	100%	89%	89%	93%	80%	74%

ACCESS OUTCOMES (Therapy):

To maintain the number of children who enroll compared to the number evaluated. (Goal: 65%)

Of the children evaluated, 58% were eligible for enrollment in the First Steps program. Of the children who qualified, 61% opted to enter the program. In order to qualify for services, children are assessed, and if given 'clinical opinion' or score at or above a 50% age delay, they would be authorized for services. Occasionally children move before enrolled or choose a different program with more intensive services. Occasionally families wish to have service coordination only. It should be noted that our region of the state (Region 8) has the highest number of children qualify through informed clinical opinion. Those children do not have a 50% delay, but therapists are able to note atypical development and document these finding so that these children qualify under that reasoning. Children who automatically qualify for First Steps do not go through the eligibility process. Although the goal wasn't met for 2021, the program overall is reassessing services, so if there are differences in referrals in future years, it is noted that it may not be due to lack of referrals, but for DCO's Therapy Department services revision.

Children	2017	2018	2019	2020	2021
% Enrolled	371/711=52%	375/725=52%	360/704=51%	86/123=69%	256/419=61%
% Eligible	53%	53%	52%	55%	58%
First Steps Enrollment			360	338	276

EFFECTIVENESS OUTCOMES (ECCE):

To increase the level of functioning and skills as measured by the % of children who reflect progress in individual outcomes. (Goal: 80%)

ECCE Teachers are trained on writing measurable goals and objectives. Determining factors include: how and when progress will be measured and how well the child needs to perform to meet the goal. Progress is monitored frequently and goals are reviewed at least every six months. Absenteeism is closely monitored in, which potentially has a direct impact on progress. Another LARGE variable this year was that the program was closed with different close contact exposures due to the pandemic, resulting in no on-site strategies to assist in reaching outcomes. There is still an overall assessment (DECA) that tracks social-emotional, which follows the Conscious Discipline model.

	Goal	2017	2018	2019	2020	2021
Average Progress	80%	61%	64%	54%	64%	51%
						47%

To decrease total aggressive behaviors by the use of Conscious Discipline (CD). (Maximum = 35 incidents; Goal decreasing to 5)

Conscious Discipline has been incorporated into all the classrooms, and the teachers are trained how to implement it differently per the different age levels. While it is certainly apparent there is a decrease in aggressive behaviors, it is also noteworthy that the closure of the program during COVID-19 resulted in less data to be collected. This will be ongoing monitoring and implementation to ensure the strategies are still found to be beneficial. It is also the intent of our center to align with the local public schools, and they have also begun to implement the same strategies. Continuity of care is certainly something the center takes into consideration when evaluating various behavioral systems. We have noted that there has been an increase in behaviors with children we're now serving, so having these resources to teach and instill in our classrooms is going to be vital for the best supports given to everyone enrolled.

	2018	2019	2020	2021
Use of Conscious Discipline (Total)	758	746	154	66
<input type="checkbox"/> Safe Space	330	254	69	19
<input type="checkbox"/> Self Calming	208	232	47	21
<input type="checkbox"/> Peer to peer	226	283	38	26
Time Out	4	14	0	-
Total Aggressive Behaviors	266	210	103	67
Number of Behavior Support Plans	2	4	1	1
ONGOING PLANS	2	4	1	1
NEW PLANS	1	0	1	0

To decrease the number of children who leave the ECCE due to selecting another program or behavior. (Goal: 5% or less)

Families select different programs for a variety of reasons. Occasionally, we are unable to meet the needs of a child behaviorally in the classroom and notice is given to the family. Prior to that decision, meetings with the family and a potential for Behavior Support Plans are developed when circumstances arise to eliminate this result. A follow-up survey is provided to the family upon their child leaving. We are most concerned with families who choose different childcare centers or caretakers and look closely to determine the cause as well as if any follow-up is needed within the program. 17% of the children who were discharged left due to choosing another program, which results in not meeting our goal and continuing conversations for better outcomes for our family, if possible. The pandemic could have also been another variable by 'choosing to stay home.'

Early Child Care & Education	2017	2018	2019	2020	2021
Chose Another Program	3/62=5%	2/74=3%	8/77 =10%	7/78 = 12%	12/83=17%
Moved	7	8	5	12	17
Unacceptable Behavior	1	0	1	0	1
Public School	13	13	29	16	23
Lack of Attendance	2	10	11	5	0
Other	21	26	13	21	23
Financial Reasons	15	15	10	17	7
Total discharged	62	74	77	78	83

EFFECTIVENESS OUTCOMES (Therapy):

To provide evaluations/assessments within a reasonable length of time from the referral date. (Goal: 25 days)

The Part C Individuals with Disabilities Education Act (IDEA) regulations require that the Individual Family Service Plan (IFSP) be completed no later than 45 days from the day of the initial Intake. The Therapy evaluation typically takes place prior to the IFSP meeting. The average number of days (29) met the goal for this outcome. The Missouri Department of Elementary and Secondary Education (DESE) sets timely delivery as 30 days from authorization. Service delivery has consistently fell well within the time frame.

Average # of days to be completed	2017	2018	2019	2020		2021	
				Completed	Average Days	Completed	Average Days
	24	25	24	45	27	412	29

*Data collection for 2021 differed from previous years to explain the large discrepancy from 2020.

To provide sessions identified in the Individual Plan as measured by the average number of days between referral and IFSP date. (Maximum =45; minimal =40).

To provide sessions identified in the Individual Plan as measured by the average number of days between IFSP request and initiation of services. (Maximum = 30 days; Goal =14 days)

	2017	2018	2019	2020	2021
Referral to IFSP	39	40	42	41	45
IFSP to Service	21	24	24	29	25

To increase level of functioning and skills as measured by the % of children who reflect progress in individual objectives. (Goal: 65%)

Progress is affected by a number of variables including absenteeism, health, family follow through of therapy strategies between therapy sessions, and the child's motivation. Progress either remained consistent or increased in progress for each discipline, when evaluating the last five years.

Average Progress	2017	2018	2019	2020	2021
Occupational Therapy	56%	57%	63%	65%	71%
Physical Therapy	60%	60%	69%	73%	72%
Speech Therapy	55%	53%	59%	59%	59%
Special Instruction (Dev. Therapy)	61%	62%	62%	60%	57%

To provide sessions identified in the Individual Plan as measured by the % of children who receive therapy as scheduled (Goal: 95%)

The DESE guideline is for Therapists to make up any sessions that are missed due to a Therapist reason. Although absences can be due to a family or child reason are not required to be made-up, it is best practice when possible. Even with make-up visits, the overall average attendance of 76% is slightly off the minimal goal of 95%. With the impact of the pandemic, not all families opted in for virtual services.

Average Attendance	2017	2018	2019	2020	2021
Occupational Therapy	95%	81%	84%	83%	80%
Physical Therapy	94%	84%	84%	81%	78%
Speech Therapy	98%	89%	85%	81%	78%
Special Instruction (Dev. Therapy)	98%	82%	78%	68%	68%

To increase the number of children who leave Therapy due to achieving age level of independence. (Goal: 30%)

The percentage of children at age level is calculated by combining those who are not eligible for ECSE with those who left the program early and were determined to be at age level without ECSE testing. Seventeen percent of the children served in FS program at DCO reached an age appropriate level of development and/or were not eligible for Early Childhood Special Education. The percentage of children reaching this goal is slightly lower than last year.

Therapy	2017	2018	2019	2020	2021
Chose Another Program	8	3	4	3	8
Moved	47	44	32	42	37
Public School	150	141	196	146	102
Achieved Independence	43	56	57	29	39
Lack of Attendance	3	5	6	8	8
Not Eligible for ECSE	41	37	29	20	17
Other	31	60	68	190	104
Never Entered	6	4	1	6	10
Total discharged	337	350	393	449	325
% Reaching Independence	84/337=25%	93/350=27%	86/393=22%	86/449=19%	56/325=17%

EFFICIENCY OUTCOMES (Early Childcare):

To increase the continuity of care by decreasing staff turnover. (Maximum = 50%; Goal = 10%)

A total of 20 staff left employment, four of these staff left prior to completing the probationary period. Turnover was expected to be worse than the last few years with the ongoing pandemic/staff shortages, but still closely monitored to identify attraction and retention efforts.

Seniority at resignation was right at 22 months of employment prior to resigning/terminated. Staff support, orientation, and consistent assignments are areas that are being targeted for improvement. While this program didn't need to furlough or layoff anyone due to the pandemic, it wasn't able to fill all open positions for most of the year with the lower census.

ECCE	2017	2018	2019	2020	2021
Number of Positions Assigned to Program	36	41	41	43	38
Total Currently Employed Staff	32	40	37	34	31
Resignations	21(7)	18 (5)	16(4)	13 (3)	16(4)
Openings Filled	11	16	20/14	14/11	23/17
Average Seniority at Resignation (months)	18(1)	9 (1)	10	13	22(2)
Yearly Turnover	66% (88%)	45% (57%)	39% (49)	30% (37%)	42% (53%)

**Percentage of Staff who (are in ratio) complete required training hours each quarter.
(Goal with a minimum of 15 hours for the year)**

Training requirements were met; however, this is slightly different than the data. If a staff person had been excused from a training or was newly hired, they may have had their training requirements adjusted. The annual requirement is 15 hours, so the program looks to accomplish that over the four quarters of the year, but may not have received the minimum of three hours for a particular quarter. The majority of trainings are scheduled during the quarterly Saturday trainings with the remainder of trainings occurring at the 5:30 meetings held during the remaining months. Trainings are set up on an annual calendar. There were several new trainings added in response to revised licensure regulations. This outcome also doesn't count those positions that aren't directly held responsible for working with the children in a ratio-based setting. i.e. Laundry and Kitchen Assistant. As you can see, the schedule for accomplishing these trainings has improved when the program moved to this setup. In previous years, it was constantly a battle to obtain the required face-to-face trainings in during the week in a consistent manner.

% of staff completing	2017	2018	2019	2020	2021
15 training hours	83%	78%	99%	99%	99%

To provide services in an efficient and cost-effective manner by staying within budgeted expectations. (Goal: Self-sufficiency excluding administrative costs)

The Children's Division offers three incentives for Centers providing services to children with Child Care Assistance: A 30% increase for disproportionate level of children with Child Care Assistance, a 25% additional increase if a child has a Special Need, and a 20% increase because the Program is Accredited. This applies only to reimbursement rates paid by Children's Division for Child Care Assistance. Private pay rates were once again adjusted to assist with the increase in minimum wage. This is projected to continue, while monitoring other expenses. There was some grant relief for those that receive state subsidy that the program was able to take advantage. This will continue at least through the beginning of next year, with the hope that attendance and enrollment improve as the pandemic looks to stabilize.

ECCE	2017		2018		2019		2020		2021	
	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual
Revenues	\$991,000	\$1,032,088	\$915,999	\$846,080	\$1,133,579	\$1,249,076	\$1,254,257	\$1,235,796	\$1,241,732	\$1,541,479
Expenses (exclude Indirect)	\$1,115,165	\$1,084,573	\$1,098,499	\$1,093,825	\$1,404,811	\$1,483,588	\$1,523,482	\$1,488,410	\$1,224,109	\$1,161,346
Indirect									\$276,276	\$267,727
P/L									-\$258,653	\$112,406
Variance	-\$124,165	-\$52,485	-\$182,500	-\$247,745	-\$271,232	-\$234,512	-\$269,223	-\$252,615		\$371,059

Full-Time Enrollment (FTE) will increase. (Goal: 95%)

Typically, Children's Division only pays for five (5) days of absence for children with assistance. Throughout the pandemic, this has been expanded to include paying based on authorizations vs. expenses. When there is a waitlist, a family may be given notice due to excessive absenteeism. Other variables to consider is wait list availability, staffing, and when families opt to go from full-time to part-time enrollments. The FTE percentage is below the goal, but the pandemic certainly is a large variable to consider.

ECCE	2017	2018	2019	2020	2021
Full Time Enrollment (FTE)	88%	84%	89%	77%	89%

EFFICIENCY OUTCOMES (Therapy)

To provide services in an efficient and cost-effective manner by staying within budgeted expectations. (Goal: Self-sufficient excluding administrative costs)

The Therapy Program is budgeted for a loss primarily because of the very low reimbursement rate (\$68 per hour of service). First Steps requires therapy to be provided in the natural environment, which is typically child's home or daycare. Travel and absenteeism continue to have a major impact on program expenditures, but were both reallocated mid-2020. There were several job cuts, and the lack of being able to offer in-person services significantly impacted families' willingness to participate. Diversifying revenue streams is being actively pursued by this program, and it will continue to be observed closely for any possible ways for a self-sufficient cost center.

Therapy	2017		2018		2019		2020		2021	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	\$1,575,895	\$1,544,000	\$1,614,205	\$1,605,000	\$2,054,023	\$2,031,730	\$1,538,501	\$1,824,101	\$1,469,980	\$1,455,699
Expenses (excluded Indirect)	\$1,869,205	\$1,837,630	\$1,936,250	\$1,915,428	\$2,361,241	\$2,446,059	\$2,066,907	\$2,173,861	\$1,385,368	\$1,205,583
Indirect									\$320,832	\$310,909
P/L									-\$236,220	-\$60,794
Variance	(\$293,310)	(\$293,630)	(\$322,051)	(\$310,428)	(\$307,218)	(\$414,329)	(\$528,406)	(\$349,760)	\$175,426	

To provide therapy services in an efficient manner by maximizing authorized hours of therapy established for each Team (Billable hours). (Goal: 65%)

The average of billable hours remained fairly consistent with previous years. Although driving hours decreased, efficiency can be impacted by a variety of things, e.g., location of service, therapists covering children in different regions, etc. Adjustment of caseloads is also closely monitored. 2021 continued to be significantly by the pandemic and challenges to meet consistently in person. Other adjustments within the department also took place so that less geographical area is actually being served.

Teams	2017	2018	2019	2020	2021
Billable %	62%	61%	62%	52%	62%
Driving Hours	7234 miles	7739 miles	6831 miles	3,526	3,370

OUTCOMES MEASUREMENT and ANALYSIS

Adult Services

Adult Day Center, Community Based Learning, and Technology Learning Center

ACCESS OUTCOMES:

To promote community awareness through the inclusion of transition students, attending School Fairs, and other community events. (Minimal-Transition students) = 4 per quarter (last semester of school year), Goal 6 per year; (Minimal-community events = 2 per quarter; Goal 8 per year; (Minimal-Tours = 4 per quarter, Goal 16 per year)

Tours are conducted during program hours for potential participants and parent/guardians. Community awareness activities include presentations for area high schools and meetings to look at potential community connections. This data represents potential referral sources. Tours and community presence will continue to be an area of focus. While community awareness is an active part of our programming, the ability to staff new referrals has been a consistent challenge in 2021.

Transition students with a paraprofessional from area high schools participated in ADC and TLC their last semester of their senior year. A more formal agreement wasn't resumed in its entirety due to COVID-19.

	2017			2018			2019	2020	2021	
	TLC	ADC	CBL	TLC	ADC	CBL/TLC	TLC/CBL	TLC/CBL	TLC/CBL	
Tours	24	12		22	16		32	38	11	13
Community Awareness	4	3	14	8	16		15	25	4	2
Transition Students	29			4	1		4	2	0	0

To increase program outreach as measured by the number of community organizations and/or referral sources contacted. (ADC Goal: 64)

Community Integration through our HCBS regulations have been at a standstill these last couple of years. Management has discussed at length the reintegration of these community organizations to resume and build this out in the future. This will be dependent on reintroducing activities in the community, as well as, inviting guests on-site. The Therapy Dog, Springfield Public Library, and Music Therapy have been more staple visitors for this program.

	2020	2021
Contacts	5	7

EFFECTIVENESS OUTCOMES:

Maximize the number of hours authorized to individuals enrolled in TLC/CBL. (Group Minimum = 42 FTE; Goal = 55 FTE; Medical Exception Maximum =4, Behavior Exception Maximum =1)

ADC Full Time Enrollment (FTE) will increase as measured by hours of service provided divided by number of possible hours. (Minimal = 10; Goal = 15)

Enrollment represents individuals enrolled in each program; however, several individuals access more than one program/service. Several individuals didn't continue coming as they awaited more stability from the pandemic.

Service	2021
Day Hab-G	27.31
Day Hab-Med/Beh	0.37
CI-G	6.21
CI 1:1	0.32
ADC	15.80

To implement active treatment as measured by the percent of individuals who reflect progress. (Goal: ADC-90% CBL & TLC-95%)

Progress is influenced by how goals are written and interpreted, as well as attendance and the interest/motivation of the individuals to participate in activities. Several staff changes occurred in 2021, and while services were suspended off and on due to quarantine timelines, the percentages were fairly stable. The goal will be reassessed in 2022 to better project a realistic overview of services and clients served.

Attendance	2017			2018			2019			2020			2021		
	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	79%	79%	84%	83%	86%	90%	82%	89%	90%	82%	80%	74%	73%	74%	87%

Progress	2017			2018			2019			2020			2021		
	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	78%	85%	88%	83%	94%	83%	61%	95%	84%	70%	91%	86%	62%	87%	92%

*Group and Individual services are combined

To provide appropriate services as measured by increasing the number of current Individual Plans and Reviews received prior to due date. (Goal: 100%)

Plans are written by the Support Coordinator and approved by the SRO Director or designee. Plans may be delayed for a variety of reasons, generally budget increases, a change in waiver, ISL budgets, or signatures. An approved Plan is required to be in place prior to providing services, however, a gap in services is very undesirable. Measures were put in place at the Regional Office to minimize the risk of this occurring. Delays in approved plans may also cause a delay in reimbursement for services already provided. A notification system is in place (at DCO) in an effort to receive plans prior to the effective date progressing from the Support Coordinator, the Senior Coordinator, then on to the SRO Provider Relations and/or The Next Step Support Coordinator Director. The majority of issues are resolved at the Support Coordinator or Senior level. The percentages were still fairly timely given the nature of the pandemic and shift to remote meetings only.

Programs	2017	2018	2019	2020	2021
Plans	95%	100%	98%	93%	92%
Reviews	96%	95%	99%	90%	97%

Increase the percentage of time individuals participate in Community Integrated activities. (Goal: ADC-30% TLC/CBL-65%)

With the implementation of Home and Community Based Services, agencies are required to provide services more actively in the community to remain in compliance. ADC and TLC have provided some opportunities in the community for several years. More recent strategies have been discussed to ensure all individuals are offered the opportunity to participate with more choice, such as different days, different times, a wider variety of places with groups that they help choose. The CBL program was started in May 2016 in an effort to increase community activities and to be in full compliance with this regulation. The goal is to secure more inclusive opportunities within the community. There were barriers to providing CI to the fullest extent, such as: open staff positions and covering ratios all of the time, on-site services are a 1 staff: 6 individuals ratio, while CI is a 1 staff: 4 individuals ratio, individuals choice not to go off-site (primarily in ADC), and the increased staffing need to accommodate individuals with more significant care needs in the community. Routinely, CBL and TLC offered CI, but ADC significantly found it more challenging. There were also several levels of staff turnover in ADC and the data wasn't tracked consistently. Transportation is also being routinely monitored, and both agency vehicles and personal staff vehicles are utilized to carry out these services. The emphasis to re-engage ADC for 2022 is prevalent, while continuing to transition services based on some recent definition changes. This will alter our ability to provide the same services in CBL than we previously been able to since its inception. This will have a direct impact on CI, but the focus for those that still qualify to receive services in all programs will remain a goal.

Program	2017			2018			2019		2020		2021	
	ADC	CBL	TLC	ADC	CBL/TLC	ADC	CBL/TLC	ADC	CBL/TLC	ADC	CBL/TLC	
Average CI%	14%	100%	18%	14%	94%	3%	57%	18%	70%	0%	78%	

*CI unit data is pulled from the database and it was identified that CI units for ADC were not entered into the field the database pulls from indicating the 0% (2021) is inaccurate due to new staff not understanding that on-site visitors are still a component of Community Integration. Although the % in ADC is still not anywhere near the goal, emphasis on increasing and tracking appropriately has been identified as a focus in 2022.

As with most other goals, the pandemic impacted the ability to engage on a greater level in the community.

Increase the number of Community “Inclusive” sites accessed. (CBL Goal: 100%)

Training took place to ensure all staff are well versed in “inclusion” and “integration”. Many sites were identified as “inclusive”, but were really accessed in an integrated way. Increased emphasis was placed on being involved with other community members versus just being in the same place as others. COVID-19 provided several obstacles to have this occur in a consistent manner, with a swing in a positive direction for 2021.

	2017	2018	2019	2020	2021
% of Inclusive sites	63%	39%	70%	43%	74%

To increase the number of community members/volunteers who participate in ADC programming (Goal: 48).

# of Presenters	2017	2018	2019	2020	2021
	17	12	15	7	14

There was a restriction on anyone from the community coming on-site due to the pandemic, and will continue to be focused on as an area to increase quality of services in the future.

To decrease the number of Individuals who leave the Program due to selecting another program or behavior. (Goal: 5% or less)

There were four individuals discharged in 2021 due to unacceptable behavior, and the nine that chose another program. This is higher than we'd like to experience, but we've also gone back and forth with being able to appropriately meet the needs of those enrolled compared to the staff which we have trained and available.

Discharges	2017			2018			2019			2020			2021		
	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
Chose Another DCO Program	1	1	3	2	0	2	1	0	1	0	0	2	0	0	0
Chose Another Provider	2/5	2/8	3/17	1	2	0	2	0	2	1	1	0	3	2	4

Moved	0	1	1	0	0	0	0	0	1	1	0	0	1	0	0
Unacceptable Behavior	0	0	2/17	2	2	3	2	2	4	0	0	0	2	0	2
Lack of Attendance	2	0	1	3	0	2	0	1	5	9	2	9	1	4	3
Financial Reasons	0	1	2	0	0	0	0	0	0	-	0	0	0	0	0
Other Reasons	0	3	5	0	1	0	1	0	1	2	2	2	0	0	0
Total discharged	5	8	17	8	5	7	6	3	14	13	5	13	7	6	9

To decrease undesirable behaviors and total amount of EMT's, while increasing desirable behaviors by implementing Tools of Choice (TOC) Minimum 2:1 ratio, Goal 4:1 ratio.

The table below reflects the new terminology for behaviors. It will take more than three years to establish the implementation and the success of the new protocols. The overall aggressive behaviors did see another decline 2021, but the data tracking was also significantly impacted with the stressors and priorities of the pandemic. The Resource Specialist became a Tools of Choice Trainer for the agency, and established several 7-week trainings throughout the year to have staff understand the background and implementation of the system. By the end of 2021, the Resource Specialist was notified a change in the expectations/training components to continue meeting the standards. The way SRO was also wanting reports done was also revised, and with us being one of the few day habs implementing this, we are closely be monitored with the success of the Tools in our setting. 2021 presented several challenges to continue keeping this up-to-date, but with the most recent review, more revisions will be expected. The Resource Specialist and the Program Coordinators will continue working closely with SRO to ensure we've established appropriate plans and oversight for this part of our services.

	2018		2019		2020		2021	
	ADC	CBL/TLC	ADC	CBL/TLC	ADC	CBL/TLC	ADC	CBL/TLC
Total Positive Interactions	246	499	412	696	209	484	145	324
Total Negative Interactions	50	69	144	161	28	59	13	15
Total Desirable Behaviors	26	56	379	547	52	234	36	71
Total Undesirable Behaviors	19	42	155	176	23	82	8	22
Total Reportable EMT's	7	59	28	42	16	8	11	6

*Data combined for CBL/TLC since the management report goal is combined on quarterly information. There was no way to distinguish from the data collection how many of the interactions/behaviors came from which program.

EFFICIENCY OUTCOMES:

To increase the continuity of care by decreasing staff turnover. (Goal: 0)

The turnover in our Adult Day Center (ADC) experienced quite a bit of turnover for the year. There were some difficult management decisions that were made to better align with the mission of the program and organization. Since these changes, more positive interactions and outcomes have taken place, but the program could grow in staff and individuals served if the vacancies could be filled.

The CBL Program showed a turnover at 25%. They weren't able to quite recover with staffing needs after the furlough experience of 2021. There were additional staff that left with the notification of the service definitions changing their potential role. An adjustment of the size of the program will take place in 2022 with this service definition as well, seeing as how less individuals will now qualify for this service.

The Technology & Learning Center turnover rate was lower than previous years at 24% (29% of new hires leaving during the probationary period). The Co-Coordinator have worked to establish a better onboarding system, but fell short due to the nature of the pandemic. This service was hit the hardest in 2020 with the pandemic, and although the individuals enrolled have been ready to return, filling open positions has been an ongoing challenge.

ADC	2017	2018	2019	2020	2021
Number of Positions Assigned to Program	10	10	10	10	8
Current Staff	10	9	9	9	6
Resignations	1	2(2)	5(1)	1	6
Openings Filled	3	2	5/5	0/0	3
Average Months at Resignation	5	11(0)	27	15	71
Yearly Turnover	1%	22% (57%)	50% (60%)	10%	75%

CBL	2017	2018	2019	2020	2021
Number of Positions Assigned to Program	6	7	8	7	8
Current Staff	4	4	7	6	5
Resignations	4(1)	5	1	1	2
Openings Filled	1	5	4/3	1/0	0
Average Seniority at Resignation (months)	14(3)	9	13	17	43
Yearly Turnover	100% (25%)	100%	13%	10%	25%

TLC	2017	2018	2019	2020	2021
Number of Positions Assigned to Program	24	19	*17	19	17
Current Staff	16	16	17	10	8
Resignations	13 (2)	9(7)	4(1)	8 (1)	4(1)
Openings Filled	8	5	4/9	**9/1	5
Average Seniority at Resignation (months)	52 (45)	7.5	18	61	32(1)
Yearly Turnover	81% (47%)	47% (84%)	24% (29%)	42% (47%)	24% (29%)

*The PC position was split between CBL/TLC/ADC. One part time position was eliminating the CA.

**Open positions that will not be filled until attendance is up.

Percentage of Staff who complete at least 3 hours of required/recommended training each quarter. (Goal: 100%)

All staff completed required trainings, however data does not reflect this. Relias web-based training is used to meet many of the initial and annual DMH training requirements with the remaining trainings being face-to-face. The demand of services made more available virtually, and any face-to-face trainings occurred during staff meetings. All staff met the minimum requirement, which has been a challenge in previous years! This is certainly an accomplishment for these programs.

% of staff with 3 or more training hours quarterly	2017		2018			2019			2020			2021		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	90%	45%	70%	58%		65%	64%	67%	100%	100%	100%	100%	100%	100%

To provide services in an efficient and cost-effective manner by staying within budgeted expectations. (Goal: Self-sufficient excluding administrative costs)

Services provided are approved through Medicaid Waiver and are required to meet the HCBS regulations, applicable to both the Division of Developmental Disabilities (DMH) and the Department of Health and Senior Services (DHSS). Mid-year 2016, the Division approved a rate adjustment for Community Integration aligning services throughout the state. This increase resulted in a significant increase in the revenues. In 2017 there was a 2% reduction in the newly adjusted reimbursement rate. In 2018, there was no rate adjustment. 2019 saw a 1.5% increase for these services. 2020 brought a pandemic that significantly impacted all three programs. While there were some COVID relief grants, it didn't assist in compensating the overall loss.

ADC	2017		2018		2019		2020		2021	
	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual
Revenues	384,000	429,945	\$389,998	\$528,036	\$645,000	\$592,638	\$523,421	\$425,452	\$502,380	\$565,305
Expenses (excluded Indirect)	318,166	289,378	\$352,880	\$354,067	\$477,178	\$505,511	\$485,556	\$453,309	\$358,159	\$304,182
Indirect									\$80,208	\$77,727
P/L									\$64,013	\$183,396
Variance	65,834	140,567	\$37,118	\$173,969	\$167,822	\$87,127	\$37,865	(\$27,857)	\$119,383	

CBL	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual
Revenues	244,000	311,337	\$320,001	\$263,516	\$255,000	\$309,284	\$291,556	\$228,198	\$302,279	\$275,715
Expenses (excluded Indirect)	194,260	188,446	\$161,667	\$145,369	\$176,942	\$212,511	\$239,079	\$221,445	\$174,767	\$155,587
Indirect									\$35,652	\$34,546
P/L									\$91,860	\$85,582
Variance	49,740	122,891	\$158,334	\$118,147	\$78,058	\$96,773	\$52,477	\$6,753	-\$6,278	

TLC	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual
Revenues	1,545,000	1,468,641	\$1,420,001	\$1,313,004	\$1,132,500	\$1,251,773	\$1,085,236	\$746,604	\$877,238	\$1,014,889
Expenses (excluded Indirect)	757,612	763,897	\$694,887	\$593,068	\$719,132	\$780,191	\$791,076	\$758,653	\$528,470	\$496,520
Indirect									\$124,764	\$120,909
P/L									\$224,004	\$397,460
Variance	787,388	704,744	\$725,114	\$719,936	\$413,368	\$471,582	\$294,160	(\$12,049)	\$173,456	

OUTCOMES MEASUREMENT
Employment Services

ACCESS OUTCOMES:

Increase Enrollment in Individual Employment Services (CES, SES, JTC, Volunteer Services)

1. Increase annual enrollment by 20% comparing the number enrolled to the number of formal referrals. (Minimal = 35%; Goal = 50%)

Overall, referrals remained steady over the course of 2021 for our VR referrals. The two three categories have changed in their demand and our volunteer services didn't receive consistent referrals so it was put on hold. Since referrals for those services are down or we no longer offer the service due to the minimum wage increases, the largest referral source is noted below. The partnership with VR has improved significantly over the last several years, and they've continued to support the growing demand and cost of services with their advocacy for increased reimbursement rates. There were so many challenges due to the pandemic, but there were still great things occurring in this program.

SERVICE	2017	2018	2019	2020	2021
*VR Referrals (SES & CES)	30/70=43%	16/41 = 39%	19/55=35%	25/68=37%	25/61=39%
*SC Referrals (SES)	4/5=80%	1/3=33%	4/6 = 67%	2/2=100%	0
Job Training Crew (JTC)	10/17=59%	6/14 =43%	10/21=47%	2/5=40%	N/A
Volunteer Services		5/7 = 71%	1/5 =20%	4/8=50%	3/3 =100%

*In 2018, the data collection slightly changed so the table reflects the current service titles. At the time of referral, individuals don't know whether or not they will be SES or CES so the table reflects whether the referral came from VR or an SC at SRO.

Individuals will be offered a variety of industries based off their interest.

Industry	2020	2021
Professional, Tech & Managerial	0	0
Clerical & Sales	1	7
Service	10	7
Agricultural, Fishery & Forestry	0	0
Processing	0	0
Machine Trades	0	0
Benchwork	0	0
Structural Work	0	0
Miscellaneous	1	0

To decrease the number of individuals who leave the Program due to selecting another program or behavior. (Goal: 5% or less)

There was no one discharged due to choosing another provider, three (10%) were discharged due to unacceptable behavior. Thirty-four percent of individuals were discharged because they achieved independence, meaning they no longer needed on-going supports in their job, which is the ultimate goal of the program.

Discharges	2017	2018	2019	2020	2021
Chose Another DCO Program	1	2	0	0	2
Discharged from VR, transf to PTC	2				
Chose Another Provider	1/26	4/42	2/25	4	1
Moved	1	2	2	0	1
Unacceptable Behavior	3/26	4/42	1/25	3/29= 10%	2
Achieved Independence	8	15	8	10	13
Lack of Attendance	0	3	6	3	4
Financial Reasons	1	1	0	6	1
Other Reasons	9	11	6	1	5
Total discharged	26	42	25	29	29

EFFECTIVENESS OUTCOMES:

CES Job Placement will occur within 2 months of receiving authorization. Minimal Expectation: 3 months, Goal: 2 months.

- CES and ASD Job Placement will occur within 2 months of receiving authorization. Minimal Expectation: 3 months, Goal: 2 months.**

Placed	2020	2021
CES	2/4 = 50%	3/7=43%
ASD	NA	5/7 = 71%

Participants will retain their employment 90 days or longer. (Goal: 90%). (Minimum Criteria = 75%; Goal = 90%)

All individuals are initially included for reaching their 90-day employment goal. Four individuals receiving Follow Along services for SES retention after 90-days successfully maintained employment, and are included in those numbers.

Retaining Position	2017	2018	2019	2020	2021
Community	5/5=100%	2/3=67%	1/1=100%	2/2=100%	4/4=100%
Supported	6/7=85%	31/35= 89%	22/27=96%	22/23=96%	17/17=100%
Group	7/8=88%				
ASD					2/2=100%

Participants will work a minimum of 15 hours weekly and increase their average hourly wage. (Minimum \$10.30, Goal \$10.75)

The emphasis in employment grew in importance over this last year. The hours and wages both met the expectation for all services. The demand for competitive wages is prevalent and reflected in the data. Benefits also play a factor in the ability for individuals to gain independent employment while balancing out their qualified benefits. This is monitored on an individual level, but may impact these numbers if a person can only work so many hours in order to increase their level of independence without lessening their overall take home pay and benefits.

Annual Averages	2017		2018		2019		2020		2021			
	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages		
CES/SES/ASD	37	18	\$9.51	8.20	CES	\$9.83	27.5	\$8.95	29	\$12.00	33.86	\$12.28
					SES	16.91	\$9.02	15.67	\$9.11	16	\$10.00	16.56
								ASD	21.96	\$10.95		

EFFICIENCY OUTCOMES:

Programs will demonstrate good fiscal management by staying within budget variance. (Minimum expected = meet expected budget; Goal = 5% ahead of budget)

Both revenues and expenses exceeded the projected amount, however, Employment Specialists began seeing individuals in the Christian County therapy office if the individual resided in Christian County. Exploration into VR:ASD services was actively pursued at the end of the year with our CARF Survey. This reimbursement rate is nearly double of the current VR services. Salaries are also monitored closely, but the demand to hire qualified staff for these independent roles is vital. It was also decided to close the off-site off, which will help with the occupancy cost under the expense category.

ES	2017		2018		2019		2020		2021	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Revenues	213,056	226,395	\$240,001	\$250,023	\$305,256	\$280,339	\$255,524	\$205,455	\$205,560	\$260,065
Expenses (exclude Indirect)	228,500	263,161	\$240,354	\$301,977	\$360,651	\$406,267	\$378,764	\$342,723	\$216,808	\$203,454
Indirect									\$53,472	\$60,454
P/L									-\$64,720	-\$3,843
Variance	<15,444>	<36,766>	(\$353)	(\$51,954)	(\$55,393)	(\$125,928)	(\$123,240)	(\$137,268)	\$60,877	

To increase the consistency of services by decreasing staff turnover. (Goal = Less than 10%)

The turnover rate in the Employment Program was 20% with one staff resigning as the position decreased from full-time to part-time while referrals were lapsed. The program continues to remain steady, in hopes that continued growth takes place.

	2017	2018	2019	2020	2021
Number of Positions Assigned to Program	6	8	*7	**5	5
Current Staff	6	8	7	5	4
Resignations	2	1(2)	1	3	1
Openings Filled	1	2	0/0	0/0	0/0
Average Months at Resignation	38	3	30	35	32
Yearly Turnover	33%	13% (38%)	14%	60%	20%

*One position was eliminating the Employment Assistant after accepting the resignation of the staff.

**Two positions were eliminated, the part time secretary and a job coach.

SATISFACTION OUTCOMES:

To ensure Participant satisfaction with the program by measuring the % of participants, parent/guardians who return satisfaction surveys each quarter.

To ensure satisfaction with the program by measuring the % who indicate satisfaction with program on the returned questionnaire.

	2017	2018	2019	2020	2021
Early Child Care					
Sent/Returned	81/75=108%	37/43=86%	5/57=9%	2/28=7%	2/25=8%
Satisfaction	70/76=92%	31/37=84%	4/5=80%	2/8=3%	3/25=12%
Therapy					
Sent/Returned	262/580=45%	131/359 = 36%	42/183=23%	28/171=16%	8/70=11%
Satisfaction	260/262=99%	130/131 = 99%	39/42=93%	27/28=96%	7/8=88%
ADC					
Sent/Returned	6/8=75%	7/21= 33%	1/20=5%	1/1=100%	0/8=0%
Satisfaction	6/6=100%	6/7= 86%	1/1=100%	1/1=100%	0/8=0%

ES					
Sent/Returned	5/5	6/9 =67%	1/3=33%	1/7=14%	0/5= 0%
Satisfaction	100%	6/6=100%	1/1=100%	1/1=100%	0/0= 0%
TLC/CBL					
Sent/Returned	20/42= 47%	19/37= 51%	5/39=13%	2/2=100%	7/19=37%
Satisfaction	19/20= 95%	18/19= 95%	5/5=100%	2/2=100%	7/7=100%

Follow up Questionnaires:

ECCE					
	2017	2018	2019	2020	2021
Follow Up	4/45=8%	6/57=11%	5/48=10%	4/34=11%	0/17=0%
Satisfaction	4/4=100%	4/6= 67%	4/5=80%	4/22=18%	0/15=0%
Therapy					
Follow Up	40/376=11%	39/343=11%	47/217 = 22%	11/85=13%	9/60=15%
Satisfaction	40/40=100%	38/39=97%	45/47 = 96%	10/11=91%	8/9=89%
ADC					
Follow Up	0/11	0/2	0/5	1/1=100%	0/0=0%
Satisfaction	NA	NA	NA	1/1=100%	0/0=0%
ES					
Follow Up	0/6 = 0%	3/12=25%	6/30 = 20%	1/13=8%	1/5=20%
Satisfaction	0/0 = 0%	3/3=100%	5/6 = 83%	1/1=100%	1/1= 100%
TLC/CBL					
Follow Up	0/11 = 0%	2/9 = 22%	2/10 = 10%	2/2=100%	1/1=100%
Satisfaction	0/0= 0%	2/2 = 100%	0/2 = 0%	2/2=100%	1/1=100%

ES					
	2017	2018	2019	2020	2021
Employers					
Sent/Returned	2/3=67%	2/2 = 100%	1/3=33%	1/7=14%	1/3=33%
Satisfaction	2/2=100%	2/2 = 100%	1/1=100%	2/2=100%	1/1=100%
VR (CES/SES)					
Sent/Returned	8/29=28%	16/29 = 55%	11/25=44%	2/27=7%	12/31= 39%
Satisfaction	6/8=75%	16/16 = 100%	11/11=100%	2/2=100%	12/12 =100%
VR Counselors					
Sent/Returned	18/34=53%	23/30 = 77%	16/22=73%	20/27=74%	17/30= 57%
Satisfaction	18/18=100%	23/23 = 100%	16/16=100%	20/20=100%	17/17= 100%

CI Sites					
	2017	2018	2019	2020	2021
TLC/CBL					
Sent/Returned	5/28 = 18%	3/5 = 60%	5/5=100%	3/3=10%	2/2=100%
Satisfaction	5/5 = 100%	3/3 = 100%	5/5=100%	3/3=100%	2/2=100%

SUMMARY OF COMMUNITY SURVEYS-ALL PROGRAMS

There was a total of 32 respondents for feedback gathered for 2021. The majority of respondents identified as a funding source, and indicated they are involved with DCO at least monthly. Suggestions for additional DCO services included: behavioral services, benefits planning, transportation, and inclusiveness across the board. Trends, challenges, or upcoming changes included: additional and consistent staffing, technology demand to have additional efficient access, childcare demand for increased qualifications and wages, advocacy for all services (including reimbursement rates), and engaged board members.

SUMMARY OF STAFF SURVEYS-ALL PROGRAMS AND ADMINISTRATION

There was a large overhaul of the input offered this past year. The introduction of Town Halls, CORE Teams, and STEP Teams. All these opportunities were presented to all staff to stay updated on the organization, but also other ways to get involved. Throughout several of these

points in contact, feedback on various topics were acquired so when it came time to the year-end survey, staff appreciation was a constant point that was mentioned. With that being said, the annual survey to staff was specifically based on how staff feel appreciated. While there wasn't as much feedback provided as in previous years, those staff that did reply to the one-question survey, what was reported was taken into consideration to work through some of that implementation for the years to come.

SUMMARY OF COMPLAINTS – ALL PROGRAMS

The Program Coordinators handled the day-to-day, addressing them as they arose, but all were resolved. A total of five were brought to the attention of the Human Rights Committee. Of the complaints received, they were received during survey feedback (via Survey Monkey), or face-to-face in team meetings if the situation was warranted. The distribution of concerns was across multiple Programs with 3/5 from Adult Services 2/5 from ECCE. All of these were resolved, but did include a couple of discharges due the overall safety and security of everyone

INTERNAL ASSIGNED TRAININGS (Number Indicates How Many Staff Received this Training)		
Abbreviated Meds- 52	CPR/ First Aid- 56	Individual Plans- 81
Active TX (Adult)- 21	Cultural Competency-81	Re-Cert Mandt- 24
Anxiety Separation-	Customer Service- 106	Transportation-
Back Safety – 90	DCO Safety/Fire Safety -107	Lesson Planning (ECCE)-22
Back Safety (Tes9t Out)-	Defensive Driving- 42	Licensing/MO Outcomes- 104
BBP – 74	Dev Dis/Strat -1	Orientation- 18
BBP/Back Safety - 2	Effective Communication – 54	Tools of Choice – 12
Behavior Modification- 142	Family Interaction – 35	Staff Handbook- 5
CACFP (ADULT)- 50	Re-Cert Medication-14	Supporting Healthy Living- 27
Program Documentation (Adult)- 26	Right Abuse Neglect- 109	I & I (Adult) – 10
Program Documentation/ I & I (ECCE)- 22t	Teaching People with Disabilities-29	Development of Young Children –
Community Event Report- 20	HIPAA- 90	Falls- 29
Medical Conditions – 38	Medication-	Safe Sleep-33
Shaken Baby - 33	Social and Emotional Dev. - 28	

enrolled. The general feedback was specific to COVID-19 related procedures that families didn't agree with, hotline calls, and expectations of the caregivers request of services provided to their loved one.

STAFF TRAINING – ALL PROGRAMS

In the Childcare and Adult Service programs, funding sources have specific minimal training requirements that must be met prior to staff assuming full responsibility. In addition, the Program Director and/or Program Coordinators may recommend additional trainings when best practice strategies change and may be based on program, service, staff position and/or outlined responsibilities. Some trainings are repeated/reviewed on an annual or biennial basis. In addition, staff may request internal or external trainings to enhance their ability to perform their jobs duties. Ongoing pursuit to offer staff additional trainings to further develop their knowledge and skillset is a main area of interest.

OUTSIDE TRAININGS and Webinars	
I Just Blow Like a Volcano (ES)-3	Module 7 Early Childhood Outcome- 1
S.S. Disability Benefits- 4	Module 2: Eligibility Determination-1
10 Reasons to Use Ticket to Work (ES)-4	Module 3: Individual Family Service Plan-1
Benefits and Work Made Simple (ES) - 4	Module 4: Transition-1
Changing the Culture and Message (ES)-4	Intro ASD-4
Medication Process Sign In and Out- 5	Support ASA-4
Practice Manuel-2	Transition to Adulthood-4
Springfield Leadership-1	Evidence Based Evaluation Treatment- 7
Employee 1 st MO COP-Benefit Series-5	Home Visit Safety- 5
CALM-4	ASD-28
Using Labor Market Info to Enhance- 1	Conscious Discipline-28
Individual BSP Training-16	

Program Orientation is completed during the first few days of employment and includes an overview of the assigned program, job description, performance feedback process, and probationary period expectations. New Employee Orientation includes the opportunity to meet with various leadership staff and train in the areas of Developmental Disabilities, Health/Medical information, Back Safety/Universal Precautions, Licensing regulations, Individual Support Plans, Behavior strategies, Communication, Rights/Abuse/Neglect, Confidentiality, Safety, CPR/First Aid, Documentation, and Customer Service.

Training is essential to ensure that all staff are current and fluent in new practices and skills. Several staff are Instructors providing consistent training in pertinent areas including Mandt, Tools of Choice, Med Certification, and CPR/1st Aid in addition to their primary responsibilities. The table above identifies the number of staff trained in each area.

DEMOGRAPHIC INFORMATION

CHARACTERISTICS OF ALL CHILDREN										
Age	2017		2018		2019		2020		2021	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Birth thru 2	91	495	105	551	91	536	94	517	78	386
3 and 4	68	237	68	248	67	291	70	286	56	220
5 and 6	30	8	31	5	50	3	45	5	33	5
7 +	3	3	0	2	0	2	2	2	0	1
E&A*	NA	753	NA	725	NA	NA	NA	NA	NA	NA
Total	192	743+753	204	806+725	208	832	211	810	167	612

*Data for E&A not captured at this stage of service. This will fall off after five years of no longer tracking.

Legal Status	2017		2018		2019		2020		2021	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Vol. by Guardian	186	734	195	777	200	798	203	798	163	577
Court Ordered	1	3	0	2	0	2	0	11	0	0
DFS Custody	5	6	9	27	8	32	8	1	4	35
Total	192	743	204	806	208	832	211	810	167	612

Gender	2017		2018		2019		2020		2021	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Female	95	269	76	281	75	292	85	308	77	229
Male	97	474	128	525	133	540	126	502	90	383
Total	192	743	204	806	208	832	211	810	167	612

County	2017			2018			2019			2020			2021		
	ECCE	THER	E & A	ECCE	THER	E & A	ECCE	THER	E & A	ECCE	THER	E&A	ECCE	THER	E&A
Barry	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Cedar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Christian	14	152	170	7	144	119	9	161	137	6	148	0	4	102	81
Dallas							0	0	1	0	0	66	0	0	0
Douglas	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0
Greene	174	502	465	191	559	456	195	560	492	202	577	178	159	504	385
Hickory	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Lawrence	2	1	2	2	1	2	0	0	0	0	0	0	0	0	1
Polk	0	0	0	0	0	1	1	0	0	2	2	0	0	0	0
Stone	0	24	19	0	29	71	0	27	20	0	24	9	0	2	0
Taney	0	62	70	0	72	64	0	74	70	0	56	12	0	2	0
Webster	2	2	11	4	1	15	2	10	7	1	2	3	1	2	8

Race	2017		2018		2019		2020		2021	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Black/Bi-Racial	43	83	56	90	68	49	50	50	38	46
Caucasian	131	614	114	631	133	606	137	565	119	510
Asian	0	13	2	11	2	12	3	5	0	9
Hispanic	13	26	7	26	5	36	6	36	2	22
Native American	3	5	4	2	4	3	2	4	2	2
Arab/Middle Eastern	0	2	0	0	0	0	0	0	2	0
Hawaiian/Pacific Is.	2	0	3	3	1	3	1	3	1	3
Unreported			9	57	9	99	12	147	3	20

Primary Diagnosis	2017		2018		2019		2020		2021	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Develop. Disability	22	579	22	778	25	778	25	734	30	393
Brain/Head Trauma	2	14	1	11	12	30	9	4	0	6
Visual Impairment	1	13	0	14	8	10	12	4	6	6
Hearing Impairment	0	4	0	21	3	14	4	5	5	5
Cerebral Palsy/Motor	4	17	1	11	6	7	3	6	6	8
Autism/PDD/Behavior	3	11	1	10	10	6	6	4	5	4
Medical/physical	11	50	0	48	65	46	9	47	38	391
No Diagnosis	94	NA	160	NA	79	NA	22	NA	33	NA

Syndromes	ECCE	THERAPY
2016	Chromosomal Anomaly (1), Down (2), Hunter (1), Periodic Fever (1), Shaken Baby (1),	Arthrogryposis (1), Chromosomal Anomaly (7), DiGeorge (2), Down (27), Fetal Alcohol (1), Genetic (1), Heterotaxy (1), Hunter (1), Jacobsen (1), Neonatal Abstinence (2), Pica (1), Pierre Robin (3), Reactive Airway Disease (1), Respiratory Distress (1), Shaken Baby (2), Stickler (1), Trisomy (Edward's) (1), Vater (1),
2017	Down (3), Drug Baby syndrome (1), Hunter (1), Periodic Fever (1), Shaken Baby (1)	Arthrogryposis (1), Chromosomal Anomaly (3), Di George (1), Down (26), Fragile X (1), Genetic (1), Pierre Robin (2), Pierre Robin Sequence (1), Periodic Fever (1), Sandifer (1), Shaken Baby (2), Stickler (1), Treacher Collins (1), Trisomy (Edward's) (1), Trisomy 18 (1)
2018	Down (1) Drug Baby Syndrome (1)	Chromosomal Anomaly (2), Down (17), Shaken Baby (2), Trisomy 21 (1), Fragile X (3), Sandifer (1), Alagille (1), FOXGI (1), Treacher Collins (1), Turners (1), Williams (1)
2019	Down (2)	Down (19), Shaker Baby (1), Trisomy (1) Microcephaly (2)
2020	Down(1), Angelman(1)	Down (15) Shaker Baby (1) Trisomy (2) Angelman(1)
2021	Angelman (1), Down (1), Neurobehavioral (1), Shaken Baby (1)	Angelman (1), Down (5), Trisomy (2), **Other (4)

CHARACTERISTICS OF ALL ADULTS																				
Age	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
16 – 19 years	5	0	3	6	2	0	4	0	2	1	13	3	0	0	11	0	0	0	11	0
20 – 29 years	16	11	18	33	20	11	14	32	31	16	29	39	32	22	33	34	25	14	33	30
30 – 39 years	10	7	6	18	11	7	4	16	11	8	10	18	9	5	6	15	9	6	6	16
40 – 49 years	5	3	8	12	5	2	9	9	8	6	7	16	6	7	7	12	8	7	6	12
50 – 59 years	1	2	5	5	1	1	2	3	2	1	5	3	3	2	6	6	1	4	7	3
60 – 69 years	0	0	1	3	0	0	1	2	0	0	1	2	0	0	0	1	1	0	1	1
70 – 79 years	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0
79 – 80 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	37	23	41	78	39	21	34	63	54	32	61	82	50	36	63	69	44	31	64	62

**Indicates the syndrome was noted but not identified specifically.

Legal Status	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Guardian	29	20	15	62	34	17	19	53	39	24	27	62	39	26	26	55	37	25	24	52
Self	8	3	26	16	4	4	15	10	15	8	34	20	11	10	33	14	7	6	39	10
Court-ordered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	1	0

Gender	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Female	14	10	13	28	16	12	16	24	26	11	26	32	25	10	24	26	22	10	21	27
Male	23	13	28	50	23	9	18	39	28	21	39	50	25	19	39	39	22	21	43	35

County	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Christian	5	2	7	5	34	1	7	3	7	3	18	6	5	2	14	5	3	0	14	2
Greene	32	21	34	73	5	20	26	60	46	28	45	75	44	26	46	63	40	29	43	58
Stone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Taney	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Webster	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	1	6	1
Wright	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Polk	0	0	0	0	0	0	0	0	1	1	0	1	1	1	0	1	1	1	0	1
Douglas	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0

Race	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Black/Bi-Racial	2	2	3	4	5	2	4	5	5	3	7	6	5	3	7	8	5	4	5	6
Caucasian	34	20	36	73	33	18	28	57	48	28	55	75	44	25	52	60	37	25	59	54
Hispanic	1	1	0	1	1	1	1	1	1	1	2	1	1	1	2	1	1	1	0	1
Asian	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	1	1	0	1

Diagnosis	2017				2018				2019				2020				2021			
	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Mild MR	2	1	4	1	4	1	4	2	4	1	3	1	3	1	2	1	3	1	3	1
Moderate MR	1	2	0	1	1	1	0	1	1	2	0	2	1	1	0	1	1	1	0	1
Severe MR	5	0	0	2	3	0	0	0	2	1	0	1	2	1	0	1	2	1	0	1
Profound MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unspecified MR	1	2	0	2	1	1	0	2	1	1	0	1	1	1	0	1	1	1	0	1
DD/ID/LD	20	14	10	50	18	15	8	38	6	6	14	20	3	3	10	10	3	3	11	11
Autism	12	5	0	14	11	4	3	12	3	0	1	2	2	0	0	1	2	0	0	2
Secondary Diagnosis																				
Psych/ADHD	3	3	11	12	9	11	21	33	10	5	11	16	6	4	11	9	9	6	21	12
Epilepsy/Seizure Disorder	5	0	0	10	23	8	7	26	4	1	2	9	4	1	3	7	4	2	3	7
Hearing	0	0	1	0	2	0	2	4	1	0	0	0	1	0	0	0	1	0	0	0
Vision	10	5	1	24	12	5	13	28	12	6	10	22	10	5	4	15	8	4	2	15
Cranial/TBI	4	0	2	3	1	1	1	5	4	2	2	4	4	2	2	3	3	1	2	2
Physical/Motor	5	2	3	8	12	3	2	21	5	2	0	8	4	1	1	4	5	2	6	6

SYNDROMES

ADC:

2017 Charge (1), Down (4), Pica (2), Raynaud's (1), Rhett (1), Tourette (1), Williams (1), Vader (1)

2018 Charge (1), Down (3), Lennox-Gastaut, PICA (2), Tourette (1), Vader (1), Williams (1)

2019 Down (6)

2020 Down (4)

2021 Down (2)

CBL:

2017 Costello (1), Down (2), Fragile X (1), Prader-Willi (1), Rhett (1), Tourette (1)

2018 Cognitive Malformation Syndrome (1), Down (1), Fragile X (1), Prader-Willi (1), Raynaud's (1), Rett (1), Tourette (1)

2019 Down (1) Fragile X (1), Prader Willi (1), Tourette's (1)

2020 Down (1), Fragile X (1), Prader Will (1), Tourette's (1)

2021 Down (1) Fragile X (2) Prader Willi (1) Tourette's (1)

ES:

2017 Down (3), Tourette (2)

2018 DiGeorge (1), Down (2), Tourette (1)
2019 Down (2) Tourett's (1)
2020 Down (2)
2021 Down (3) Tourett's (1)

TLC:
2017 Charge (1), Down (7), Fragile X (1), Pica (1), Prader-Willi (1), Raynaud (1), Restless Leg (1), Rhett (1), Tourette (2), Williams (1)
2018 Charge (1), Congenital Malformation (1), Costello (1), Down (6), Fragile X (2), Prader-Willi (1), Raynaud (1), Restless Leg (1), Rett (1), Tourette (2), Vader (1), Williams (1)
2019 Down (8), Fragile (1), Pica (1), Prader Willi (1), Tourette's (2)
2020 Down (6) Fragile X (1) Pica (1) Prader Willi (1) Tourette's (2)
2021 Down (5) Fragile X (2) Prader Willi (1) Tourett's (2)