



**2018 ANNUAL PROGRAM MANAGEMENT REPORT**  
**January 1, 2018-December 31, 2018**

*Because of Developmental Center of the Ozarks, in our community, everyone belongs.*

**DEVELOPMENTAL CENTER OF THE OZARKS**  
**Annual Program Management Report-CY 2018**

The 2018 Annual Management report includes a review of 2018 including outcomes measurement, demographic information, and input from stakeholders.

**2018 REVIEW**

During the calendar year of 2018 (January 1, 2018 – December 31, 2018) over 1900 individuals received services in the six different Program areas, and another 725 received First Steps Evaluations. It has been a year of overall growth in individuals served, services, and changes to state regulations and expectations. Challenges have included staffing, staffing for referrals, addressing waitlists, meeting new training requirements, meeting new service requirements, 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     CBL-TLC restructure     Playground improvements

OATS Contract for Transportation services.     New Assessments-DECA and Life Course

<b>Individuals Served</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Early Child Care & Education	188	233	209	180	195
Therapy	653	709	729	743	780
Adult Habilitation (Technology & Learning)	86	89	97	83	70
Adult Day Centers (Greene County only*)	*46	*45	*47	*39	*44
Community Based Learning (opened 4/16)			33	25	22
Employment	46	32	46	64	80
<b>Total Receiving Ongoing Services</b>	<b>1019</b>	<b>1108</b>	<b>1161</b>	<b>1134</b>	<b>1191</b>
Children Evaluated for First Steps	621	700	705	753	725
<b>Total Individuals Receiving Services</b>	<b>1640</b>	<b>1808</b>	<b>1866</b>	<b>1887</b>	<b>1916</b>

**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: 16)**

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. 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, OACAC, Parents As Teachers (PAT), and Springfield-Greene County Health Department. These collaborations have a common goal of better preparing children for success in school. Parents As Teachers provided pre-kindergarten assessments and Play Days for Families (to teach parents how to use household items for learning opportunities). A Health Department representative taught the children about gardening and is in the Center on a weekly basis to assist families with housing, utilities, meal planning, etc. We are working with Every Child Promise to enroll at-risk children in a licensed childcare center. We participate in the Read Aloud campaign to support families and teachers to fit 15 minutes of reading out loud activities into every day. Many other community organizations are involved either through volunteering or providing toys and supplies, including the Springfield Greene County Library, Evangel University, MSU, OTC, Hillcrest High School, Smile Academy, and OACAC Foster Grandparent program. While the number of actual contacts is lower than previous years, the collaborations are more involved, e.g., PAT includes assessments, Play Days, and K-prep classes.

<b># of Organizations/</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Referral sources</b>	17	29	28	23	7

**The number of children enrolled compared to the maximum enrollment (138). (Goal: 100%)**

Changes to licensure regulations created a larger call volume of parents inquiring about childcare openings due to some area centers closing. There continues to be a large waitlist for services. Parents are notified of the waitlist and given the option to add their child. Parents are contacted in order of original intake and available opening to determine if the parent is still interested. Children with disabilities are given priority. The Program Coordinator closely monitors upcoming discharges to ensure openings are filled as soon as possible. Enrollment has consistently fallen below capacity. One of the largest contributing factors was inconsistent staffing. There were also two staff added to the older classrooms, allowing an increase of five more children in each classroom. Some of what the program has to monitor is the transition process, so they can't enroll a child in a classroom without first looking at the children already enrolled and when they would transition classrooms. 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.

# Enrolled to	Goal	2014	2015	2016	2017	2018
<b>Maximum Enrollment</b>	<b>100%</b>	76%	85%	86%	89%	<b>89%</b>

**ACCESS OUTCOMES (Therapy):**

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

Of the children evaluated, 53% were eligible for enrollment in the First Steps program. Of the children who qualified, only 1% opted to not enter the program. 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.

Children	2014	2015	2016	2017	2018
% Enrolled	300/621 = 48%	362/637 = 57%	320/705 = 45%	371/711=52%	<b>375/725=52%</b>
% Eligible	58%	64%	49%	53%	<b>53%</b>

**EFFECTIVENESS OUTCOMES (ECCE):**

**To increase the level of functioning and skills as measured by the % of children who reflect progress in individual outcomes. (Goal: 95%)**

ECCE Teachers are trained on writing measurable goals and objectives. Determining factors include: how and when progress will be measured and how well will the child needs to perform to meet the goal. Progress is monitored frequently and goals are reviewed at least every 6 months. Absenteeism is closely monitored in state-funded childcare, which potentially has a direct impact on progress. Goal writing and data collection was reviewed to ensure Teachers are well versed in the process. The DECA was a new assessment tool that staff were trained on towards the end of 2018. With this fully implemented, the program will be able to measure this progress in a new way. Different than the previous assessment(Denver), the DECA tracks social-emotional compared to the DENVER which tracked developmental skills. This was a transition the program since it does serve a special needs population. Until the children can identify some of those social-emotional skills, the developmental milestones may become more challenging. The DECA is also one that follows the Conscious Discipline model.

	Goal	2014	2015	2016	2017	2018
<b>Average Progress</b>	<b>95%</b>	50%	59%	68%	61%	<b>64%</b>

**To decrease total aggressive behaviors by the use of Conscious Discipline(CD). (Goal: 5% or less)**

Conscious Discipline data was not collected the 1<sup>st</sup> quarter as the program was still in transition to tracking system.

	2018
<b>Use of Conscious Discipline (Total)</b>	758
<input type="checkbox"/> Safe Space	330
<input type="checkbox"/> Self Calming	208
<input type="checkbox"/> Peer to peer	226

<b>Time Out</b>	4
<b>Total Aggressive Behaviors</b>	266
<b>Number of Behavior Support Plans</b>	2
<b>ONGOING PLANS</b>	2
<b>NEW PLANS</b>	1

**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. 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. Five percent of the children who were discharged left due to choosing another program.

<b>Early Child Care &amp; Education</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Chose Another Program</b>	11/58=20%	17/88=19%	12/83=14%	3/62=5%	2/74=3%
<b>Moved</b>	7	7	12	7	8
<b>Unacceptable Behavior</b>	0	1	0	1	0
<b>Public School</b>	17	21	20	13	13
<b>Lack of Attendance</b>	5	3	6	2	10
<b>Other</b>	11	18	11	21	26
<b>Financial Reasons</b>	7	21	22	15	15
<b>Total discharged</b>	58	88	83	62	74

**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 (25) met the goal for this outcome.

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Average # of days to complete</b>				24	25

**To provide sessions identified in the Individual Plan as measured by the average number of days between referral and IFSP date (Goal: 40 days) and between IFSP request and initiation of services (Goal: 14 days).**

The Missouri Department of Elementary and Secondary Education (DESE) set timely delivery as 30 days from authorization. Service delivery has consistently fell well within the time frame.

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Referral to IFSP</b>		39	41	39	40
<b>IFSP to Service</b>	25	26	22	21	24

**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. Twenty-seven 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 higher than last year, both in overall children enrolled and those reaching this outcome.

<b>Therapy</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Chose Another Program</b>	4	1	8	8	3
<b>Moved</b>	29	31	39	47	44
<b>Unacceptable Behavior</b>	0	0	0	0	0
<b>Public School</b>	126	161	147	150	141

Achieved Independence	36	15	67	43	<b>56</b>
Lack of Attendance	9	7	2	3	<b>5</b>
Not Eligible for ECSE	18	19	26	41	<b>37</b>
Other	39	41	21	31	<b>60</b>
Never Entered	0	5	2	6	<b>4</b>
Total discharged	261	280	312	337	<b>350</b>
% Reaching Independence	54/261=21%	34/280=12%	93/312=30%	84/337=25%	<b>93/350=27%</b>

**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 remained fairly consistent with previous years; the biggest increase over the past 5 years is seen in Physical Therapy.

Average Progress	2014	2015	2016	2017	2018
Occupational Therapy	54%	59%	59%	56%	<b>57%</b>
Physical Therapy	44%	56%	58%	60%	<b>60%</b>
Speech Therapy	52%	58%	57%	55%	<b>53%</b>
Special Instruction (Dev. Therapy)	55%	55%	58%	61%	<b>62%</b>

**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 84% is slightly off the minimal goal of 85%. With the increase in quarterly or "per auth" authorizations, this is believed to directly impact how the data is being collected. It is set up to track monthly attendance, so these children throw off the accuracy of the database. Further IT compilation will be discussed to better track.

Average Attendance	2014	2015	2016	2017	2018
Occupational Therapy	95%	98%	99%	95%	<b>81%</b>
Physical Therapy	93%	93%	98%	94%	<b>84%</b>
Speech Therapy	94%	99%	99%	98%	<b>89%</b>
Special Instruction (Dev. Therapy)	89%	82%	89%	98%	<b>82%</b>

**To decrease the number of absences not rescheduled which directly affect a child's progress. (Goal: <800 hours annually; Maximum: 2000 hours annually)**

Several strategies have been implemented in an effort to decrease unscheduled absences. Even with these strategies in place, there continues to be a high number of sessions missed. DESE requires Therapists to notify the Service Coordinator when a child has 3 or more absences. Over the 5-year period, 2018 had the highest number of absences. The program has increased the number of children by ~100 in the past five years, making the opportunity of absences amongst families to be more widespread, and perhaps account for the increase in absences. The number of visits not rescheduled equates to nearly a full-time therapist providing services.

# of Absences Not Rescheduled	2014	2015	2016	2017	2018
	1717	1935	1701	1948	<b>2059</b>

#### **EFFICIENCY OUTCOMES (Early Childcare):**

**To increase the continuity of care by decreasing staff turnover. (Goal 10% or less)**

A total of 23 staff left employment, five of these staff left prior to completing the probationary period. Turnover was more in line with years prior with the exception of 2017. Seniority at resignation saw about a 50% decline compared with previous years. Turnover continues to be an area of concern and is being closely monitored. Staff support, orientation, and consistent assignments are areas that are being targeted for improvement.

ECCE	2014	2015	2016	2017	2018
Number of Positions Assigned to Program	31	30	35	36	<b>41</b>
Total Currently Employed Staff	31	30	34	32	<b>40</b>

Resignations	15 (3)	16 (2)	14(6)	21(7)	<b>18 (5)</b>
Openings Filled	17	15	14	11	<b>16</b>
Average Seniority at Resignation (months)	18	13	19 (13.5)	18(1)	<b>9 (1)</b>
Yearly Turnover	48%(58%)	53% (60%)	41% (59%)	66% (88%)	<b>45% (57%)</b>

**Percentage of Staff who complete at least 3 hours of accumulative training at the end of each quarter. (Goal: 100%)**

Training requirements were met, however, this is not reflected in the data. 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.

% of staff completing	2014	2015	2016	2017	2018
3 training hours quarterly	74%	78%	74%	83%	<b>78%</b>

**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.

ECCE	2014		2015		2016		2017		2018	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	\$727,100	\$739,000	\$946,276	\$802,620	\$980,285	\$928,800	\$1,032,088	\$991,000	<b>\$846,080</b>	<b>\$915,999</b>
Expenses	\$837,737	\$829,010	\$930,348	\$1,065,01	\$1,019,319	\$953,055	\$1,084,573	\$1,115,165	<b>\$1,093,825</b>	<b>\$1,098,499</b>
Variance	(\$110,637)	(\$90,010)	\$15,928	(\$9,478)	(\$54,296)	(\$24,255)	(\$52,485)	(\$124,165)	<b>(\$247,745)</b>	<b>(\$182,500)</b>

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

Children's Division only pays for five (5) days of absence for children with Assistance. Absenteeism is closely monitored and families are reminded of attendance-payment guidelines when a child does not consistently attend as scheduled. When there is a waitlist, a family may be given notice due to excessive absenteeism. The FTE percentage is similar to the past 3 years; it still falls below the 95% goal.

ECCE	2014	2015	2016	2017	2018
Full Time Enrollment (FTE)	76%	80%	84%	88%	<b>84%</b>

**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. Therapy expenses remained on target for the year.

Therapy	2014		2015		2016		2017		2018	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	\$1,214,577	\$1,275,216	\$1,328,033	\$1,248,705	\$1,525,407	\$1,392,000	\$1,575,895	\$1,544,000	<b>\$1,614,205</b>	<b>\$1,605,000</b>
Expenses	\$1,382,689	\$1,391,940	\$1,467,751	\$1,437,503	\$1,701,737	\$1,638,121	\$1,869,205	\$1,837,630	<b>\$1,936,250</b>	<b>\$1,915,428</b>
Variance	(\$168,112)	(\$116,724)	(\$139,718)	(\$188,798)	(\$176,330)	(\$246,121)	(\$293,310)	(\$293,630)	<b>(\$322,051)</b>	<b>(\$310,428)</b>

**To provide therapy services in an efficient manner by maximizing authorized hours of therapy established for each Team (Billable hours). (Goal: 63%)**

The average of billable hours remained fairly consistent with previous years. Although driving hours increased, mileage can be impacted by a variety of things, e.g., location of service, therapists covering children in different regions, etc.

Teams	2014	2015	2016	2017	2018
Billable %	60% (65%)	60% (64%)	64% (62%)	62%	61%
Driving Hours		6561 miles	6770 miles	7234 miles	7739

**OUTCOMES MEASUREMENT and ANALYSIS**  
**Adult Services**

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

**ACCESS OUTCOMES:**

**To increase program outreach as measured by the number of community organizations and/or referral sources contacted. To promote community awareness through the inclusion of transition students.**

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. TLC is looking for a Community-base classroom, this will further demonstrate compliance with Home and Community Based Services guidelines as well as allow the program to provide services to more individuals.

Transition students with a paraprofessional from area high schools participated in ADC and TLC their last semester of their senior year. In 2016, there were numerous students in their sophomore and junior years included. A more formal agreement was resumed which limits the transition opportunity to the last semester of the senior year to students who have toured with parent/guardian and chose to attend DCO Adult Services post graduation.

	2014		2015		2016			2017			2018	
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL/TLC
<b>Tours</b>					11		24	12		22	16	32
<b>Community Awareness</b>	12		23		4	16	4	3	14	8	16	15
<b>Transition Students</b>							29			4	1	4

\*CBL community awareness includes parent meetings/tours

**To increase program enrollment as measured by the number of individuals enrolled compared to the number of intake/referrals. (Goal: 75%)**

Although an individual may be counted in one or more programs, it will give a more accurate reflection of Intake for the specific program. A combined average of 53% of intake to enrollment for group and individual services in CBL reflects a decrease from the second year in the program. There was delay in starting new individuals with several carrying over into 2018 on the waitlist; turnover and scheduling were the primary barriers. Referrals to TLC were up from the previous years, the percentage of enrollment remained fairly consistent with 15 additional individuals added to the waitlist. High staff turnover has impacted being able to enroll individuals from the waitlist.

% Enrolled	2014	2015	2016	2017	2018
<b>ADC</b>	10/1	17/7	11/8	4/7=57%	11/8
<b>CBL</b>			19/39=49%	8/13=62%	9/17=53%
<b>TLC</b>	22/42=52%	24/61=39%	14/35=40%	9/18=50%	8/14=58%

**To promote community awareness through the involvement in community events. (Goal: 16 annually)**

CI site development focused on securing inclusive volunteer sites. Volunteer sites that were previously used in TLC were transferred to CBL. 2018 doesn't reflect accurate data since there was some supervision overlap and the new leadership wasn't made aware of establishing this for an outcome. The addition of the Resource Specialist has increased this outcome because that position has been able to regularly attend a variety of community events, including volunteer fairs, transition fairs, MIDD Workgroup, and SACTT meetings. The amount of community events was combined over all three programs since the Resource Specialist represented the agency when in attendance.

CBL	2016	2017	2018
CI Sites Developed	7	4	*
<b>TLC/ADC/CBL</b>			
Community Events	NA	NA	20

**EFFECTIVENESS OUTCOMES:**

**Full Time Enrollment (FTE) will increase as measured by hours of service provided divided by number of possible hours. (Goal: ADC-15 CBL-15 TLC-55)**

Enrollment represents individuals enrolled in each program; however, several individuals access more than one program/service. Individuals receiving Off-Site CI Services in TLC were realigned to create the CBL program in May 2016 that resulted in a decrease to TLC current enrollment and FTE in 2017; however, individuals are reflected in CBL enrollment and FTE. All three programs ended the year with a wait list, but some of that is a result of having staff openings in each of the programs. The Director will work with the Program Coordinators to evaluate the wait list and work on enrolling individuals when the staffing improves.

	2014		2015		2016			2017			2018		
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
<b>Current Enrollment</b>	43	69	33	76	47	20	75	35	25	67	<b>40</b>	<b>23</b>	<b>69</b>
<b>Full Time Enrolled (FTE)</b>	10	44	11	46	9	9	51	13	11	43	<b>17</b>	<b>7</b>	<b>39</b>

**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.

Progress	2014		2015		2016			2017			2018		
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	86%	89%	75%	89%	83%	92%	91%	78%	85%	88%	<b>83%</b>	<b>94%</b>	<b>83%</b>

Attendance	2014		2015		2016			2017			2018		
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	81%	87%	86%	99%	62%	86%	86%	79%	79%	84%	<b>83%</b>	<b>86%</b>	<b>90%</b>

\*Group and Individual services are combined

**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 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 were a barrier to maintaining 3 CI Choice classes (TLC) and covering ratios (ADC) all of the time, on-site services are a 1 staff: 6 individuals ratio, while CI is a 1 staff: 4 individuals ratio. With the ability to enroll in more than one program; it was decided to combine the data for TLC/CBL regarding CI services. Across all 3 programs, the CI average was 54%. The Adult Services has three vans available for use, but the consistent reliability is an ongoing issue. The agency has other vehicles; the Kia, Caravan, and Yukon. These are on a sign-out basis for all programs and passenger capacity is lower; they were also used if available.

Average CI %	2014		2015		2016			2017			2018	
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL/TLC
	Not tracked	28%	Not Tracked	33%	0%	100%	29%	14%	100%	18%	<b>14%</b>	<b>94%</b>

\*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% (2016) is inaccurate (with 39 field trips) as well as the 14% (2017) may be inaccurate (with 43 field trips). Although the % in ADC is still at 14%, nearly double of the field trips were taken. (72 for 2018). The calculation will be more closely monitored to ensure accuracy.



**Increase the number of Community “Inclusive” sites. (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.

% of Inclusive sites	2016	2017	2018
	70%	63%	39%

**To increase the number of community members/volunteers who participate in ADC programming (Goal: 48). To increase the number of community field trips taken by individuals in the ADC (Goal: 100).**

Pet Therapy comes monthly for individuals to pet and play with the Therapy dog. Field trips included going to The Nature Center, Doling Park, Bass Pro, Rutledge-Wilson Farm, and a variety of other places for shopping or walking. There was significant improvement in this area and it will continue to be an area of focus to ensure full compliance with HCBS regulations. In 2018, the goal was to have a staff position added to CBL, which will include an ADC CI component to ensure ADC participants have consistent opportunity to participate in community activities. This was not achieved long-term, but is still a component of the service.

# of Presenters	2014	2015	2016	2017	2018
			4	17	12
# of CI trips		17	39	43	72

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

One ADC individuals (5% of discharges) and two CBL individuals (10%) chose to transfer to another provider. No one discharged from TLC for this reason. A total of 15% combined were discharged for choosing another provider. This can be for a variety of reasons, but is monitored closely for trends that the program could improve. Three TLC individuals (15% of discharges), two ADC individuals, (10% of discharges), and two CBL individuals(10% of discharges), were due to aggressive behavior. This is somewhat skewed because one of the individuals was enrolled in all three programs. When an individual has used behaviors that staff is unable to redirect or consistently prevent or when an individual causes significant property damage the Planning team is given notice. This is typically after one or more emergency meetings, all behavior strategies have been exhausted and an ABA referral has been made or is already in place. The referral process can take time due to the lack of ABA’s to conduct assessments compared to those requesting the service.

Discharges	2014		2015		2016			2017			2018		
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
Chose Another DCO Program					0	0	8	1	1	3	2	0	2
Chose Another Provider	5/9	9/17	2/7	9/14	1/11	0	0	2/5	2/8	3/17	1	2	0
Moved	1	0	2	1	4	0	1	0	1	1	0	0	0
Unacceptable Behavior	0	1	1	2	2	0	1	0	0	2/17	2	2	3
Lack of Attendance	2	2	1	1	1	0	0	2	0	1	3	0	2
Financial Reasons	0	0	0	0	0	0	0	0	1	2	0	0	0
Other Reasons	1	5	1	1	3	1	3	0	3	5	0	1	0
Total discharged	9	17	7	14	11	1	13	5	8	17	8	5	7

**To decrease socially unacceptable behaviors. (Goal: 0)**

In 2016, Tools of Choice training began, starting with the ADC/TLC Program Coordinator and Assistant Coordinator; this was offered through the Springfield Regional Office. Shortly after, Agency Tiered Supports was added, beginning with an assessment of program structures. Throughout 2017 additional staff (in all 3 programs) have been trained in Tools of Choice strategies and a Tools of Choice Instructor was added. In addition, Agency Tiered Supports have been strengthened with the development of “Core Values” and a more in-depth analysis of behavior interventions including proactive and reactive strategies. In addition, all staff has continued to complete Positive Behavior Supports and Mandt training. The goal is to get all staff trained in Tools of Choice, empower the staff that have been designated as Tools of Choice coaches, and continue to strengthen in Agency Tiered Supports. It is anticipated that Tools of Choice and Agency Tiered Supports will soon be a DMH requirement for providers. Data tracking and terminology began to change mid-2017 with full implementation anticipated for 2018. The two tables below show previous data with a new table and new terminology for 2018.

Although all ADC, CBL, and TLC staff are trained in the use of restraints, it is remarkable that even with significant aggressive behaviors occurring, restraint has not been used as a reactive strategy since 2013.

	2014		2015		2016			2017		
	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC
% Requiring Restraints	0	0	0	0	0	0	0	0	0	0
% Requiring Escorts	2	0	0	3	0	0	3	0	0	3
% Requiring Time Outs	0	0	0	0	0	0	0	0	0	0
# of Aggressive Behaviors	18	21	17	65	5	2	65	5	7	59

**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 one year to establish the implementation and the success of the new protocols. The overall aggressive behaviors declined about 10% in 2018.

	2018	
	ADC	CBL/TLC
<b>Total Positive Interactions</b>	246	499
<b>Total Negative Interactions</b>	50	69
<b>Total Desirable Behaviors</b>	26	56
<b>Total Undesirable Behaviors</b>	19	42
<b>Total Aggressive Behaviors</b>	7	59

\*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. It may be a good idea to clarify this in the upcoming year.

#### **EFFECTIVENESS OUTCOMES (TLC):**

**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 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.

Programs	2014	2015	2016	2017	2018
<b>Plans</b>	90%	81%	73%	95%	<b>100%</b>
<b>Reviews</b>	100%	100%	100%	96%	<b>95%</b>

#### **EFFICIENCY OUTCOMES:**

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

Two Certified Nursing Assistant (CNA) positions were added to provide Day Habilitation-Medical Exception services. Previously 1:1 services were authorized for individuals needing individual supervision or g-tube feedings in TLC and were provided by Level One Medication certified staff. Medical Exception services were added in 2017 and must be provided by a CNA or Nurse. The services cover 1:1 during time of medical need and can be group at other times, but requires credentialed staff at all times and is a higher reimbursement rate. The LPN (ADC Coordinator/Nurse) supervises CNA's under the oversight of a RN (Program Director) to meet DMH regulations. Behavior Exception was also added which allows for 1:1 staffing as needed and group at other times, this service requires staff to be certified in Mandt and also has a higher reimbursement rate. There are currently three individuals authorized for Medical Exception (1 is full-time 1:1) and 1 individual for Behavior Exception. These individuals were already enrolled at DCO when the service authorization requirements changed.

The TLC Program Coordinator resigned in September. During that time, it was in best interest to add a Program Assistant to TLC and CBL with no Program Coordinator. The Program Director stepped in as the Program Coordinator for CBL and TLC. A TLC Program

Assistant was hired. Employment Services hired a part-time secretary who also helps in Therapy time to time. The maintenance helper in ADM was eliminated after the employee resigned.

The highest turnover was seen in CBL and the lowest in ADC. CNA, CI Coach, and Instructor wages (with degree or experience) are aligned with Instructor wages (without experience) falling between the degreed/experienced and CA wage. CBL staff are required to use their personal vehicles for transporting individuals and are reimbursed for mileage and partial cell phone expenses. Wage and workload were indicated with some voluntary resignations, while involuntary resignations were due to not a good job match or performance related issues. All three programs reflected an increase in turnover from the previous year. While this is historically considered a high-turnover or entry level job (in some positions), this continues to be an area of focus. Both staff recognition and incentives were implemented in 2018 to try and establish higher staff retention.

<b>ADC</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Number of Positions Assigned to Program	5	9	6	10	<b>10</b>
Current Staff	5	7	5	10	<b>9</b>
Resignations	5	3 (1)	1	1	<b>2(2)</b>
Openings Filled	2	3	1	3	<b>2</b>
Average Months at Resignation	48	18	3	5	<b>11(0)</b>
Yearly Turnover	100%	43% (57%)	10%	1%	<b>22% (57%)</b>

<b>CBL</b>					
Number of Positions Assigned to Program			6	6	<b>7</b>
Current Staff			5	4	<b>4</b>
Resignations			2	4(1)	<b>5</b>
Openings Filled			5	1	<b>5</b>
Average Seniority at Resignation (months)			4	14(3)	<b>9</b>
Yearly Turnover			40%	100%(25%)	<b>100%</b>

<b>TLC</b>					
Number of Positions Assigned to Program		22	22	24	<b>19</b>
Current Staff	20	22	19	16	<b>16</b>
Resignations	2 (1)	9(1)	14(3)	13 (2)	<b>9(7)</b>
Openings Filled	4	9	10	8	<b>5</b>
Average Seniority at Resignation (months)	20	50	11 (9)	52 (45)	<b>7.5</b>
Yearly Turnover	10% (15%)	41% (45%)	74% (89%)	81% (47%)	<b>47% (84%)</b>

\*Resignations covers voluntary and involuntary separation from employment \*( ) are former staff who were employed less than 60 days.

**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. College of Direct Support (CDS) web based training is used to meet many of the initial and annual DMH training requirements with the remaining trainings being face-to-face. Tools of Choice was off-site, however, off-site trainings are very difficult to schedule for, so are very limited unless during non-program hours. Annual CDS trainings are set-up monthly February-July and longer trainings such as Mandt, CPR/1<sup>st</sup> Aid, and Med Certification are offered quarterly.

% of staff with 3 or more training hours quarterly	2014		2015		2016		2017		2018		
	ADC	TLC	ADC	TLC	ADC	TLC	ADC	TLC	ADC	CBL	TLC
	94%	91%	100%	98%	79%	99%	<b>90%</b>	<b>45%</b>	<b>70%</b>	<b>58%</b>	

**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. ADC revenues were higher than projected while CBL and TLC were lower than projected. Expenses for ADC were within budgeted amounts,

while CBL and TLC resulted in lower expenses. All three programs were projected and ended with a positive P/L variance, but CBL and TLC were slightly lower than the projections.

ADC	2014		2015		2016		2017		2018	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	203,959	198,662	263,352	238,494	325,228	303,750	429,945	384,000	\$528,036	\$389,998
Expenses	245,424	123,740	369,408	256,758	215,237	288,245	289,378	318,166	\$354,067	\$352,880
Variance	(41,465)	(25,078)	(6,056)	(18,264)	59,991	15,502	140,567	65,834	\$173,969	\$37,118
<b>CBL</b>										
Revenues					147,581	137,159	311,337	244,000	\$263,516	\$320,001
Expenses					135,150	175,600	188,446	194,260	\$145,369	\$161,667
Variance					12,431	(38,441)	122,891	49,740	\$118,147	\$158,334
<b>TLC</b>										
Revenues	752,724	741,000	770,564	763,778	1,268,849	817,250	1,468,641	1,545,000	\$1,313,004	\$1,420,001
Expenses	557,923	538,342	666,005	614,023	694,854	690,863	763,897	757,612	\$593,068	\$694,887
Variance	194,861	202,658	104,559	149,755	555,995	126,387	704,744	787,388	\$719,936	\$725,114

**OUTCOMES MEASUREMENT**  
Employment Services

**ACCESS OUTCOMES:**

**Increase Enrollment in Individual Employment Services (CES, SES, PTC)**

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

VR referrals are more constant than those received from SRO. There was a freeze on the wait list through VR, but that was lifted which should increase the referrals in 2019. Referral from VR resulted in 39% individuals enrolled. Referral to enroll (SES) from Springfield Regional Office was 33% and (PTC) was 43%. Volunteer Services was a new program through Employment and the enrollment ended the year at 71%.

SERVICE	2014	2015	2016	2017	2018
<b>*VR Referrals (SES &amp; CES)</b>	6/18 = 33%	2/9 = 22%	29/53=55%	30/70=43%	<b>16/41 = 39%</b>
<b>*SC Referrals (SES)</b>	5/13 = 38%	6/14 = 43%	1/3=33%	4/5=80%	<b>1/3=33%</b>
<b>Pre-Voc Training Crew (PTC)</b>	5/12 = 42%	2/3 = 67%	8/19=42%	10/17=59%	<b>6/14 =43%</b>
<b>Volunteer Services</b>					<b>5/7 = 71%</b>

\*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.

**EFFECTIVENESS OUTCOMES:**

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

Four person (9.5%) was discharged due to choosing another provider, four (9.5%) were discharged due to unacceptable behavior. Thirty-six percent of individuals were discharged because they achieved independence, meaning they no longer needed on-going supports in their job, which is an increase from last year and the ultimate goal after placement.

Discharges	2014	2015	2016	2017	2018
Chose Another DCO Program	0	5	2	1	2
Discharged from VR, transf to PTC				2	
Chose Another Provider			0	1/26	4/42
Moved	0	1	0	1	2
Unacceptable Behavior	0	1	4/23 = 17%	3/26	4/42
Achieved Independence	2	2	4	8	15
Lack of Attendance	0	4	2	0	3
Financial Reasons	0	0	1	1	1

Other Reasons	3	3	5	9	11
Total discharged	5	16	23	26	42

**EFFECTIVENESS OUTCOMES:**

**CES Job Placement will occur within 2 months of receiving authorization. Minimal Expectation: 3 months, Goal: 2 months. The Discovery & Exploration Service Plan will be completed within a timely manner after receiving authorization (Goal: 2 weeks). Discovery & Exploration activities, including completion of Final Report, will be completed within a timely manner after receiving authorization (D&E activities Goal: 30 days, Final Report Goal: 45 days)**

The CES goal was not consistently met due to individuals becoming 'Inactive' in status. D&E Service Plan was similar to meeting timelines as last year, and the D&E Activities was slightly lower. There are a variety of barriers to meeting the established timelines, one contributing factor is the individual's motivation to complete this process. Another factor is the extension of CBAs being conducted and the timeframe in order to complete them.

	2014	2015	2016	2017	2018
<b>CES</b>			4/4=100%	4/4=100%	1/5 = 20%
<b>D&amp;E Service Plan</b>				19/23=83%	13/15 = 87%
<b>D&amp;E Activities</b>	3/5=60%	3/9=33%	10/15=67%	12/20=60%	6/14 = 43%

**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 but are not continued to be included if they do not receive FA services. The total contains duplicated individuals that continue to receive FA services. All individuals receiving FA services for retention after 90-days successfully maintained employment. There was one individual who discontinued FA services so it was no longer tracked.

Retaining Position	2014	2015	2016	2017	2018
Community	4/5 = 80%	1/1 =100%	4/5 = 80%	5/5=100%	2/3=67%
Supported	3/5 = 60%	1/4 = 25%	1/7 = 14%	6/7=85%	31/35= 89%
Group	7/7 = 100%	7/9 = 78%	2/3 = 67%	7/8=88%	*

\*This number was no longer tracked in 2018 as an independent number.

**Participants will work a minimum of 15 hours weekly and increase their average hourly wage. (CES: Minimum \$8.50, Goal \$9.00; SES: Minimum \$8.00, Goal \$8.50; PTC: Minimum \$7.85, Goal \$8.05)**

Individuals on the Pre-Voc Training Crew began earning minimum wage. (\$7.85 hour) Both the CES and SES goals were exceeded regarding wage, while SES hours goal was not met.

Annual Averages	2014		2015		2016		2017		2018			
	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages		
<b>CES/SES</b>	38	10.48	33	8.20	27	8.95	37	18	\$9.51	8.20	CES 30.13 SES 16.91	\$9.83 \$9.02
<b>PTC</b>	29	3.93	26	5.76	34	4.00	17		\$6.81		13.67	\$7.93

**Individuals on Job Training Crew will reach a level of independence for referral to Individual Employment. (Minimum: 3 per year; Goal is 6 per year)**

**Individuals on the Pre-Vocational Training Crew (PTC) will be referred to SES within outlined program goals. (Maximum = 18 months; Goal = 6-12 months)**

The Pre-Voc. Training Crew is supported through Medicaid Waiver HCBS. Regulations require that individuals receive training, limited to a 6-month period of time. An extension can be requested for up to 2 additional 6-month periods, but must be approved. The goal is for the individual to obtain competitive employment at or above minimum wage.

Pre-Voc. Training Crew	2014	2015	2016	2017	2018
<b>Referrals to Independent Employment</b>	0	0	4/6	3/11	3

<b>Length of Time in Pre-Voc. Training to Referral</b>			20 months	11 months	<b>6.5 months</b>
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**EFFICIENCY OUTCOMES:**

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

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. A DCO vehicle has been requested by the department to aid in the expense of mileage reimbursement and availability in Christian County. Salaries are also monitored closely, but do to the needs of the individuals served, OT is a variable in order for job coaching to take place for appropriate job placements.

ES	2014		2015		2016		2017		2018	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
<b>Revenues</b>	165,203	143,200	228,457	240,169	221,373	271,000	226,395	213,056	<b>\$250,023</b>	<b>\$240,001</b>
<b>Expenses</b>	154,389	170,539	171,571	214,528	232,148	183,255	263,161	228,500	<b>\$301,977</b>	<b>\$240,354</b>
<b>Variance</b>	(10,814)	(27,339)	56,886	25,641	(38,663)	87,745	<36,766>	<15,444>	<b>(\$51,954)</b>	<b>(\$353)</b>

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

An Employment Specialist resigned and another was promoted to be the Assistant Program Coordinator. Both Employment Specialist positions became filled by the year end.

	2014	2015	2016	2017	2018
<b>Number of Positions Assigned to Program</b>		5	6	6	<b>8</b>
<b>Current Staff</b>	5	5	5	6	<b>8</b>
<b>Resignations</b>	2	5	3	2	<b>1(2)</b>
<b>Openings Filled</b>	2	3	1	1	<b>2</b>
<b>Average Months at Resignation</b>	7	6	24	38	<b>3</b>
<b>Yearly Turnover</b>	40%	100%	50%	33%	<b>13% (38%)</b>

**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.**

<b>Early Child Care</b>	2014	2015	2016	2017	2018
Sent/Returned	37/157 = 24%	51/99 = 52%	78/154 = 51%	81/75 = 108%	37/43 = 86%
Satisfaction	66/69 = 96%	49/51 = 96%	74/78 = 95%	70/76 = 92%	31/37 = 84%
<b>Therapy</b>					
Sent/Returned	170/386 = 44%	221/569 = 39%	277/751 = 37%	262/580 = 45%	131/359 = 36%
Satisfaction	168/170 = 99%	215/221 = 97%	275/277 = 99%	260/262 = 99%	130/131 = 99%
<b>ADC</b>					
Sent/Returned	4/23 = 17%	13/49 = 27%	8/20 = 40%	6/8 = 75%	7/21 = 33%
Satisfaction	4/4 = 100%	13/13 = 100%	8/8 = 100%	6/6 = 100%	6/7 = 86%
<b>ES</b>					
Sent/Returned	2/9 = 22%	4/38 = 11%	3/10 = 30%	5/5	6/9 = 67%
Satisfaction	2/2 = 100%	4/4 = 100%	3/3 = 100%	100%	6/6 = 100%
<b>TLC/CBL</b>					
Sent/Returned	19/35 = 54%	15/74 = 20%	32/65 = 49%	20/42 = 47%	19/37 = 51%

Satisfaction	19/19=100%	13/15=87%	35/37 = 95%	19/20= 95%	18/19= 95%
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**Follow up Questionnaires:**

<b>ECCE</b>					
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Follow Up	0/61	8/84=10%	6/82=7%	4/45=8%	6/57=11%
Satisfaction	NA	8/8=100%	5/6=83%	4/4=100%	4/6= 67%
<b>Therapy</b>					
Follow Up	49/296=17%	19/324=6%	40/376=11%	39/343=11%	47/217 = 22%
Satisfaction	46/49=94%	18/19=95%	40/40=100%	38/39=97%	45/47 = 96%
<b>ADC</b>					
Follow Up	0/10 =0%	0/6=0%	0/11	0/2	0/5
Satisfaction	NA	NA	NA	NA	NA
<b>ES</b>					
Follow Up	4/9=44%	0/5 = 0%	0/6 = 0%	3/12=25%	6/30 = 20%
Satisfaction	4/4 = 100%	0/0 = 0%	0/0 = 0%	3/3=100%	5/6 = 83%
<b>TLC/CBL</b>					
Follow Up	2/18=11%	0/11 = 0%	0/11 = 0%	2/9 = 22%	2/10 = 10%
Satisfaction	2/2=100%	0/0= 0%	0/0= 0%	2/2 = 100%	0/2 = 0%

<b>ES</b>					
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Employers</b>					
Sent/Returned	2/3 = 66%	8/12 = 67%	14/16 = 88%	2/3=67%	2/2 = 100%
Satisfaction	2/2 = 100%	8/8 = 100%	16/16 = 100%	2/2=100%	2/2 = 100%
<b>VR (CES/SES)</b>					
Sent/Returned	7/8 = 88%	8/22 = 36%	5/25=20%	8/29=28%	16/29 = 55%
Satisfaction	7/7 = 100%	8/8 = 100%	4/4=100%	6/8=75%	16/16 = 100%
<b>VR Counselors</b>					
Sent/Returned	2/9=22%	2/14= 14%	12/24=50%	18/34=53%	23/30 = 77%
Satisfaction	2/2=100%	2/2 = 100%	12/12=100%	18/18=100%	23/23 = 100%

<b>CI Sites</b>					
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>TLC/CBL</b>					
Sent/Returned	1/1=100%	9/23=39%	8/26=31%	5/28 = 18%	3/5 = 60%
Satisfaction	2/2=100%	9/9=100%	8/8=100%	5/5 = 100%	3/3 = 100%

**SUMMARY OF COMMUNITY SURVEYS-ALL PROGRAMS**

There was a total of 22 respondents, with the highest response from ADC and TLC contacts. The majority of respondents indicated they are involved with DCO several times a year. Suggestions for additional DCO services included: online payment options in ECCE, additional transportation to/from home, and expanding services to include more of Christian County. Trends, challenges, or upcoming changes included: changes in state funding, the organization to be conservative with money in preparation of things outside their control taking place, and minimum wage increasing. Nearly 90% of respondents indicated communication was good/fair, and the remaining 10% indicated it was improving.

**SUMMARY OF STAFF SURVEYS-ALL PROGRAMS AND ADMINISTRATION**

Forty-five percent (58/130) staff returned a survey, with the highest response from ECCE and Therapy. Overall, staff felt respected and heard. They also agreed that the policies and procedures were relatively fair, but assessing the benefits/merit raises, and promotions were a common response. The staff also appreciated the Staff Newsletter that was generated in 2018. Areas of improvement involved an increase in communication, being included in meetings/updated on procedural changes, and further funding for continuing education. Raises and retirement were a common theme. Staff also felt they could benefit from having mentorship roles established for new staff.

**SUMMARY OF COMPLAINTS – ALL PROGRAMS**

The Program Coordinators handled the day-to-day, addressing them as they arose, but all were resolved. None 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. There are suggestion boxes in each of the programming buildings but there weren't any received in this way in 2018. When evaluating the surveys, the complaints ranged from timeliness of staff, lack of communication, timelines of services not being met, and level of overall care. Seven complaints were received and reviewed in 2018. The distribution of concerns was across multiple Programs with 1/7 from TLC, 3/7 from Therapy, and 2/7 from ECCE, and 1/7 from ADC. All of these were resolved. The general trends appear to be the need to improve communications and ensure all staff thoroughly understands the expectations of individuals' care and programming. This has been a trend for several years, but one that almost naturally occurs due to the nature of our services.

**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 PC's 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.

College of Direct Support (CDS) web based training continues to be extremely effective as part of the initial and annual training for adult services staff. The Administrative Assistant and Childcare Coordinator developed an annual training calendar to ensure completion and compliance with licensing regulations.

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/1<sup>st</sup> Aid in addition to their primary responsibilities. The table below identifies the number of staff trained in each area.

Abbreviated Meds (CDS)- 48	Community Event Report- 7	First Aid- 26
Active TX (Adult)- 6	CPR- 31	HIPAA-132
Anxiety Separation- 36	Cultural Competency (CDS)- 72	I & I (Adult) -8
Back Safety - 18	Customer Service- 122	Individual Plans (CDS)- 54
Back Safety (Test Out)- 2	DCO Safety - 68	Intro To Developmental Disabilities (CDS) - 0
BBP - 12	Defensive Driving- 43	Lesson Planning (ECCE)- 8
BBP/Back Safty - 70	Dev Dis/Strat - 38	Licensing/MO Outcomes- 125
Behavior Modification (CDS)- 101	Effective Communication -107	Mandt- 22
CACFP (ADULT)- 26	Family Interaction - 56	Medication Cert- 8
CACFP (ECCE)- 44	Fire Safety (CDS)- 5	Orientation- 15
CDS Documentation- 13	Fire/DCO Safety ECCE- 51	Philosophy of DCO-23
Program Documentation (Adult)- 32	Re-Cert Medication- 6	Staff Handbook-0
Program Documentation/ I & I (ECCE)-43	Right Abuse Neglect (ECCE)- 40	Supporting Healthy Living (CDS)- 0
Re-Cert Mandt-15	Rights Abuse Neglect (CDS)- 18	Teaching People with Disabilities (CDS)- 20

<b>OUTSIDE TRAININGS and Webinars</b>	
Self Advocacy- 22	Mindfulness-1
Community Intergration/Inclusion- 18	Secrets of baby behavior- 1
CI Site Development-18	Changing Development Traj- 7
Early Emotional & Social Dev.-1	PICA Training- 1



Social & Emotional-31	Dev of Young Children- 36
2nd Annual CRP/Summit- 3	Behavior Plan - 8
Drugs & Personal Safety- 31	DECA- 30
DAYC 2- 3	Inclement Weather- 6
Transportation- 52	7th Crash Course- 7
APSE- 2	Abuse/ Neglect/Doc/P/P- 8
Intro to Trauma- 1	Enhancing Quality of Life- 5

## APPENDIX

### 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 experience 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 provides assistance 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, Greene, Stone, and Taney 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-6:00pm, 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 individual service 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 Coordinator 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 and Personal Assistant services approves 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. Degreed or experienced 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). A degreed Program Coordinator and Assistant Coordinator 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 Employment Program is designed to assist individuals to obtain and maintain gainful employment through three services. Individuals who are over 16 are offered a choice of Employment providers by an Intake Agency such as Vocational Rehabilitation (VR) or Springfield Regional Office (SRO). Vocational Rehabilitation authorizes Community (CES) and Supported Employment (SES) services. The Springfield Regional Office authorizes individuals for Supported Employment and for Pre-Voc. Training Crews. A degreed Program Coordinator provides oversight and direct services. Employment Specialists provide Assessment, Job Development, Coaching and Follow-Along services (if needed).

CES is authorized for individuals who have an employment history, but for whatever reason has had a break in that history. The individual may need supports, but will function independently on the job without direct coaching. Employment Specialists provide whatever supports the individual needs to be successful. SES is a service for individuals who appear to have employment skills and the ability to work independently after training, but will need Job Coaching and Follow Along supports. Pre-vocational Job Training is a service authorized through SRO for individuals who are motivated to work but need additional training. The service is time-limited and designed to lead to competitive, integrated employment. This is a small group service for individuals with a Job Coach performing a task that would be completed by one employee. The Job Coach stays with the work crew 100% of the time. The Division of Vocational Rehabilitation and the Department of Mental Health (SRO) approve the Program.

### DEMOGRAPHIC INFORMATION

CHARACTERISTICS OF ALL CHILDREN										
Age	2014		2015		2016		2017		2018	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Birth thru 2	76	418	107	474	108	477	91	495	105	551
3 and 4	67	217	70	216	68	235	68	237	68	248
5 and 6	44	7	46	14	33	13	30	8	31	5
7 +	1	11	0	5	0	4	3	3	0	2
E&A*	NA	658	NA	700	NA	705	NA	753	NA	725
<b>Total</b>	<b>188</b>	<b>653+621</b>	<b>223</b>	<b>709+700</b>	<b>209</b>	<b>729+705</b>	<b>192</b>	<b>743+753</b>	<b>204</b>	<b>806+725</b>

Legal Status	2014		2015		2016		2017		2018	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Vol. by Parents	163	630	197	694	196	722	186	734	195	777
Court Ordered	8	10	8	6	2	2	1	3	0	2
DFS Custody	17	13	18	9	11	5	5	6	9	27
<b>Total</b>	<b>188</b>	<b>653</b>	<b>223</b>	<b>709</b>	<b>209</b>	<b>729</b>	<b>192</b>	<b>743</b>	<b>204</b>	<b>806</b>

Gender	2014		2015		2016		2017		2018	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Female	73	238	97	276	106	293	95	269	76	281
Male	115	415	126	433	103	436	97	474	128	525
<b>Total</b>	<b>188</b>	<b>653</b>	<b>223</b>	<b>709</b>	<b>209</b>	<b>729</b>	<b>192</b>	<b>743</b>	<b>204</b>	<b>806</b>

County	2014			2015			2016			2017			2018		
	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	0	0	0	1	0	0	0	0	0	1
Cedar	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Christian	10	111	109	11	133	138	12	138	147	14	152	170	7	144	319
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	178	456	486	207	483	485	193	500	486	174	502	465	191	559	456
Lawrence	0	0	0	0	0	0	2	1	2	2	1	2	2	1	2
Polk	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1
Stone	0	30	25	1	31	20	0	28	22	0	24	19	0	29	71
Taney	0	56	38	0	60	57	0	59	73	0	62	70	0	72	64

Webster	0	0	0	2	2	0	2	2	9	2	2	11	4	1	15
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Race	2014		2015		2016		2017		2018	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Black/Bi-Racial	51	30	66	32	47	78	43	83	56	90
Caucasian	123	587	142	638	144	763	131	614	114	631
Asian	1	8	1	9	0	9	0	13	2	11
Hispanic	12	18	13	22	14	35	13	26	7	26
Native American	0	6	0	6	2	5	3	5	4	2
Arab/Middle Eastern	0	4	0	2	0	1	0	2	0	0
Hawaiian/Pacific Is.	1	0	1	0	2	2	2	0	3	3
Unreported									9	57

Primary Diagnosis	2014		2015		2016		2017		2018	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Develop. Delays	40	591	33	650	30	628	22	579	22	778
Brain/Head Trauma	0	15	2	16	2	12	2	14	1	11
Visual Impairment	3	23	4	13	2	9	1	13	0	14
Hearing Impairment	5	47	5	4	2	2	0	4	0	21
Cerebral Palsy/Motor	3	9	3	7	2	14	4	17	1	11
Autism/PDD/Behavior	4	7	9	13	4	11	3	11	1	10
Medical/physical	21	74	22	48	12	53	11	50	0	48
No Diagnosis	163	NA	185	NA	155	NA	94	NA	160	546

Syndromes	ECCE	THERAPY
2014	Down (3), Shaken Baby (1),	Angelman (1), Aspartylglycosaminuria (1), Axenfeld- Rieger (1), Chromosomal Anomaly (5), DiGeorge (2), Down (28), Heterotaxy (1), Hirschsprung (1), Jacobsen (1), Noonan (1), Pierre Robin (1), Respiratory Distress (1), Rett (1), Shaken Baby (2), Stickler (1), Vater (1), Wolf-Hirshhorn (1),
2015	Chromosomal Anomaly (1), Down (4), Shaken Baby (1),	Arthrogyrosis (1), Aspartylglycosaminuria (1), Chri du chat (1), Chromosomal Anomaly (6), DiGeorge (3), Down (26), Heterotaxy (1), Hirschsprung (1), Jacobsen (1), Neonatal Abstinence (1), Noonan (1), Periodic Fever (1), Pica (1), Pierre Robin (3), Respiratory Distress (1), Rett (1), Shaken Baby (2), Short gut (1), Stickler (2), Vater (1),
2016	Chromosomal Anomaly (1), Down (2), Hunter (1), Periodic Fever (1), Shaken Baby (1),	Arthrogyrosis (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)	Arthrogyrosis (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)

CHARACTERISTICS OF ALL ADULTS																		
Age	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
16 – 19 years	4	3	5	4	2	7	4	3	5	9	5	0	3	6	2	0	4	0
20 – 29 years	18	14	33	21	12	37	23	12	14	40	16	11	18	33	20	11	14	32
30 – 39 years	18	6	27	16	7	28	13	10	8	28	10	7	6	18	11	7	4	16
40 – 49 years	4	8	12	2	4	10	6	7	11	14	5	3	8	12	5	2	9	9
50 – 59 years	1	10	7	2	6	4	1	1	8	4	1	2	5	5	1	1	2	3
60 – 69 years	1	1	2	0	1	3	0	0	1	2	0	0	1	3	0	0	1	2
70 – 79 years	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1
79 – 80 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>46</b>	<b>42</b>	<b>86</b>	<b>45</b>	<b>32</b>	<b>89</b>	<b>47</b>	<b>33</b>	<b>47</b>	<b>98</b>	<b>37</b>	<b>23</b>	<b>41</b>	<b>78</b>	<b>39</b>	<b>21</b>	<b>34</b>	<b>63</b>

Legal Status	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Guardian	39	20	74	39	14	80	41	30	23	85	29	20	15	62	34	17	19	53
Self	7	22	12	6	18	9	6	3	24	13	8	3	26	16	4	4	15	10
Court-ordered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Female	23	12	38	16	15	31	14	15	20	35	14	10	13	28	16	12	16	24
Male	23	30	48	19	17	58	33	18	27	63	23	13	28	50	23	9	18	39

County	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Christian	13	4	12	6	1	6	8	3	3	9	5	2	7	5	34	1	7	3
Greene	32	38	73	38	31	83	39	30	43	88	32	21	34	73	5	20	26	60
Stone	0	0	0	1	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
Webster	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Wright	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

Race	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Black/Bi-Racial	0	1	2	2	1	3	2	1	1	2	2	2	3	4	5	2	4	5
Caucasian	45	41	82	41	30	85	44	20	46	41	34	20	36	73	33	18	28	57
Hispanic	1	0	2	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1
Asian	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

Diagnosis	2014			2015			2016				2017				2018			
	ADC	ES	TLC	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Mild MR	8	9	18	9	10	16	7	6	9	13	2	1	4	1	4	1	4	2
Moderate MR	5	4	14	6	6	15	4	3	3	14	1	2	0	1	1	1	0	1

Severe MR	12	2	11	11	2	9	4	4	0	7	5	0	0	2	3	0	0	0
Profound MR	9	0	0	9	0	0	8	0	0	0	0	0	0	0	0	0	0	0
Unspecified MR	0	1	2	1	2	3	0	2	1	2	1	2	0	2	1	1	0	2
DD/ <b>ID</b> /LD	4	10	35	4	12	34	16	10	13	52	20	14	10	50	18	15	8	38
Autism	4	2	6	5	3	10	5	8	2	8	12	5	0	14	11	4	3	12
<b>Secondary Diagnosis</b>																		
Psych/ADHD		14	18		7	10		3	10	10	3	3	11	12	9	11	21	33
Epilepsy/Seizure Disorder	15	5	21	13	4	15	9	3	4	14	5	0	0	10	23	8	7	26
Hearing	0	1	1	0	1	1	1	0	0	1	0	0	1	0	2	0	2	4
Vision	1	3	6	1	0	7	1	0	2	5	10	5	1	24	12	5	13	28
Cranial/TBI	2	1	3	2	1	3	2	2	0	4	4	0	2	3	1	1	1	5
Physical/Motor	6	6	11	7	4	12	9	4	3	9	5	2	3	8	12	3	2	21

### SYNDROMES

<b>ADC:</b>
2014 Down (1), Rhett (4), Sturge-Webber (1), Tuberous Sclerosis (1), Williams (1)
2015 Down (10), Tuberous Sclerosis (1)
2016 Down (4), Rhett (1)
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)

<b>CBL:</b>
2016 Down (9), Fragile X (1), Pica (1), Prader-Willi (1), Tourette (2)
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)

<b>ES:</b>
2014 Down (3), Fragile X (1), Tourette (1)
2015 Down (3), Fragile X (1), Tourette (1)
2016 Down (3), Tourette (1)
2017 Down (3), Tourette (2)
2018 DiGeorge (1), Down (2), Tourette (1)

<b>TLC:</b>
2014 Down (11), Fragile X (1), Pica (2), Prader-Willi (2), Rett (3), Tourette (2), Tuberous Sclerosis (1), Williams (1)
2015 Down (10), Fragile X (1), Pica (1), Tourette (2), Tuberous Sclerosis (1)
2016 Down (9), Fragile X (1), Pica (1), Prader-Willi (1), Tourette (2)
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)