



2019 ANNUAL PROGRAM MANAGEMENT REPORT
January 1, 2019-December 31, 2019

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

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

The 2019 Annual Management report includes a review of 2019 including outcomes measurement, demographic information, and input from stakeholders.

2019 REVIEW

During the calendar year of 2019 (January 1, 2019 – December 31, 2019) over 1900 individuals received services in the six different Program areas, and another 704 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 √ Co-Coordinator for Hailey Center √ Transition with new Director of Programming
- √ Development for expanded services for Employment and ABA Services √ Tiered Support Expansion into ADC
- √ Successful SRO Provider Review √ Childcare License Renewed

Individuals Served	2015	2016	2017	2018	2019
Early Child Care & Education	233	209	180	195	196
Therapy	709	729	743	780	798
Adult Habilitation (Technology & Learning)	89	97	83	70	84
Adult Day Center	45	47	39	44	57
Community Based Learning (opened 4/16)		33	25	22	27
Employment	32	46	64	80	65
Total Receiving Ongoing Services	1108	1161	1134	1191	1227
Children Evaluated for First Steps	700	705	753	725	704
Total Individuals Receiving Services	1808	1866	1887	1916	1931

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, 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. The agency’s Resource Specialist also dedicates time for community awareness, and is responsible for being an advocate for the center. NWP(Northwest Project) is a monthly meeting that is regularly attended to share our resources, but also gain those from this part of the community. Parents Leadership meetings were held in our activity room, and Educare assisted with goal setting and room arrangements along with Community Partnership. A Health Department representative is a weekly opportunity to assist families with housing, utilities, meal planning, etc. 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. The number of actual contacts is much higher than in previous years, and the program has begun using the agency’s Resource Specialist to continue making those connections. The collaborations are more involved, e.g., PAT includes assessments, Play Days, and K-prep classes.

# of Organizations/	2015	2016	2017	2018	2019
Referral sources	29	28	23	7	56

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

Changes to tracking and maintaining an accurate wait list, produced of cleanup of list, but there is still a need for the program. 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. Classrooms 1 and 2 expanded to have five additional children enrolled by adding a third staff person, but that resulted in some delayed enrolled in the younger classrooms to be able to accommodate those already enrolled v. coming off the wait list. 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. 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. Another variable to openings is staffing. The program operates on a ratio basis, so if there are staff openings, the ability to enroll children also becomes delayed.

# Enrolled to	Goal	2015	2016	2017	2018	2019
Maximum Enrollment	100%	85%	86%	89%	89%	93%

ACCESS OUTCOMES (Therapy):

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

Of the children evaluated, 52% were eligible for enrollment in the First Steps program. Of the children who qualified, 51% 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 was not met for 2019, 4th quarter resulted in 64% enrolling in services, which reflects the ongoing need and acceptance for these services.

Children	2015	2016	2017	2018	2019
% Enrolled	362/637 = 57%	320/705 = 45%	371/711=52%	375/725=52%	360/704=51%
% Eligible	64%	49%	53%	53%	52%
First Steps Enrollment					360

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 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 state-funded childcare, which potentially has a direct impact on progress. Another area that progress may be skewed is once the accomplishment of that outcome is made, the Teacher then develops a new outcome. So, while the progress was strong one month, the new outcomes would be the development of new, not yet obtained skills. This would directly reflect how progress is being reflected. There is still an overall assessment (DECA) that tracks social-emotional, which follows the Conscious Discipline model, but the Coordinator and Program Director are discussing more realistic/accurate tracking.

	Goal	2015	2016	2017	2018	2019
Average Progress	95%	59%	68%	61%	64%	54%

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

	2018	2019
Use of Conscious Discipline (Total)	758	746
☑ Safe Space	330	254
☑ Self Calming	208	232

☑ Peer to peer	226	283
Time Out	4	14
Total Aggressive Behaviors	266	210
Number of Behavior Support Plans	2	4
ONGOING PLANS	2	4
NEW PLANS	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, 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. Ten percent 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.

Early Child Care & Education	2015	2016	2017	2018	2019
Chose Another Program	17/88=19%	12/83=14%	3/62=5%	2/74=3%	8/77 =10%
Moved	7	12	7	8	5
Unacceptable Behavior	1	0	1	0	1
Public School	21	20	13	13	29
Lack of Attendance	3	6	2	10	11
Other	18	11	21	26	13
Financial Reasons	21	22	15	15	10
Total discharged	88	83	62	74	77

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 (24) met the goal for this outcome.

	2014	2015	2016	2017	2018	2019
Average # of days to complete				24	25	24

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) sets timely delivery as 30 days from authorization. Service delivery has consistently fell well within the time frame.

	2014	2015	2016	2017	2018	2019
Referral to IFSP		39	41	39	40	42
IFSP to Service	25	26	22	21	24	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-two 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. We had one more child achieve independence, but around 50 more children than ended First Steps services and transitioned into the ECSE program.

Therapy	2015	2016	2017	2018	2019
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Chose Another Program	1	8	8	3	4
Moved	31	39	47	44	32
Unacceptable Behavior	0	0	0	0	0
Public School	161	147	150	141	196
Achieved Independence	15	67	43	56	57
Lack of Attendance	7	2	3	5	6
Not Eligible for ECSE	19	26	41	37	29
Other	41	21	31	60	68
Never Entered	5	2	6	4	1
Total discharged	280	312	337	350	393
% Reaching Independence	34/280=12%	93/312=30%	84/337=25%	93/350=27%	86/393=22%

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	2015	2016	2017	2018	2019
Occupational Therapy	59%	59%	56%	57%	63%
Physical Therapy	56%	58%	60%	60%	69%
Speech Therapy	58%	57%	55%	53%	59%
Special Instruction (Dev. Therapy)	55%	58%	61%	62%	62%

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 83% 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. This was revised towards the end of 2019, as well as, how therapists accurately track this data.

Average Attendance	2015	2016	2017	2018	2019
Occupational Therapy	98%	99%	95%	81%	84%
Physical Therapy	93%	98%	94%	84%	84%
Speech Therapy	99%	99%	98%	89%	85%
Special Instruction (Dev. Therapy)	82%	89%	98%	82%	78%

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 three 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. The numbers for 2019 was similar to 2018, but a new Therapy Coordinator analyzed this data and realized it wasn't being tracked as accurately as possible. Training and ongoing communication took place at the end of 2019, in hopes that a more realistic result will take place in the future.

# of Absences Not Rescheduled	2015	2016	2017	2018	2019
	1935	1701	1948	2059	2014

EFFICIENCY OUTCOMES (Early Childcare):

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

A total of 20 staff left employment, four of these staff left prior to completing the probationary period. Turnover was better than in the past five years, but still closely monitored, as it still is above the goal. Seniority at resignation was right at 10 months of employment prior to resigning/terminated. Staff support, orientation, and consistent assignments are areas that are being targeted for improvement.

ECCE	2015	2016	2017	2018	2019
Number of Positions Assigned to Program	30	35	36	41	41
Total Currently Employed Staff	30	34	32	40	37
Resignations	16 (2)	14(6)	21(7)	18 (5)	16(4)
Openings Filled	15	14	11	16	20/14
Average Seniority at Resignation (months)	13	19 (13.5)	18(1)	9 (1)	10
Yearly Turnover	53% (60%)	41% (59%)	66% (88%)	45% (57%)	39% (49)

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 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 12 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.

% of staff completing	2015	2016	2017	2018	2019
3 training hours quarterly	78%	74%	83%	78%	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. The decision was made at the end of last year to do a community assessment and adjust the private pay rates. Rates hadn't been adjusted in seven years, and legislation passed a minimum wage increase that also resulted in the decision to re-evaluate.

ECCE	2015		2016		2017		2018		2019	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	\$946,276	\$802,620	\$980,285	\$928,800	\$1,032,088	\$991,000	\$846,080	\$915,999	\$1,249,076	\$1,133,579
Expenses	\$930,348	\$1,065,011	\$1,019,319	\$953,055	\$1,084,573	\$1,115,165	\$1,093,825	\$1,098,499	\$1,483,588	\$1,404,811
Variance	\$15,928	(\$9,478)	(\$54,296)	(\$24,255)	(\$52,485)	(\$124,165)	(\$247,745)	(\$182,500)	(\$234,512)	(\$271,232)

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. 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 higher than the past four years, but still fell below the 95% goal.

ECCE	2015	2016	2017	2018	2019
Full Time Enrollment (FTE)	80%	84%	88%	84%	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. Therapy expenses ended ahead of the projected loss, and additional monitoring due to the cost of services in outlying counties is occurring.

Therapy	2015		2016		2017		2018		2019	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	\$1,328,033	\$1,248,705	\$1,525,407	\$1,392,000	\$1,575,895	\$1,544,000	\$1,614,205	\$1,605,000	\$2,054,023	\$2,031,730
Expenses	\$1,467,751	\$1,437,503	\$1,701,737	\$1,638,121	\$1,869,205	\$1,837,630	\$1,936,250	\$1,915,428	\$2,361,241	\$2,446,059
Variance	(\$139,718)	(\$188,798)	(\$176,330)	(\$246,121)	(\$293,310)	(\$293,630)	(\$322,051)	(\$310,428)	(\$307,218)	(\$414,329)

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 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. As you can see, the same amount of billing percentage was accomplished with nearly 1,000 less miles.

Teams	2015	2016	2017	2018	2019
Billable %	60% (64%)	64% (62%)	62%	61%	62%
Driving Hours	6561 miles	6770 miles	7234 miles	7739 miles	6831 miles

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, there was a wait list that was implemented by the state in 2019 that significantly impacted our opportunity to receive new referrals. Expanding our services has been paused regarding our community-based classrooms as a result. Greater opportunities have also been allotted with the agency’s Resource Specialist making time to commit to some of these activities.

Transition students with a paraprofessional from area high schools participated in ADC and TLC their last semester of their senior year. In 2017, 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. The wait list has also impacted this participation because families don’t know if they can commit without having a waiver slot available.

	2015		2016			2017			2018			2019	
	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL/TLC	ADC	TLC/CBL
Tours				11		24	12		22	16		32	38
Community Awareness		23		4	16	4	3	14	8	16		15	25
Transition Students						29			4	1		4	2

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. The goal was met in all services, as there were more enrollments than there were intakes. This is a reflection of how/who was responsible for the intake process, or if the intake occurred in a different year than enrollment. When looking at CBL services, it is a direct reflect of community involvement through the HCBS legislation. The Co-Coordinators monitored appropriate intake enrollments for services when they took over in May 2019. This may suggest that their enrolling individuals in programs that may best fit their needs, but ongoing monitoring of tracking Intakes will also be reviewed. ADC also saw an increase, as individuals in other programs utilized the extended hours of ADC to have fluidity in their services.

% Enrolled	2015	2016	2017	2018	2019
ADC	17/7	11/8	4/7=57%	11/8	13/11
CBL		19/39=49%	8/13=62%	9/17=53%	12/6
TLC	24/61=39%	14/35=40%	9/18=50%	8/14=58%	14/14=100%

To promote community awareness through the involvement in community events. (Goal: 64 annually)

CI sites visited stemmed from availability and individual choice. Some Volunteer sites that were previously used in CBL became no longer active, so the Co-Coordinators are ever developing other opportunities, but in 2019 the outcome was revised for CI overall. This better assisted in putting a true value in all the activities offered and chosen, bringing better awareness to the community. Some of these sites will be duplications, as data was tracked from daily progress notes. The continuation 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, which brings us closer to the overall goal.

CBL	2016	2017	2018	2019
CI Sites Visited*	7	4	*	512*
TLC/ADC/CBL				
Community Events	NA	NA	20	51

*Outcome revised in 2019, which explains the drastic increase.

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 it is a direct reflection on the waitlist that was established through the DMH Waiver.

	2015		2016			2017			2018			2019		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
Current Enrollment	33	76	47	20	75	35	25	67	40	23	69	48	26	69
Full Time Enrolled (FTE)	11	46	9	9	51	13	11	43	17	7	39	17	10	39

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 ADC, which may have influenced overall training and proper implementation of tracking progress. Ongoing monitoring with the Co-Coordinators through new employee orientation consistently took place the last part of the year.

Progress	2015		2016			2017			2018			2019		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	75%	89%	83%	92%	91%	78%	85%	88%	83%	94%	83%	61%	95%	84%

Attendance	2015		2016			2017			2018			2019		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	86%	99%	62%	86%	86%	79%	79%	84%	83%	86%	90%	82%	89%	90%

*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 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. At the end of 2019, a tenured staff was transitioned to a float position and create a schedule to allow her more availability to dedicate CI opportunities to the individuals in ADC only. Transportation is also being routinely monitored, and both agency vehicles and personal staff vehicles are utilized to carry out these services.

Average CI %	2015		2016			2017			2018		2019	
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL/TLC	ADC	CBL/TLC
	Not Tracked	33%	0%	100%	29%	14%	100%	18%	14%	94%	3%	57%

*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 significantly lower percentage in 2019 has been addressed, and the team understands the importance to offer CI as a regular activity.

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. The number of sites visited in 2019 better assisted in the opportunity for inclusion to occur.

% of Inclusive sites	2016	2017	2018	2019
	70%	63%	39%	70%

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. Great Southern volunteered and donated some DIY sensory items. Field trips included going to The Nature Center, Doling Park, Hobby Lobby, Krispy Kreme, Art Museum, Rutledge-Wilson Farm, and a variety of other places for shopping or walking. There was significant improvement in this area due to 1:1 staffing opportunities, but it will continue to be an area of focus to ensure full compliance with HCBS regulations for larger groups as well. 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 achieved at the end of 2019.

# of Presenters	2015	2016	2017	2018	2019
		4	17	12	15
# of CI trips	17	39	43	72	139

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

Two individuals that were enrolled in both ADC and TLC chose to transfer to another provider, and six were discharged due to unacceptable behavior. The decisions to discharge came due to an inability to be approved and staff 1:1 behavior needs. The increased behavior, and lack of Behavior Support Plans/Behavior Exceptions played a part in the ability to maintain enrollment. 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. A total of 35% combined were discharged for either of these outcomes, which is significantly higher than the goal, but the programs were unable to meet the ongoing demands, and it was no longer a good fit to remain enrolled. One staff is currently in school to obtain ABA credentials, and the additional support this will provide this agency should directly impact this outcome.

Discharges	2015		2016			2017			2018			2019		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC	ADC	CBL	TLC
Chose Another DCO Program			0	0	8	1	1	3	2	0	2	1	0	1
Chose Another Provider	2/7	9/14	1/11	0	0	2/5	2/8	3/17	1	2	0	2	0	2
Moved	2	1	4	0	1	0	1	1	0	0	0	0	0	1
Unacceptable Behavior	1	2	2	0	1	0	0	2/17	2	2	3	2	2	4
Lack of Attendance	1	1	1	0	0	2	0	1	3	0	2	0	1	5
Financial Reasons	0	0	0	0	0	0	1	2	0	0	0	0	0	0
Other Reasons	1	1	3	1	3	0	3	5	0	1	0	1	0	1
Total discharged	7	14	11	1	13	5	8	17	8	5	7	6	3	14

To decrease socially unacceptable behaviors. (Goal: 0) Old outcome, but data kept to display historical data in the past five years.

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.

	2015		2016			2017		
	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC
% Requiring Restraints	0	0	0	0	0	0	0	0
% Requiring Escorts	0	3	0	0	3	0	0	3
% Requiring Time Outs	0	0	0	0	0	0	0	0
# of Aggressive Behaviors	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 two years to establish the implementation and the success of the new protocols. The overall aggressive behaviors did see another decline 2019. 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 2019, all staff had been Tools trained, and an annual training for new hired, as well as, an overview of veteran staff will be added to the Annual Training Calendar. The increase in ADC EMT's came from aggressive behaviors from a couple of individuals that were found not to be a good match for the program, protecting the safety of others enrolled. It is anticipated that this will decrease next year.

	2018		2019	
	ADC	CBL/TLC	ADC	CBL/TLC
Total Positive Interactions	246	499	412	696
Total Negative Interactions	50	69	144	161
Total Desirable Behaviors	26	56	379	547
Total Undesirable Behaviors	19	42	155	176
Total Reportable EMT's	7	59	28	42

*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. Discussion with the team collecting data took place to better establish this for next 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 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.

Programs	2015	2016	2017	2018	2019
Plans	81%	73%	95%	100%	98%
Reviews	100%	100%	96%	95%	99%

EFFICIENCY OUTCOMES:

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

The turnover in our Adult Day Center (ADC) was higher than 2018 at 60%. One new hire left during their probationary period (60 days.) The Day Habilitation-Medical Exception does not require a Certified Nurse Assistant or Nurse to provide the service under the supervision of an RN anymore, so those duties shifted to other staff. The ADC Program Coordinator (PC) is sharing the role with another PC and the new title is Hailey Center Co- Coordinator. An LPN was hired to replace the PC/LPN who resigned. Staffing has been stable with one position open, but not needing to fill the position at this time.

The Technology & Learning Center turnover rate was lower than previous years at 24% (29% of new hires leaving during the probationary period). The Program Coordinator left in May with the position being shared with ADC and CBL resulting in Hailey Center Co-Coordinator position. TLC has historically had a high turnover rate due to the demands and workload, but this year there was less turnover. A part-time secretary was added to the office. The secretary is a long-term staff that needed to transition out of the classrooms due to ongoing demands and overall health concerns. She was still seen of a value to the agency, and has done well offering more support in the office.

The CBL Program showed a low turnover at 13%. With the majority of individuals enrolled in more than one program, coordinating individual schedules has improved. The Hailey Center Co-Coordinators have done a wonderful job maintaining the success of the program. There is one position open, but does not need to be filled at this time.

ADC	2015	2016	2017	2018	2019
Number of Positions Assigned to Program	9	6	10	10	10
Current Staff	7	5	10	9	9
Resignations	3 (1)	1	1	2(2)	5(1)
Openings Filled	3	1	3	2	5/5
Average Months at Resignation	18	3	5	11(0)	27
Yearly Turnover	43% (57%)	10%	1%	22% (57%)	50% (60%)

CBL	2015	2016	2017	2018	2019
Number of Positions Assigned to Program		6	6	7	8
Current Staff		5	4	4	7
Resignations		2	4(1)	5	1
Openings Filled		5	1	5	4/3
Average Seniority at Resignation (months)		4	14(3)	9	13
Yearly Turnover		40%	100%(25%)	100%	13%

TLC	2015	2016	2017	2018	2019
Number of Positions Assigned to Program	22	22	24	19	*17
Current Staff	22	19	16	16	17
Resignations	9(1)	14(3)	13 (2)	9(7)	4(1)
Openings Filled	9	10	8	5	4/9
Average Seniority at Resignation (months)	50	11 (9)	52 (45)	7.5	18
Yearly Turnover	41% (45%)	74% (89%)	81% (47%)	47% (84%)	24% (29%)

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

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. Through the first quarter of the year, CDS became unavailable to attend trainings, and a transition to new leadership also slowed the process down of trainings being completed each quarter. Towards the latter part of the year, several trainings were held to get staff trained in all pertinent topics, ending the year on a positive note. Tools of Choice was brought on-site as we added a Tools Trainer, but the duration of the class was still a seven-week commitment, which took place after hours. Annual CDS trainings are set-up monthly February-July and longer trainings such as Mandt, CPR/1st Aid, and Med Certification are offered quarterly.

% of staff with 3 or more training hours quarterly	2015		2016		2017		2018			2019		
	ADC	TLC	ADC	TLC	ADC	TLC	ADC	CBL	TLC	ADC	CBL	TLC
	100%	98%	79%	99%	90%	45%	70%	58%		65%	64%	67%

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. Both ADC and TLC revenues were lower than projected while CBL was higher than projected. Expenses were higher in all three programs. All three programs were projected and ended with a positive P/L variance, but TLC and ADC were lower than the projections.

ADC	2015		2016		2017		2018		2019	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	263,352	238,494	325,228	303,750	429,945	384,000	\$528,036	\$389,998	\$592,638	\$645,000
Expenses	369,408	256,758	215,237	288,245	289,378	318,166	\$354,067	\$352,880	\$505,511	\$477,178
Variance	(6,056)	(18,264)	59,991	15,502	140,567	65,834	\$173,969	\$37,118	\$87,127	\$167,822
CBL										
Revenues			147,581	137,159	311,337	244,000	\$263,516	\$320,001	\$309,284	\$255,000
Expenses			135,150	175,600	188,446	194,260	\$145,369	\$161,667	\$212,511	\$176,942
Variance			12,431	(38,441)	122,891	49,740	\$118,147	\$158,334	\$96,773	\$78,058

TLC										
Revenues	770,564	763,778	1,268,849	817,250	1,468,641	1,545,000	\$1,313,004	\$1,420,001	\$1,251,773	\$1,132,500
Expenses	666,005	614,023	694,854	690,863	763,897	757,612	\$593,068	\$694,887	\$780,191	\$719,132
Variance	104,559	149,755	555,995	126,387	704,744	787,388	\$719,936	\$725,114	\$471,582	\$413,368

OUTCOMES MEASUREMENT
Employment Services

ACCESS OUTCOMES:

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

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

Overall, referrals were up and down over the course of 2019. A lot of this had to do with the wait lists being implemented for services, both in VR and DMH. The VR referrals were referrals are more constant than those received from SRO, but several wanted to speak over the phone instead of meeting, which makes the process less individualized and a majority of the time, the referral chooses the provider that is closest to them. There was a freeze on the wait list through VR, but that was lifted which should increase the referrals in 2020. If the DMH budget is reallocated for 2020, there should also be an increase of referrals for those individuals waiting services based on waiver slots, but this is yet to be determined. Referral from VR resulted in 35% individuals enrolled. Referral to enroll (SES) from Springfield Regional Office was 67% and (JTC) was 47%, but not all were found appropriate for services. Volunteer Services is still a fairly new program through Employment and the enrollment saw a decline, ending the year at 20%.

SERVICE	2015	2016	2017	2018	2019
*VR Referrals (SES & CES)	2/9 = 22%	29/53=55%	30/70=43%	16/41 = 39%	19/55=35%
*SC Referrals (SES)	6/14 = 43%	1/3=33%	4/5=80%	1/3=33%	4/6 = 67%
Job Training Crew (JTC)	2/3 = 67%	8/19=42%	10/17=59%	6/14 =43%	10/21=47%
Volunteer Services				5/7 = 71%	1/5 =20%

*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)

Eight percent (8%) was discharged due to choosing another provider, four (4%) were discharged due to unacceptable behavior. Thirty-two 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	2015	2016	2017	2018	2019
Chose Another DCO Program	5	2	1	2	0
Discharged from VR, transf to PTC			2		
Chose Another Provider		0	1/26	4/42	2/25
Moved	1	0	1	2	2
Unacceptable Behavior	1	4/23 = 17%	3/26	4/42	1/25
Achieved Independence	2	4	8	15	8
Lack of Attendance	4	2	0	3	6
Financial Reasons	0	1	1	1	0
Other Reasons	3	5	9	11	6
Total discharged	16	23	26	42	25

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 improved with the timeliness. 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.

	2015	2016	2017	2018	2019
CES		4/4=100%	4/4=100%	1/5 = 20%	0/3 = 0%
D&E Service Plans			19/23=83%	13/15 = 87%	9/10=90%
D&E Activities	3/9=33%	10/15=67%	12/20=60%	6/14 = 43%	8/13= 62%

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	2015	2016	2017	2018	2019
Community	1/1 =100%	4/5 = 80%	5/5=100%	2/3=67%	1/1=100%
Supported	1/4 = 25%	1/7 = 14%	6/7=85%	31/35= 89%	22/27=96%
Group	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 \$9.00, Goal \$9.75; SES: Minimum \$8.75, Goal \$9.00; JTC: Minimum Wage \$8.60)

Individuals on the Job Training Crew began earning minimum wage. (\$8.60 hour), and the only goal to increase wages, would be to increase hours with this time-limited opportunity. The CES wage was just below the minimum with SES slightly above the goal.

Annual Averages	2015		2016		2017		2018		2019			
	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages		
CES/SES	33	8.20	27	8.95	37	18	\$9.51	8.20	CES 30.13	\$9.83	27.5	\$8.95
									SES 16.91	\$9.02	15.67	\$9.11

	2015		2016		2017		2018				2019	
	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours	Wages
JTC	29	3.93	26	5.76	34	4.00	17	\$6.81	13.67	\$7.93	14.54	\$8.60

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 Job Training Crew (JTC) will be referred to SES within outlined program goals. (Maximum = 18 months; Goal = 6 -12 months)

The Job 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 two (2) additional 6-month periods, but must be approved. The goal is for the individual to obtain competitive employment at or above minimum wage. Referrals for the crews were limited in 2019 due to the waitlist and lack of individual response from the Support Coordinators.

Job Training Crew	2015	2016	2017	2018	2019
Referrals to Independent Employment	0	4/6	3/11	3	4
Length of Time in Job Training to Referral		20 months	11 months	6.5 months	10.5 months

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 the demand to hire qualified staff for these independent roles is vital. Expansion for other services with higher reimbursement rates is being evaluated.

ES	2015		2016		2017		2018		2019	
	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted	Actual	Budgeted
Revenues	228,457	240,169	221,373	271,000	226,395	213,056	\$250,023	\$240,001	\$280,339	\$305,256
Expenses	171,571	214,528	232,148	183,255	263,161	228,500	\$301,977	\$240,354	\$406,267	\$360,651
Variance	56,886	25,641	(38,663)	87,745	<36,766>	<15,444>	(\$51,954)	(\$353)	(\$125,928)	(\$55,393)

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

The turnover rate in the Employment Program was 14% with one staff resigning. The program continues to remain steady. The Assistant Program Coordinator position was eliminated and not looking to fill it at this time. The volunteer opportunities have been a success. The Summer Youth Work Crew Job Coach was filled by a contract employee.

	2015	2016	2017	2018	2019
Number of Positions Assigned to Program	5	6	6	8	*7
Current Staff	5	5	6	8	7
Resignations	5	3	2	1(2)	1
Openings Filled	3	1	1	2	0/0
Average Months at Resignation	6	24	38	3	30
Yearly Turnover	100%	50%	33%	13% (38%)	14%

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

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.

Early Child Care	2015	2016	2017	2018	2019
Sent/Returned	51/99 =52%	78/154=51%	81/75=108%	37/43=86%	5/57=9%
Satisfaction	49/51=96%	74/78 = 95%	70/76=92%	31/37=84%	4/5=80%
Therapy					
Sent/Returned	221/569=39%	277/751=37%	262/580=45%	131/359 = 36%	42/183=23%
Satisfaction	215/221=97%	275/277 = 99%	260/262=99%	130/131 = 99%	39/42=93%
ADC					
Sent/Returned	13/49=27%	8/20 = 40%	6/8=75%	7/21= 33%	1/20=5%
Satisfaction	13/13=100%	8/8 = 100%	6/6=100%	6/7= 86%	1/1=100%
ES					
Sent/Returned	4/38= 11%	3/10 = 30%	5/5	6/9 =67%	1/3=33%
Satisfaction	4/4 = 100%	3/3 = 100%	100%	6/6=100%	1/1=100%
TLC/CBL					
Sent/Returned	15/74=20%	32/65 = 49%	20/42= 47%	19/37= 51%	5/39=13%
Satisfaction	13/15=87%	35/37 = 95%	19/20= 95%	18/19= 95%	5/5=100%

Follow up Questionnaires:

ECCE					
	2015	2016	2017	2018	2019
Follow Up	8/84=10%	6/82=7%	4/45=8%	6/57=11%	5/48=10%
Satisfaction	8/8=100%	5/6=83%	4/4=100%	4/6= 67%	4/5=80%
Therapy					
Follow Up	19/324=6%	40/376=11%	39/343=11%	47/217 = 22%	13/188=7%
Satisfaction	18/19=95%	40/40=100%	38/39=97%	45/47 = 96%	11/13=85%
ADC					
Follow Up	0/6=0%	0/11	0/2	0/5	2/11=18%
Satisfaction	NA	NA	NA	NA	1/2=50%
ES					
Follow Up	0/5 = 0%	0/6 = 0%	3/12=25%	6/30 = 20%	0/12=0%
Satisfaction	0/0 = 0%	0/0 = 0%	3/3=100%	5/6 = 83%	0/0=0%
TLC/CBL					
Follow Up	0/11 = 0%	0/11 = 0%	2/9 = 22%	2/10 = 10%	1/16=6%
Satisfaction	0/0= 0%	0/0= 0%	2/2 = 100%	0/2 = 0%	1/1=100%

ES					
	2015	2016	2017	2018	2019
Employers					
Sent/Returned	8/12 = 67%	14/16 = 88%	2/3=67%	2/2 = 100%	1/3=33%
Satisfaction	8/8 = 100%	16/16 = 100%	2/2=100%	2/2 = 100%	1/1=100%
VR (CES/SES)					
Sent/Returned	8/22 = 36%	5/25=20%	8/29=28%	16/29 = 55%	11/25=44%
Satisfaction	8/8 = 100%	4/4=100%	6/8=75%	16/16 = 100%	11/11=100%
VR Counselors					
Sent/Returned	2/14= 14%	12/24=50%	18/34=53%	23/30 = 77%	16/22=73%
Satisfaction	2/2 = 100%	12/12=100%	18/18=100%	23/23 = 100%	16/16=100%

CI Sites					
	2015	2016	2017	2018	2019
TLC/CBL					
Sent/Returned	9/23=39%	8/26=31%	5/28 = 18%	3/5 = 60%	5/5=100%
Satisfaction	9/9=100%	8/8=100%	5/5 = 100%	3/3 = 100%	5/5=100%

SUMMARY OF COMMUNITY SURVEYS-ALL PROGRAMS

There was a total of 35 respondents, with the highest response from ES and ADC 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, specializing in ABA or community outreach. Trends, challenges, or upcoming changes included: re-entry from incarcerated offenders, decreased referrals, transportation, direct care wages and DMH funding, more therapists to serve the increased need for First Steps. Nearly 95% of respondents indicated communication was good/fair, and the remaining 5% indicated it was improving.

SUMMARY OF STAFF SURVEYS-ALL PROGRAMS AND ADMINISTRATION

Forty-one percent (57/139) 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/retirement, and promotions were a common response. Training was a large component of the responses and staff felt the onboarding process could be revised. They also responded with specific areas of interest for trainings. Areas of improvement involved an increase in communication, fairness amongst program staff, being included in meetings/updated on procedural changes, and further funding for continuing education. A response to these direct responses were conducted my management.

SUMMARY OF COMPLAINTS – ALL PROGRAMS

The Program Coordinators handled the day-to-day, addressing them as they arose, but all were resolved. Two 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 2019. Five complaints were received and reviewed in 2019. The distribution of concerns was across multiple Programs with 2/5 from TLC, 1/5 from Therapy, and 1/5 from ECCE, and 1/5 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 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	
Employment on College of Direct Supports- 7	Safe Sleep- 42
Medical Conditions- 36	Shaken Baby- 44
Keep negativity from inflicting your workplace- 8	Transportation- 34
Social & Emotional Dev- 38	Tools of Choice- 11
Development of Young Children- 40	DECA- 40
Falls – 35	Mandt Instructor Renewal- 2
Sharing Difficult news with families- 30	Tongue Tied- 31
CI Site Development – 25	Trauma Informed- 32
PICA- 2	Med Book Training- 5

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 developed an agency wide training calendar to get all programs on the same rotation. CDS was terminated in October of 2019, so further research to a new training platform began at the end of 2019.

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.

INTERNAL ASSIGNED TRAININGS (Number Indicates How Many Staff Received this Training)		
Abbreviated Meds (CDS)- 46	Community Event Report- 39	Teaching People with Disabilities (CDS)- 14
Active TX (Adult)- 68	CPR/ First Aid- 50	HIPAA- 131
Anxiety Separation- 35	Cultural Competency (CDS)- 47	I & I (Adult) - 33
Back Safety - 14	Customer Service- 123	Individual Plans (CDS)- 60
Back Safety (Test Out)- 16	DCO Safety - 46	Re-Cert Mandt- 28
BBP - 34	Defensive Driving- 28	Lesson Planning (ECCE)- 99
BBP/Back Safety - 77	Dev Dis/Strat - 39	Licensing/MO Outcomes- 55
Behavior Modification (CDS)- 120	Effective Communication -104	Mandt- 9
CACFP (ADULT)- 53	Family Interaction - 47	Fire/DCO Safety ECCE- 56
CACFP (ECCE)- 43	Fire Safety (CDS)- 39	Orientation- 14
Program Documentation (Adult)- 26	Re-Cert Medication-10	Philosophy of DCO- 58
Program Documentation/ I & I (ECCE)- 44	Right Abuse Neglect- 101	Staff Handbook- 36
		Supporting Healthy Living (CDS)- 5

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 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, 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 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. 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). 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 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 Job Training Crews. A degreed Program

Coordinator provides oversight and direct services. Employment Specialists provide Assessment, Job Development, Coaching and Follow-Along services (if needed).

Volunteer Services is generally authorized if you have limited employment history and could benefit from additional work-related skills or “soft skill” development before entering a Job Training Crew or Competitive Employment opportunities. A volunteer coach trains and supervises a small group of individuals to assist them in completing assigned duties and responsibilities for various non-profit organizations. In Volunteer Services, you may volunteer at different non-profit organizations of your interest. The current volunteer sites are located at local non-profit organizations for Retail and Animal Care services. You may only volunteer for a maximum of four hours each day. This is an unpaid position and follows DOL regulations for “Volunteers”.

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. The Job Training Crew 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	2015		2016		2017		2018		2019	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Birth thru 2	107	474	108	477	91	495	105	551	91	536
3 and 4	70	216	68	235	68	237	68	248	67	291
5 and 6	46	14	33	13	30	8	31	5	50	3
7 +	0	5	0	4	3	3	0	2	0	2
E&A*	NA	700	NA	705	NA	753	NA	725	NA	NA
Total	223	709+700	209	729+705	192	743+753	204	806+725	208	832

Legal Status	2015		2016		2017		2018		2019	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Vol. by Parents	197	694	196	722	186	734	195	777	200	798
Court Ordered	8	6	2	2	1	3	0	2	0	2
DFS Custody	18	9	11	5	5	6	9	27	8	32
Total	223	709	209	729	192	743	204	806	208	832

Gender	2015		2016		2017		2018		2019	
	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy	ECCE	Therapy
Female	97	276	106	293	95	269	76	281	75	292
Male	126	433	103	436	97	474	128	525	133	540
Total	223	709	209	729	192	743	204	806	208	832

County	2015			2016			2017			2018			2019		
	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	1	0	0	0
Cedar	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Christian	11	133	138	12	138	147	14	152	170	7	144	119	9	161	137
Dallas													0	0	1
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	207	483	485	193	500	486	174	502	465	191	559	456	195	560	492
Hickory	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Lawrence	0	0	0	2	1	2	2	1	2	2	1	2	0	0	0
Polk	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0
Stone	1	31	20	0	28	22	0	24	19	0	29	71	0	27	20
Taney	0	60	57	0	59	73	0	62	70	0	72	64	0	74	70

Webster	2	2	0	2	2	9	2	2	11	4	1	15	2	10	7
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Race	2015		2016		2017		2018		2019	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Black/Bi-Racial	66	32	47	78	43	83	56	90	68	49
Caucasian	142	638	144	763	131	614	114	631	133	606
Asian	1	9	0	9	0	13	2	11	2	12
Hispanic	13	22	14	35	13	26	7	26	5	36
Native American	0	6	2	5	3	5	4	2	4	3
Arab/Middle Eastern	0	2	0	1	0	2	0	0	0	0
Hawaiian/Pacific Is.	1	0	2	2	2	0	3	3	1	3
Unreported							9	57	9	99

Primary Diagnosis	2015		2016		2017		2018		2019	
	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER	ECCE	THER
Develop. Delays	33	650	30	628	22	579	22	778	25	778
Brain/Head Trauma	2	16	2	12	2	14	1	11	12	30
Visual Impairment	4	13	2	9	1	13	0	14	8	10
Hearing Impairment	5	4	2	2	0	4	0	21	3	14
Cerebral Palsy/Motor	3	7	2	14	4	17	1	11	6	7
Autism/PDD/Behavior	9	13	4	11	3	11	1	10	10	6
Medical/physical	22	48	12	53	11	50	0	48	65	46
No Diagnosis	185	NA	155	NA	94	NA	160	NA	79	NA

Syndromes	ECCE	THERAPY
2015	Chromosomal Anomaly (1), Down (4), Shaken Baby (1),	Arthrogryposis (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),	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)

CHARACTERISTICS OF ALL ADULTS																			
Age	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
16 – 19 years	4	2	7	4	3	5	9	5	0	3	6	2	0	4	0	2	1	13	3
20 – 29 years	21	12	37	23	12	14	40	16	11	18	33	20	11	14	32	31	16	29	39
30 – 39 years	16	7	28	13	10	8	28	10	7	6	18	11	7	4	16	11	8	10	18
40 – 49 years	2	4	10	6	7	11	14	5	3	8	12	5	2	9	9	8	6	7	16
50 – 59 years	2	6	4	1	1	8	4	1	2	5	5	1	1	2	3	2	1	5	3
60 – 69 years	0	1	3	0	0	1	2	0	0	1	3	0	0	1	2	0	0	1	2
70 – 79 years	0	0	0	0	0	0	1	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	0
Total	45	32	89	47	33	47	98	37	23	41	78	39	21	34	63	54	32	61	82

Legal Status	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Guardian	39	14	80	41	30	23	85	29	20	15	62	34	17	19	53	39	24	27	62
Self	6	18	9	6	3	24	13	8	3	26	16	4	4	15	10	15	8	34	20
Court-ordered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Female	16	15	31	14	15	20	35	14	10	13	28	16	12	16	24	26	11	26	32
Male	19	17	58	33	18	27	63	23	13	28	50	23	9	18	39	28	21	39	50

County	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Christian	6	1	6	8	3	3	9	5	2	7	5	34	1	7	3	7	3	18	6
Greene	38	31	83	39	30	43	88	32	21	34	73	5	20	26	60	46	28	45	75
Stone	1	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
Webster	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Wright	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Polk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Race	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Black/Bi-Racial	2	1	3	2	1	1	2	2	2	3	4	5	2	4	5	5	3	7	6

Caucasian	41	30	85	44	20	46	41	34	20	36	73	33	18	28	57	48	28	55	75
Hispanic	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	2	1
Asian	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0

Diagnosis	2015			2016				2017				2018				2019			
	ADC	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC	ADC	CBL	ES	TLC
Mild MR	9	10	16	7	6	9	13	2	1	4	1	4	1	4	2	4	1	3	1
Moderate MR	6	6	15	4	3	3	14	1	2	0	1	1	1	0	1	1	2	0	2
Severe MR	11	2	9	4	4	0	7	5	0	0	2	3	0	0	0	2	1	0	1
Profound MR	9	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unspecified MR	1	2	3	0	2	1	2	1	2	0	2	1	1	0	2	1	1	0	1
DD/ ID /LD	4	12	34	16	10	13	52	20	14	10	50	18	15	8	38	6	6	14	20
Autism	5	3	10	5	8	2	8	12	5	0	14	11	4	3	12	3	0	1	2
Secondary Diagnosis																			
Psych/ADHD	0	7	10	0	3	10	10	3	3	11	12	9	11	21	33	10	5	11	16
Epilepsy/Seizure Disorder	13	4	15	9	3	4	14	5	0	0	10	23	8	7	26	4	1	2	9
Hearing	0	1	1	1	0	0	1	0	0	1	0	2	0	2	4	1	0	0	0
Vision	1	0	7	1	0	2	5	10	5	1	24	12	5	13	28	12	6	10	22
Cranial/TBI	2	1	3	2	2	0	4	4	0	2	3	1	1	1	5	4	2	2	4
Physical/Motor	7	4	12	9	4	3	9	5	2	3	8	12	3	2	21	5	2	0	8

SYNDROMES

ADC:

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)

2019 Down (6)

CBL:

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)

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

ES:

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)

2019 Down (2) **Tourette's (1)**

TLC:

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)

2019 Down (8), **Fragile (1), Pica (1), Prader Willi (1), Tourette's (2)**