

**ACCESS SERVICES OF NORTHERN ILLINOIS
OUTCOMES MANAGEMENT REPORT
JULY 1, 2006 – JUNE 30, 2007
OCTOBER 2007**

INTRODUCTION

This report represents a summary of the outcomes management process and a review of data obtained as part of that process from July 1, 2006 to June 30, 2007.

This report reflects further refinement of the outcomes management system used by Access Services of Northern Illinois (ASNI), including Child and Family Connections (CFC). The summary reflects a separation of outcomes achieved by ASNI and CFC; consistent measurement tools were utilized in both programs. While CFC is part of the larger ASNI organization, its target population, programmatic operations, and funding source are different so that a separate assessment of outcomes achieved is warranted.

During the course of this report, Individual Service Coordination (ISC) will refer to activities funded by DHS-Division of Developmental Disabilities and CFC will refer to activities funded by the DHS-EI Bureau

EFFECTIVENESS OUTCOMES

ASNI conducts an ongoing quality assurance review of the work of its Service Coordinators. The review focuses on the effectiveness of process (paperwork completion and adherence to established procedures) and the effectiveness of interactions with persons served and/or their guardian. The quality assurance process reviews a random sample of 20% or more of each Service Coordinator's individual files. This year individual/guardian satisfaction was obtained by directly mailing satisfaction surveys to all individuals served or their guardians. Deficiencies noted in the file review are required to be corrected, where possible, within a thirty day period.

During the time period of July 1, 2006 to June 30, 2007, ISC reviewed 276 files and CFC reviewed 132 files as part of the ongoing quality assurance process. The following data indicates the findings of those reviews.

Process Effectiveness

The ongoing quality assurance process reviews compliance of agency process operations with federal and state guidelines and regulations relevant to the activities performed by agency under contract with the Illinois Department of Human Services.

ISC

A review of 276 files revealed that 100% of the files reviewed were in compliance with established procedure and policy expectations. This reflected an increase of 2.5% from the prior year fiscal year.

The range of individual Service Coordinator “compliance” with established procedure and policy expectations was 95.5% - 100%. 21 of 23 (91%) Service Coordinators had a compliance rate of 98% or better with 10 of those Service Coordinators having a 100% compliance rate.

The Office of Developmental Disabilities conducted a review of our compliance with required procedures and policies in July 2007. That review indicated that ISC had a 100% compliance rate with established procedures and policies.

CFC

A review of 132 files revealed that 96% (an increase of 5% from the prior year) of the files reviewed were in compliance with established procedure and policy expectations. The range of individual Service Coordinator “compliance” with established procedure and policy expectations was 90% - 100%. 12 of 12 Service Coordinators (100%) had a compliance rate of 90% or better (an increase of 5% from the prior year).

DHS-EI Bureau conducted a compliance review in March 2007 in which no deficiencies were noted for administrative or process and procedural functions. Of the 1,379 points reviewed there were only thirteen points of deficiency that were noted in their review of a sample of individual files with a compliance rating of 99%. A plan of correction was implemented and accepted by DHS-EI.

Effectiveness of interactions with persons served

In FY 2007 we implemented a different method of obtaining measures of individual satisfaction with services provided by their Service Coordinator. We mailed satisfaction surveys to all individuals and/or guardians served and we will continue to do so on an annual basis. A pre-paid envelope was included in the mailing in an effort to increase the return rate. Over 1,200 surveys were mailed to individuals and/or guardians served by ISC with 563 responses (a 47% response rate). Of those who responded 99% expressed satisfaction with their Service Coordinator. 300 surveys were mailed to families served by CFC with 135 responding (a 45% response rate). In seven of the eight areas addressed 98% of the families served by CFC were “very satisfied” with the services provided by their Service Coordinator. 5% of those responding did express a concern about the timeliness of Service Coordinator response to their calls. Both programs demonstrated continued high satisfaction of persons served.

This fiscal year we continued to measure additional outcome measurement data for both ISC and CFC. On a quarterly basis data is reviewed on individuals served by ISC who

terminate services during that quarter to determine if they achieved at least one desired goal. In FY 2007, 191 individuals terminated services with 104 of those individuals achieving at least one desired goal (residential or community supports). Of the 87 individuals who did not achieve at least one desired goal failed to do so because they were either ineligible for DD services, moved from our service area, failed to respond or declined services, or died.

DHS-EI implemented a performance-based contract for CFC in FY 2002. The contract awards financial incentives for those CFC's (there are 25 CFC's in the state) who rank in the top twelve in nine areas and penalizes CFC's who fall below established criteria in four areas. In FY 2007 our CFC did incur a penalty of 1% for failure to meet the established benchmark for services provided in natural settings but earned incentives in at least four performance benchmarks in each quarter. The incentive and penalty areas are tied to identifying eligible children at an earlier age, getting eligible children into early intervention services at an earlier age, and linking eligible children to appropriate services after they "age out" of the early intervention system.

Performance data for significant performance areas were:

- An increase in the participation percentage of children under the age of one from 1.24% to 1.27%.
- The percentage of completion of the initial IFSP within 45 days remained at 98.2%.
- A decrease in the percentage of intakes exceeding 45 days from 3.12% to 1.66%.
- A decrease in the participation rate from 3.3% to 3.15%.
- A decrease in the number of closures without referrals or special education eligibility from 14.2% to 12.3%.
- A decrease in the percentage of IFSP's completed for children under the age of 1 from 27.8% to 26.6%.
- An increase in the percentage of services provided in natural settings from 76.6% to 78.7%.

EFFICIENCY OUTCOMES

Efficiency was measured by responsiveness to persons served and by responsiveness to service providers. Data related to responsiveness was obtained from the annual satisfaction survey that was conducted in September 2007. Efficiency was also measured by the direct service ratio for ISC Service Coordinators. Direct service hours were not measured for CFC Service Coordinators due to different reporting systems.

Responsiveness to persons served

ISC

- 100% reported that they were treated with respect.
- 100% reported that meetings were scheduled at their convenience.
- 99% reported that they were responded to in a timely manner.

- 99% reported that they were satisfied that their Service Coordinator is acting upon what they want.

CFC

- 99% reported that they were treated with respect.
- 100% reported that meetings were scheduled at their convenience.
- 95% reported that they were responded to in a timely manner.
- 98% reported that they were satisfied that their Service Coordinator is acting upon what they want.

Responsiveness to service providers

ISC

- 100% reported that communication is usually open and effective.
- 100% reported that the paperwork received from ASNI is accurate and complete.
- 94% reported that phone calls were responded to in a timely manner.
- 100% reported that ASNI staff were able to answer their questions or address concerns.

CFC

- 100% reported that communication is usually open and effective
- 100% reported that the paperwork received from CFC is accurate and complete.
- 96% reported that phone calls were responded to in a timely manner.
- 100% reported that CFC staff were able to answer their questions or address concerns.

Direct service efficiency

During the time period of July 1, 2006 to June 30, 2007, the average direct service ratio was 88.13% (an increase of 5% from last fiscal year). While the direct service ratio did increase it should be noted that two Service Coordinators were in training during part of the fiscal year with their direct service ratio being at 69% and 70% respectfully which resulted in a lower overall direct service ratio. The minimally acceptable direct service ratio based on prior DHS-DDD expectations is 65%. No Service Coordinators were below 65%. CFC Service Coordinators are not required by DHS-EI to record and report service activity and therefore direct service efficiency is only measured for ASNI.

AGGREGATED SATISFACTION OUTCOMES

ISC

In FY 2007 a satisfaction survey was mailed to over 1,200 individuals and/or guardians served by ISC. This reflects a change in the method we use to determine service satisfaction in that surveys are mailed throughout the year to individuals and/or guardians but only once. The data received is also used as part of our Quality Assurance process. 47% of the “individual” surveys were completed and returned. 34 service providers were also mailed a survey and 47% completed and returned the surveys. The following data reflects aggregate satisfaction outcomes as measured by those who responded to the surveys.

Individual Service Satisfaction

- 100% reported that they were treated with respect.
- 100% reported that meetings were scheduled at their convenience.
- 100% reported that they were satisfied with the opportunity they were given to ask questions.
- 99% reported that they were satisfied with the way there questions were answered.
- 99% reported that they felt their Service Coordinator understood what they want.
- 99% reported that their Service Coordinator is acting upon what they want.
- 99% reported that their Service Coordinator is familiar with supports and resources available to them.
- 99% reported that their Service Coordinator responded to them in a timely manner.

Service Provider Satisfaction

- 100% reported that the communication they have with ISC is usually open and effective.
- 100% reported that they were treated respectfully by ISC staff.
- 100% reported that the paperwork completed by ISC staff was accurate and complete.
- 94% reported that ISC staff does a good job in advocating for persons served.
- 94% reported that ISC staff returns phone calls in a timely manner.
- 100% reported that ISC staff were able to answer their questions or address their concerns.
- 94% reported that ISC staff responded to consumer related issues in a manner that helped reach a solution.
- 87% reported that ISC staff communicates clearly their role related to persons served.
- 100% reported that they are pleased with ISC services.

CFC

In 2007, a satisfaction survey was mailed to 300 of families served by CFC. 45% of the “individual” surveys were completed and returned. 88 service providers were also mailed a survey and 38% completed and returned the surveys. The following data reflects aggregate satisfaction outcomes as measured by those who responded to the surveys.

Individual Service Satisfaction

- 99% reported that they were treated with respect.
- 100% reported that meetings were scheduled at their convenience.
- 100% reported that they were satisfied with the opportunity they are given to ask questions.
- 100% reported that were satisfied with the way that their questions were answered.
- 99% reported that they are satisfied that their Service Coordinator understood what they want.
- 98% reported that they are satisfied that their Service Coordinator is acting upon what they want.
- 98% reported that their Service Coordinator knows about supports and resources that are available to them.
- 95% reported that they are satisfied that their Service Coordinator responds to them in a timely manner.

Service Provider Satisfaction

- 100% reported that the communication they have with CFC is usually open and effective.
- 100% reported that they were treated respectfully by CFC staff.
- 100% reported that the paperwork completed by CFC staff was accurate and complete.
- 100% reported that CFC staff does a good job in advocating for persons served.
- 96% reported that CFC staff return phone calls in a timely manner.
- 100% reported that CFC staff were able to answer their questions or address their concerns.
- 96% reported that CFC staff responded to consumer related issues in a manner that helped reach a solution.
- 96% reported that CFC staff communicates clearly their role to persons served.
- 100% reported that they are pleased with CFC services.

FY 2008 GOALS

Effectiveness

1. A 96% overall compliance rate with established DHS-DDD procedures will be maintained.
2. No individual Service Coordinator's compliance rate with established procedures will be less than 85%.
3. A minimum of a 95% rate of satisfaction with Service Coordinator interaction with persons served will be maintained.
4. The percentage of CFC "closures" without referral to special education will not exceed 7%.
5. The percentage of IFSP's completed within 45 days will be not be less than 95%.

Plan

1. Service Coordinators whose Quality Assurance reviews reveals less than an 85% compliance rate with established procedures and/or less than a 95% rate of satisfaction will address ways to increase their compliance rate in their quarterly work plans.
2. Program Supervisors will monitor the progress made toward achieving the minimum benchmarks of those Service Coordinators who are not achieving those benchmarks and provide input on methods to increase their compliance rate.

Efficiency

1. A 95% overall rate of satisfaction with responsiveness to persons served will be maintained.
2. A 95% overall rate of satisfaction with responsiveness to service providers will be maintained.
3. A 95% overall rate of satisfaction with service providers with accuracy of paperwork will be maintained.
4. Direct service ratios will exceed 80%.

Plan

1. Quality Assurance reviews will continue to monitor the accuracy of paperwork completed. Deficiencies will be noted as corrective action.
2. Program Supervisors will continue to monitor the accuracy of paperwork completed and address any deficiencies with the individual Service Coordinator. Methods to improve accuracy will be included in the individual's quarterly work plan.
3. Program Supervisors will continue to stress to Service Coordinators the need to respond to individual or service provider phone calls within 24 hours. When a lack of timely response is identified by the individual or service provider the Program Supervisor will monitor that Service Coordinator's future response time. Quality Assurance reviews will continue to monitor timely response.

Aggregated Service Satisfaction

1. Overall satisfaction of persons served will be maintained at a 95% level or greater.
2. Maintain the overall satisfaction of service providers of at least 93%
3. Maintain the satisfaction of individuals served and service providers (CFC) with staff responsiveness at a 95% or greater.
4. Increase the satisfaction of service providers with the accuracy of paper work (CFC) to 95%

Plan

1. Quality Assurance reviews will continue to monitor the accuracy of paperwork completed. Deficiencies will be noted for corrective action.
2. Program Supervisors will continue to monitor the accuracy of paperwork completed for those individuals whose rate falls below 95%. Methods to increase accuracy will be noted in the individual's quarterly work plan.
3. Program Supervisors will continue to monitor the overall satisfaction of persons served through Quality Assurance reviews.
4. Administrative staff will continue to meet with service providers who express concerns related to the services provided by ASNI and CFC in an attempt to resolve significant issues and to continue to develop effective communication between the organizations.

Other

1. CFC Service Coordinators will meet or exceed all performance benchmarks established by DHS-EI.
2. Efforts to increase the number of children under the age of 18 months entering the early intervention system will continue.
3. Efforts to increase the percentage of ethnic minorities served will continue so that that percentage is more reflective of communities served.
4. Efforts to increase the percentage of EI services provided in natural environments will continue

Plan

1. The CFC Program Supervisor will monitor monthly program statistics to assure that Service Coordinators are meeting established EI performance benchmarks. Corrective action will be implemented where benchmarks are not being met.
2. ASNI and CFC staff will continue to participate in appropriate outreach activities designed to increase minority awareness of agency services.
3. CFC staff will develop and implement an ongoing plan of education and outreach designed to increase earlier referrals to the early intervention system.
4. CFC staff will continue to meet with EI providers to encourage them to provide more services in natural environments.