

**Annual Performance Evaluation  
2004/2005  
Alan G. Ryle Companies  
Developmental Foundations, Residential Developers, Specialized Developments**

**INTRODUCTION**

This outcome measurement review covers information from June 1, 2004 through May 31, 2005. The State of Illinois funds community-integrated homes for persons with disabilities through use of Medicaid reimbursement (Intermediate Care Facilities for persons with Developmental Disabilities/ICFs/DD) and through Medicaid Waiver programs (Community Integrated Living Arrangement/CILAS). All thirty-one ICFs/DD and CILA homes within the Alan G. Ryle Companies are located in fifteen cities throughout Illinois.

<u>Location of Home</u>	<u>Number of Homes</u>	<u>Total Number of Individuals Served</u>
Arcola	2	24
Champaign/Urbana	4	47
Charleston	5	57
Clinton	1	6
Danville	2	14
Decatur	1	8
Lincoln	3	21
Monticello	3	29
Oblong	2	14
Rantoul	2	15
Cissna Park	1	16
University Park	2	31
Robinson	1	16
Carlyle	1	16
Trenton	1	16
<b>Total Number of Homes</b>	<b>31</b>	<b>327</b>

There is one intermittent home in Charleston with a total of 2 persons. (Numbers added in with other homes.) Areas for review for this Annual Performance Evaluation include the efficiency of the operation, efficiency of staff training, the person's level of satisfaction, the level of satisfaction of our stakeholders, the effectiveness of the programming offered, and an overview of the characteristics of the persons receiving services.

**INDIVIDUAL CHARACTERISTICS**

327 individuals participated in this survey. Input regarding satisfaction was acquired by using the "Self-Evaluation of Life Situation" assessment developed by Manzana Software and included in the Compadre Residential Program. Additionally, guardians and significant family members selected at random were requested to provide their comments and opinions in regards to satisfaction using a revised format of the "Self Evaluation of Life Situation" assessment. Compiled reports were reviewed by the Administrators and synthesized into this summary. This report will be submitted to the President/CEO, Director of Operations and the Board of Directors of the company for review.

**Note:** Previous years of annual performance evaluations have been based on funding stream or a sampling of residential sites. This is the second time information regarding all CILA homes and all ICF homes have been compiled in one Annual Performance Evaluation. The 2003 outcome measurement information is presented parenthetically for comparison purposes.

Length of Service Provided to Individuals Living in the Homes

0 – 2 year	46	14%	(29%)
2 – 5 years	77	24%	(24%)
Over 5 years	204	62%	(47%)

Note: The homes in this sample have been open for greater than 5 years, which makes for 62% of the population remaining stable in those homes. Occupancy during this reporting year has remained stable. The majority of the vacancies have occurred because of individual choice, individuals requiring 24-hour nursing services and death. Currently, there is no waiting list for

residential services. However, per policies, referral packets of information are reviewed, and at the time of receipt, a determination as to appropriate home placement depends upon current openings and the compatibility of the individual with the potential housemates. At the date of this reporting period, ICFs/DD and CILA capacity is at 99%. A future goal in this area will be to maintain capacity at an average of 95%.

Age of Persons Served

16 – 20 yrs	6	2%	(1%)
21 – 30 yrs	35	11%	(15%)
31 – 40 yrs	65	20%	(23%)
41 – 50 yrs	90	27%	(27%)
51 – 60 yrs	71	22%	(19%)
61 – 70 yrs	38	12%	(9%)
Over 70 yrs	21	6%	(6%)
Total Served	327		

Level of Retardation

Mild	58	18%	(20%)
Moderate	93	28%	(25%)
Severe	176	54%	(55%)
Total Served	327		

Additional Characteristics

59	18%	(19%)	of persons receiving services are non-ambulatory
292	89%	(87%)	of persons receiving services are adjudicated incompetent
5	2%	(8%)	of persons receiving services are in need of guardianship services
177	54%	(57%)	of persons receiving services have a psychiatric diagnosis
186	57%	(51%)	of persons receiving services use adaptive equipment such as hearing aids, wheel chairs, communication boards, walkers, etc

Note: Other health-related needs provided by the company: Hospice care, prn oxygen, sleep apnea, CHF, emphysema, ostomy care, diabetes monitoring, swallowing difficulties, cerebral palsy, Parkinson’s disease, amputees, dementia, reflux, hypertension and other heart related diseases. To address new diagnoses that are presented, the interdisciplinary team approach is utilized to assure each individual’s program plan addresses the individual’s array of health concerns.

The majority of the individuals served are diagnosed with severe mental retardation and with psychiatric disorders. There are also a large number of individuals requiring adaptive equipment. These specific issues can require an increase in staff training and in-services. Alan G. Ryle Companies DF/RD/SD has assured processes and practices are in place to obtain adaptive equipment for all individuals who require that level of support. No individual has been denied any requested service or support.

There is no funding available in the state of Illinois to obtain guardianship for those individuals who need guardians. Through perseverance, the agency’s administrators and QMRPs have obtained pro-bono legal services to assure guardianship and advocacy needs are met. Many times, the agency has incurred the expense when pro-bono services have not been available. Efforts continue to be made to find advocates and/or guardians for those individuals who need guardians.

**EFFICIENCY**

For efficiency measurements, the company looked at the number of admissions and discharges and especially the reasons for these, as well as employee retention, OIG investigations, occupancy and survey results.

During the measurement year, there were  
 20 discharges (47)  
 18 admissions (70)

Information about discharges/admissions: During this reporting year, the average number of admissions and discharges has been drastically reduced from the comparative reporting period. The majority of the discharges have occurred as a result of health related issues that are presented due to the natural aging process. Other individuals have chosen to move to other geographic areas to facilitate increased family contacts. Relatively few individuals have been discharged due to increased behavioral issues which cannot be met in the individual’s current setting. The state of Illinois does not provide the necessary

funding supports to agencies that are willing to provide individuals with high needs increased opportunities for successful community placement. The agency’s President/CEO, Director of Operations and its Board of Directors continue to be highly involved in supporting legislation that would allow increased funding for individuals with high needs.

Within the review sample, there were 2,555 unfunded bed days, 1,251 hospital stays and 1,590 home visit days. The 2,555 unfunded bed days were the result of waiting for referrals. To address this issue, the agency compiles a vacancy list on a monthly basis and sends out bed-opening information to all referral agencies. The agency makes every effort to reduce the number of unfilled bed days due to waiting for referrals.

This agency does not limit the number of home visit days, as do some agencies in Illinois since there is now a limit of payment for only 10 home visit days per individual per year. In keeping with the person-centered philosophy, this company supports and encourages home visits as a means of continuing to enrich quality of life.

For ICF/DD homes:

- 0 Number of Conditions of Participation received during this reporting year
- 0 Number of Class A or Class B violations received during this reporting year

For CILA homes:

- 11 Number of situations occurring in the CILA home required to reporting to OIG
- 7 Number of reports with OIG-generated outcome of unsubstantiated abuse/neglect
- 4 Number of cases with OIG-generated outcome of substantiated findings
- 4 Number of cases requiring administrative action
- 1 Number of cases requesting OIG to provide clarification of specific issues in the Preliminary Report
- 1 Number of cases requesting OIG to reconsider findings

It is the practice of this organization to implement strong policies and procedures to detect and prevent incidents of abuse and neglect through education of staff, individuals receiving services, guardians, and family members. The goal of education about abuse and neglect is to promote social attitudes that protect and value all individuals. It is the intent of this organization to develop an organizational culture that works toward the goal of proactively supporting the individual’s life, dignity, rights, and freedom. This policy defines a proactive approach to prevent incidents of abuse and neglect and promotes the quality of life of each individual.

Alan G. Ryle Companies DF/RD/SD do not tolerate any mistreatment of any individual. Any allegation received by any means is reported and thoroughly investigated. Alan G. Ryle Companies DF/RD/SD will continue to track allegations of abuse neglect, patterns and trends in survey outcomes. Alan G. Ryle Companies DF/RD/SD will continue to obtain input from individuals receiving services, stakeholders and its employees to improve services.

**EMPLOYEE RETENTION**

When reviewing employee retention, we found there are currently over 288 direct support staff working for the Alan G. Ryle Companies DF/RD/SD.

Regarding number of years persons have been employed from the sample during this reporting year:

101	35%	(40%)	Number of direct support staff working 1 – 2 years
58	20%	(22%)	Number of direct support staff working 2 – 3 years
53	18%	(11%)	Number of direct support staff working 3 – 4 years
17	6%	(11%)	Number of direct support staff working 4 – 5 years
17	6%	(9%)	Number of direct support staff working 5 -- 6 years
42	15%	(12%)	Number of direct support staff working over 5 years

**STAFF TRAINING**

The Alan G. Ryle Companies DF/RD/SD does its absolute best to ensure all staff is trained within the 120-day mandate. During the 2003-2004 reporting year, the company developed the Training Instructor’s position. The coordinator has been responsible for scheduling, instructing, and tracking attendance at Habilitation Aide classes. There were 187 new staff hired during the reporting period. Of these, 80 (139) or 42% (61%) were trained within the 120 days. Of the 187 employees hired, 127 (68%) completed the classroom training portion but not the 80 hour OJTraining portion. There were a large amount of

employees who terminated their employment before the 120-day period elapsed. Review of geographic patterns and trends regarding hiring indicate there are 4 ICF/DDs and 4 CILAs where turnover is highest, accounting for over 55% of the overall turnover. To address this issue, the agency's Director of Operations has submitted a plan to the President/CEO for the restructuring of the direct support staff job description. This comprehensive restructuring plan also includes an increase in hourly wages. Further, much effort is provided to support any legislation which supports increased funding for community-based services.

Recommendations: Continue to implement new training strategies via the Training Coordinator in efforts to increase the percentage of employees trained in a timely fashion. The training Coordinator, in conjunction with administrators and QMRPs needs to ensure maximum amounts of reimbursement is received from training resources.

**Goal:** Continue to strive for 85% of newly hired staff completing training in 120 days.

## **EFFECTIVENESS**

Effectiveness measurements illustrate the benefits achieved by the individuals receiving services.

### **GOAL/OBJECTIVE ACHIEVEMENT**

Total number of individuals receiving services who participated in this survey – 327.

327	100%	(96%)	Individuals receiving services with goal/objective criteria increase during the IPP/ISP year.
205	62%	(68%)	Individuals receiving services with earned income opportunities from day program.

Note: The above statistics indicate that the percentage of individuals receiving earned income has slightly decreased. Many individuals are ageing, are beyond retirement years and are actively involved in leisure activities. In addition, Alan G. Ryle Companies DF/RD/SD serves 176 individuals who function in the severe/profound range of mental retardation. Many of these individuals require total care supports and receive prevocational services. Thus, the decrease is actually attributed to individual choice and changes in the individual's lives rather than lack of opportunity. Individuals living in the Alan G. Ryle Homes continue to progress at a high percentage with goal/objective criteria supporting the effectiveness of the agency's philosophy and mission statement.

## **INCIDENT REPORTS**

A comprehensive analysis was completed in the 2003-2004 reporting year. Comparative analysis from the 2003-2004 reporting year is represented parenthetically.

Note: During this reporting year, this company not only tracked numbers of injurious and abuse/neglect/theft incidents, but also medication errors, individuals exiting services and outcomes of those exiting services.

158	(433)	Injurious incident reports generated at the home, excluding day program
14	(61)	Number of abuse/neglect/theft instances reported to OIG/DPH
114		*Total number of medication errors during this review year.
		*Reasons for medication errors
5		*Given to wrong individual
73		*Omission
0		*Given by untrained staff
2		*Wrong drug
15		*Wrong dose
18		*Wrong time
0		*Wrong route
1		*Wrong consistency

\* Indicates those factors that are tracked that have no comparative analysis available.

Appropriate follow-up and training was provided for all incident reports and medication errors.

Each incident that occurs in the Alan G. Ryle DF/RD/SD homes is recorded on approved agency forms. Written details of each incident include an in-depth account of occurrence, recommendations for follow-up, individuals' health status, any negative outcomes and actions taken to avoid future occurrences. All incident reports are reviewed quarterly by the Human Rights Committee of each geographic region where residential homes are located. Not only does the committee review each critical incident for human rights violations, but it also provides careful overview in identifying patterns and trends. This

agency has implemented several practices and processes to prevent critical incidents from occurring. The following list represents the agency’s actions for prevention and recurrence.

- All QMRPs are required to attend and be certified in the Office of Inspection General’s Abuse/Neglect Investigation training.
- The agency’s Human Rights Committee forms as well as Resident Council forms have been revised to assure home safety, barriers as well as accessibility issues are addressed. Appropriate training has been provided to all agency staff who are responsible for their implementation.
- The Illinois Department of Human Services-approved habilitation aide training curriculum is included in the on-going staff training curriculum.
- The Quality Assurance position has been restructured to include all residential sites with the focus of standardizing optimum health and safety standards.
- The agency’s Training Coordinator is active in providing timely follow-up training to staff when significant incidents occur.
- The agency’s abuse neglect policy has been revised to reflect a proactive approach to the prevention of abuse/neglect and injurious incidents.
- As of this writing date, the agency is developing a Falls Risk Protocol to assure that all staff are trained in the identification of fall risk factors and what can be done to prevent falls.
- All direct support staff receive initial and on-going training regarding internal and external reporting requirements.
- A comprehensive administrative review of all homes is completed by the administrator on a quarterly basis and submitted to the Quality Assurance Coordinator for review of patterns and trends. This comprehensive review includes but not limited to a facility environmental inspection, review of resident funds, review of personnel files, individual programming, chart review, safety inspections, fire drills, staff meeting notes, etc.
- A weekend on-call rotation has been implemented. Each weekend, administrative staff is required to conduct random, unscheduled observations in the homes of the Alan G. Ryle Companies DF/RD/SD. These observations are documented on agency approved forms then submitted to the Quality Assurance Administrator for review. Feedback is given to all administrative staff regarding significant issues and/or identified patterns and trends.

**NOTE:** There has been a drastic reduction in the number of incident reports which indicates the effectiveness of the above improvement plans.

**INDIVIDUALS EXITING SERVICES**

Note: There is no comparative analysis to include with this data.

Total number of individuals who exited the following services:		Total number of individuals who experienced negative Outcome and required re-entry into services:
OT	0	0
PT	2	1
Mental Health	0	0
Speech/Language	1	0
Behavior Support Therapies	2	1

Alan G. Ryle Companies DF/RD/SD will continue to gather information regarding individuals who exit services. Individuals who exit services are monitored closely for negative outcomes. Persons who experience negative outcomes will be immediately referred for re-entry for any supports or services indicated.

**COMMUNITY PARTICIPATION**

- 145 (124) Number of persons receiving services who belong to community clubs/organizations
- 29 (61) Number of persons receiving services whose community outings are limited by behavioral issues, lack of money, and/or health needs.

Note: All individuals living in homes supported by the Alan G. Ryle Companies DF/RD/SD have opportunity for community inclusion. Opportunities presented include trips to the local banks, parks, churches, sporting events, restaurants, etc. Barriers posed to those individuals who are limited to outings due to behavioral issues are addresses through formal programming. A comprehensive health assessment is completed for each individual to address health needs. All individuals receiving services

enjoy frequent and on-going community inclusion. The number of those experiencing community inclusion barriers has been significantly reduced from the 2003-2004 reporting year.

## **SATISFACTION**

In order to serve each person's needs and to ensure they and/or their guardians are satisfied with our services, we have devised several measurements of individual satisfaction. The following items list the outcomes we chose to measure, first with the individual/guardian and then with the stakeholders. A sampling of individuals/guardians and stakeholders was used for this survey.

### Individual/Guardian Survey

Total individuals/guardians surveyed: 86 (68)

<u>Yes</u>	<u>No</u>	<u>Outcome</u>
85 (68)	0 (0)	Satisfied with your or this individual's home?
86 (68)	0 (0)	Happy with the progress you or this individual is making?
86 (67)	0 (1)	Satisfied with your or this individual's daily routine?
86 (68)	0 (0)	Are you or this individual's health needs being met?
86 (68)	0 (0)	Satisfied with your or individual's level of personal freedom?
84 (68)	2 (0)	Satisfied with community activities available to you or this individual?
84 (67)	2 (1)	Satisfied with your or this individual's roommates/housemates?
2 (3)	84 (60)	Safety-related concerns about the home?
85 (68)	0 (0)	Satisfied with the responsiveness of your or this individual's support staff?
83 (67)	0 (0)	Satisfied with your or this individual's day program?

Stakeholder Survey (Very little response): Out of the 30 surveys sent to stakeholders, 5 were returned.

Feedback from our stakeholders indicates satisfaction from our services. Alan G. Ryle DF/RD/SD employees are responsive to the needs and requests presented by our stakeholders. Stakeholders are happy with the agency's efforts in addressing the health and safety needs of individuals served. Satisfaction is also indicated in the level of personal freedom and the level of community integration that is provided.

## **RECOMMENDATIONS/COMMENTS**

This company is pleased with the high level of satisfaction expressed by individuals and guardians receiving AGR DF/RD/SD services. This agency focuses on ensuring the health and safety needs of persons are met, that the homes are located and are run in a safe environment, and also that individuals are satisfied with the services offered.

### ACCESSIBILITY PLAN

This company is committed to, whenever possible, overcoming or assisting persons receiving services to overcome attitudinal, employment, transportation, communication, or architectural barriers. As barriers are identified throughout the year, the resources and helps were made available by administration to assist with attempting to overcome these barriers.

This agency's President/CEO, Director of Operations and its Board of Directors at least annually review results of individual satisfaction surveys, outcome reports, individual demographics, surveys, etc. in order to identify specific barriers to services for persons with disabilities.

Based on the results of this review, action is immediately taken by the facility staff or directors to attempt to remove any barriers which hinder service provision as deemed necessary by the interdisciplinary team.

It is the intent of the accessibility plan to assist the individual with disabilities to receive the same services and to go to the same places in the community as anyone else could enjoy. If special arrangements need to be made for that individual, then the facility director is in charge of being creative and proactive enough so that inclusion in all its forms—physical, as well as attitudinal—may occur.

Architectural Barriers: Large bathrooms and hallways are in accessible homes. Grab bars, beveled thresholds and wheelchair ramps are in place to provide increased opportunities for independence. The directors of the homes are responsive to individual needs. Alan G. Ryle Companies DF/RD/SD has processes in place to assure that individuals receive adaptive equipment if needs have been identified.

Environmental barriers are assessed every month with use of agency-approved checklists, and needs are reported to the QMRP for follow-up. Barriers that arise are addressed in a timely fashion. All CILA homes are surveyed by the Illinois State Fire Marshall or by local fire authorities. ICF/DD homes are annually surveyed by a licensed architect working for the Illinois Department of Public Health to ensure safety needs are met, and that all structural standards and regulations are met. The Illinois Department of Human Services licenses all CILA homes owned by this company, and the Illinois Department of Public Health licenses all ICF homes. Any needs found as a result of any survey are addressed and corrected within at least 45 days of the survey exit. Architectural barriers noted on the Outcome Measurement reports are addressed to the company CEO/President, Director of Operations, or Board within 30 days.

**Attitudinal Barriers:** This Company fosters inclusion of the individual within the community, and as such, addresses attitudinal barriers as they arise. No individual receiving services from this company will be intentionally subjected to attitudinal barriers. Staff and individuals receiving services are encouraged to join community clubs and participate in community civic activities in order to promote positive attitudes towards individuals with disabilities. Company representatives, including attorneys as necessary, participate in city zoning and city council meetings to allow for growth in different geographical areas of need. Training is provided to staff throughout their employment. At Provider Fairs, information and advocacy is provided to people needing a place to live and to their guardians as appropriate. Staff from Alan G. Ryle Companies DF/RD/SD frequently appear as guest speakers and in open discussion forums in classrooms at local universities and community colleges. Information regarding individual rights, person-centered services, attitudes towards persons served and normalization are priority topics within this venue. The companies are sensitive to and responsive to attitudinal issues that may arise.

**Employment Barriers:** Alan G. Ryle Companies DF/RD/SD work with day training sites to ensure employment opportunities are available for persons receiving services. The company also works with individuals to help them gain self-employment. All individuals receiving services from this company, unless otherwise stipulated, receive day programming activities for at least five (5) hours per day 240 days per year. These activities may include improving skills in employment situations, pre-employment situations, or daily living. The individual receiving services, along with his or her guardian/advocate if applicable, and the members of the interdisciplinary team, including the day program/vocational representative, determine the most appropriate vocational activity for the individual. The director of the home where the individual resides actively advocates for appropriate vocational opportunities for the individual.

**Transportation Barriers:** Transportation barriers for the individuals receiving services are identified by the facility director, and reported to the administrator or Director of Operations. No individual is denied services due to transportation barriers, including wheelchairs, walkers, canes, etc. if admission is otherwise deemed appropriate.

**Communication Barriers:** To defend against communication barriers, the companies ensure a speech consultant assesses persons receiving services for needs and recommendations. Communication dictionaries and picture books are developed for individual needs. Additionally, some persons receiving services use augmentative communication devices. This past year, a committee has been formed to address communication barriers agency wide. This committee has been successful in developing picture schedules, task cards, flip cards, activity calendars using pictures and signs and other identified needs, etc. A system and process is in place for the committee to receive and address specific concerns for each home.

It is the responsibility of the home to ensure all assistive devices are in good working order. If not, an alternative method to implement the recommendation will be developed. Funds for the purchase of these items may be added to the individual rate setting from the Illinois Department of Human Services, or may be provided by the Illinois Department of Public Aid. For CILA homes, items which are required, as evidenced by the individual needs of the person with disabilities, or as recommended by the community support team, but which are not paid for by the Illinois Department of Public Aid will be added to the individual's rate at the time of the rate setting discussion with the Illinois Department of Human Services. These items include wheelchairs, special bathing devices, walkers, hearing aids, and/or wheelchair accessible transportation. For individuals living in ICF homes, the funding of these items is included in the daily rate, and are procured as recommended.

## **BARRIER REMOVAL INITIATIVES**

During the last several years, there have been a number of informal as well as formal initiatives implemented at Alan G. Ryle Companies DF/RD/SD to identify, remove and prevent barriers. Alan G. Ryle Companies elicits input from individuals receiving services, from staff members and stakeholders on an on-going basis through the organization's person-centered planning, review and response to incident reports, through the activities of the Human Rights Committee, the agency-sponsored newsletter and through internal quality assurance processes. The following list of activities and processes represent barriers that have been identified and removed within all facets of the individual service delivery system including architectural, attitudinal, financial, vocational, communication and transportation.

- A special “Communication Committee” has convened to identify, develop and implement a comprehensive augmentative communication plan within all AGR Homes. Special projects include but are not limited to developing choice boards, pictorial activity calendars, task cards, flash cards, activity sequencing cards, etc.
- A “Language Assistance Policy” has been developed.
- Adaptive equipment has been provided for all individuals who have assessed needs. Examples of adaptive equipment include, but are not limited to, adaptive eating utensils, specialized place settings, augmentative communication devices, installation of grab bars, specialized lift vans, shower chairs, installing specialized bathrooms, walkers, communication books, specialized wheelchairs, bedrails, weighted vest and blankets for sensory needs, gait belts, adjustable dining room tables for wheelchair access, wheelchair ramps, chair scales, sensory items, etc. AGR Companies DF/RD/SD continue to have processes in place to ensure adaptive equipment is obtained expeditiously when a need arises.
- Vehicles and vans have been provided at each home to facilitate access to community resources for all individuals receiving services. Specialized transportation ensuring safe accessibility to all community activities and appointments is provided to all homes requiring that level of support. Vans with wheelchair lifts are provided for homes as needed.
- Choices of formal programming and/or services have been provided for all individuals who require and/or request supports in the acquisition of adaptive behavior, increasing expressive communication skills, making choices, money management, community access, health related issues, occupational therapy, physical therapy, mental health services, psychiatric care, increasing personal care needs and/or self-help skills, dental services, physician care, vocational opportunities, psychologist, behavior specialist, nursing services, dietary, podiatry, neurology, etc.
- Monthly and quarterly facility environmental checks are completed to assure health and safety needs, as well as accessibility issues, are addressed. Any identified needs are submitted to the Director of Operations, President/CEO, facility Administrator, and/or QMRP for approval and acquisition.
- Alan G. Ryle Companies DF/RD/SD has developed a comprehensive strategic plan that incorporates the identification, removal and the prevention of barriers in all facets of the service delivery system. The 2005-2008 Strategic Plan encompasses upgrading information technology, maintenance, resource development, quality assurance and fiscal responsibility.

## **BARRIER IDENTIFICATION**

Alan G. Ryle Companies DF/RD/SD use the following documents and processes in the barrier-identification process.

- Resident Council Meeting notes
- 2005-2008 Strategic Plan
- Critical review of all incident reports
- Internal and external inspections
- Individual and stakeholder satisfaction surveys
- Quarterly Committee review and recommendations
- Person-centered planning
- Individualized programming and assessment
- Quality assurance inspections
- Survey outcomes
- State and Federal patterns and trends
- Policies and Procedures

Alan G. Ryle Companies DF/RD/SD is committed to the continual improvement of access to facilities, policies, programs and community inclusion opportunities for persons receiving services and/or for individuals seeking services. This company supports the participation of persons with disabilities in the development and review of this annual accessibility plan.

The 2005-2006 Accessibility Plan has identified 6 barriers to persons with disabilities which will be addressed over the next year. As of this date, times frames for completion have been met.

**Barriers that will be addressed in 2005-2006**

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Time Frame</b>	<b>Responsibility</b>
No TTY Services	Obtain TTY Services	Provide training to staff and individuals receiving services in accessing 711 services in Illinois.	Individuals, family members and personnel will know how to access TTY Services	Costs of training and 711 access to be incorporated in agency's operating budget.	Will be completed by 10-05.	Quality Assurance Administrator
Agency lacks accessibility input from existing committees and individuals receiving services.	Agency will obtain maximum input for accessibility planning from individuals receiving services and existing committees.	Forms and documents will be revised to reflect needed input followed by individual and staff training	Staff will document all Committee recommendations &/or Resident Council input regarding accessibility needs on approved forms.	Cost of distribution of forms and staff training will be incorporated into agency's operating budget.	Will be completed by 8-05.	Quality Assurance Administrator
Disaster Preparedness Policies and Procedures do not address violent and/or threatening conditions.	A comprehensive disaster preparedness plan will be developed and implemented.	Policies and Procedures will be revised to reflect a comprehensive disaster preparedness plan.	Individuals receiving services and personnel will display competencies in disaster preparedness through training and routine drills.	Costs of staff time for policies and procedures development, training, and emergency supplies for each facility will be incorporated in the agency's operating budget.	Will be completed by 2-06	Quality Assurance Administrator
State funding	Agency staff will support legislation that offers increased funding for community based agencies.	Administrative staff will directly contact/support government representatives that support funding for community based agencies	President/CEO and Board of Directors will lobby at the legislative level for increased state funding as well as participate in supporting network activities within the state.	Cost of travel and staff time will be incorporated in the agency's operating budget.	Will be completed by the end of fiscal year.	President/CEO, Board of Directors and Director of Operations.
Agency lacks accessibility input from individuals seeking services.	Agency will obtain maximum input for accessibility planning from individuals seeking services	Pre-admission forms/documents and processes will be revised to include documentation of input from individuals seeking services followed by staff training.	QMRPs and intake personnel will document input regarding accessibility form individuals seeking services. Information will be incorporated into agency's actions to reduce barriers.	Cost of form revision, distribution and staff training will be incorporated in the agency's operating budget.	Will be completed by 9-05.	Quality Assurance Administrator.
Agency lacks accessibility input from new hires.	Agency will obtain input from new hires through the application process.	Application forms will be revised to reflect accessibility input needs for new hires followed by staff training.	Accessibility input will be forwarded to Director of Operations for review and processing.	Cost of form revision, distribution and staff training will be incorporated in the agency's operating budget.	Will be completed by 11-05.	Human Resource Department

## STRATEGIC PLAN

The following are the broad strategic goals that provide Alan G. Ryle Companies DF/RD/SD the direction in accomplishing its mission. Action plans following each goal objective provide specific approaches to accomplishing the goal. The strategic goals, by virtue of their design, remain faithful to the Alan G. Ryle Companies DF/rd/SD unique mission.

### 1. Maintenance

Responsible Staff: Director of Operations, President/CEO

Short-term Goal: Assure existing facilities continue to meet all applicable certification and licensing standards.

Long-term Goal: Restore and modernize existing facilities to meet current market standards.

Action Plan:

- Procure a comprehensive assessment of each facility from non-affiliated source.
- Develop and procure a project manager and skilled work crew to work directly with the Director of Operations to oversee routine, as well as long-range, maintenance needs.
- Develop a prioritized master plan for a company-wide approach to assessed maintenance needs.

Comments/Updates: All residential sites have been assessed by a certified contractor/structural engineer. A very detailed report of these inspections has been completed and submitted to the Director of Operations for follow-up action. Priority projects have been identified. Regional Maintenance Coordinators are being hired to ensure homes in each geographic area of the state have trained staff to contact for maintenance and emergencies. As of this reporting date, the overall plan has been effectively implemented.

### 2. Resource Development

Responsible Staff: Director of Operations, President/CEO

Short-term goal: Assure staffing patterns, administrative and direct support staff, continue to meet the needs of individuals receiving services.

Long-term goal: Reorganize administrative staff to increase efficiency of funding, time management and decrease staff turnover.

Action Plan:

- Develop and implement management clusters according to geographic locations of facilities.
- Develop and implement salary scales for administrative staff
- Direct support staff are trained within 120 days of hire to maximize state reimbursement for staff training.
- Implement non-discriminatory employment practices.
- Develop and present to President/CEO a direct support staff (DSP) rate adjustment plan so that all DSPs begin work at \$8.00 and hour.
- Ensure staff have licensure as needed—e.g. Food Service Sanitation (FSS), Nursing Home Administrator (NHA), and Crisis Prevention Institute (CPI) Instructor.

Comments/Updates: As of this reporting date, much has been accomplished. Management clusters have been organized and are effective in implementing quality services. Salary scales for administrative staff have been implemented. Several of the QMRP curriculum/training modules have been developed for implementation. The agency is looking at patterns and trends in hiring practices to maximize state reimbursement for direct support staff training. Staff are obtaining licenses as required or have scheduled pertinent licensing exams.

### 3. Quality Assurance

Responsible Staff: Director of Operations, President/CEO, Administrative and Direct Support Staff

Short-term goal: Assure continued quality services for all individuals as evidenced by excellent survey outcomes.

Long-term goal: Blend ICF/DD and CILA quality assurance processes to formulate a comprehensive system that promotes and assures the agency's mission.

Action Plan:

- Rights of the persons served will be communicated in a way that is meaningful.
- Administrators will apprise Director of Operations of accessibility barriers identified by persons served, staff or other stakeholders.
- Revise job description of the quality assurance administrator to include all residential sites.
- The Information Technology Manager will update the agency's website to assure a user-friendly interface is accessible.
- The organization will develop a system that demonstrates how it addresses data to assure reliability, validity, completeness and accuracy.

- Administrators will attend Network Facilitator meetings.

Comments/Updates: As of this reporting date, the Quality Assurance Administrator has met with the Speech/Language Consultant and formulated a plan to assure rights, Individual Handbook and Abuse Neglect Prevention is created in a format that can be easily understood. This project is well underway and is expected to be completed by the end of November. The Information Technology Manager is currently updating the agency's website to assure a user-friendly interface is accessible. The Quality Assurance Administrator has met with experienced personnel to formulate a policy to assure reliability, validity, completeness and accuracy regarding data collection. Administrators continue to be encouraged to attend Network Facilitator meetings as well as IARF training seminars.

#### 4. Business Function Improvement/Fiscal Responsibility

Responsible Staff: President/CEO, Director of Operations, Financial Staff

Short-term goal: All business function reports will be reviewed routinely and appropriate action will be taken as to protect the company's assets.

Long-term goal: Collect and analyze data to identify patterns and trends in the system and proactively seek resolution to assure the organization meets the quality expectations of the individuals receiving services, its employees and stakeholders.

Action Plan:

- Ensure corporate compliance in all business procedures.
- The President/CEO and Director of Operations will continue to act as an advocate at a legislative level for increased funds.
- Data will be assessed to assure the organization can demonstrate the integrity of the data it uses for outcomes assessment, performance improvement and management decision making.
- Analyze human resource and financial reports and establish priorities for agency programs and initiatives including but not limited to hours used for professional consultations, cost of pharmaceutical supplies, food costs, energy costs, and maintenance needs.
- Align budget, performance and organization to enhance progress in achieving accountability to individuals receiving services, its employees and stakeholders.
- Apply a strategic management approach to the integration of service delivery and administrative support functions.
- Analyze occupancy data and implement efficient admission processes to minimize empty bed days.
- Analyze staffing patterns to assure maximum utilization of staff hours, reducing overtime costs.
- Analyze outcomes of Corporate Compliance Committee Meetings to ensure the development of internal systems and controls to carry out the company's policies.

Comments/Updates: The President/CEO, Director of Operations and The Board of Directors analyze data on a monthly basis to assure fiscal responsibility. Data analysis of all components of the array of business functions is submitted to pertinent personnel for review and feedback is given to the CEO/President and Director of Operations for analysis and decision making. Alan G. Ryle Companies DF/RD/SD continues to move forward in quality services even though the funding in the State of Illinois remains inadequate.

#### 5. Health and Safety

Responsible Staff: Director of Operations, Individuals Receiving Services, Administrative Staff and Direct Support Staff

Short-term goal: All facilities, including administrative offices, will continue to meet accreditation and licensing safety requirements.

Long-term goal: Alan G. Ryle Companies will analyze data from all facets of the service delivery system and cultivate processes that address problem prevention and resolution.

Action Plan:

- Maximize input from individuals receiving services, agency employees and stakeholders to assure health and safety needs continue to be addressed.
- Administrative staff will respond immediately to all allegations of abuse and neglect to assure the health and safety of all individuals served.
- The organization will implement effective infection control measures that serve to prevent the onset and prevent of infections and communicable diseases. The processes and analysis of prevention will be evaluated quarterly by established committees within each organizational cluster.
- The organization, through human resource development and its administrative staff, will assure compliance to applicable federal, state and agency safety standards within all facets of the service delivery system.

- A written analysis of all critical incidents will be included in the agency's Annual Performance Evaluation for leadership review and recommendations.
- Develop strong networking relationships with state agency staff and other providers by allocating funds and staff time for agency staff to attend inservices, regional network meetings and other provider affiliate meetings scheduled.
- The organization will utilize existing human rights committees within each organizational geographic cluster to maximize recommendations and input to address identified patterns and trends as it relates to the health and safety of individuals receiving services. Human Rights Committee forms utilized by the organization will be updated to reflect the intricate components of the agency's health and safety plan which focuses on prevention and follow-up.

Comments/Updates: Health and safety continues to be one of the agency's service strengths. Incident reports, survey outcomes, initial and on-going training have proved successful as evidenced by data collected for this Annual Performance Evaluation. All incident reports, including those of critical nature, are reviewed by established Human Rights Committees. Compliance to all applicable federal, state and agency safety standards are evident across all facets of the service delivery system. All relevant practices and processes have been reviewed for effectiveness. Applicable forms have been updated to reflect this review.

#### 6. Service Delivery

Responsible Staff: President/CEO and Director of Operations

Short Term Goal: Individual-centered service planning will be designed and delivered to each individual according to his/her strengths, abilities, needs, preferences, desired outcomes and cultural background within the least restrictive environment.

Long Term Goal: The agency will analyze its service delivery system and individual planning process with input from persons served, its employees and stakeholders to address the improvements needed to reach established or revised performance goals.

Action Plan:

- The effectiveness and efficiency of the service delivery system will be analyzed at least annually and included in the Annual Performance Evaluation for review and recommendations.
- Implement plan for updating the agency's current computer program development technology.
- Data will be compiled and analyzed regarding individual outcome achievements and individual satisfaction and incorporated into the agency's overall mission to provide the highest quality of individualized services, therefore, improving the quality of life to individuals receiving services.
- The organization will collect and analyze data regarding individual characteristics or demographics of those served to enable the organization to strategically plan the services it offers.
- The organization will implement processes that measure the reliability of data collected.
- Accessibility needs will be analyzed quarterly through review of existing committees, monthly through Resident Council Meetings and/or annually as part of the Annual Performance Evaluation process.

Comments/Updates: Data regarding the effectiveness and efficiency of the service delivery system has been obtained and compiled into this Annual Performance Evaluation with good results. The agency's current computer system, including program development, has been implemented and is well underway. Much of the training and Terminal Services Orientation Manual has been completed, and staff training sessions have been scheduled. The agency's policy to assure reliability of data collected is in the planning stages and soon to be completed. Input regarding accessibility has been expanded. Appropriate forms have been revised and pertinent staff training has been completed on how to utilize the revised forms.

#### **ANNUAL PERFORMANCE EVALUATION CONCLUSION**

This is a busy agency! This past year, the President/CEO of Alan G. Ryle Companies DF/RD/SD elected to combine the ICF/DD and CILA homes under a single Director of Operations. With this change has come the opportunity to take a fresh look at residential operations as a single entity. The Director of Operations for residential operations has had the opportunity to focus upon major systems design and development. With this broad based overview, fiscal management systems have been developed; strategic planning has resulted in the development of goals and objectives which can only enhance the lives of persons receiving services; problem solving has shown staff, persons receiving services, and guardians alike that this company is responsive to assessed needs; and finally resource development and improved training techniques have allowed persons receiving services to attempt to attain their fullest potential in a safe, caring, and nurturing environment.

Prepared by Linda Hubbartt, Quality Assurance Administrator