

SVTC Annual Plan - FY 2010

Detailed Version

Goal 1 Create a Person-Centered Culture

Objective 1 Senior leaders establish, communicate and lead a person-centered philosophy for SVTC

Strategies

- | 1 | Circulate a new Director's Message to all staff to communicate a person-centered philosophy, structure and plan by 11/1/2009 | Facility Director | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------------|--------------------|------------|---------------|---|--------------------------|------------|--------|---|---------------------------|------------|--------|--|---------------------------|------------|--------|---|----|------------|--------|--|
| 2 | Revise current vision and mission statements by 12/31/2009 | Leadership Team (LT) | | | | | | | | | | | | | | | | | | | | |
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| 2 Review drafts select two statements each to send to department heads, Region IV ID Directors, and Deputy Commissioner | LT | 11/15/2009 | Active | | | | | | | | | | | | | | | | | | | |
| 3 Decide new statements | LT | 12/15/2009 | Active | | | | | | | | | | | | | | | | | | | |
| 4 Decide distribution and communication plan for new statements | LT | 1 /15/2010 | Active | | | | | | | | | | | | | | | | | | | |
| 3 | Adjust the role and structure of the QMRP and residential manager functions to support desired home model(s) by 11/1/2009 | LT, Human Resources (HR) | | | | | | | | | | | | | | | | | | | | |
| 4 | Develop a biennium budget proposal to fund additional vehicles to support PCP by 9/1/2009 | Facility Director, LT | | | | | | | | | | | | | | | | | | | | |
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| 1 Determine if funding for a small number of vehicles is possible from the FY10 operating budget | LT | 9 /1 /2009 | Active | | | | | | | | | | | | | | | | | | | |
| 5 | Develop and implement an assessment process that measures the extent to which the experiences of individuals reflect self-determination and choice by 2/28/2010 | Quality & Risk Management (Q & RM) | | | | | | | | | | | | | | | | | | | | |
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| 2 Review results from use of the state tool and design a supplementary assessment tool to capture desired information | Quality & Risk Management | 11/30/2009 | Active | | | | | | | | | | | | | | | | | | | |
| 3 Begin periodic use of supplementary assessment | Quality & Risk Management | 2 /28/2010 | Active | | | | | | | | | | | | | | | | | | | |
| 6 | Perform critical review of committees, routine meetings and current plans with the goal of producing more time for Department Heads/senior leadership to devote to PCP by 11/15/2009 | Leadership Team | | | | | | | | | | | | | | | | | | | | |
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| 1 Develop action steps | Director, PCS | 8 /31/2009 | Active | | | | | | | | | | | | | | | | | | | |

Objective 2 Create expectations and supports to achieve a person-centered workforce

Strategies

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- 1 Afford opportunities for staff to become knowledgeable of and exposed to community living environments for individuals by 4/30/2009 Director, Social Services

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Develop action steps	Director, SS	9 /9 /2009	Active

- 2 Establish monitoring system for identifying unmet requirements for existing PCP courses by 10/31/2009 Director, Staff Training & Development (ST&D)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Establish Data Collection Procedures for PCP 101, PCP 202, PCT, PCV	Director, ST&D	10/31/2009	Active
2 Request needed reports from the Learning Management System (LMS) to represent number of staff trained and number of required staff not yet trained per topic	Director, ST&D	10/31/2009	Active

- 3 Conduct training for existing PCP courses (ongoing) by 6/30/2010 Director, ST&D

- 4 Re-assess PCP training requirements for all staff by 10/31/2010 TAC??

- 5 Review and revise all curricula for Orientation and Pre-Service courses to ensure appropriate use of person-centered language and concepts by 10/31/2010 Director, ST&D

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Develop process for annual review and revisions of curricula.	Director, ST&D	10/31/2009	Active
2 Approve revisions	TAC	1 /18/2010	Active
3 Complete review and revisions	Director, ST&D	4 /30/2010	Active

- 6 Develop and implement a training package (PCV) on person-centered practices for use with new and veteran training center staff by 10/1/2009 Director, ST&D

- 7 Ascertain training needed for the Supports Intensity Scale interview process by 10/1/2009 Director, Social Services

- 8 Incorporate demonstration of DSA (new-hire) person-centered skills into Unit practicum by 10/1/2009 Director, ST&D

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Secure approval of Training Advisory Committee to include and evaluate hands-on application of person-centered processes into Pre-Service Training	Director, ST&D	7 /13/2009	Active
2 Determine methodologies to include and evaluate hands-on application of person-centered processes into Pre-Service Training	Director, ST&D	10/10/2009	Active
3 Incorporate methodologies that include and evaluate hands-on application of person-centered processes into Pre-Service Training	Director, ST&D	10/10/2009	Active

Performance Indicators

Process Leader

Data Entry

1 Number of staff receiving training in person-centered practices	Dept. Heads	Staff Training & Development
2 Number of community staff receiving training in person-centered practices	Director, Staff Training & Development (ST&D)	Staff Training & Development

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3	Number of staff that completed training in Person-Centered Thinking	Training Advisory Committee	Staff Training & Development
4	Number of staff recognition events related to PCP effort	Dept. Heads	Human Resources
5	Number of staff that completed training in PCV	Dept. Heads	Staff Training & Development
6	Number of staff that completed training in the SIS interview process	Director, Social Services	Staff Training & Development
7	Number of Personal Support Team members that completed basic PCP (101) training	Director, Person-Centered Supports (PCS)	Staff Training & Development
8	Number of Personal Support Team members that completed extended PCP (202) training	Director, PCS	Staff Training & Development

Objective 3 Develop a person-centered planning process leading to person-centered ISPs

Strategies

1	Implement PCP process as developed by statewide team by 12/31/2009	Director, PCS				
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1	Survey Personal Support Team (PST) members and HIS DHs regarding new ISP Process concepts	Director, PCS	10/1 /2009 Active			
2	Review current PST Policy and determine if additional PCP guidelines are needed	Director, PCS	10/1 /2009 Active			
2	Acquire tools to improve communication during PST meetings by 9/30/2009	Director, PCS				
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<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>			
1	Install visual Aids in PST meeting environments	Director, PCS	10/1 /2009 Active			
2	Train PST members on use of PST visual aids/electronics	Director, PCS	10/1 /2009 Active			
4	Implement a process to ensure that individuals participate in ISP development by leading their PST meeting, determining PST meeting times and locations, and reviewing their plans by 12/30/2009	Director, PCS				
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1	Design a process to ensure individuals are including in the development of their ISP (process will (a) incorporate IWAGL Workbook and Life Vision Collages, (b) include individuals in ISP reviews and (c) reflect individuals' meeting preferences)	Director, PCS	10/1 /2009 Active			
2	Train Planning Partners to support individuals to participate in the development of their ISP (process will (a) include assignment of Planning Partner per individual preference or best fit and (b) tools to enhance individual's understanding of ISP)	Director, PCS	10/1 /2009 Active			

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- 5 Increase the knowledge of PST members to apply person-centered practices by 12/30/2009 Director, PCS

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Provide "Team Facilitation" Training for Support Coordinators	Director, PCS	9 /30/2009	Active
2 Develop internal departmental procedures to ensure PST member compliance with new ISP practices	Dept. Head	9 /30/2009	Active
3 Implement a management review process to ensure ISPs are implemented, documented and revised as appropriate (process will include (a) determination of qualitative vs. quantitative CRS items and (b) method for ensuring SC follow-up of CRS audits)	Director, PCS	12/30/2009	Active
4 Conduct a review of ISPs to determine any supplementary training needed for Personal Supports Teams with respect to community integration/participation, socialization, valued roles, personal vision statements and talents/strengths/contributions	PCS Outreach Coordinator	12/30/2009	Active

Performance Indicators

	<u>Process Leader</u>	<u>Data Entry</u>
1 Percent of Person-centered Teams that follow established, outcome-based agenda for annual staffings	Director, PCS	Person-Centered Supports
2 Percent of ISP person-centered outcomes that are measurable and result in verifiable progress	Utilization Review Committee	Utilization Review Committee
3 Percent of annual staffings in which the individual's presence was documented	Director, PCS	Person-Centered Supports
4 Percent of annual staffings in which a Direct Support Associate was present	Director, PCS	Person-Centered Supports
5 Percent of annual staffings in which a community Support Coordinator participated	Director, PCS	Person-Centered Supports
6 Percent of annual staffings in which a family member participated	Director, PCS	Person-Centered Supports

Objective 4 Reduce barriers to person-centeredness in the structure and requirements of the CRS

Strategies

- 1 Adjust IT programming resources to ensure production of ISPs is compatible with state requirements by 7/1/2009 (Done) Director, Health Information Management (HIM)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Obtain final version of forms	HIM Director	4 /27/2009	Done
2 Set up shared access to forms for all PS team members for completion of ISP	SDS	7 /1 /2009	Done
3 Begin using template for July staffings	Personal Supports Team (PST) members	7 /1 /2009	Done

- 2 Implement revised process to monitor person-centered language in CRS by 7/31/2009 (Done) HIM

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Begin revised process for assessing PCP language in ID Notes	HIM	6 /1 /2009	Done
2 Begin editing submitted documents to ensure person centered language is present and track performance of authors	Word Processing	6 /1 /2009	Done

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- 3 Develop database application to automate ISP process and workflow by 6/30/2010 Director, Software Development Services (SDS)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Determine functional requirements of database	SDS	9 /30/2009	Active
2 Determine whether to modify code to current system or develop new application	SDS	10/30/2009	Active

- 4 Identify barriers to Person Centeredness reflected in the individual record by 3/25/2010 Training Center HIM Directors

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Compile list of barriers of Problem Oriented Recordkeeping that hinder concept	Training Center (TC) HIM Directors	10/1 /2009	Active
2 Submit list to Central Office liaison for consideration of system change for training center CRSs	TC HIM Directors	10/1 /2009	Active
3 Identify DMHMRSAS forms that can be deleted because of duplication	TC HIM Directors	10/1 /2009	Active
4 Submit list to Central Office liaison for approval to discontinue	TC HIM Directors	10/1 /2009	Active

Performance Indicators

	<u>Process Leader</u>	<u>Data Entry</u>
1 Percent of CRS documentation sampled that reflect full use of person-centered terminology	Dept. Heads	Health Information Management

Objective 5 Create activities and opportunities that promote individuals' self-determination and exposure to options

Strategies

- 1 Implement retirement supports for individuals by 12/30/2009 Director, PCS
- 2 Ensure 100% of individuals' bedrooms reflect their personal choices in décor by 6/10/2010 Director, Residential & Community Services (RCS)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Begin bi-annual (twice a year) assessment of bedrooms for person centeredness	RS Supervisors	12/1 /2009	Active
2 Work with each individual or his/her planning partner to ensure bedroom reflects personal choice in décor	RS Supervisors	12/30/2009	Active

- 3 Review the mealtime experience by 2/15/2010 Nutritional Management Team (NMT)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Design or identify a protocol for assessing person-centeredness in the mealtime experience	NMT	11/1 /2009	Active
2 Conduct assessment across a representative sampling of mealtimes and locations	NMT	12/15/2009	Active
3 Recommend improvements, as appropriate	NMT	1 /15/2010	Active

Objective 6 Enhance opportunities for individuals to build relationships and valued roles in the community

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Strategies

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|--|---------------------------|
| 1 Contact community organizations, raise awareness and explore individual membership options focusing on retirement, socialization, and volunteerism on an ongoing basis by 6/30/2010 | PCS Outreach Coordinator |
| 2 Design and document a process for governing the use of community bank accounts for individuals by 8/15/2010 | Director, PCS |
| 3 Expand supports for individuals' use of public transportation to various locations in community by 6/30/2010 | Directors, RCS/PCS |
| 4 Implement streamlined Trip planning, money supports and transportation processes and evaluate by 8/15/2009 (Done) | ??? People First Team |
| 5 Identify several positions whose primary responsibility is to plan, research and carry out community outings. Formulate vision, mission and work requirements for group by 10/1/2009 | Leadership Team |
| 6 Provide supports for individuals to visit living environments in the community to gain insight into potential community options by 10/1/2009 | Director, Social Services |

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Develop action steps	Director, SS	10/1 /2009	Active

- | | |
|---|---------------|
| 7 Expand off campus hair care opportunities by 1/1/2010 | Director, RCS |
|---|---------------|

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Determine number and frequency of individuals currently accessing off grounds barber/beauty services regularly (define regularly)	Director, RS	10/1 /2009	Active
2 Identify individuals who have "looking good" preferences and determine hair care-specific interests	Director, PCS	10/1 /2009	Active
3 Develop and implement a process for identifying community hair care interests and funding sources for those individuals with hair care preferences	Director, RS	1 /1 /2010	Active

- | | |
|---|---------------------------|
| 8 Identify methods for increasing family visitation by 12/31/2009 | Director, Social Services |
|---|---------------------------|

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Begin routine calls to family/AR to determine factors contributing to non-attendance at annual staffings	Social Workers	7 /1 /2009	Done
2 Begin collecting data on family/AR visitation to individuals living at SVTC	Social Workers	10/1 /2009	Active
3 Review factors influencing family/AR involvement at SVTC	Director, CSS	12/31/2009	Active
4 Develop strategies for increasing family/AR involvement at SVTC	Director, CSS	3 /31/2010	Active

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9 Identify methods for increasing CSB involvement by 12/31/2009

Director, Social Services

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Begin routine calls to CSB to determine factors contributing to non-attendance at annual staffings	Social Workers	10/1 /2009	Active
2 Begin routine discussions with CSB ID Directors re involvement of CSB staff at SVTC	Director, CSS	10/1 /2009	Active
3 Review factors influencing CSB involvement at SVTC	Director, CSS	12/31/2009	Active
4 Develop strategies for increasing CSB involvement at SVTC	Director, CSS	3 /31/2010	Active

10 Implement strategies designed to educate families and AR's about community services and how the needs of the individual could be met in the community by 3/31/2010

Director, Social Services

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Compile Community and Facility Activities Calendar and distribute via website and hardcopy to SVTC employees, ARs, CSBs, and potential community supporters	Director, PCS	12/31/2009	Active
2 Establish a method for identifying all family communication opportunities such as Family Days, and identify opportunities to provide education about community services	Director, CSS	10/31/2009	Active
3 Expand planning committee for annual Provider Fair to include CSBs and families	Director, CSS	1 /31/2010	Active

Performance Indicators

Process Leader

Data Entry

1 Number of community informational sessions conducted	PCP Outreach Coordinator	PCS Outreach Coordinator
2 Percent of individuals employed in the community	Director, PCS	Person-Centered Supports
3 Number of individuals that attended community religious services regularly	Director, Residential & Community Services (RCS)	Residential Services
4 Number of registered individuals who visited voting polls	Director, RCS	Residential Services
5 Number of individuals that shopped in the community	Director, RCS	Residential Services
6 Number of individuals that used public transportation	Director, RCS	Person-Centered Supports
7 Number of individuals that engaged in volunteer work	Director, PCS	Person-Centered Supports
8 Number of community outings involving 3 or fewer individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
9 Number of individuals that visited alternative living environments	Director, Social Services	Social Services
10 Number of trips taken involving more than 3 individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
11 Number of family visits to SVTC to see family member	Director, Social Services	Social Services
12 Number of individuals that made visits to family members	Director, Social Services	Social Services
13 Number of visitations to SVTC by CSB representatives	Director, Social Services	Social Services
14 Number of individuals able to work as a result of training or educational programs	Director, PCS	Person-Centered Supports

Objective 7 Promote self-advocacy and self-determination

Strategies

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1 Develop a self-advocacy group with individuals by 5/31/2010 PCS Outreach Coordinator

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Contact the Partnership for information and training	PCS Outreach Coordinator	7 /1 /2009	Done
2 Determine group membership	PCS Outreach Coordinator	1 /31/2010	Active
3 Develop the group charter	PCS Outreach Coordinator	3 /31/2010	Active
4 Meet with Region IV ID Directors to discuss group	PCS Outreach Coordinator	5 /31/2010	Active

Objective 8 Increase percent of individuals' ISPs that are focused, integrated and measurable to 80%

Strategies

1 Monitor ISPs for compliance with state requirements by 1/1/2010 SCD

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Hire and train Support Coordination Director	Director, PCS	10/15/2009	Active
2 Establish an assessment protocol for sampling ISPs	SC Director	12/1 /2009	Active
3 Begin assessment of selected ISPs for compliance	SC Director	1 /1 /2010	Active
4 Begin tracking results, interventions with SC's and subsequent results	SC Director	1 /1 /2010	Active

2 Evaluate ISP content for quality by 2/15/2010 Utilization Review Committee (URC)

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Revise criteria to emphasize meaningfulness, achievability and common sense	URC	1 /31/2010	Active
2 Establish a review method for sampling ISPs and discussing/sharing results	URC	1 /31/2010	Active
3 Implement review process	URC	2 /15/2010	Active
4 Evaluate effectiveness of review process	URC	7 /31/2010	Active

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3 Review facility requirements emanating from Medicaid surveys by 12/15/2009 Directors, RCS/PCS

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Establish an interdisciplinary group	Directors, PCS/RCS	10/1 /2009	Active
2 Review facility requirements and related Medicaid requirements	Directors, PCS/RCS	11/15/2009	Active
3 Consider alternatives to current facility requirements and related support options	Directors, PCS/RCS	12/15/2009	Active
4 Recommend revision, deletion or continuation of facility requirements to promote compliance and meaningful supports for individuals	Directors, PCS/RCS	12/15/2009	Active
5 Recommend performance measures as appropriate	Directors, PCS/RCS	12/15/2009	Active
6 Act on recommendations	LT	1 /15/2010	Active

Performance Indicators

Process Leader

Data Entry

1 Percent of ISPs that meet all criteria for quality	Utilization Review Committee	Utilization Review Committee
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Objective 9 Develop a credible evaluation system for assessing implementation of active treatment

Strategies

1 Improve reliability of active treatment observations by 6/30/2010 Quality Manager

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Conduct reliability observations with several observers	Quality Manager	9 /30/2009	Active
2 Assess initial reliability results and develop one or more methods for increasing reliability	Quality Manager	11/15/2009	Active

2 Involve Department Heads in managing active treatment observation process and data analysis by 11/30/2009 Quality Manager

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Develop expectations of Department Heads	Quality Manager, Directors, PCS/RCS	9 /30/2009	Active
2 Conduct training of Dept. Heads in active treatment observation process and data analysis	Quality Manager, Directors, PCS/RCS	11/30/2009	Active
3 Begin participation in review of data and actions taken at Quality Council meetings	Dept. Heads	12/15/2009	Active

3 Assess nature and importance of ISP supports not delivered by 11/30/2009 Quality Council

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Hold one or more focused discussions including various participants	Quality Council	10/15/2009	Active
2 Determine actions needed to minimize significant outliers	Quality Council	11/15/2009	Active

Objective 10 Achieve verified outcomes for at least 75% of IHP priorities

Strategies

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1 Establish a protocol for assessing outcomes achieved by 2/15/2010 URC

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Review use of new, bi-monthly Support Coordinator review of progress	URC	11/30/2009	Active
2 Establish criteria for assessing outcomes	URC	1 /15/2010	Active
3 Develop and implement protocol for sampling outcomes achieved	URC	2 /15/2010	Active
4 Develop activities for discussing results and collaborating with PST's to improve outcomes	URC	4 /30/2010	Active

Performance Indicators

1 Percent of ISP outcomes that are measurable and result in verifiable progress

Process Leader

Utilization Review Committee

Data Entry

Utilization Review Committee

Objective 11 Monitor census and community placement indicators

Performance Indicators

- 1 Census as of the first day of the month
- 2 Number of new admissions during the month
- 3 Number of permanent admissions
- 4 Number of discharges during the month
- 5 Number of individuals discharged to Waiver slots
- 6 Total number of individuals determined to be discharge ready
- 7 Number of individuals without authorized rep/Guardian
- 8 Number of discharge-ready individuals for whom there is an objection to discharge

Process Leader

- Director, RCS
 Director, Social Services
 Director, Social Services
 Director, Social Services
 Director, Social Services
 Utilization Review Committee
 Director, Social Services
 Director, Social Services

Data Entry

- Health Information Management
 Health Information Management
 Social Services
 Health Information Management
 Social Services
 Social Services
 Social Services
 Social Services

Objective 12 Monitor clinical services to individuals

Performance Indicators

- 1 Percent of areas receiving a passing/acceptable grade on the area physical management monitoring form
- 2 Percent reliability of behavioral data
- 3 Percent of emergency restraints (out of 100% sample) in full compliance with policy
- 4 Number of mechanical restraint applications
- 5 Number of physical restraint applications

Process Leader

- Dept. Heads, Res. Sv./PCS
 Dept. Heads
 Psychology Supervisor
 Psychology Supervisor
 Psychology Supervisor

Data Entry

- Physical Therapy/ Physical Management
 Psychology
 Psychology
 Psychology
 Psychology

Objective 13 Monitor systems that promote individuals' health

Performance Indicators

- 1 Number and rate of infections
- 2 Number of medication errors per individual
- 3 Number of fractures
- 4 Number of falls
- 5 Number of individuals on 9 or more medications

Process Leader

- Infection Control Nurse
 Nursing Services
 Dept. Heads
 Dept. Heads
 Director, Medical Services

Data Entry

- Infection Control Committee
 Nursing Executive Committee
 Risk Management
 Risk Management
 Pharmacy Committee

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6	Number of individuals with fecal impaction	Nursing Executive Committee	Nursing Executive Committee
7	Number of urinary tract infections	Infection Control Nurse	Infection Control Committee
8	Number of individuals diagnosed with severe dehydration	Nursing Executive Committee	Nursing Executive Committee
9	Number of individuals with psychiatric diagnosis that receive polypharmacy	Director, Medical Services	Pharmacy Committee
10	Number of individuals diagnosed with new pressure ulcers per Stage (1-4)	Dept. Heads	Wound Care Committee
11	Number of individuals who weigh 10% over the upper limit of the desired body weight range	Nursing Executive Committee	Nursing Executive Committee
12	Number of special hospitalizations during the month	Nursing Executive Committee	Health Information Management
13	Rate of individual incidents per 1000 patient days	Dept. Heads	Risk Management

Objective 14 Monitor quality of CRS documentation

Performance Indicators

Process Leader

Data Entry

1	Number of repeat CRS deficiencies	Dept. Heads	Health Information Management
2	Percent of ISP's filed in CRS by deadline	Dept. Heads	Health Information Management
3	Percent of staffing reports submitted on time	Dept. Heads	Quality & Risk Management

Goal 2 Develop the Workforce and Enrich SVTC Employees' well being

Objective 1 Promote and monitor training to improve workforce performance

Strategies

- 1 Complete Tier 1 MVP training for all supervisors and managers by 10/1/2009 Training Advisory Committee

Action Step

Step Leader

Due

Status

1	Identify online and classroom requirements	TAC	10/1 /2009	Active
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Performance Indicators

Process Leader

Data Entry

1	Percent of mandated training up-to-date	Dept. Heads	Staff Training & Development
2	Percent of DSA's who have completed 15 College of Direct Support core modules	Director, ST&D	Staff Training & Development
3	Percent of managers and supervisors trained in MVP Tier 1	Director, ST&D	Staff Training & Development

Objective 2 Enhance strategies to improve employee satisfaction

Strategies

- 1 Re-design the Recognition Program by 1/1/2010 HR

Performance Indicators

Process Leader

Data Entry

1	Number of awards given via Recognition Program	Dept. Heads	Human Resources
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Objective 3 Identify strategies designed to reduce mandatory overtime

Performance Indicators

Process Leader

Data Entry

1	Number of scheduled, non-voluntary overtime hours worked by DSAs	Director, RCS	Residential Services
2	Number of voluntary overtime hours for DSA's during the month	Director, RCS	Residential Services

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3	Number of mandatory overtime hours for DSA's for the month	Director, RCS	Residential Services
4	Number of scheduled, non-voluntary overtime hours worked by LPNs	Director, Nursing Services	Nursing Services
5	Number of voluntary overtime hours for LPN, PPN and CNA's during the month	Director, Nursing Services	Nursing Services
6	Number of mandatory overtime hours for LPN, PPN and CNA's for the month	Director, Nursing Services	Nursing Services
7	Number of scheduled, non-voluntary overtime hours worked by RNs	Director, Nursing Services	Nursing Services
8	Number of voluntary overtime hours for RN's during the month	Director, Nursing Services	Nursing Services
9	Number of mandatory overtime hours for RN's for the month	Director, Nursing Services	Nursing Services

Objective 4 Monitor workplace safety indicators

Performance Indicators

Process Leader

Data Entry

1	Cost of workers' compensation claims	Leadership Team	Quality & Risk Management
2	Number of PPDs out of compliance	Infection Control Nurse	Employee Health Services
3	Number of injuries to DSA's during the month	Directors, RCS	Quality & Risk Management
4	Number of injuries to LPN, PPN and CNA's during the month	Director, Nursing Services	Quality & Risk Management
5	Number of injuries to RN's during the month	Director, Nursing Services	Quality & Risk Management
6	Number of injuries to Food Services staff	Director, Food Services	Quality & Risk Management

Objective 5 Monitor recruitment and retention indicators

Strategies

1 Report on results from exit interviews by 9/30/2010

HR

Performance Indicators

Process Leader

Data Entry

1	Percent of funded positions filled	Compensation & Employment Manager	Compensation & Employment
2	Percent staff turnover	Dept. Heads	Employee Services
3	Percent of Living Areas staffed at DOJ level	Leadership Team	Quality & Risk Management
4	Number of Direct care nursing position (CNA,PPN,LPN) vacancies on the first day of the month	Director, Nursing Services	Human Resources
5	Number of RN position vacancies on the first day of the month	Director, Nursing Services	Human Resources
6	Number of Physician position vacancies on the first day of the month	Director, Medical Services	Human Resources
7	Number of remaining clinical staff position vacancies on the first day of the month	Dept. Heads	Human Resources
8	Number of administrative staff position vacancies on the first day of the month	Directors, Administration/EOC	Human Resources
9	Number of Direct care nursing position (Can's,PPN,LPN) New Hires during the month	Employee Services Manager	Human Resources
10	Number of RN position New Hires during the month	Employee Services Manager	Human Resources
11	Number of Physician position New Hires during the month	Employee Services Manager	Human Resources
12	Number of clinical staff position New Hires during the month	Employee Services Manager	Human Resources
13	Number of administrative staff position New Hires during the month	Employee Services Manager	Human Resources

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14	Number of Direct care nursing position (Can,PPN,LPN) Separations from Service during the month	Director, Nursing Services	Human Resources
15	Number of RN position Separations from Service during the month	Director, Nursing Services	Human Resources
16	Number of Physician position Separations from Service during the month	Director, Medical Services	Human Resources
17	Number of clinical staff position Separations from Service during the month	Dept. Heads	Human Resources
18	Number of administrative staff position Separations from Service during the month	Directors, Administration/EOC	Human Resources
19	Number of DSA position vacancies on the first day of the month	Directors, RCS	Human Resources
20	Number of DSA position New Hires during the month	Employee Services Manager	Human Resources
21	Number of DSA position Separations from Service during the month	Directors, RCS	Human Resources

Goal 3 Promote Leadership & Organizational Performance

Objective 1 Develop strategies for aligning technology efforts with facility mission

Strategies

- 1 Provide an overview of software development activities by 10/15/2009 Planning, Quality & Information Services (PQIS)
- 2 Restructure the intranet site by 11/15/2009 Software Development Services
- 3 Develop a strategic IT plan by 9/30/2009 Director, PQIS

Objective 2 Maintain and monitor campus security, infrastructure and space issues

Strategies

- 1 Track and report to OIG any renovations/construction that has direct impact on lives of individuals by 6/30/2010 Director, Environment of Care (EOC)
- 2 Secure maintenance reserve funding and construct dental suite by 10/1/2009 Director, Administration

Objective 3 Meet or exceed DOA requirements for prompt pay and other mandates

Performance Indicators

Process Leader

Data Entry

- | | | | |
|---|---|--------------------|--------------------|
| 1 | Number of travel checks written in lieu of EDI | Dept. Heads | Travel Coordinator |
| 2 | Prompt Payment: Percent of invoices paid on time per agency | Financial Services | Financial Services |

Objective 4 Monitor fiscal year budget conditions on a monthly basis to ensure facility expends within appropriation

Strategies

- 1 Review budget on a monthly basis at LT meeting by 6/30/2010 Financial Services

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Detailed Version

- 2 Establish MOU for services provided by HWDMC to the campus by 10/1/2009 Administrative Services

- 3 Implement recommendations from Internal Auditor for ARMICS deficiencies by 11/1/2009 Director, Administration

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Bottom line budget status for SVTC considering known facts, projections and estimates	Leadership Team	Financial Services
2 Bottom line budget status for HWDMC considering known facts, projections and estimates	Leadership Team	Financial Services
3 Percent purchases from SWAM vendors	Director, Procurement	Procurement

Objective 5 Achieve 95% of individual customer satisfaction and support process targets on a quarterly basis

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Percent meal content accuracy	Food Services	Food Services
2 Percent snack content accuracy	Food Services	Food Services
3 Percent of customer satisfaction with quality of Housekeeping and Laundry	Housekeeping/Laundry Services	Housekeeping/Laundry Services
4 Percent of preventive maintenance work orders completed within 14 days	Director, Physical Plant Services	Physical Plant Services
5 Percent of corrective maintenance work orders completed within 7 days	Director, Physical Plant Services	Physical Plant Services
6 Cumulative number of external audits	Leadership Team	Administrative Services

Objective 6 Reduce annual energy consumption by 5%

Strategies

- 1 Establish and communicate relevant practices and expectations by 9/30/2009 Director, EOC

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Establish expectations for (a) turning off lights in unused areas and (b) setting temperatures in unoccupied buildings on evenings, nights, weekends and holidays to efficiently and economically conserve energy	EOC	9 /30/2009	Active
2 Describe nature of enforcement of (a) conservation of fuels via Use of State Owned Motor Vehicles policy and (b) Detail energy efficiency as outlined in Environment of Care Policy Energy Management Plan	EOC	9 /30/2009	Active
3 Energy conservation/awareness will be a topic in Grapevine and discussed in Manager's forum	EOC	9 /30/2009	Active

Objective 7 Conduct a customer satisfaction assessment with Authorized Representatives

Strategies

- 1 Distribute an satisfaction survey to Authorized Representatives by 2/1/2010 Quality Manager

- 2 Collect surveys and summarize results by 3/1/2010 Quality Manager

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3 Report actions taken and improvements initiated by 4/15/2010

Director, RCS

Objective 8 Finalize the Cultural and Linguistic Competence Plan

Strategies

1 Finalize the Cultural and Linguistic Competence Plan by 10/1/2009

Leadership Team

Objective 9 Develop and monitor processes to ensure compliance with IT security standards

Strategies

1 Evaluate the IT security program by 10/1/2009

Director, PQIS

Performance Indicators

1 Percent compliance with IT security standards ???

Process Leader

Director, PQIS

Data Entry

PQIS

Goal 4 Support Community Partners and Individuals

Objective 1 Develop a crisis stabilization option

Strategies

1 Continue focus on development of crisis stabilization unit by 10/1/2009

Director, RCS

Performance Indicators

1 Number of bed-days provided to individuals in the 6 community beds

Process Leader

Director, RCS

Data Entry

RCSC Coordinator

2 Percent emergency/respite admissions requested that were responded to within 4-hour window

Director, RCS

RCSC Coordinator

Objective 2 Expend all RCSC-allotted funds on creation of structure/resources and provision of services by end of fiscal year

Performance Indicators

1 Quantity and types of community services provided

Process Leader

RCSC Coordinator

Data Entry

RCSC Coordinator

2 Number of requests for RCSC services not fulfilled

RCSC Coordinator

RCSC Coordinator

3 Dollar value of RCSC services provided

RCSC Coordinator

RCSC Coordinator

Goal 5 Monitor Quality Assurance Indicators

Objective 1 Monitor selected quality assurance indicators

Performance Indicators

1 Number of abuse allegations

Process Leader

Dept. Heads

Data Entry

Office of the Director

2 Number of substantiated abuse allegations

Dept. Heads

Office of the Director

Objective 2 Monitor Medicaid Plan of Correction

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Detailed Version

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Average rating from Active Treatment observations re meeting Medicaid standards	Dept. Heads	Quality & Risk Management
2 Percent of program delivery staff currently certified as competent	Dept. Heads, Res. Sv./PCS	Quality & Risk Management
3 Number of injuries, etc. reviewed by QI Nurse where appropriate AR notification has not been documented	Director, Medical Services	QI Nurse
4 Reports of suspected abuse/neglect that are not communicated to the Facility Director/designee in a timely manner	Facility Director	Risk Management
5 Reports of suspected abuse/neglect that are not communicated to the Health Dept. in a timely manner	Facility Director	Office of the Director
6 Percent of ISPs that fully comply with money management requirements	Utilization Review Committee	Utilization Review Committee
7 Percent of ISPs that fully comply with self-administration of medication requirements	Utilization Review Committee	Utilization Review Committee
8 Number of supports for individuals not delivered as required by ISP	Dept. Heads	Support Coordinators

Objective 3 Monitor selected Inspector General monthly indicators

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Numbers of new complaints during the month	Facility Director	Office of the Director
2 Number of complaints originated by consumer during the month	Facility Director	Office of the Director
3 Number of complaints originated by staff during the month	Facility Director	Office of the Director
4 Number of complaints originated by family during the month	Facility Director	Office of the Director
5 Number of complaints originated by the advocate during the month	Facility Director	Office of the Director
6 Number of explained deaths during the month	Director, Medical Services	Medical Services
7 Number of unexplained deaths during the month	Director, Medical Services	Medical Services
8 Number of deaths with formal Peer Reviews conducted during the month	Director, Medical Services	Medical Services
9 Number of deaths reported as a Sentinel Event to JCAHO during the month	n/a	Medical Services
10 Number of death summaries completed during the month	Director, Medical Services	Medical Services
11 Number of deaths reported to the medical examiner during the month	Director, Medical Services	Medical Services
12 Number of police investigations conducted as a result of a death during the month	Facility Director	Office of the Director