

2008 INDIVIDUALIZED SERVICE PLAN REVIEW EXECUTIVE SUMMARY

Background

This analysis is one component of a multi-dimensional effort to evaluate the impact of the Western New York Care Coordination Program (WNYCCP). The specific objective of this analysis is to assess the degree to which the program is being implemented in a manner that reflects key hallmarks of Person-Centered Planning.

Methods

In order to assess the level of fidelity to the Person-Centered Planning model, representatives in each of the six Participating counties reviewed Individualized Service Plans (ISP) (as well as Quality of Life Self-Assessments, or QOLSA) for 10% of WNYCCP enrollees or a minimum of 10 charts, whichever number was larger. This included participants enrolled via ICM, SCM and ACT services across all six counties. Efforts were made to ensure that sample selection was done in a random manner. The table below shows the number of ISP's reviewed during each annual assessment since the process was initiated in 2003.

| County | Number of Individualized Service Plans Reviewed Annually | | | | | |
|--------------|--|------------|------------|------------|------------|------------|
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| Chautauqua | 9 | 10 | 19 | 15 | 14 | 10 |
| Erie | 50 | 65 | 54 | 49 | 74 | 80 |
| Genesee | 1 | 4 | 10 | 12 | 11 | 10 |
| Monroe | 15 | 48 | 82 | 90 | 98 | 89 |
| Onondaga | 22 | 28 | 50 | 61 | 69 | 58 |
| Wyoming | 5 | 6 | 10 | 7 | 11 | 10 |
| Total | 102 | 161 | 225 | 234 | 277 | 257 |

Reviewers were asked to rate each case using a standard assessment tool developed by WNYCCP. Areas of interest included the following specific indicators, all of which were rated on scales of 1 to 4 based on the degree to which the indicator was present in each ISP. (Note: scale details for each item are included in the analysis below.)

1. Services and supports are individualized.
2. The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
3. Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
4. A group of people who know, value and are committed to the person remains involved.
5. The person is supported in a work environment consistent with his/her goals and desires.
6. Integration of behavioral and physical health needs.

Although the content and format of the assessment tool was similar to previous years, it is important to note that items 5 and 6 were new items in 2008 that were designed to address additional priority areas as identified by WNYCCP (i.e. vocational outcomes, integration of physical and mental health services, etc.). Two items from the previous version of the instrument were deleted: one regarding the degree to which the enrollee's wishes drive planning activities (the results for which were consistently positive over the last few years); and one regarding the degree to which the enrollee's opportunities and experiences are maximized (which was used for two years and deemed problematic due to ongoing difficulty in defining and interpreting this concept).

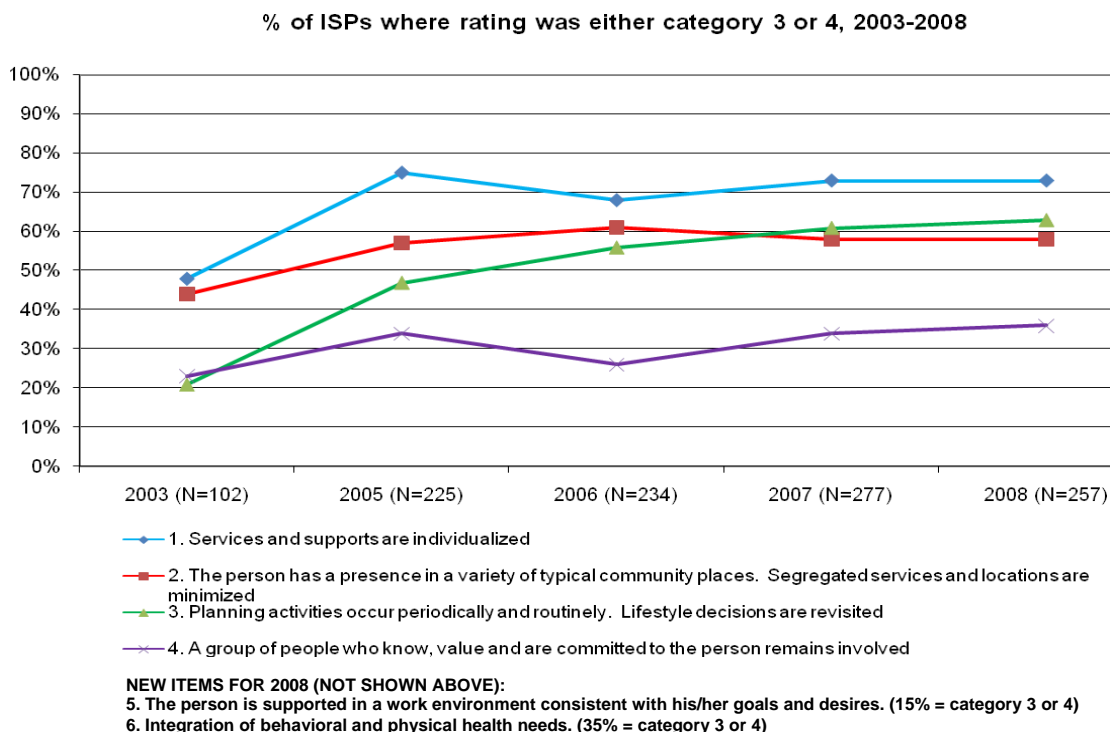
Findings

In this analysis we focused primarily on the extent to which there have been shifts over time in the distribution of ratings across categories for items with historical data, as well as establishing a baseline for the two new items. In general, we examined the percent of cases being rated at the higher end of the

spectrum (e.g., scores of 3 or 4), which would indicate solid, ongoing application of key principles of Person-Centered Planning.

Comparison of top two rating categories

As in previous years, we were interested in the percentage of cases falling into the top two rating categories during 2008 compared to previous reviews. As shown in the figure below, data from 2003-2008 (excluding 2004 due to methodological issues noted later in this report) show that the results for items 1, 2 and 4 have been fairly stable during this time, while scores for item 3 have increased steadily. Results for item 5 indicate that work goals are not a priority in the majority of records reviewed, while evidence of the integration of the physical and mental health needs (item 6) found mixed results. More detail regarding the specific results for each scale item can be found in the following section.

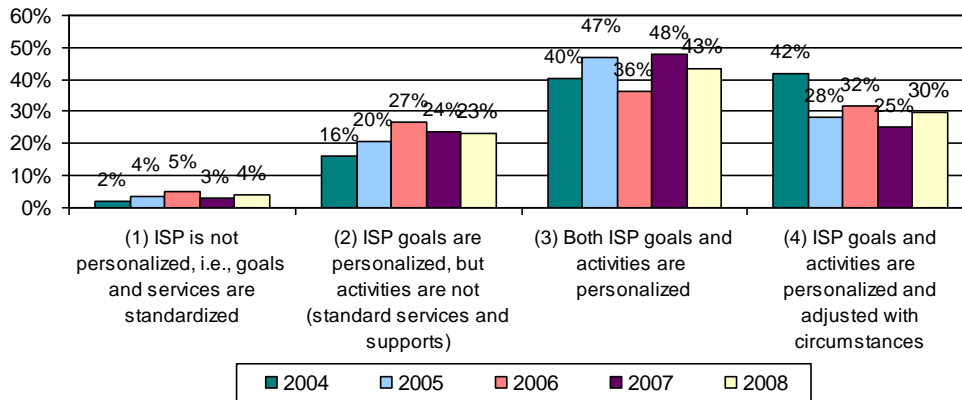


Results by individual items

In addition to aggregating the results of the two top rating categories, we were also interested in detailed results for each scale item. In situations where trended data are available, it is important to note that ratings from 2004 took into account other supplemental chart information (such as progress notes) and may have impacted the results from that particular year. However, ratings completed since 2005 have relied only on information available in the ISP and QOLSA. When examined from a longitudinal perspective, the results from 2004 seem slightly fairly consistent with overall trends, although slightly elevated for some items due to additional sources of information used during that review. The distribution of scores for each item is shown below, along with comparisons to previous years.

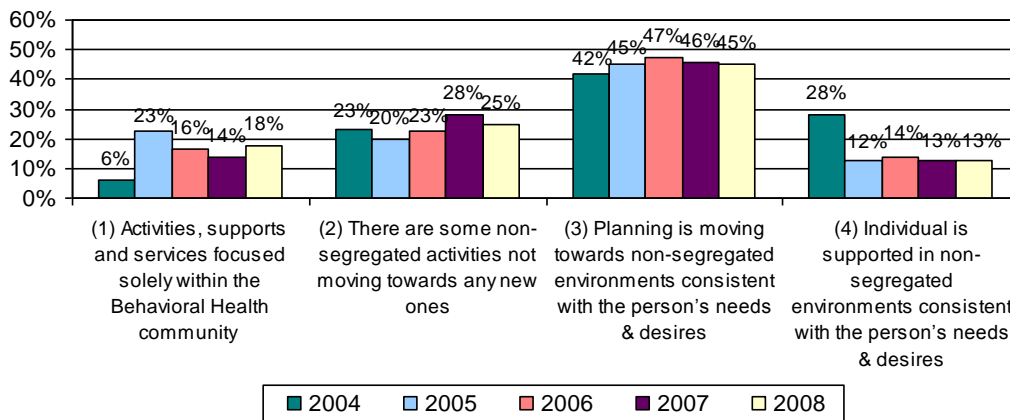
1. Case reviews continue to show a high number of service plans that incorporate individualized services and support. As shown in the figure below, 73% of the cases reviewed indicated that ISP goals and activities are personalized and/or are adjusted with circumstances. This represents the same proportion as 2007 and a slight increase over 2006.

Services and supports are individualized.



2. Planning appears to be moving towards non-segregated environments consistent with the person's need and desires, but enrollees continue to have limited presence in such settings. As shown below, 13% of cases indicate that the enrollee was supported in non-segregated environments and an additional 45% were moving towards these environments consistent with his/her needs and desires. However, 43% of cases were either focused exclusively on behavioral health services or were not moving towards any new non-segregated options.

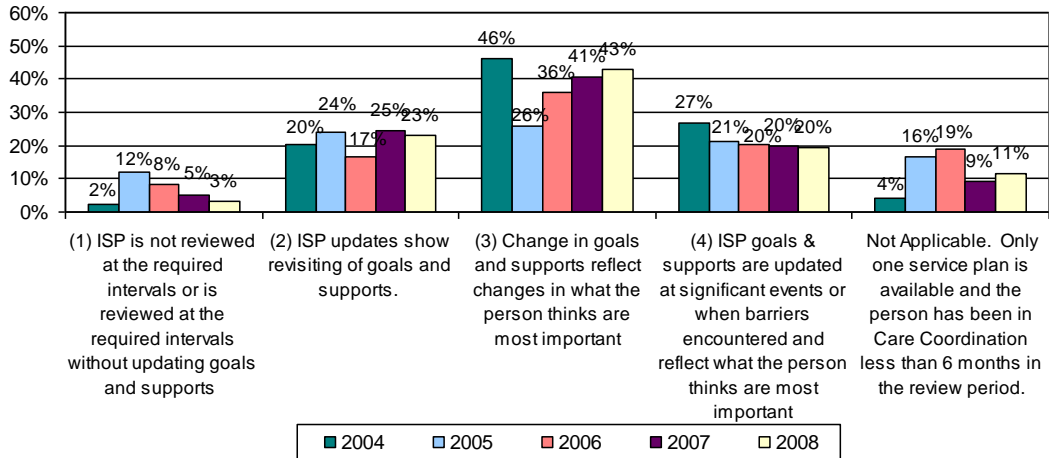
The person has a presence in a variety of typical community places. Segregated services and locations are minimized.



3. Progress continues to be maintained in ensuring that planning occurs on a routine basis and lifestyle decisions are revisited. 63% of the cases reviewed indicated that changes in goals and supports reflected the enrollee's priorities and/or were updated when significant events occurred or

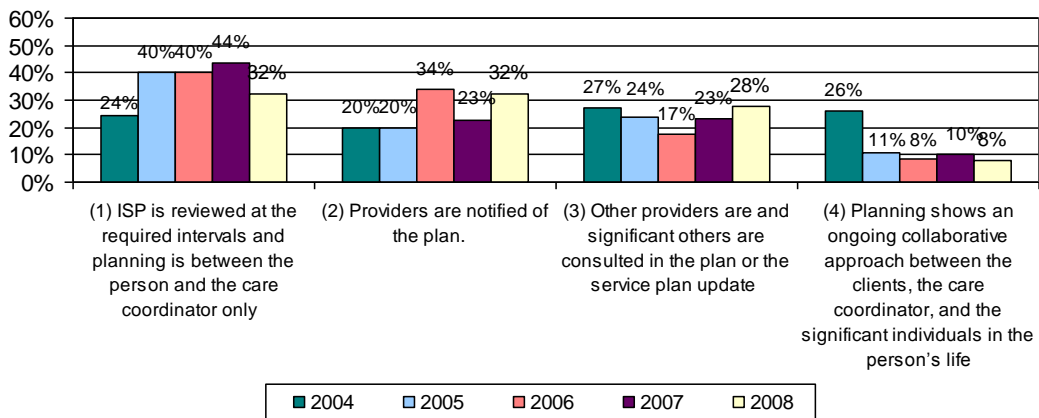
barriers were encountered. Only 3% of cases reviewed showed that the ISP was not reviewed at the required intervals, which has steadily decreased since 2005.

**Planning activities occur periodically and routinely.
Lifestyle decisions are revisited.**



4. Progress continues to be limited regarding documented efforts to engage others in the enrollee’s ISP process. As noted in previous years, the involvement of other significant people in the planning process is an area showing a need for improvement. The percent of cases indicating that others were consulted in the process and/or showing ongoing collaboration with significant individuals was approximately the same in 2008 (36%) as 2007 (33%) and showed a slight increase compared to 2006 (25%). However, it noteworthy that the percent of cases indicating that planning occurred only between the enrollee and the care coordinator (i.e. rating = “1”) decreased by 12% in 2008.

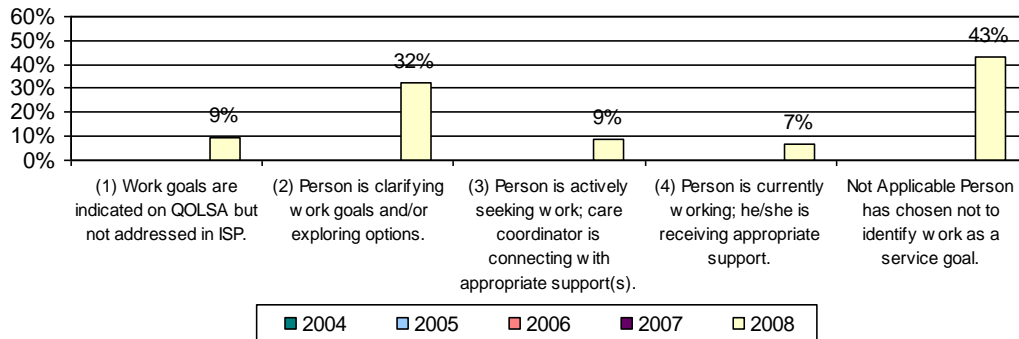
A group of people who know, value and are committed to the person remains involved.



5. A small proportion of enrollees are currently employed, but the largest proportion of plans reviewed did not have work identified as a service goal. As shown below, this item was rated as “Not

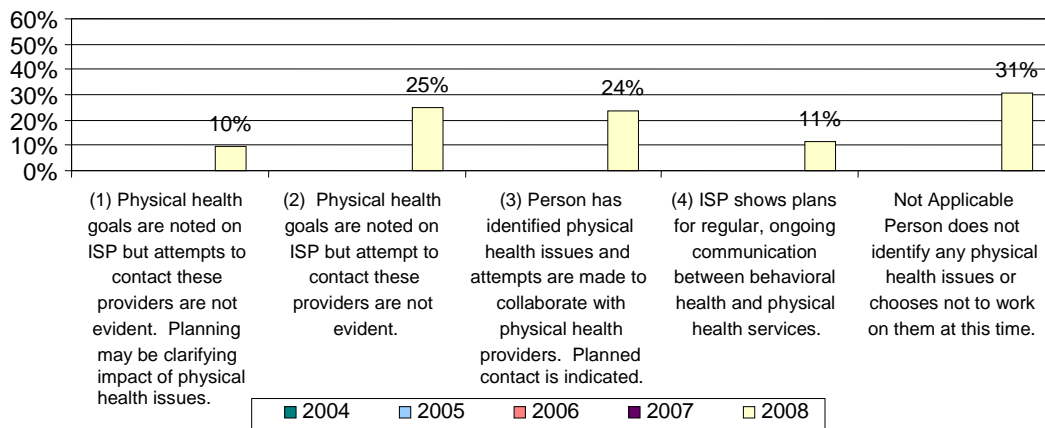
Applicable” for 43% of the cases reviewed, indicating that the person has chosen not to identify a work goal. 32% of cases did identify work as a service goal and were exploring options (rating = “2”). 7% of service plans indicated that the enrollee was currently working. Please note that this was a new item in 2008.

The person is supported in a work environment consistent with his/her goals and desires. [NOTE: "Work" is defined as any PAID employment(i.e. competitive, supported or sheltered).]



6. There appears to be some evidence of the integration of physical health issues into the planning process, although results in this area were mixed. As shown below, 25% of plans with physical health goals noted did not document attempts to contact medical provider. An additional 24% showed evidence of attempts to contact medical providers but no ongoing contact. The largest proportion of cases reviewed (31%) indicated that the enrollee did not identify physical health issues as a service goal. Please note that this was also a new item in 2008.

Integration of behavioral and physical health needs.



Conclusions

The aggregate results of the 2008 ISP reviews highlight the efforts of care coordination programs to embrace the principles of person-centered practices. Many of the strengths and challenges noted during previous reviews are still present. The list below contains suggestions developed by the Performance Management committee for addressing potential areas of improvement:

1. Enrollees are moving towards community-based environments consistent with their goals, but the proportion of people with documented presence in non-segregated setting remains fairly low. This should be a focus of staff training efforts during 2009.
2. Input from significant others into the planning process continues to be limited. This is a vital aspect of person-centered practices and should be a focus of future staff training. However, we also recognize the possibility that these contacts may be occurring throughout the course of service delivery but are not being clearly documented. To address this issue, we recommend revising the format of the ISP to include a section specifically documenting such contacts.
3. The new review items added in 2008 show a limited presence of work and physical health goals in enrollee service plans. Awareness of these areas should be increased among both care coordination enrollees and staff.
4. Given the importance of addressing cross-systems issues, the development of a new review item addressing substance use needs should be considered.