

2007 INDIVIDUALIZED SERVICE PLAN REVIEW EXECUTIVE SUMMARY

Background

This analysis is one component of a multi-pronged 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 the key tenets 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 Individual Service Plans (ISP) and Quality of Life Self-Assessment surveys (QOLSA) for 10% of program enrollees or a minimum of 10 charts, whichever number was larger. Efforts were made to ensure that sample selection was done in a random manner. Sample sizes have increased substantially over the five years since this process was implemented, as noted in the chart below:

County	2003	2004	2005	2006	2007
Chautauqua	9	10	19	15	14
Erie	50	65	54	49	74
Genesee	1	4	10	12	11
Monroe	15	48	82	90	98
Onondaga	22	28	50	61	69
Wyoming	5	6	10	7	11
TOTAL	102	161	225	234	277

Reviewers were asked to rate each case using a standard assessment tool developed by WNYCCP which was identical to the version used in 2006. Areas of interest included the following specific indicators, all of which were rated on scales of 1 to 4 (see scale details in analysis below):

1. The person's (enrollee's) dreams, interests and strengths drive activities, services and supports.
2. Services and supports are individualized and don't rely solely on preexisting models
3. The person has a presence in a variety of typical community places. Segregated services and locations are minimized
4. Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
5. A group of people who know, value and are committed to the person remains involved.
6. The person's opportunities and experiences are maximized and flexibility is enhanced within existing regulatory and funding constraints.

It should also be noted that the current summary includes information regarding ACT enrollees. This has not been the case in all previous years due to difficulties applying the review instrument to ACT programs. However, a task group comprised of ISP reviewers and ACT providers was formed in 2007 to address these challenges and developed a set of recommendations for applying the review instrument to service plans developed within ACT programs.

Findings

In this analysis, we focused primarily on assessing the extent to which there have been any shifts in the distribution across the rating categories for all content areas. We were interested in learning if an increase would be evident in the percentage of cases being rated at the higher end of the spectrum, which would indicate solid, ongoing application of key principles of Person-Centered Planning. As such, the summary that follows focuses on examining the degree of movement across these rating categories between 2003 (the first full year of program operations) and 2007 for items 1-5, as well as results from the past two years for item 6, which was added in 2006 to address limitations of the original instrument.

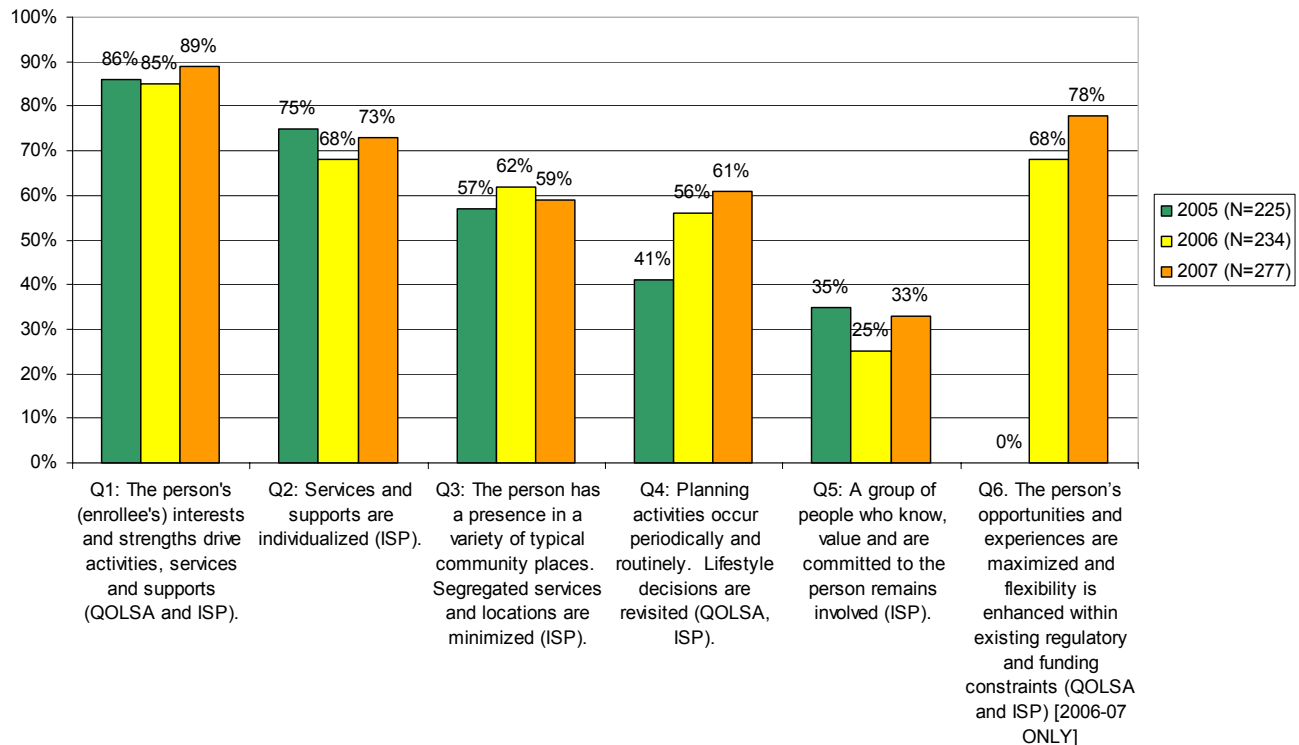
In reviewing the trended data, it is important to note that there was a change in review methodology in 2005. Some ratings completed in 2004 took into consideration other supplemental information, including chart notes. Ratings completed since 2005 relied only on information available in the ISP or QOLSA. While this change was

important in achieving consistency in the approach across sites, it does impact the ability to make comparisons between 2004 and information for other years. However, when looked at from a longitudinal perspective, the results from 2004 largely seem consistent with overall trends.

Comparison of top two rating categories

As in previous years, we were interested in the percentage of cases that fell into the top two rating categories during 2007 compared to previous reviews. An analysis of data from 2005-2007 shows that previous levels have generally been maintained or improved upon for all items. The most notable increases were seen in items 4 (“Planning occurs periodically and routinely”) and 6 (“The person’s opportunities and experiences are maximized...”). This could be due to increased provider sensitivity to the timeliness of ISP reviews as well increased reviewer comfort with item 6, which was added in 2006.

% of ISPs where question rating was either category 3 or 4: 2005-2007



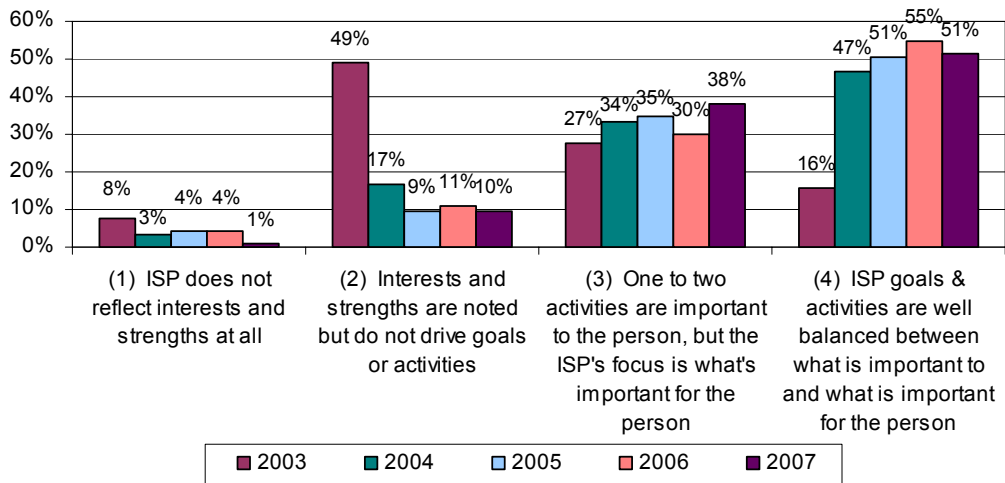
Results by individual items

In addition to aggregating the results of the two top rating categories, we also were interested in specific results for each scale item. The distribution of scores for each scale items is shown below, along with comparisons to previous years.

1. The person’s dreams, interests and strengths continue to drive activities, services and supports.

- 51% of the cases reviewed in 2007 indicated that “goals & activities are well balanced between what is important TO and what is important FOR the person.” This is fairly consistent with results from the previous three years (50%) and maintains the substantial gain compared to 2003.

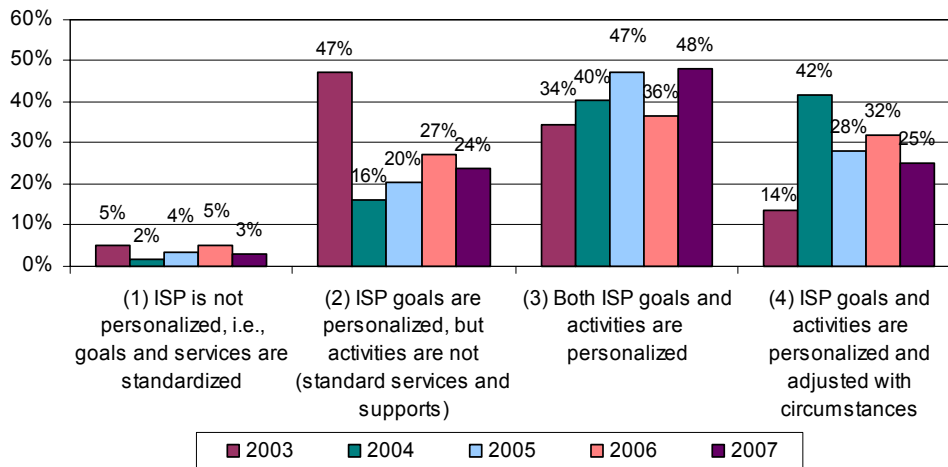
Q1: The person's (enrollee's) interests and strengths drive activities, services and supports (QOLSA and ISP).



2. Case reviews continue to show a consistently high number of service plans that incorporate individualized services and supports compared to the previous year.

- Reviewers noted that 73% of cases indicated that ISP goals and activities are personalized and/or are adjusted with circumstances, compared to 68% in 2006 and 75% in 2005.

Q2: Services and supports are individualized (ISP).

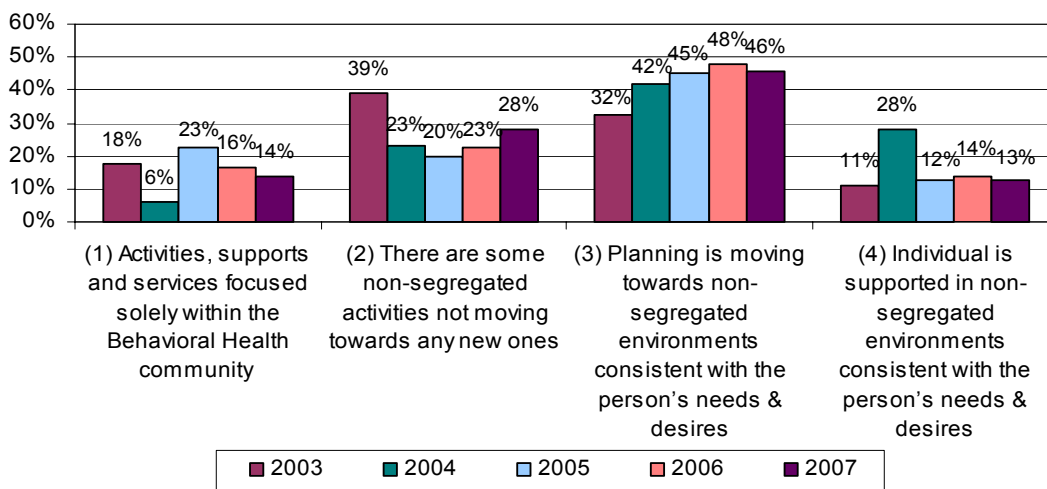


3. Planning appears to be moving towards non-segregated environments consistent with the person's desires, but enrollees continue to have a limited presence in such settings.

- In 13% of the cases, the reviewer indicated that the “Individual is supported in non-segregated environments consistent with the person's needs & desires”, and in 46% of the cases, “Planning is moving toward non-segregated environments consistent with the person's needs and desires.” This maintains the marginal

improvements apparent increase since 2003, but these results appear to have reached a plateau.

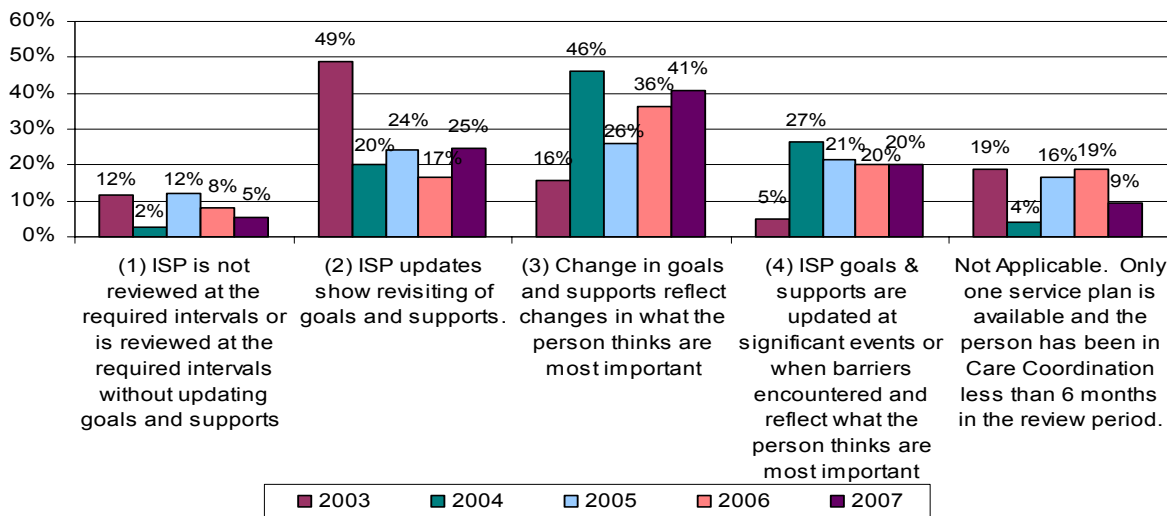
Q3: The person has a presence in a variety of typical community places. Segregated services and locations are minimized (ISP).



4. Progress has been maintained in ensuring planning occurs on a routine basis and lifestyle decisions are revisited.

- In 41% of the cases reviewed in 2007, reviewers indicated that Changes in goals and supports reflect changes in what the person thinks are most important (compared to 36% in 2006). In addition, for 20% of the cases there was evidence that ISP goals are updated at significant events or when barriers are encountered.

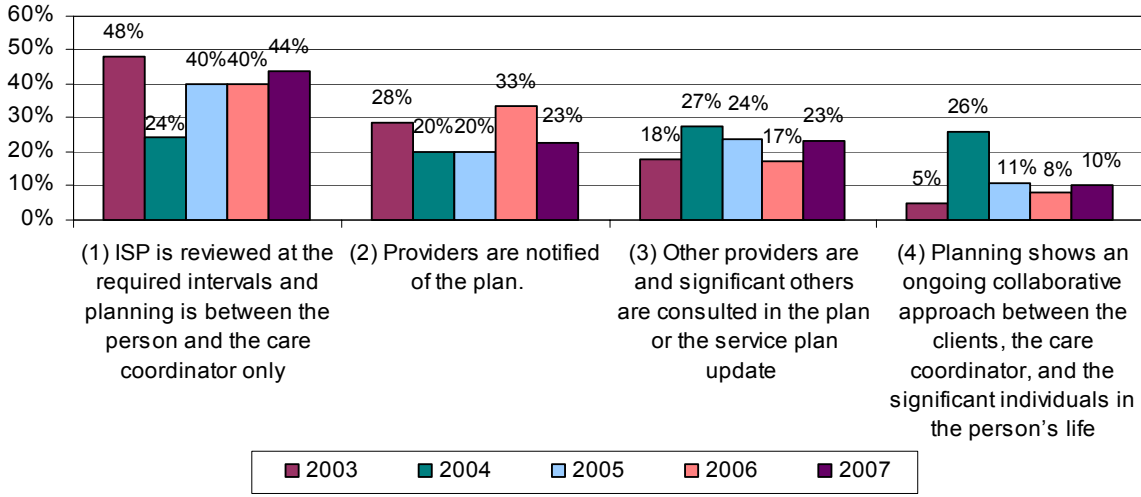
Q4: Planning activities occur periodically and routinely. Lifestyle decisions are revisited (QOLSA, ISP).



5. Progress continues to be limited regarding documented efforts to engage others in the enrollee's ISP process.

- As noted last year, this is an area showing a need for improvement. 33% of cases reviewed in 2007 showed that either other providers are and significant others are consulted in the plan or the service plan update or planning shows an ongoing collaborative approach between the clients, the care coordinator, and the significant individuals in the person's life, representing an 8% increase over last year.

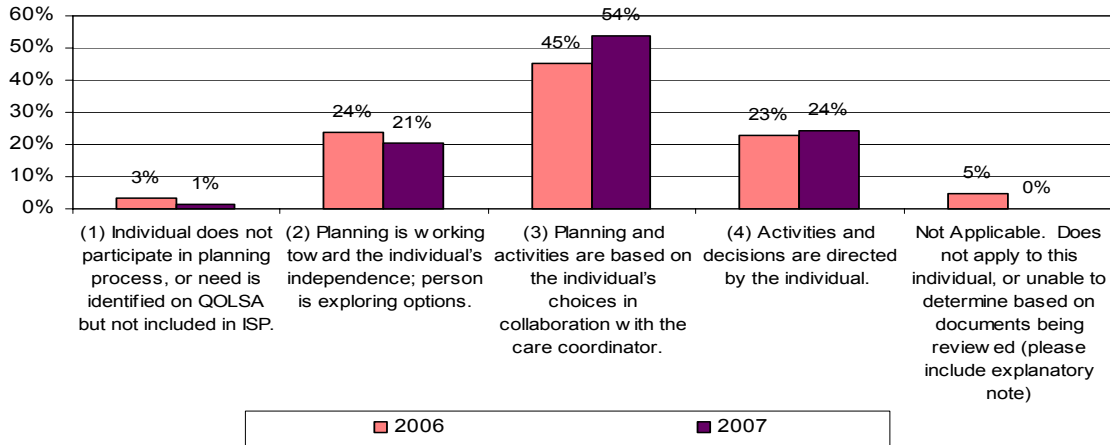
Q5: A group of people who know, value and are committed to the person remains involved (ISP).



6. The person's independence is being encouraged via participation in decision making regarding opportunities and experiences within existing regulatory and funding constraints.

- Reviewers noted that 54% of cases showed evidence that *planning and activities were based on the individual's choices in collaboration with the care coordinator* (an increase of 9% compared to 2006), and an additional 24% indicated that *activities and decisions were directed by the individual* (compared to 23% in 2006).

Q6: The person's opportunities and experiences are maximized and flexibility is enhanced within existing regulatory and funding constraints.



Conclusions

The aggregate results of the 2007 ISP reviews indicate that the gains made in previous years have been maintained and some areas have actually continued to increase. However, there continue to be specific aspects of person-centered practices and service plan documentation that are in need of improvement, including the involvement of others in the planning process, as well as a focus on community-based goals.