



**Lonoke Exceptional School, Inc.  
Outcomes Management Report  
FY-2015/2016**

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## I. Introduction

Lonoke Exceptional School, Inc. is committed to quality improvement. In order to fulfill this commitment the Agency is undertaking the following:

- Maintain a data collection process from various internal and external sources regarding Operations and service delivery.
- Analyze the data collected.
- Use the results of the data collection to make decisions regarding improvements in operations and service delivery.

The following Outcomes Management Report FY 2014/2015 presents a summary of this effort, including specific goals, analysis of results, and recommendations for the future. The report is organized as follows:

### ◇ Strategic Plans and Goals

#### ◇ Consumer Satisfaction

- Characteristics of Persons Served
- Comments and Complaints
- Accessibility
- Program Services Reports
- Incidents

#### ◇ Stakeholder Satisfaction

#### ◇ Employee Satisfaction

- Staff turnover
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#### ◇ Agency Operations

- Financial Audit
- Risk Analysis and Management
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- Health and Safety
- Facilities Report
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## **Strategic Plan**

The strategic plan for 2015-2018 was developed with input from staff, consumers, and stakeholders. Goals were established in the following areas:

Consumer services, therapy, expansion, physical plant, human resources, safety, financial, marketing/development and technology.

Overall, 19 goals were met for the year.

In consumer services, our Outreach department began to participate in Project Up which is a new model for early intervention being piloted in our state and 5 consumers transitioned through supported employment program. In therapy, an augmentative lab was established using VI-B funding. In expansion, a referral system was developed for out-patient therapy, 20 children were enrolled in out-patient therapy, and our daycare program was reestablished. In the physical plant section, a playground committee was formed to create a plan for playground upgrade, the Cabot preschool hallways and cafeteria was painted, and shelves were added to existing storage structure to increase storage capacity. In the human resources section and to increase unity, administrative staff visited the Cabot program 1X per month. In safety, the Cabot evacuation plan was reviewed and updated. In the financial section, a donor program was established and the billing department pursued more private insurance billing. In marketing and development, signs for buses were added to all buses, sponsored a 2<sup>nd</sup> booth at Cabot fest to highlight our adult program, and sponsored a booth at a job fair in Jacksonville and at the state Special Olympics event. In technology, a new server was added to the Cabot location that connected 3 buildings with a wireless bridge and internet access was added for the Cabot adult program.

## **Consumer Satisfaction**

Demographics:

LES served 406 clients in 2015/2016 compared to 397 in the previous year with 76% residing in Lonoke County, 8% in Prairie, 6% in Pulaski, 10% in White, 1 individual in Faulkner County, and 1 individual in Arkansas County. 11 of our Waiver clients are also served in LEDC/DDTCS program for 2015/2016. See Appendix A.

## Consumer Satisfaction Surveys

The survey was handed out at annual review for each consumer served. 112 surveys were returned this year for a response rate of 28%. This is a decrease in the number of surveys returned last year. The surveys are department specific to the type of service provided. The Cabot adult unit did not have any surveys returned. The responses for each category were averaged from all questions from the Excellent and Good category unless the approval was less than 80%, then the fair rating was also listed.

Component	Program content	Staffing	Physical plant	Meals/snacks	Transportation	Special Health Care Needs	Advocacy	General
PS-Lonoke	99%	100%	91%	83%	72%/14% Fair 24% N/A	96%	93%	100%
PS-Cabot	100%	100%	100	84%	62%/14% Fair 33% N/A	94%	90%	100%
Adult-Lonoke	98%	99%	91%	79%/10%	84%	90%	89%	98%
Waiver	85%	71%/15% Fair	N/A	N/A	84%	99%	89%	89%

In transportation, the most fair scores were given for giving adequate notice when routes change. The lowest scores given were in food service and transportation. Transportation percentages were impacted by no rating given when service was not utilized. Staffing in waiver also received ratings in the fair category. Our highest turnover has been in the waiver department. The transportation and food service department have worked diligently to improve their satisfaction score including sponsoring a Thanksgiving meal for families.

## Quarterly Consumer Satisfaction Surveys- Quarterly surveys are sent out with quarterly progress reports.

An average percentage of individuals who expressed satisfaction with services for 4 quarters were calculated. Questions were less specific than the annual survey and were not anonymous. All program directors modified data collection measures to get a more specific rating and not just a general question of are you satisfied with services.

- Lonoke Adult-89%
- Lonoke Preschool-92%
- Cabot Adult-92%
- Cabot Preschool-87%
- Waiver- 90%
- Outreach- 88%

## Comments/Complaints:

LEDC has a grievance process for staff and consumers. No formal complaints were logged this past fiscal year. Typically concerns are able to be handled at the informal department level and not progress to a formal complaint. Examples of complaints that are handled informally include late arrival of bus to pick up or drop off consumer, lost personal items sent with preschool consumer, disagreement with nurse on illness policy, failure to send home “happy notes” with preschool to communicate how day went, inadequate communication regarding minor injuries that occurred during the day, staff changes and lapse in staffing in home and community-based services when staff leaves employment. Additionally, staff are encouraged to use a concern form to address issues that could not be addressed at supervisor level. All concerns addressed this year involved issues that were resolved at the Executive Director and/or policy level. Staff concerns typically are in the category of job performance of their peer staff or disagreement about policy implementation. There was one EEOC complaint this year made by an employee that resigned. This was resolved in mediation.

## Incidents:

There were 19 incidents that were reportable to DDS as the licensing agency. The incidents were reviewed during the quarterly safety meeting and by the Executive Director to consider trends or patterns. Five of the incidents were calls to the child abuse hotline concerning suspected abuse. Five of the incidents were calls to adult protective services. Five of the incidents involved injury to consumer due to behavior challenges. Four of the five incidents involved the same consumer.

This consumer was discharged from center-based services due to inability to serve in a group setting after multiple attempts at implementation of behavior plans and sensory interventions. The staff had also consulted with the Arkstart program for assistance. The treatment team concluded that this consumer would benefit from 1-1 support which is not available in a day treatment setting. The team did try to locate other support services; however, the parent withdrew contact with agency after discharge.

Two of the incidents were lack of service provided due to icy conditions. Two incidents were due to a medical emergency.

There was one investigation of LEDC (Cabot preschool) due to a report made by an anonymous caller regarding an employee that was on her cell phone while in the care of a child. This employee had been disciplined for the incident and the investigator concluded that it was handled appropriately.

## Accessibility:

An accessibility plan was updated in September, 2015 for the next year. LEDC completed 2 accessibility goals. Goals completed included goals for increasing access to employment for adult consumers and addressing attitudes by customer service training. Buildings are fully accessible. The only buildings that had any accessibility finding was one that we do not own at the Resale shop building with a narrow restroom doorway that will not accommodate wheelchairs and the need for an additional ramp at the Cabot adult

building. Widening of the doorway was discussed with the owner of the resale shop, but was not feasible due to space available at this time. The restroom is not open to the public. At this time, there are no employees with Resale shop that use a wheelchair for mobility. If that should occur, further accommodations will be considered. The Cabot building does have an accessible entrance, but staff concluded that we need a 2<sup>nd</sup> ramp for convenience of consumers.

## **Program Reports:**

The **performance measurement and management system** consists of a Performance Outcomes Plan for each accredited program component including Child and Youth Services, Community Integration, Supportive Living, and Organizational Employment. The Performance Outcomes Plan is further sub-divided into the following: Programming (Adult development, Vocational, Preschool, Waiver, Therapy, and Outreach), Business Functions/Financial, Human Resources, and Safety to assist in evaluating how well we are reaching targets to support our mission statement. The objectives for each program component are effectiveness, efficiency, access, and satisfaction. Organizational results have also been set and aligned with the performance measurement system:

1. Attendance and Enrollment.
2. Satisfaction of Families.
3. Safety of consumers and staff.

See attached Appendix B for specific program outcome results.

## **Stakeholder Satisfaction**

Stakeholders are defined as any and all individuals that are not either an employee or a consumer. This is a large diversified group with different interests and priorities. Stakeholders include board members, families, parents, funding, and licensing bodies, as well as the general public.

A survey was sent out to 42 selected stakeholders in the community regarding LEDC. Five responses for a response rate of 12% were returned this year. Survey monkey was used to collect responses. 100% strongly agree that LEDC serves a need in the community. 50% strongly agree and 50% somewhat agree that LEDC has a good reputation in the community. 100% of respondents strongly agreed that their interaction with staff has been positive. 100% of respondents strongly agreed that LEDC raises awareness of needs of individuals with developmental disabilities. 20% responded that they did not know. 100% of respondents strongly agreed that LEDC staff promptly addressed concerns that have been brought to their attention. 100% of respondents strongly agreed that the core value of integrity has been observed in interactions with LEDC. Although results were positive, more responses to the survey would result in a better validity.

## **Employee Satisfaction**

Employee turnover for 7/1/15-6/30/16 is 31%

Turnover rate for previous year was 25%.

The most significant turnover percentage continues to be in direct support staff. The reasons for leaving are numerous from higher paying jobs to terminations due to attendance. The next year will have more focus on employee retention.

### **Satisfaction:**

An annual employee survey is completed each fall. This year, Survey Monkey was used to compile results. 55 employees responded to the employee survey this past year for a response rate of 34%. The management staff reviewed the results of the survey and problem-solved how to improve the number of employees that respond to the survey. 96% of the employees responded that they understand the mission statement, 68% of employees that responded indicated they were paid moderately or very well, and 89% of employees responded it was evident the center focused on consumer satisfaction. 57% of staff that responded is satisfied with benefits offered. The two areas noted that needs improvement is the supervisor rewarding outstanding performance and having opportunities to be promoted. This is also recognized by management staff and efforts made for improvement were discussed by management staff.

## **Agency Operations**

### **Audit:**

The audit for the year was completed by October 24, 2016 by BKD. Total assets are 5,267,288. Unrestricted net assets are \$1,924,702. This was a decrease of \$17,616. There was net cash increase from operating activities of \$176,511. There was an overall increase in cash for the year in the amount of \$108,014. The management letter issued by the auditor indicated no significant deficiencies and no material weaknesses in accounting function.

### **Financial:**

The agency continually addresses ways to improve financial control by increased tracking of income and expenses and improved documentation. Overall, financial performance for this year was improved over the past year. Revenue was better based on better weather during the winter that did not result in significant number of days closed. Enrollment was consistent. The new overtime exemption salary threshold increase and an increase in state minimum wage to \$8.50 per hour will potentially have a significant impact on the budget for the next fiscal year. This was taken in consideration in preparing the budget for the next fiscal year.

### **Risk management:**

An updated risk-management plan was put in place in August, 2015. Each year the property values, exposure, and liability insurance coverage are reviewed with our local insurance agent. Each year a walk-through inspection is completed by the insurance company to review exposures. A transition to Irwin Sigel, Inc. Company was completed 2015/2016

at insurance renewal. A walk-through inspection was completed on February 5, 2016 and revealed no deficiencies.

Many of the goals on the risk-management plan are ongoing activities that have to be maintained throughout the year such as the attendance and enrollment goals. Several of the targets were partially complete and should be completed in the first quarter of the new fiscal year.

## Technology Plan

The LEDC technology plan was updated in September, 2015. A network assessment by IT support was completed on 2/19/16. Goals completed this year include adding a printer to billing office, adding electronic management of health benefits, adding a new wireless server for Cabot to join the two buildings, completion of a technology training survey for employees, and upgrade to the bus phones. New items added included: consideration of remote cloud storage, adding electronic medical records, completing technology lab for Lonoke and Cabot adult programs, completing an inventory to better track technology needs, and completion of scanning of critical records to server for each program. Technology continues to be designated as an area of improvement. There are inadequate resources currently to meet all identified needs. Numerous grants are being pursued to accomplish technology goals.

## Health and Safety

Quarterly safety meetings are held at each center. Safety inspections are completed monthly at each center and reviewed at the quarterly safety meetings. At the safety meetings, safety concerns, reportable incidents, accident reports, worker's compensation claims, and status of prior concerns are all reviewed. The committee then determines if the issues have been resolved or needs to continue. LEDC has monthly fire drills and tornado drills. They are timed with a target amount of time. Recommendations are made for any concerns and explanations given on a report form. Any follow-up action that may be needed is documented and then reviewed by the executive director and safety committee. A regular emergency drill schedule is used to ensure annual timely drills.

The Lonoke preschool program completed their drills within target time frame for fire 91% of the time and 75% within target time for tornado drill. The Cabot preschool program completed their drills within their target 54% for fire and 75% for tornado drills this year. The Lonoke adult program reached their target 67% for fire drills and 42% for tornado drills. The Cabot adult program reached their target 100% for fire drill and 50% for tornado drill target times. The tornado drills that are taking longer are due to the adults coming to preschool building shelter. New targets should be established for that. The Lonoke adult program has an aging population of consumers with mobility impairments. We continually discuss options to improve this time as it takes just over 6 minutes to get the adults to the shelter from the adult program building. The time factor is taken in consideration when there is a severe weather threat. The Lonoke center and Cabot preschool each had one month where a fire drill was not completed. Each center

practiced a Stage 2/3 evacuation. Other drills were completed as required. The Cabot center did not practice a reverse drill this year and plans to do so in the next year.

## Facilities Report

LEDC continues to operate 2 clinic sites with 2 primary buildings at each site. There is a greenhouse at each location. LEDC owns one house, a set of apartments, and a duplex in Lonoke. All residential sites are currently rented to the public. LEDC occupies a rental property to operate the “Bridging the Gap” Resale shop. The homes were purchased for assisted living; however, most consumers continue to choose to live with family. As there is a long waiting list for home and community services in the state, there has not been an avenue to provide paid staff for consumers to live out on their own.

LEDC Maintenance department has a facilities improvement plan to address upgrades to the buildings annually as the amount of funds permits.

## Vehicles Report

LEDC uses a rating system for disposing of vehicles that have passed the useful life of the vehicle. Once a vehicle is determined to have met its useful life, it is set up for auction. LEDC received two vehicles this year through the 5310 program this year. LEDC will continue to utilize this program. This grant funding helps meet transportation needs by allowing an addition of 2 vehicles each year. Bus routes average 9 routes in service from the Lonoke location and 7 routes in service at the Cabot location. There are 2 smaller minivans that are used in home and community services as well as for medical appointments for individuals. There are also additional vehicles used as back-up vehicles as needed.

## Compliance Report

For the Fiscal year 2016, Lonoke Exceptional School, Inc. continued to monitor business indicators that focus on ensuring programs meet their established budgets, minimize turnover, maximize safety, monitor training, ensure compliance, and track staff satisfaction. Information gathered will be utilized to continually review the mission and core values of the organization, improve the quality of programs and services which will facilitate organizational decision making and strategic planning. The compliance program focus was on documentation of services. As a program is reviewed, the compliance officer submits a report to the Executive Director and Department Head. The target is for a review of a specified program each quarter.

Each year LEDC is reviewed annually by DDS in the month of December. Since LEDC has become CARF accredited, DDS awarded deemed status. For deemed status, the DDS review focuses on personnel records and Home and Community Based services annually. LEDC did have findings with Home and Community Based Services and submitted a plan of correction which was completed by year end. LEDC has unannounced visits from DHS childcare licensing. LEDC obtained the designation of a Better Beginnings 2015/2016

provider through Child Care Licensing which is a certificate that identifies a child care provider as providing best practice standards above the minimum licensing regulations. Data is no longer reviewed by DDS in early intervention for center-based services. This is completed by state staff that work in the First Connections (Part C) program.

Inadequate documentation of services has been identified as an issue for providers across the state by the State Quality Assurance organization. There is a new Office of Inspector General (OMIG) specifically organized by legislation to closely monitor Medicaid providers, use of Medicaid funds, and to identify fraud through an audit process. Increased compliance audits have been implemented this year.

We received an audit of case management services in home and community-based waiver through OMIG in April of this year which resulted in a small payback for services that had insufficient documentation for the case management visit primarily involving a consumer that had a guardian. From this audit, a plan of correction was required. There was a discrepancy in the date services were billed and the date the guardian signed the documentation if the guardian was not present during the visit. All items were corrected.

The management staff of Lonoke Exceptional School, Inc. meets monthly. There are also unit team meetings where performance indicators are continually reviewed and compared to mission goals and core values. The Board of Directors meets with staff for a strategic planning meeting in the summer and will review the outcomes report in the fall. The management staff will utilize results gathered from the variety of resources to further the organizational and strategic initiatives of the organization. The Executive Director supervises too many people based on typical standards. There is a plan to progress toward reducing the number directly reporting to the Executive Director. This new organizational chart will be submitted to the Board of Directors for approval in July, 2016.

The Executive Director applied and was accepted for inclusion in a Provider Transformation Technical Assistance series sponsored by ODEP and ANCOR that culminated in attendance at the ANCOR annual conference in May in Chicago IL. The series involved monthly webinars and assignments in provider transformation for adult employment services. As part of this participation, a transformation team was formed at LEDC by the Executive Director to plan for the future of the organization in regards to transformation of services. The team meets 1X per quarter. One of the items addressed in transformation is a name change of the corporation to reflect more current services. Community Stakeholder meetings were planned to get community input about the name change and transformation from center-based services to more community based services. This transformation team will continue to meet into the next year for continued planning.

The organization remains strong and continues to prepare to meet the demands of the upcoming year.

**Attachment A  
Characteristics of Persons Served**

<b>Component</b>	<b>Lonoke PS</b>	<b>Cabot PS</b>	<b>Lonoke Adult</b>	<b>Cabot Adult</b>	<b>Waiver</b>	<b>Outreach</b>	<b>Total:</b>
<b>Total Served</b>	<b>98</b>	<b>130</b>	<b>79</b>	<b>41</b>	<b>31</b>	<b>27</b>	<b>406</b>
<b>#Male</b>	<b>62</b>	<b>69</b>	<b>41</b>	<b>20</b>	<b>18</b>	<b>16</b>	<b>226</b>
<b>#Female</b>	<b>36</b>	<b>61</b>	<b>38</b>	<b>21</b>	<b>13</b>	<b>11</b>	<b>180</b>
<i><b>Race</b></i>							
<b>White</b>	<b>55</b>	<b>123</b>	<b>43</b>	<b>37</b>	<b>23</b>	<b>24</b>	<b>306</b>
<b>African Am.</b>	<b>38</b>		<b>35</b>	<b>3</b>	<b>7</b>	<b>3</b>	<b>86</b>
<b>Other</b>	<b>5</b>	<b>6</b>	<b>1</b>		<b>1-Asian</b>		<b>3</b>
<i><b>Status</b></i>							
<b>Dependent</b>	<b>98</b>	<b>113</b>	<b>20</b>	<b>6</b>	<b>24</b>	<b>27</b>	<b>305</b>
<b>Independent</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>34</b>	<b>5</b>		<b>98</b>
<b>Married</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<i><b>County</b></i>							
<b>Lonoke</b>	<b>72</b>	<b>100</b>	<b>58</b>	<b>31</b>	<b>23</b>	<b>23</b>	<b>307</b>
<b>Prairie</b>	<b>18</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>33</b>
<b>White</b>	<b>3</b>	<b>19</b>	<b>3</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>40</b>
<b>Pulaski</b>	<b>4</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>24</b>
<b>Jefferson</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Faulkner</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Arkansas</b>	<b>1</b>	<b>0</b>	<b>0</b>				<b>1</b>
<i><b>Funding source</b></i>							
<b>Medicaid</b>	<b>91</b>	<b>94</b>	<b>77</b>	<b>40</b>	<b>31</b>	<b>17</b>	<b>348</b>
<b>Tefra</b>	<b>3</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>18</b>
<b>Private Ins.</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>36</b>
<b>Daycare</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>
<b>No funding</b>			<b>2</b>	<b>1</b>	<b>0</b>		
<b>Part C (EI)</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>
<i><b>DX:</b></i>							
<b>Developmental Delay</b>	<b>89</b>	<b>98</b>				<b>20</b>	<b>207</b>
<b>Down syndrome</b>	<b>1</b>	<b>4</b>	<b>15</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>26</b>
<b>Autism</b>	<b>1</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>5</b>		<b>24</b>
<b>Cerebral palsy</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>8</b>		<b>24</b>
<b>Intellectual disability</b>	<b>0</b>		<b>50</b>	<b>20</b>	<b>15</b>		<b>85</b>
<b>HI, VI, Ep</b>	<b>0</b>	<b>1</b>		<b>1</b>			<b>2</b>
<b>Other</b>	<b>7</b>	<b>18</b>		<b>7</b>		<b>6</b>	<b>38</b>