**2009 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 | 2009 |
| Chautauqua | 9 | 10 | 19 | 15 | 14 | 10 | 14 |
| Erie | 50 | 65 | 54 | 49 | 74 | 80 | 87 |
| Genesee | 1 | 4 | 10 | 12 | 11 | 10 | 10 |
| Monroe | 15 | 48 | 82 | 90 | 98 | 89 | 90 |
| Onondaga | 22 | 28 | 50 | 61 | 69 | 58 | 64 |
| Wyoming | 5 | 6 | 10 | 7 | 11 | 10 | 10 |
| **Total** | **102** | **161** | **225** | **234** | **277** | **257** | **275** |

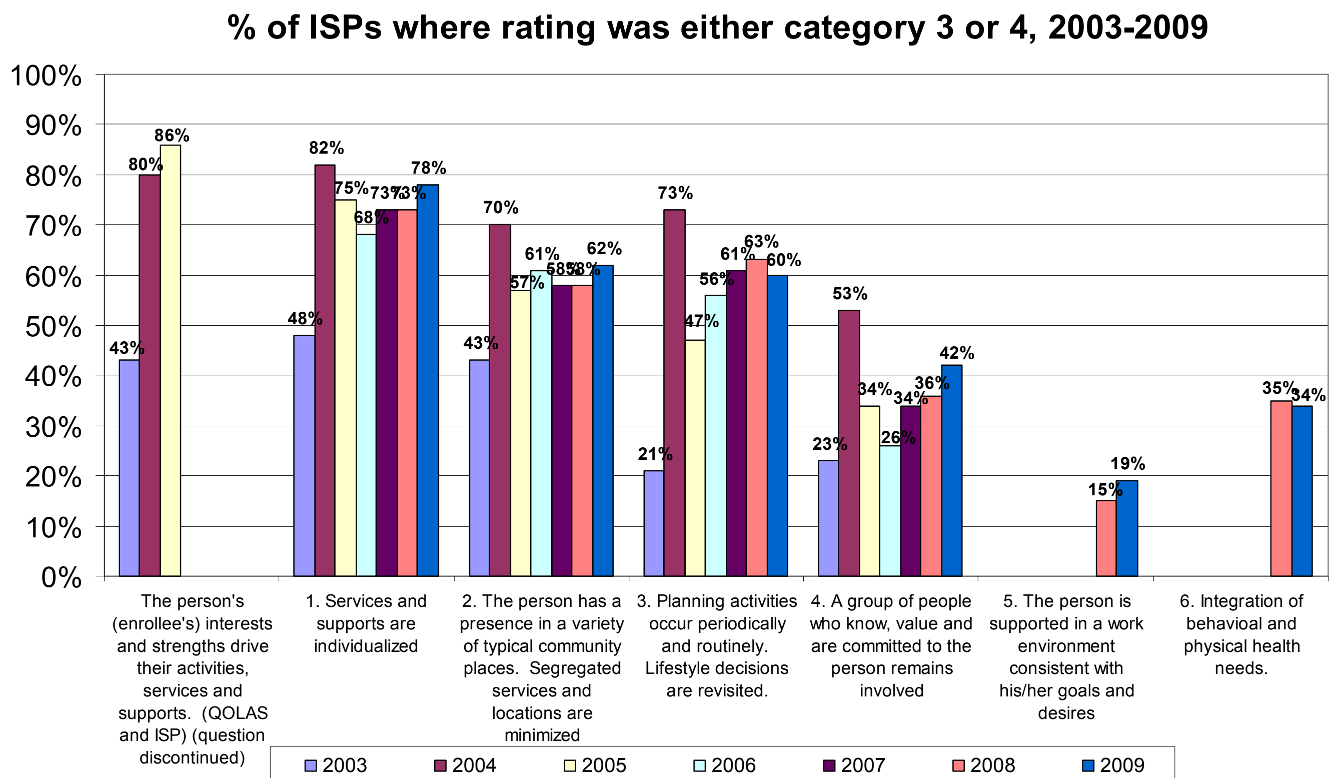
Reviewers were asked to rate each case using a standard assessment tool developed by WNYCCP. Areas of interest included the following specific indicators, all of which were rated on scales of 1 to 4 based on the degree to which the indicator was present in each ISP. (Note: scale details for each item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

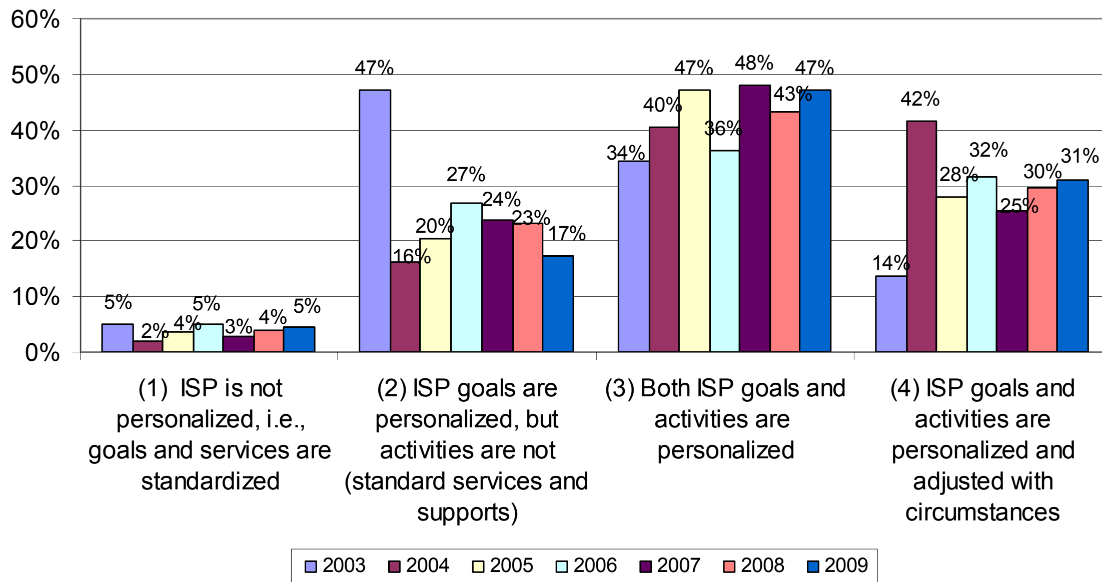
**Findings**
In this analysis we focused primarily on the extent to which there have been shifts over time in the distribution of ratings across categories in all content areas. In general, we examined the percent of cases being rated at the higher end of the spectrum (e.g., scores of 3 or 4), which 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 2009 compared to previous reviews. As shown in the figure below, data from 2005-2009 shows that items 1, 2, 4, and 5 yielded scores higher than any prior year, with increases ranging from four to six percentage points over the previous year. The results for items 3 and 6 showed slight decreases over the previous year. Results for item 5 indicate that while scores increased from the previous year, work goals are not a priority in the majority of records reviewed. More detail regarding the specific results for each scale item can be found in the following section.

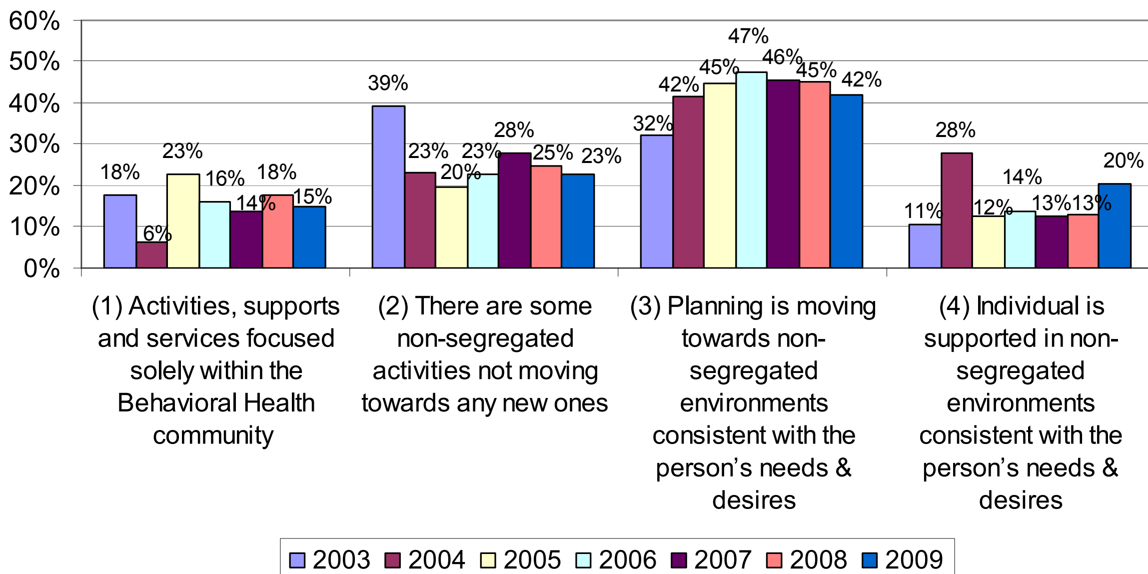



*Results by individual items*
In addition to aggregating the results of the two top rating categories, we were also interested in detailed results for each scale item. The distribution of scores for each item is shown below, along with comparisons to previous years.

**1. A high number of service plans continue to incorporate individualized services and support.** As shown in the figure below, 95% of the plans reviewed indicated that ISP goals were personalized. Seventy-eight percent (78%) indicated that the ISP activities were also personalized, showing a slight increase compared to last year. Similar to 2008, 31% identified that the goals and activities were adjusted with circumstances.

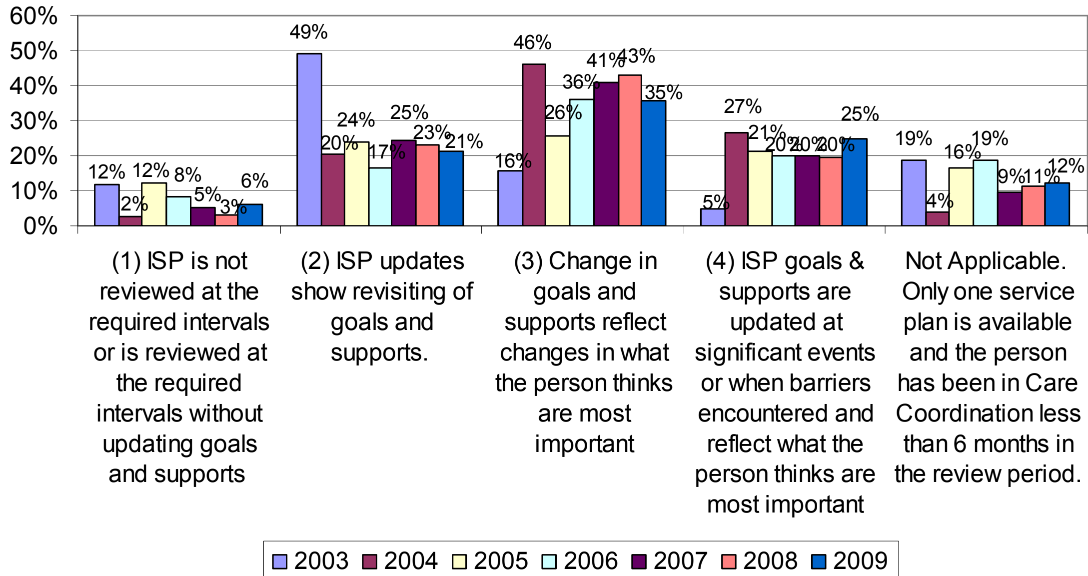



**2. Planning appears to be moving towards non-segregated environments consistent with the person's needs and desires, and more enrollees are supported in these non-segregated environments.** As shown below, 20% of cases indicate that the enrollee was supported in non-segregated environments, which is an increase over the stable 12-14% trend of the previous four years. An additional 42% were moving towards non-segregated environments consistent with his/her needs and desires. However, more than a third of cases (38%) of cases were either focused exclusively on behavioral health services or were not moving towards any new non-segregated options.



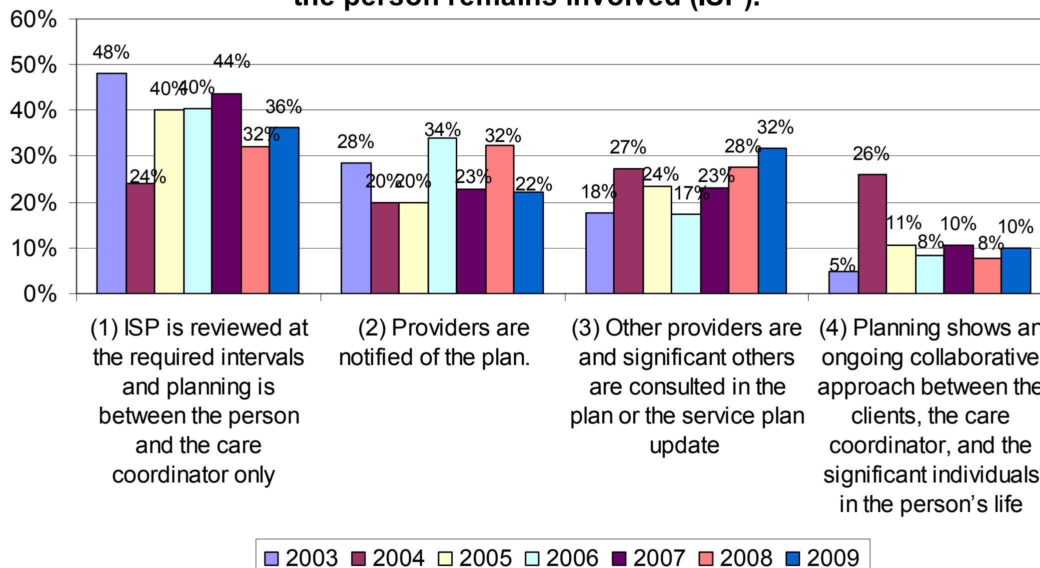
**3. Planning activities continue to occur on a routine basis and lifestyle decisions are revisited.**
While there were consistent increases since 2005 in the number of plans showing changes in goals and supports reflecting enrollee priorities, there was a decrease in 2009 to 35%. When looking at ISPs that were updated when significant events occurred or barriers were encountered, there was an increase from the steady trend of 20-21% from 2005-2008 to 25%.

**Overall Comparison of 2003-2009**
**Q3: Planning activities occur periodically and routinely.**
**Lifestyle decisions are revisited (QOLSA, ISP).**

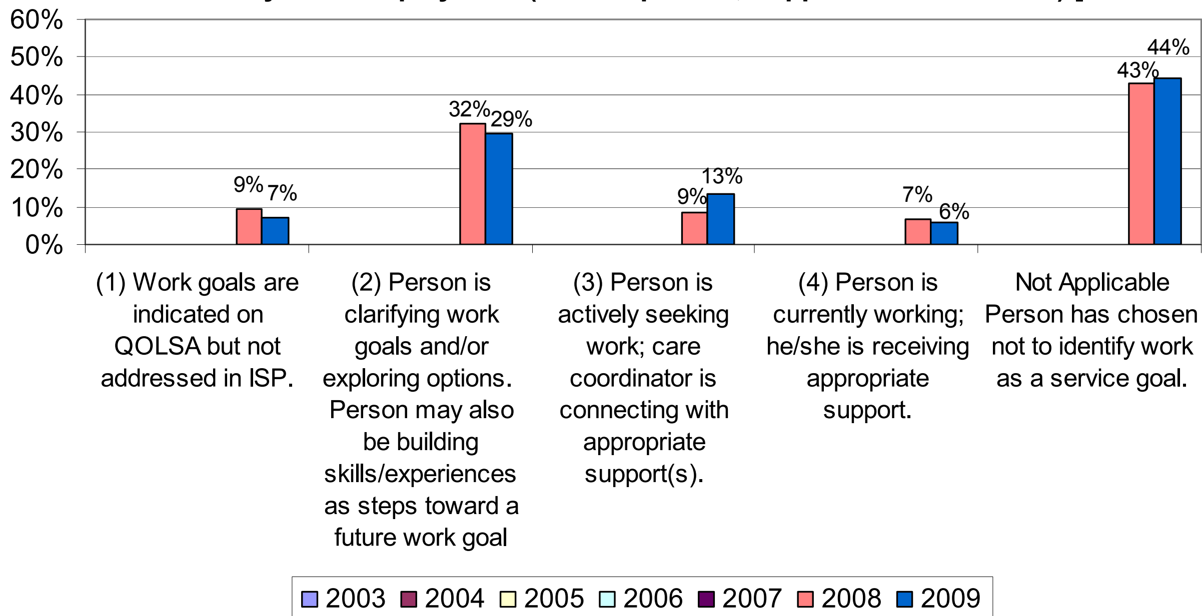



**4. Documented efforts to engage others in the enrollee's ISP process continues to be limited.**
Although the involvement of other significant people in the planning process continues to be an area for needed improvement, there has been a steady increase in the percent of cases indicating that others were consulted in the process and/or showed evidence of on-going collaboration with significant individuals. This is represented by an increase from 25% to 42% over the last four years.

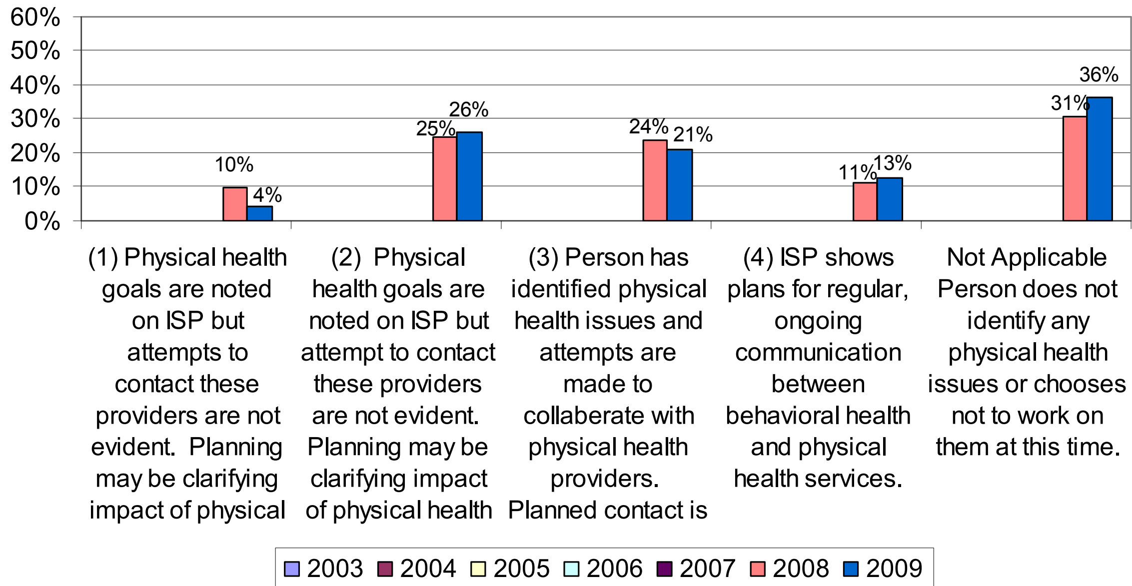
**Overall Comparison of 2003-2009**
**Q4: A group of people who know, valuae and are committed to the person remains involved (ISP).**



**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 continues to be highly rated as ""Not Applicable" for a large proportion of the cases reviewed (44%), indicating that the person has not chosen to identify work as a goal. Only 19% of the cases reviewed indicated that the person was working or actively seeking work. About a third of the plans (29%) identified that the enrollee was clarifying work goals and/or exploring options, while only 7% of the plans showed that work goals were indicated on QOLSA, but not addressed in the ISP. Please note that this was a new item in 2008.




**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.** This item is identified as "Not Applicable" for 36% of the cases, indicating that the person does not identify any physical health issues or wishes not to work on them at the present time. Thirty-four percent (34%) of the cases reviewed indicated that attempts have been made to collaborate with physical health providers, while also planning for future contact and/or regular, ongoing communication. Twenty-six percent (26%) of the cases with physical health goals noted on the ISP did not document attempts to contact a medical provider. Please note that this was also a new item in 2008.




**Conclusions**

The aggregate results of the 2009 ISP reviews indicate that although there are areas of identified improvement, there remain opportunities for growth. The majority of the cases identify personalized goals, services and supports. Planning is moving toward a non-segregated environment that is consistent with the person's needs and desires, and there is an increase in the number of individuals that are directly supported in those environments. Although many plans are only updated at scheduled intervals, more often than not, goals and supports are altered on an individual basis according to the individual's priorities. Communication with significant others continues to be an area for improvement. Two items that were added to the evaluation in 2008 highlight that there is limited presence of both employment and physical health goals in enrollee service plans. The results of these reviews show where care coordinators employ person-centered practices, as well as draw attention to areas where the need for further improvement is evident.