



**Impact Analysis
and
Performance Improvement Report**
July 1, 2009 - June 30, 2010

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Board Chairperson
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Meet Shara, a sixteen year old client in our Teen Parent Services program. She had one daughter. This consumer was faced with the challenge of anger management and came from an environment that solved problems with violence. She stayed in fights while in high school and was suspended on numerous occasions. Shara realized she had to take control of her anger and attitude if she ever expected to progress. She was later removed from enrollment in the Chicago Public School and attended an alternative high school, followed by attainment of her high school diploma.



Owning Our Social Responsibility

“Performing Our Best in the Worst of Times”

Shara successfully completed the Teen Parent Services program and went on to attend college. She was faced with the challenge of being on her own and was later relocated to another living arrangement with her daughter. She did not want her to grow up in the same type of environment she had experienced growing up. Although fearful of her independence, Shara is now very happy and is currently excelling in her higher educational studies. She plans to ultimately pursue a career in social work.

This is just one fine example of many that serves to confirm our mission to impact upon the lives of those we serve. Habilitative Systems, Inc (HSI) takes great pride in celebrating the differences that we are making on the persons served. At the same time, we remain actively engaged in a planning process to address trends demonstrated in our service delivery system and the related environmental changes that may impact upon these. Beyond the walls of an environment encapsulated by funding constraints, HSI has remained a pillar for change and has engaged in a heightened level of advocacy to promote prioritization and support for services to continue in a time of economic crisis. Although we continue to show success at all levels of the organization, we have recognized our performance improvement to be ever evolving as a consistent, strategic and continuous effort.

According to information provided by the Illinois Human Services Commission (June, 2010), it is expected that the state’s deficit position for the FY11 budget

will exceed \$12.9 billion. The budget crisis occurs at the same time that economic trends reflect a higher demand for human services. HSI’s poverty stricken service communities significantly add to the pressure on government funded human service programs, in both resources and demand. HSI remained in the forefront and provided the leadership necessary to advocate for our consumers and hosted our first “Economic Impact Forum” with political leadership and other major providers.

Following a tumultuous FY 2010 budgetary negotiations process, the worst of our fears were evidenced. All of our FY 10 contracts were distributed at the onset of the year at drastically reduced levels. This represented a one million dollar impact on HSI’s budget and approximately 75 staff were either laid off or reduced to part-time status. The environment was extremely intense and major stakeholders were up in arms about the potential short-term closure of major programs servicing the developmentally disabled. By far, this represented the most challenging time of the current administration’s tenure, and the organization as a whole.

As the dust settled and programs were restored, HSI revisited its strategic goals, with the help of a strategic planning consultant. This led to a refinement of our Mission, Vision and Core Values as an organization. When it is all said and done..... we continue to fight the good fight for social justice, economic empowerment, and continuous quality improvement while performing our best.... *In the worst of times.*

Demographics

As an organization, we see a continued shift in our demographics between the Hispanic and Caucasian populations, which represent a minority of persons served overall. The State of Illinois service population has changed over time due to immigration and increased birth rates among immigrants, primarily Latinos and Asians. There is a question on whether or not the service delivery system and funding is responding to this trend. HSI specifically has done focused recruitment and been successful in the acquisition of bi-lingual staff to address any language and other service barriers for this population.

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Fiscal Year	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10
Unduplicated Registered Clients	2837	2599	2874	2354	2972	2593
Collaterals	5946	6709	7618	6576	7032	3797

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The number of unduplicated registered persons served for the period reflects 2593 or a 13% decrease from the prior period at 2972 in FY 09 and a 10% increase from 2354 in FY 08 reported numbers.

With the uncertainty of funding for many of our disability and mental health services at the start of the year, and a decision to discontinue two of our Child and Youth programs, DD Transitional Living Program and Intact Family Services, we recognized a significant drop in unduplicated persons served in the first quarter of the fiscal period. The contracts, although later restored for our disability services was at a decreased level, leading to a restoration of some prior full-time staff positions to a part-time level.

Both our disability services and outpatient substance abuse programs spent a majority of the 2nd quarter

in outreach and recruitment activities to build upon census loss through program suspensions. Medicaid eligibility requirements and a decrease in our contractual capacity to serve the non-Medicaid population in our Residential Mental Health Facilities also served as contributing factors to this decline in numbers of enrolled persons.

The African American population continues to be the predominant ethnicity served at 91%, with the Caucasian population continuing at 5% and the Hispanic population at 3% and 1% for all other. For the third consecutive period, we are seeing an increased number of Caucasian population and the Latino population ranking 3rd. A 58% male population versus female at 42% population was further evidenced in this period. The highest numbers are between the age range of 6-12 resulting from the start of our Teen REACH after school contract at the end of the first quarter, and the second highest group from 13-19 for the period. The primary disability was identified as Mental Illness. The majority of the persons referred for services were from state aided hospitals and schools, within the Austin community with incomes continuing to range from \$5,000 to \$9,999

Incident Trend Analysis

FY 2010 represented a decline in the number of incidents reported. A total number of (n=296) incidents occurred in FY2010. The total number of incidents recorded in FY2009 was (n=331). This is a drop of 34 incident or -8% Overall it appears that a number of interventions are continuing to work. For consumers who had been at Habilitative Systems, Inc. for a minimum of the last two fiscal years, there was a decline in the violence/ aggression category. The drop is approximately 10 % when compared to the previous year. This is due to the efforts of the behaviorist and the staff implementation of the prescribed behavioral programs, especially with problematic consumers. There were several cases where medication changes also decreased psychiatrically based behavioral problems. The staff and the Behavioral Consultant have continued to work hard for this result.

If we examine the overall number of all incidents per high frequency consumer (more than 3 incidents in a year) and compare the two prior years, the trend continues to be demonstrative of a reduction. There

was, however, a spike in Medical related illnesses, primarily resulting from a bed bug problem that started in the last quarter of 2010, causing the organization to re-enact its effective remediation protocol for what has become a nationwide epidemic across numerous states. Prior to this issue the trend for FY2010 showed a decrease in the incidence of medical illnesses.

The third trend is one that is more evident in this year's analysis. The younger population (less the 26 years old) is over represented in the number of incidents reports that were generated in 2009. Incidents of aggression/ violence and missing persons occur primarily in the younger age group while illness constitutes the majority of incidents reported in the older age category. The previously noted trend persists, that having a history of being a ward of the state is a strong predictor of higher rates of reported incidents.

The Human Rights Committee (HRC) of Habilitative Systems, Inc. has the responsibility to review all incident reports involving consumers and staff throughout the organization. The incidents range from personal injury/illness to property damage and consumer grievances. HRC's primary focus is to insure that the rights of consumers are protected and that fair treatment is extended to every person within our service delivery system.

Service Satisfaction

Consumer satisfaction ratings are based on a four point Likert scale.

Surveys are conducted on a semi-annual and annual basis that assumes the information collected relative to the client population is relevant to the period included in the survey. Indicators include wait time, consumer involvement in the planning, skill level of staff, responsiveness and respect shown, facility accessibility, transportation, food services, assessment of individual progress made, and overall quality of services. For the current period, the organization received an overall rating of 89%

Excellent – Very Satisfied -85-100% (4 points)

Good – Mostly Satisfied – 84-75% (3 points)

Fair – Mildly Dissatisfied 74%- 60% (2 points)

Poor – Very Dissatisfied - 59% and below (1 point)

Habilitative Systems received an overall service rating of 89% for the period. Rate of returns were significantly improved in our Children and Family Services Care center and served as 38% of the sample represented in the returned surveys. Service quality, accessibility and wait time were the primary areas receiving highest rated responses, as compared to the prior period.

A new satisfaction survey, developed through the assistance of one of our student interns serves as the primary feedback mechanism for ongoing input and evaluation of stakeholders experiences when entering the organization's facilities, along with suggestion boxes placed strategically throughout the organization's main and satellite office facilities. Information from the boxes are routinely retrieved by the Consumer Advocate and reviewed as a part of consumer council and Human Rights Committee meetings.

Quality Improvement Reviews

The FY 2010 HSI Quality Improvement Utilization/ Peer Reviews were conducted under the supervision of the Director of Program Compliance and Monitoring. Peer reviewers selected from the four program care centers conducted the reviews. Direct services staff and administrative support staff that are in good standing in their overall job performance are recruited and selected to become peer reviewers. At no time do the peer reviewers review cases from their own programs.

During FY 2010, a particular emphasis was placed on utilization/case record reviews in preparation for the organization's accreditation site visit from CARF, special unannounced administrative case record reviews and the intensive case record reviews designed to enhance the Medicaid services billing reimbursement in the Medicaid Rehabilitative Services Certified programs through Value Options. All programs received some level of case record or utilization review during the year as a result of program transitions, special site visits and other administrative requests. The organization consistently demonstrated a stellar outcome from unannounced visits from multiple funders, each resulting in over 90% conformance with required documentation and other programmatic requirements.

The quality improvement function of the organization was redesigned to distribute prior responsibilities of this area to that of The Program Compliance and Monitoring Director, formerly the Medicaid Specialist. Advocacy responsibilities were assumed by the Admissions and Advocacy Director, which was formerly the Intake Director's position. Performance improvement strategies for this area include an overall need for better automation to expedite the completion of associated reporting for these reviews. In response to this, our MIS department has taken a lead in developing a database to be used for this purpose in the new fiscal period, FY2011. The scheduling and conduct of these reviews will continue to serve as a priority and will be the bases for all preparation activities throughout the next year.

Efficiency Analysis

As recommended in the previous outcome evaluation report, Habilitative Systems, Inc., has continued to engage in a program analysis process throughout fiscal year 2010. This process serves as an objective and comprehensive mechanism to provide timely and ongoing monitoring of all key aspects of programs operated within the clinical care centers and examines the relationship of performance outcomes to contractual expectations.

For the first time in several years, the organization ended the period without any recommendations for program discontinuance. Instead, opportunities to expand services in children and youth mental health included: prevention and child well-being programs with the Chicago Public Schools and Department of Mental Health, and the acquisition of Tabitha House, a female halfway house. These new initiatives would serve to complement the organization's comprehensive array of services.

Service access continued to improve with the location of our afterschool prevention services moved to May Academy, allowing greater access for students and parents to participate in programming. Wait time for persons referred for HSI services showed a steady decline from referral to appointment for initial screening and assessment. Additionally our Early Intervention for Children of Incarcerated Parents and Child and Adolescent case management services were realigned

with the Children and Family Services care center to allow greater opportunity for exchanged referrals and service leveraging.

Performance Improvement Recommendations

Our nine point strategic plan continues to serve as the roadmap and catalyst for the ongoing performance improvement in the organization. More specifically, our goals are:

- Continue funds diversification strategies and decrease dependency of state funds
- Continue automation of the organization's records and processes and increase efficiency
- Recruited and retain competent staff Our DREAM TEAM
- Monitor expenditures and maximize use of dollars spent.
- Improve the ongoing maintenance and upgrade of our facilities through capitol improvement campaign
- Develop core staff curricula for key clinical models
- Continue involvement and partnerships with academic institutions
- Build capacity for third-party billing
- Improve capacity for contractual services in our employment services
- Diversify funding within each clinical care center.
- Improve fundraising strategies and corporate sponsorships/donations
- Continue reduction trend in critical incidents and reported OIG cases through improved staff training.
- Improve the timeliness of actual reports generated through automation in the quality record review process.
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Conclusion:

As the FY2010 year ends and we look ahead to 2011, we remain aware of the ongoing challenges that will come from the State of Illinois's Fiscal crisis. Although the impact has resulted in the loss of services or closure for too many, we take pride in the opportunities ahead to launch new funding opportunities aligned with our program development strategies. Giving up in the difficult days ahead is simply not our course. We endeavor to deliver the best, in the worst of times... and continue to "fight the good fight" with a renewed commitment to those we serve.....while overcoming adversity and bringing to reality the opportunities that lie ahead.



Behavioral Health Services

- 40% (n=12) of Adult Case Management consumers showed signs of readiness for independent living.
- 100% (n=31) of Adult Case Management consumers did not move to a higher level of care.
- 90% (n=28) of Adult Case Management consumers were not admitted to a psychiatric hospital.
- 54% (n=108) of consumers in Empowerment House completed the program successfully.
- 30% (n=32) of consumers who were successfully discharged from Empowerment House obtained independent living arrangements.
- 52% (n=56) of consumers who were successfully discharged from Empowerment House obtained employment.
- 26% (n=28) of consumers who were successfully discharged from Empowerment House are still in recovery.
- 61% (n=53) of consumers in Level I/II Alcohol and Chemical Abuse treatment were successfully discharged.
- 11% (n=6) of successfully discharged Level I/II Alcohol and Chemical Abuse program clients received follow-up services.
- 66% (n=35) of successfully discharged Level I/II Alcohol and Chemical Abuse program clients maintained 12 step involvement.

- 50% (n=44) of Child and Adolescent Case Management consumers reduced acting out in the classroom.
- 75% (n=406) of persons screened by a PAS Agent were admitted into nursing homes
- 50% (n=2) of persons receiving Resident Reviews received targeted case management
- 50% (n=2) of persons receiving Targeted Case Management were transitioned into the community.

Children and Family Services

- 60% (n=7) of TLP consumers refrained from criminal activity
- 75% (n=9) of TLP consumers were involved in higher learning opportunities
- 40% (n=5) of TLP consumers received mental health assessments to further determine services
- 65% (n=8) of TLP consumers developed independent living skills by receiving money management and job readiness training.
- 30% (n=4) of TLP consumers received substance abuse education
- 90% (n=59) of Delinquency Prevention consumers were not arrested while involved with services
- 80% (n=55) of Delinquency Prevention consumers met with their probation officers and case managers while involved in the program
- 90% (n=59) of Delinquency Prevention consumers returned to school on a regular basis while involved in the program
- 100% (n=2) of the schools staff provides ATOD services in signed linkage agreements allowing HSI to track student attendance, disciplinary action and progress reports.
- 25% of parents of youth involved in the ATOD program were involved by helping with homework or attending meetings where an ATOD staff person was present
- 75% (n=23) of Teen REACH participants maintained or improved their grades or progress rating in school
- 90% (n=27) of Teen REACH participants increased their knowledge and growth in the areas of peer leadership, decision making, conflict resolution and problem solving.
- 80% (n=24) of families of Teen REACH participants attended a school meeting, field trip, seasonal celebra-

tion or parent workshop.

90% (n=71) of caregivers referred to Extended Family Support Program received assistance in applying for benefits and services.

80% (n=63) of families involved in Extended Family Support Program achieved permanency for the children in the homes of relative caregivers by obtaining private guardianship.

80% (n=63) of the families involved in Extended Family Support Program completed the programs within 90 days of referral.

90% (n=77) of Housing Advocacy consumers received housing services to assist in meeting their housing and subsistence goals.

90% (n=77) of Housing Advocacy consumers secured stable affordable housing with the assistance of staff.

80% (n=68) of Housing Advocacy consumers who secured housing maintained their housing for at least 90 days.

53% (n=25) of the eligible Teen Parent Services consumers completed their education

99% (n=100) of the Teen Parent Services consumers did not repeat pregnancy

65% (n=68) of new Teen Parent Services clients were educated in family planning.

75% (n=154) of Teen Parent Services consumers obtained parenting instruction while enrolled in the program

5% (n=9) of consumers enrolled in Teen Parent Services were male.

80% (n=3) of consumers in Youth Stabilization program remained in the home for more than 48 hours, without unauthorized leave.

70% (n=2) of consumers in Youth Stabilization program were involved in educational programs.

70% (n=2) of consumers in Youth Stabilization program demonstrated life skill development in the areas of shopping, job readiness, cooking and hygiene.

20% (n=1) of consumers in Youth Stabilization program participated in substance abuse treatment

60% (n=2) of consumers in Youth Stabilization program remained free of further criminal cases.

Disabilities Management

61% (n=39) of consumers in Wesley Workshop increased their production rates

57% (n=4) of consumers in Wesley Workshop self travel

75% (n=6) of consumers in Wesley Workshop moved to more independent forms of employment

100% (n=2) of consumers in Wesley Workshop participated in Janitorial Training

82% (n=14) of consumers in DTC decreased asymptomatic behaviors

67% (n=4) of consumers in DTC showed signs of improvement in achievement of individual goals

79% (n=19) of consumers in DTC improved fine motor skills

83% (n=5) of consumers in DTC improved knowledge of self identification

80% (n=4) of consumers in SEP completed Job Readiness Training

100% (n=2) of consumers in SEP secured employment

100% (n=2) of consumers in SEP maintained employment for 90 days

100% (n=12) of consumers in SEP were satisfied with services

100% (n=2) of employers of SEP consumers were satisfied with services

83% (n=10) of consumers in SEP participated in Job Club

Residential Services

90% (n=53) of consumers in MI programs were not admitted into state psychiatric hospitals

75% (n=44) of consumers in MI programs were not admitted into community psychiatric hospitals

80% (n=40) of consumers in the DD CILA were not admitted into community psychiatric hospitals

50% (n=29) of consumers in MI programs were referred to employment training and/or employment.

10% (n=6) of consumers in MI programs obtained employment

20% (n=10) of consumers in the DD CILA were referred to employment training and/or employment

10% (n=5) of consumers in the DD CILA obtained employment

85% (n=50) of consumers in MI programs were screened for substance abuse

40% (n=23) of consumers in MI programs were referred to substance abuse treatment

80% of consumers with a co-occurring disorder completed an outpatient substance abuse treatment program

40% (n=23) of consumers in MI programs obtained independent housing

80% (n=86) of residential consumers participated in family visits

90% (n=96) of residential consumers participated in community activities

90% (n=96) of residential consumers participated in psychosocial recovery at a structured day program

70% (n=75) of residential consumers receive SSI/ Public Aid/entitlements

50% (n=59) of PATH consumers are referred to Residential MI programs

70% (n=83) of PATH consumers are referred to the appropriate level of care

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