



MISSION

“Assisting Each Person Served in Achieving The Highest Quality of Life!”

VISION

MRSI’s vision is to provide quality services that support the choices and needs of the persons served and promote purpose, respect and dignity.

2022 PERFORMANCE MEASUREMENT AND MANAGEMENT PLAN

Services are primarily funded through the Wyoming Division of Healthcare Financing, Home and Community-Based Waiver. Alternative funding sources are welcomed. Eligible persons seeking services from MRSI can participate in community housing, community employment, supported living and community integration. Other services are available when requested as MRSI developed strong relationships with numerous providers in the communities. Coordination with the participants, families, employers, case managers and providers are key elements of assuring quality services.

Purpose of Performance Measurement and Management Plan

MRSI is committed to providing quality services to persons served and stakeholders. The organization believes that with quality comes the responsibility to evaluate services and business functions on an ongoing basis. MRSI collects data from the following areas: Financial, accessibility, resource allocation, risk management, human resources, technology, health and safety. Data is also collected from surveys wherein progress, concerns, and recommendations from persons served, families/guardians, MRSI employees and other stakeholders are solicited. After careful analysis, findings are utilized for developing recommendations and plans to support the mission and vision statements providing quality services ensuring leadership and fiscal responsibility, as well as satisfaction of persons served, employees, and other stakeholders.

Similarly, data collection focuses on participants served, demographics, progress, difficulties, etc. This is completed through participant and staff reporting, as well as a variety of other sources. The process of data collection and evaluation results in guidance towards strategic planning and service provision.

Completion and analysis of the 2021 Measurement and Management Outcomes and trends findings provided MRSI with benchmarks for improvement in the 2022 year. Objectives for improvements are described below.

Table 1-Business Function

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|--|---|-----------------------------------|--------------------|--|
| Efficiency | Analyze all positions within the organization to ensure maximum productivity and cost effectiveness | Consolidate or eliminate underutilized positions | Minimize duplication of effort and excess staff | CEO, Director of QA/Accreditation | 2022 Calendar Year | Job descriptions, organizational charts, cost/benefit analysis |
| Methodology | A complete analysis of all positions will be conducted. Positions will be combined and/or eliminated if deemed underutilized. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|----------------------|---|---|---|--|--------------------|--|
| Effectiveness | Analyze all aspects of Therap to ensure comprehensive data collection | Data collection will be reviewed for accuracy | Minimize data collection errors/omissions | CEO, Director of QA/Accreditation, Training Director, PCAA | 2022 Calendar Year | Previous years' Trends and OPMMP documents, Therap |
| Methodology | Utilizing previous data collection techniques and information from the Trends Report and Organizational Performance Management and Measurement Plan from 2021, updated data collection criteria and techniques will be identified and provided to all employees who share data collection responsibilities. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|--|---------------------------------------|---|-----------------------------|--------------------|----------------------------|
| Access | Expand fund raising efforts | New revenue streams will be generated | At least one new grant or donation will be obtained | CEO | 2022 Calendar Year | Profit and Loss Statements |
| Methodology | MRSI will designate a grant writer who will work with teams to identify projects for potential grants/donations. The designated grant writer will ensure required reporting is completed in a timely manner. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|---------------------|--|---|---------------------------------|-----------------------------|--------------------|--------------|
| Satisfaction | Stabilize the DSP workforce | Turnover Rate-Monthly average 2019=8.25% 2020=9.02% 2021=4.69% | Decrease monthly average by 25% | Human Resources, CEO | 2022 Calendar Year | People Track |
| Methodology | Accounting department reports turnover rate on a monthly basis and disseminates information. | | | | | |

Table 2-Community Employment Services (Job Development/Employment Supports)

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|---|---|-----------------------------|--------------------|---|
| Efficiency | Increase utilization of Waiver services | % of new referrals who are eligible for and obtain waiver funded CES services | 100% of eligible referrals will obtain DVR services | CES Team | 2022 Calendar Year | Intake and service authorization documents, Third Party Liability |
| Methodology | Upon referral, the CES Team will determine if DVR is an option and assist individual in securing DVR services. The individual will utilize all available DVR benefits prior to accessing Waiver benefits. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|----------------------|--|--|---|-----------------------------|--------------------|----------------------|
| Effectiveness | Individuals requesting CES will secure a position of his/her choice | Employment status of each individual receiving CES | 80% of individuals accepted for services will secure employment | CES Team | 2022 Calendar Year | CES individual files |
| Methodology | Upon acceptance into CES, the team will assist persons served in obtaining employment of his/her choice. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|--|---|-----------------------------|--------------------|---|
| Access | Continue offering CES education and expand community-based opportunities for interested individuals | Number of participants receiving education and number of community-based employers (opportunities) | 100% of interested participants will receive education; increase number of community-based employers by 25% | CES Team | 2022 Calendar Year | List of educational activities and number and type of community-based employers |
| Methodology | Participants expressing interest in CES will participate in educational classes to enable them to have a better understanding of what is required by an employer in a community-based setting. Expand types of employment opportunities to meet the different levels and interests of participants. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|---------------------|---|-------------------------------|--|-----------------------------|--------------------|------------------|
| Satisfaction | Participants who are receiving CES will express satisfaction with services | Trends & Satisfaction Surveys | 80% satisfaction and/or at least a 4.0 on 1-5 Likert Scale, 5 being very satisfied | CES Team | 2022 Calendar Year | Trends documents |
| Methodology | Participants, guardians, and other stakeholders will be asked to participate in satisfaction surveys. | | | | | |

Table 3- Community Housing

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|-------------|---|-----------------|---------------|-----------------------------|-------------------|--|
| Efficiency | Maximize capacity in MRSI operated locations through increased occupancy rates and/or consolidation of under-utilized assets | Occupancy rates | 80% occupancy | CH Director | Quarterly reviews | Number of occupied rooms per community living site |
| Methodology | Each quarter, the CH Director will report occupancy rates to the CEO and Director of QA/Accreditation. Occupancy deficits will be referred to house analysis committee for recommendations. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|---------------|---|---|--------------------------------------|---|--------------------|--------------------------------|
| Effectiveness | Enhance Activities of Daily Living skills of interested participants | Objective progress analysis/percentages | Implementation of new ADL curriculum | COI/CH Director, Director of QA/Accreditation | 2022 Calendar Year | ADL Curriculum tracking sheets |
| Methodology | Continue to identify new curriculum and provide activities of daily living to participants. Provide training for staff as needed. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|-------------|--|------------------------------|--|-----------------------------|--------------------|------------------------|
| Access | Review all referrals to determine appropriateness and resource availability to provide CH | Number of referrals received | 100% of all CH applications will be reviewed | Intake Committee | 2022 Calendar Year | Service Authorizations |
| Methodology | MRSI will evaluate new referrals and MRSI's ability to provide CH services, including funding, appropriateness of service, available accommodations and available staff resources. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------|---|---|--|------------------------------------|--------------------|--|
| Satisfaction | Services/supports will help the participants have a good life | Trends/satisfaction surveys 2019=88% 2020=91% 2021=87% | 90% of persons served & guardians combined will report that services assist participants in having a good life | PCAA, Director of QA/Accreditation | 2022 Calendar Year | Satisfaction Surveys, Trends Documents |
| Methodology | Participants, guardians, and other stakeholders will be invited to participate in satisfaction surveys. | | | | | |

Table 4-Supported Living

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|------------------------------|---|-----------------------------|--------------------|---|
| Efficiency | Expand number of participants in supported living environment | Number of participants in SL | Increase percentage of participants in SL program by 100% | Intake Committee | 2022 Calendar Year | Service Authorizations, Billing Documents |
| Methodology | Discuss SL opportunities with interested individuals during IPC/Semi-annual meetings. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|----------------------|---|---|--------------------------------------|------------------------------------|--------------------|--------------------------------|
| Effectiveness | Enhance Activities of Daily Living skills of interested participants | Objective progress analysis/percentages | Implementation of new ADL curriculum | PCAA, Director of QA/Accreditation | 2022 Calendar Year | ADL Curriculum tracking sheets |
| Methodology | Continue to identify new curriculum and provide activities of daily living to participants. Provide training for staff as needed. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|--|------------------------------|--|-----------------------------|--------------------|------------------------|
| Access | MRSI will review all referrals to determine appropriateness and resource availability to provide SL services | Number of referrals received | 100% of all SL applications will be reviewed | Intake Committee | 2022 Calendar Year | Service Authorizations |
| Methodology | MRSI will evaluate new referrals and MRSI's ability to provide SL services, including funding, appropriateness of service, available accommodations and available staff resources. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|---------------------|---|---|--|------------------------------------|--------------------|--|
| Satisfaction | Participants receiving Supported Living services will express satisfaction with the services provided | Likert Scale of 1-5 with 5 being very satisfied 2019=5 2020=5 2021=5 | An average of 4.0 will be achieved on a 1-5 Likert Scale with 5=very satisfied | PCAA, Director of QA/Accreditation | 2022 Calendar Year | Satisfaction Surveys, Trends Documents |
| Methodology | Participants and guardians, if applicable, will be invited to participate in satisfaction surveys. | | | | | |

Table 5-Community Integration (COI)

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|--|--|--|-----------------------------|--------------------|---|
| Efficiency | MRSI will maximize available units to meet Community Integration needs and choice | % of approved units utilized 2019=93% 2020=93% 2021=96% | 100% of available units will be utilized | Accounting Personnel | 2022 Calendar Year | Service Authorizations, Billing Documents |
| Methodology | Plan units are reviewed yearly, annualized by accounting personnel to ensure maximum utilization, and reviewed with case managers as needed. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|---|-------------------------------|---|--------------------|-----------------|
| Effectiveness | Persons served will complete or maintain objective progress per IPC goals. | Objective progress analysis/percentages | 80% completion or maintenance | Program Director, PC Administrative Assistant | 2022 Calendar Year | Therap ISP Data |
| Methodology | Monthly reviews of objective progress will be completed by the Program Director. Objective percentages will be provided for trends analysis of overall effectiveness of the person-centered plan. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|--|---|--|-----------------------------|--------------------|-----------------|
| Access | Increase participation in community-based activities, expand variety of activities, provide education to staff in accurate documentation | Number of times individuals leave CLS's or ADS to participate in community activities | Minimum of 250 community activities per person | COI/CH Director | 2022 Calendar Year | THERAP ISP Data |
| Methodology | Monthly reviews of community-based activities will be conducted by COI/CH Director to monitor and increase community integration. | | | | | |

| Domain | Objective | Indicator | Target | To Whom Applied/Obtained By | Time of Measure | Data Source |
|--------------------|---|--|--|-----------------------------|--------------------|------------------------------------|
| Satisfaction | Services provided through community integration will enhance the participants' life. | Participant/guardian responses to NCI-based survey 2019=91% 2020=89% 2021=88% | Response to the question "do your services/supports help you live a good life" based on NCI Survey | All MRSI Personnel | 2022 Calendar Year | NCI Based and Satisfaction Surveys |
| Methodology | Participants, guardians, and other stakeholders will be invited to participate in satisfaction surveys. | | | | | |

