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# Audrain Developmental Disability Services



**Fiscal Year: 2025**

**Audrain Developmental Disability Services**  
**222 East Jackson Street, Mexico, MO, 65265**  
**573-581-8210**  
**[www.audraindevelopmental.org](http://www.audraindevelopmental.org)**

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# Audrain Developmental Disability Services Quality Outcomes Report: FY 2025

**Mission Statement:** *“Creating a Better Life for Audrain County Citizens.”*

**Motto:** **C-A-R-E: Care, Appreciate, Respect, and Encourage**

Since 1978, Audrain Developmental Disability Services (ADDS) has been dedicated to providing services and resources for residents and their families of Audrain County with developmental disabilities. We believe that individuals with developmental disabilities have the right to self-determination and to lead lives with quality outcomes and ample opportunities for community inclusion. Our services are tailored to meet the unique needs of each person we serve, fostering growth and social interaction within the Audrain County community and beyond.

In 2025, ADDS continued to actively engage with community businesses, civic groups, and local organizations. These community connections included partnerships with area churches, JIG, the Mexico Senior Center, City of Mexico Parks and Recreation, Audrain Humane Society, Missouri Veteran’s Home, Mexico Housing Authority, Handi-Shop (HSI), Mexico Elks Lodge, Presser Arts Center, Special Olympics, Mexico Bowling Lanes, Mexico Cinema, Mexico Area YMCA, The Old Pharmacy Ceramic Shoppe, Walmart, Dollar General, Dollar Tree, Aldi, McDonald’s, Hardee’s, Dos Arcos, Vegas, Bucky’s Sit and Get, Pig Up and Go, Sonic, 54 Diner, Stacy’s Place, and Dairy Queen.

In 2026 ADDS will continue to provide volunteer services and collaborative opportunities throughout the community. Planned partnerships include the Mexico Help Center, Mexico Senior Center, Missouri Veteran’s Home, the Salvation Army, Mexico Parks and Recreation, Mexico Public Safety, the Audrain County Sheriff’s Department, Audrain Ambulance District, Audrain Humane Society, and other community organizations across the area.

The individuals we serve, along with their families, guardians, and stakeholders in Audrain County, continue to offer their support and input as we work together to achieve our goals. We deeply appreciate the time and efforts contributed by the ADDS Board of Directors and our community.

Each program described in this report is led by a dedicated Program Coordinator or Program Manager, all of whom are committed to ADDS’ mission and the well-being of the individuals we serve. They have contributed to data collection and shared valuable feedback for this report, continually striving for quality care and service improvement. Our Program Coordinators and Program Managers recognize the crucial role of Direct Support Professionals in delivering quality services and suggesting enhancements.

Data for this Outcomes Report has been collected from satisfaction surveys, employee records, records of persons served, and program/service logs. An extensive and detailed review of all

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data has been conducted, followed by discussions and evaluations to assess responses and identify trends. The compiled data for 2025 has been reviewed to begin planning for improvements in fiscal year 2026, focusing on addressing identified weaknesses and sustaining and enhancing areas of strength.

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## **ADDS PROGRAMS**

*Each of the following programs, administered by ADDS, continues to be nationally accredited by CARF.*

**Breckenridge Heights:** In 2025, this Medicaid Waiver-funded residential program operated a community-based group home that provided housing and support services for seven adults with developmental disabilities

**Harvey House:** In 2025, this Medicaid Waiver-funded residential program operated a community-based group home that provided housing and support services for seven adults with developmental disabilities

**CT Loyd Apartment Living Program:** In 2025, this Medicaid Waiver-funded semi-independent residential program operated a community-based group home that provided housing and support services for 11 adults with developmental disabilities

**Community ISL Program:** In 2025, this Medicaid Waiver-funded program operated three independent supported living homes that provided housing and support services for seven individuals with developmental disabilities.

**Fieldcrest Community Services Program:** In 2025, this day habilitation program delivered individualized support and skill-building services to four adults with developmental disabilities who reside independently in apartments or homes within the community.

**Natural Home Program:** In 2025, the Natural Support program assisted four adults with developmental disabilities in achieving their potential and fostering active participation within their community

**Developmental Training Center (DTC):** In 2025, the Developmental Disability Center (DTC) served 27 individuals. DTC provided habilitative training and support to enhance quality of life and assisted individuals with developmental disabilities in achieving their optimal physical, emotional, and independent functioning. This program was designed for those who lacked the skills for successful full-time sheltered workshop employment or other supportive employment through Voc Rehab.

**Support Coordination:** In 2025, the Medicaid-funded Target Case Management (TCM) program served approximately 166 residents of Audrain County. The TCM program provided advocacy, assessment, planning, communication, education, and resource management services. Support coordinators worked closely with individuals and families to assess, plan, and implement the necessary supports for individuals to achieve their goals. They also monitored and evaluated all programs in which individuals participated, ensuring high-quality and effective supports by connecting them with qualified providers and resources.

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## **Admission Criteria to all ADDS Programs**

1. Have a developmental disability as defined by Missouri statutes and eligibility determined by the State of Missouri Department of Mental Health.
2. Individuals demonstrated both a need for and a desire to receive services.
3. Individual's family or guardian's expressed both a need for and a desire to receive services.
4. There shall be no restrictions on services based on an individual's race, creed, color, age, religion, gender, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability, or any gender-related information.
5. Individuals who do not meet the criteria or appear unlikely to meet the criteria as stated should be referred to the Executive Director, who shall have the authority to waive specific requirements or authorize trial admissions in cases where the individual served does not seem to clearly qualify under the criteria.

## **Additional Admission Criteria Specific to the Residential Programs (Harvey House, Breckenridge Heights, CT Loyd Apartments, and Community ISLs):**

1. Probable compatibility with the individuals already living in the home or apartment.
2. Admission shall include an evaluation of the individual's probable safety and appropriateness for the program.
3. Individuals shall be determined eligible by the Department of Mental Health for community placement as individuals with a developmental disability.
4. Individuals shall be eligible for funding by the Department of Mental Health Developmental Disability Division.
5. Preference for placement shall be given to Audrain County residents.

## **Additional Admission Criteria Specific to the Developmental Training Center (DTC):**

1. Must be over 18.
2. Must be approved for services by Hannibal Regional Office or otherwise provide financial reimbursement for services, except for residents of Audrain County.
3. Must not require constant medical attention.
4. Individual decisions regarding placement or continual placement are made by the Program Coordinator and the Executive Director with input by the PCSP team members.

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**Additional Admission Criteria Specific to Support Coordination:**

1. Applicants shall be determined eligible by the Department of Mental Health as eligible for targeted case management services.
2. Services will be provided to DMH approved individuals residing in Audrain County and to certain Medicaid waived individuals in Callaway County due to federal mandates for conflict free case management services.

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## **Services Offered**

**Breckenridge Heights:** 24-hour supervision of staff to consumer ratio of not less than 1:4 during awake hours and 1:8 overnight.

**CT Loyd Apartments:** 24-hour supervision of staff to consumer ratio of not less than 1:8 during awake hours. There is generally a minimum of two staff members on duty.

**Harvey House:** 24-hour supervision at a staff to consumer ratio of 1:4 during awake hours. There is generally a minimum of two staff members on duty during the day and not less than 1:8 overnight.

**Community ISL Program:** 24-hour supervision of staff to consumer ratio ranging from 1:1 to 1:3. The homes in this program support from one to three individuals at any given time.

### **These residential programs all offer:**

1. Community outings and inclusion services to assist individuals to become acquainted with and participate in community activities with the goal of the person becoming a valued and contributing member of the community.
2. Nursing Care to assure the individuals receive proper medical follow-up. A registered nurse is on staff and is available as needed to assure that residents maintain good health.
3. Medical Care/Consultation includes coordination of annual physical, lab work, annual visual exam, audiology exam as prescribed, and any other medical consultation as needed.
4. Dental Care coordination consists of annual check-ups and any dental work as prescribed.
5. Medication Administration to all residents as prescribed by a physician. Staff members have a minimum of a Level I Med Aide certification with supervision by the registered nurse. Some individuals are provided supervised self-medication as prescribed by a physician and with evidence of the ability to self-administer medications. Staff members do no less than a weekly medication check to make sure self-medicating individuals served are taking medications as prescribed.
6. Psychological Services are provided through consultation with service providers.
7. Recreation and exercise include both specialized and generic resources both at home and in the community. Residents can take annual vacations to places of their choice.
8. Skills Training includes personal living skills, home living skills, and community living skills with a special focus on personal living skills. The training is individualized based on the

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Person-Centered Support Plans (PCSP- previously referred to as Individual Support Plans or ISP's) objectives and natural opportunities in the home.

9. Therapies on a consultation basis as prescribed by a physician.
10. Dietetics and meal planning with training by the registered nurse in conjunction with consultation with a registered dietician, as necessary.
11. Behavioral Supports in cooperation with consultation by Hannibal Regional Office (Missouri Department of Mental Health Division of Developmental Disabilities).
12. Transportation Services to encourage community participation by all individuals served.

**Respite Services:** 24-hour emergency supervision/care for individuals provided through Harvey House or Breckenridge Heights. This is a temporary and case-specific service offered to individuals determined eligible under the Hannibal Regional Office's services and can be utilized one weekend per month as staffing allows.

**Fieldcrest Program:** provides awake support and guidance for individuals who reside in the Fieldcrest community as well as for specific referrals. This program is not staffed on weekends, overnights, and holidays.

**Natural Home Program:** provides supportive assistance for individuals who reside in their homes in the community.

**Developmental Training Center provides:**

1. Training in Daily Living Skills
2. Work Attitudes/Vocational Pursuits
3. Safety/Health Practices
4. Functional Academic Skills
5. Development in Choices/Decision Making
6. Responsibility/Self Direction
7. Self-Advocacy/Assertiveness
8. Socially & Age-Appropriate Behaviors
9. Physical/Mental Development
10. Leisure/Recreational Activities
11. Religious/Cultural Activities
12. Community Service/Volunteerism
13. Community Integration/Awareness
14. Utilization of Community Resources
15. Language/Communication Development
16. Developing Social Connections in the Community
17. Interacting with Other Volunteers from the Community

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**Support Coordination provides:**

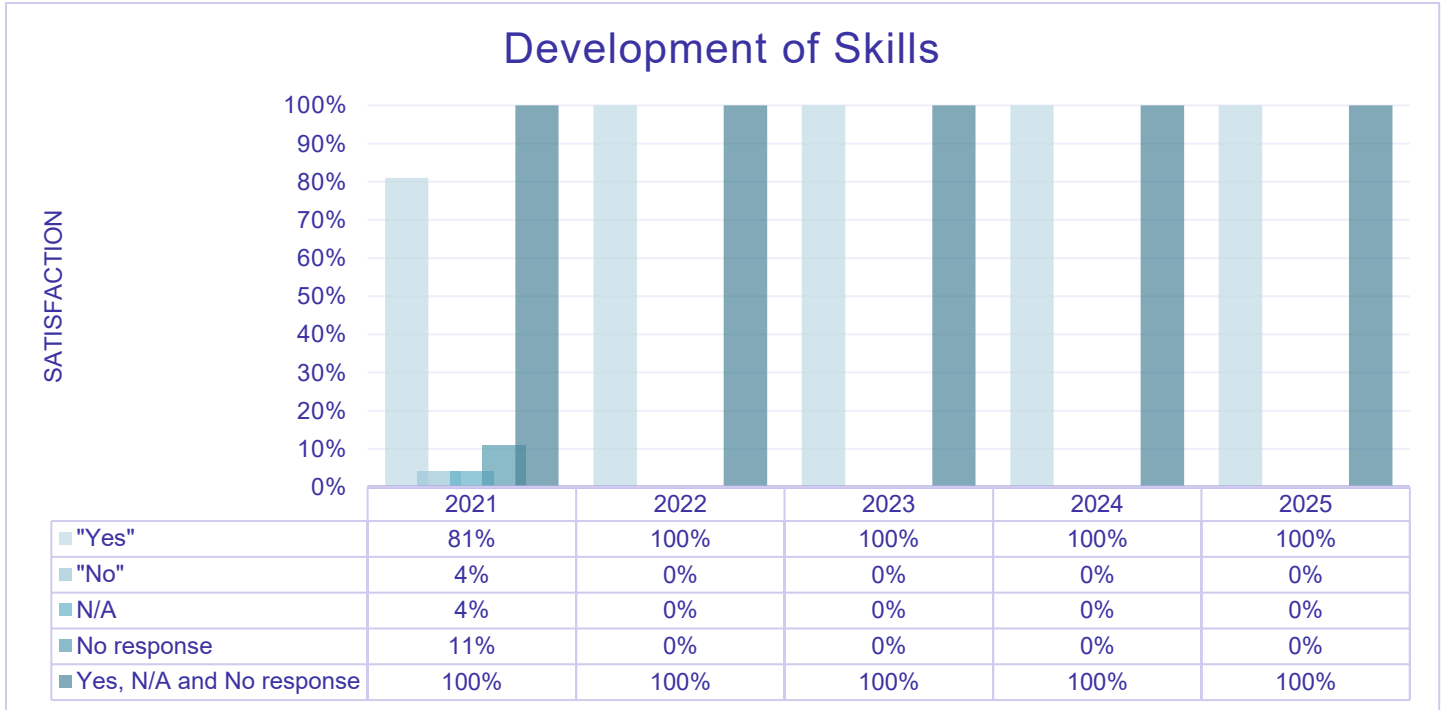
1. Advocacy
2. Assessment
3. Planning
4. Communication
5. Education
6. Resource referral and Management

## ALL PROGRAMS EXCLUDING DTC

### GOALS/OBJECTIVES FOR 2025 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

#### PERFORMANCE MEASURE: ACCESS

1. **Goal:** 95% of individuals served or their responsible party will report that ADDS assists them in developing skills necessary for participation in the community at the level chosen by the individual served or their responsible party.



a. **Measures:**

- Time: Annual 2025
- Population: Individuals living in ADDS' Residential and Independent Support Living (ISL) Programs and participating in the Fieldcrest Community Services Program, Day Training Center (DTC) Program and Natural Home Program.
- Data Source: Annual Satisfaction Survey

b. **Results/ Outcomes:** **Goal Met: 100%**

43 surveys were mailed to the guardians or individuals receiving services with ADDS during the fiscal year 2025. A total of 43 surveys were returned from individuals or their guardians associated with ADDS' Residential and Independent Support Living (ISL) Programs and participating in the Fieldcrest Community Services Program, Day Training Center (DTC) Program and Natural Home Program. All 43 surveys were completed, and 100% of respondents reported that ADDS assists them in developing the skills necessary for community participation at the level chosen by the individual served or their responsible party.

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This goal was met in 2025, with 100% of respondents indicating that ADDS helps them develop the necessary skills for community participation. The number of returned surveys increased from fiscal year 2024. We will continue to implement efforts to encourage survey responses in the future.

c. **Previous Results:**

2024: Goal Met: 100%

2023: Goal Met: 100%

2022: Goal Met: 100%

2021: Goal Not Met: 81%

d. **Recommendations:**

The positive feedback to this question was highly encouraging for each program as they plan and continue their efforts to offer various opportunities for skill development and community participation. During ADDS discussion and planning meetings, it is essential to emphasize the criterion of “at the level chosen by the individual served” to uphold our philosophy of individual choice. ADDS will maintain this goal in fiscal year 2026.

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2. **Goal: At least one general community outing monthly.**

a. **Measures:**

- Time: Annual 2025
- Population: Individuals living in the ADDS' Residential Programs
- Data Source: Outing Tracker (provided by each location manager)

b. **Results/Outcomes: Goal Met**

During fiscal year 2025, ADDS residents enjoyed a variety of outings of their choice. Many programs facilitated multiple outings each month, successfully meeting this goal. Some outings included Wal-Mart, Dollar Tree, Dollar General, Tractor Supply, Aldi's, FFA Tractor Pull, St. John's Lutheran Church JIG events, Presser Arts Center and Arts for All Abilities events, Missouri Special Olympics events, Mexico Cinema, Hickory Ridge Orchard, a Harlem Wizards game, Mexico YMCA, Mexico Bowling Lanes, Bass Pro, Branson, local firework shows and parades, St. Louis Cardinals games, Warm Springs Ranch, Teddy Joes, Banded Rooster, McDonald's, Dairy Queen, Dos Arcos, Ori Hibachi, Sonic, Taco Bell, Texas Roadhouse, Denny's, Stacey's Diner, and numerous other dining and non-dining establishments. Most programs exceeded four outings a month.

c. **Previous Results:**

2024: Goal Met

2023: Goal Met

2022: Goal Met

2021: Goal Not Met: COVID-19 Restrictions

d. **Recommendation:**

ADDS intends to maintain this agency goal in 2026. Conversations with Program Coordinators and reviews of the 2025 Person Served Satisfaction Survey responses underscore the significance of not only organizing outings and community inclusion for the individuals we serve but also integrating these elements into every PCSP team discussion. Both the individuals served and their guardians consider this goal particularly important and desirable.

3. **Goal: 100% of group homes, ISLs, Community Services, and DTC will volunteer at least six times per year.**

a. **Measures:**

- Time: Annual: 2025
- Population: ADDS Programs including each of the following Breckenridge Heights, Harvey House, CT Loyd, ISL's, Fieldcrest Community Services Program and the Developmental Training Center (DTC).
- Data Source: Volunteer Tracker (provided by each location manager)

b. **Results/Outcomes: Goal Met**

Consumers with ADDS increased their opportunities to participate in volunteer activities of their choice. Across all entities, ADDS programs volunteered at various locations with different duties over 70 times throughout 2025- nearly doubling 40 recorded participating events and activities in 2024.

In 2025, ADDS continued to introduce new volunteer activities and/or sites when an opportunity was available. ADDS programs made and delivered dog and cat treats to the Audrain County Humane Society, made or purchased and delivered snacks to the Audrain County Dispatch, Mexico Public Safety, Audrain County Ambulance District, and Audrain County Sheriffs. The ADDS programs also helped prepare and assist with Bingo cards and provide treat bags for nursing staff at the Mexico Veterans Home, picked up trash alongside roadways and park beautification at several local parks throughout the community, donated meals to Room at the Inn, distributed meals with Meals on Wheels through the Mexico Senior Center, assisted the Help Center with the organization and distribution of resources, made cards for residents at a local long-term care facility, donated clothes to the Help Center, and made bird feeders for local parks.

c. **Previous Results/Outcomes:**

2024: Goal Met  
2023: Goal Met  
2022: Goal Met  
2021: Goal Met

d. **Recommendations:**

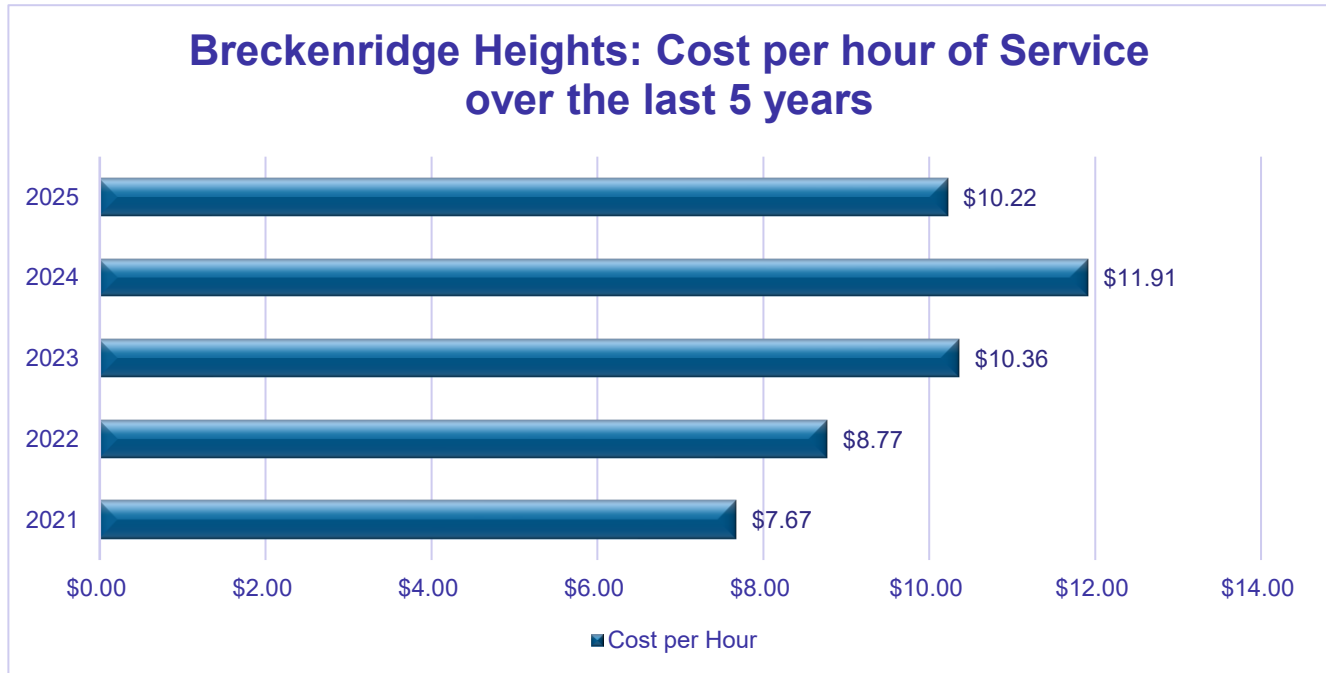
ADDS individuals served and Program Coordinators are excited to continue finding volunteer opportunities, as these activities are meaningful for both ADDS consumers and our local community. The individuals served eagerly anticipate participating in community volunteering and take immense pride in their ongoing efforts to give back. All ADDS residential programs, ISLs, community services, and the DTC will continue to pursue this goal in 2026.

# GOALS/OBJECTIVES FOR 2025 FOR ALL ADDS PROGRAMS WHEN GOALS ARE IDENTICAL FOR MORE THAN ONE PROGRAM AS NOTED

## PERFORMANCE MEASURE: EFFICIENCY

1. **Goal:** Residential Programs, ISL's, Natural Home Program and Fieldcrest Community Services Program will be cost effective.

### BRECKENRIDGE HEIGHTS



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost Reports for Breckenridge Heights

b. **Results/Outcomes:** **Goal Met**

The cost of services at Breckenridge Heights decreased from \$11.91 per hour in FY 2024 to \$10.22 per hour in FY 2025. This reduction is primarily due to two consumers—each requiring higher levels of care—transitioning to another program. Their transition lowered overall staffing needs for each shift. ADDS continued to provide the weekend shift differential and overtime pay.

c. **Previous Results/ Outcomes:**

2024: **Goal Met:** increase in wages, overtime pay, continuance of shift differential. Two consumers requiring higher level of care.

2023: **Goal Met:** increase in wages, overtime pay, continuance of shift differential.

2022: **Goal Met:** increase in wages and implementation of shift differential/management change.

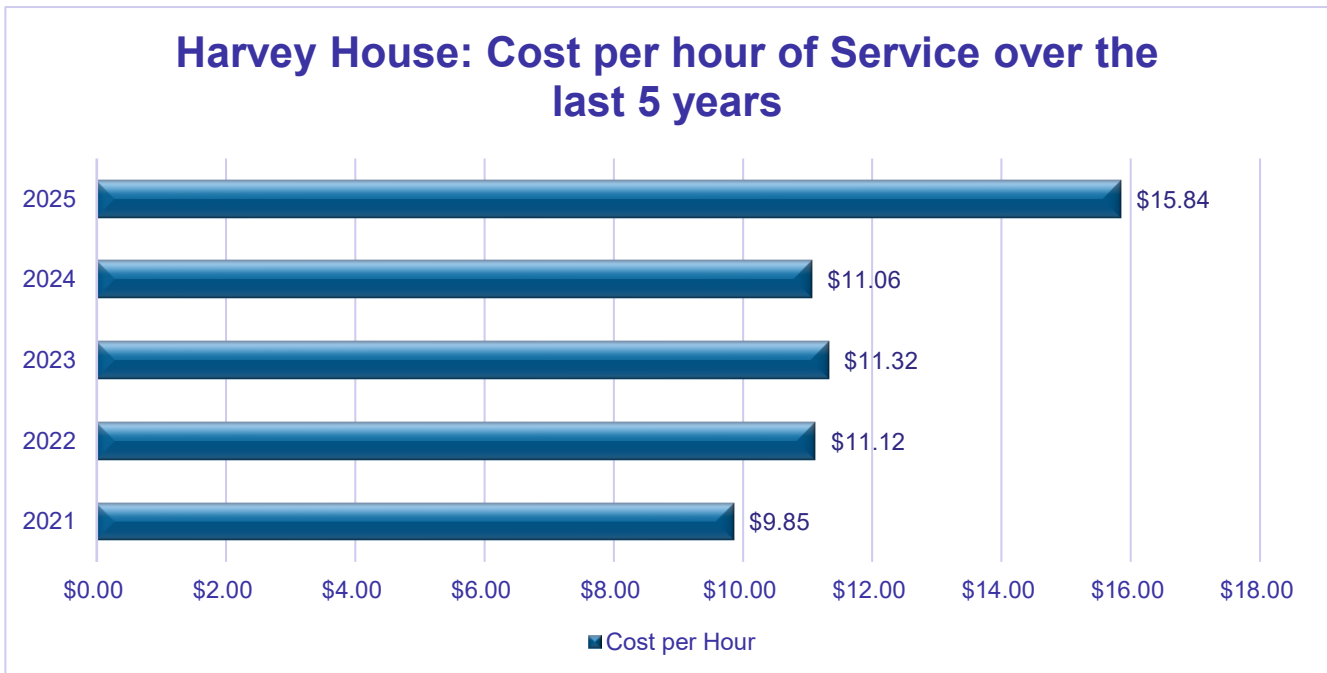
2021: **Goal Met:** increase due to increase in wages and COVID-19 pay.

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d. **Recommendations:**

No significant recommendations are warranted at this time. The decrease reflects the continuation of quality care and is primarily due to two consumers—each requiring a higher level of support—transitioning to another ADDS program. The Program Coordinator is encouraged to maintain current cost levels while preparing for anticipated increases related to cost of living, salary adjustments, and other financial factors. ADDS anticipates continued compliance with state minimum wage requirements and remains committed to offering competitive wages to staff.

## HARVEY HOUSE



### **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from Harvey House

b. **Results/Outcomes:** **Goal Met**

The cost per service hour at Harvey House increased from \$11.06 in FY 2024 to \$15.84 in FY 2025, representing an overall rise of \$4.78 per hour. This increase is primarily due to hiring a Registered Nurse to serve as the Harvey House Manager and expanding overall staffing levels to support a higher number of consumers served in the program.

c. **Previous Results/Outcomes:**

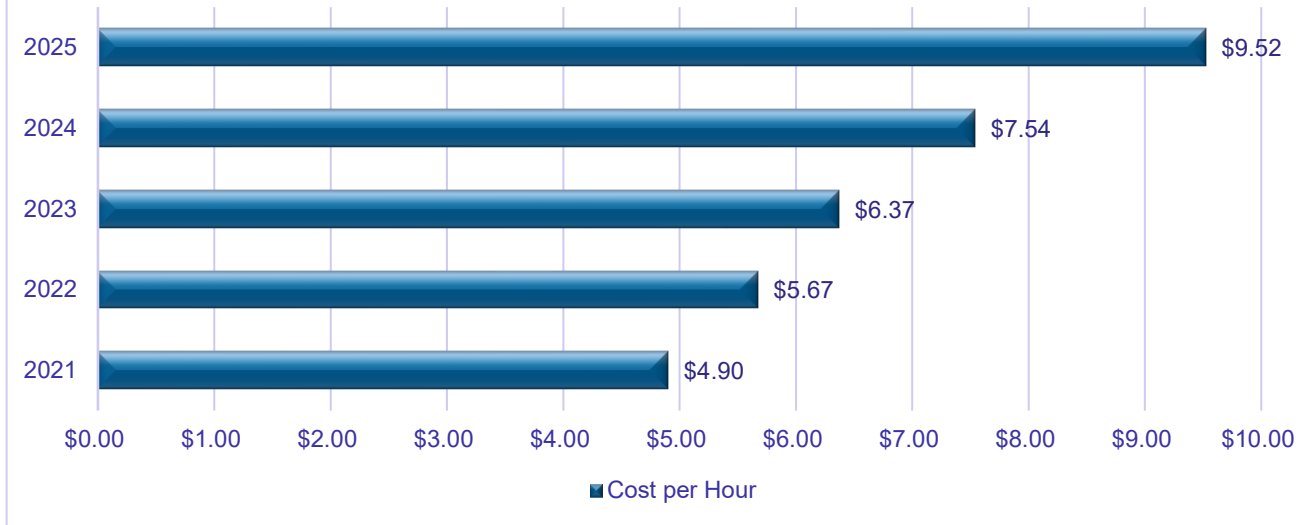
2024: **Goal Met:** decrease in overall cost- reduced daytime staffing and fewer staff due to lower census. Increase in wages, overtime pay, continuance of shift differential.  
2023: **Goal Met:** increase in wages, overtime pay, continuance of shift differential.  
2022: **Goal Met:** increase in wages and implementation of shift differential, increase in consumers and their physical and cognitive decline, and shift in management.  
2021: **Goal Met:** decrease in cost due to needing fewer daytime staff.

d. **Recommendations:**

No significant recommendations are warranted at this time, as the increase appears reasonable and is supported by clear program needs. The Program Coordinator is encouraged to continue monitoring and maintaining current cost levels while preparing for anticipated increases related to the cost of living, salary adjustments, and other financial considerations. ADDS expects to remain in compliance with state minimum wage requirements and will continue striving to offer competitive wages to staff.

## CT LOYD APARTMENTS

## CT Loyd Apartments: Cost per hour of Service over the last 5 years



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from CT Loyd Apartments

b. **Results/Outcomes:** Goal Met

The cost per hour increased in 2025, continuing the trend seen in previous years. In 2024, the cost per hour was \$7.54, rising to \$9.52 in 2025—an overall increase of \$1.98 per hour. Although the 2025 increase is higher than in prior years, it is justified by wage increases and the additional staffing required to support more community outings and full staffing patterns in FY 2025.

c. **Previous Results/Outcomes:**

2024: Goal Met: increase in wages, staffing needs for outings, overtime pay, continuance of shift differential-higher level of care for individuals served.

2023: Goal Met: increase in wages, staffing needs for outings, overtime pay, continuance of shift differential.

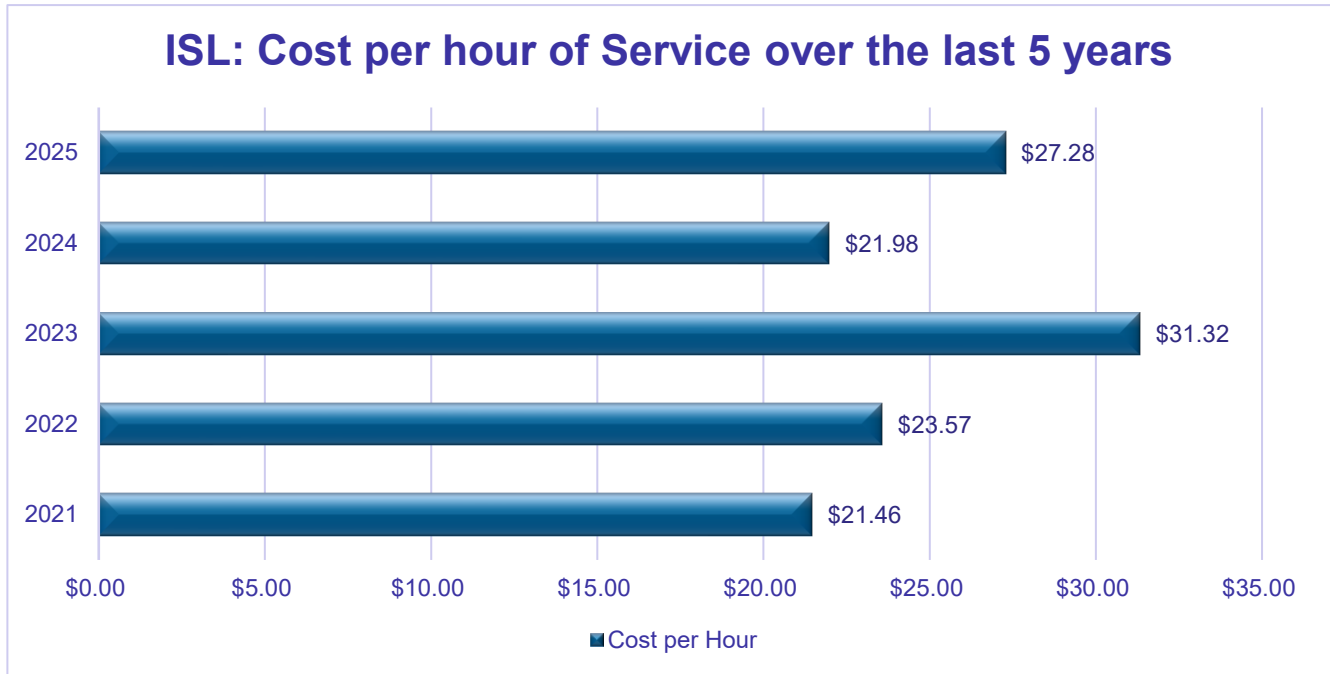
2022: Goal Met: increase in wages and implementation of shift differential, staffing patterns, and shift in management.

2021: Goal Met: decrease in cost due to needing fewer daytime staff, staffing shortages.

d. **Recommendations:**

No significant recommendations are warranted at this time, as the increase appears reasonable and supported by clear program needs. The Program Coordinator is encouraged to maintain current cost levels while accounting for anticipated changes related to cost of living, salary adjustments, and other financial factors. ADDS expects to continue complying with state minimum wage requirements and remains committed to offering competitive wages to staff.

## INDEPENDENT SUPPORTED LIVING (ISL's)



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from ISL's

b. **Results/Outcomes: Goal Met**

In 2025, the cost per hour of service for all three ADDS ISLs was \$27.28, compared to \$21.98 in FY 2024—resulting in an increase of \$5.30 per hour. This increase is primarily attributed to additional staffing needed to support higher levels of care across all three programs. One program, Hazel ISL, experienced overstaffing during FY 2025. Beginning in FY 2026, overstaffed hours will be strategically reassigned to other ISL programs to help reduce overtime costs system-wide.

c. **Previous Results/Outcomes:**

2024: **Goal Met:** decrease in wages- fewer daytime staff due to decrease in consumers being home during the day.

2023: **Goal Met:** increase in wages, staffing needs on outings, overtime pay, continuance of shift differential.

2022: **Goal Met:** increase in wages and implementation of shift differential and staffing patterns.

2021: **Goal Met:** increase in costs due to passing of two consumers with no staffing changes.

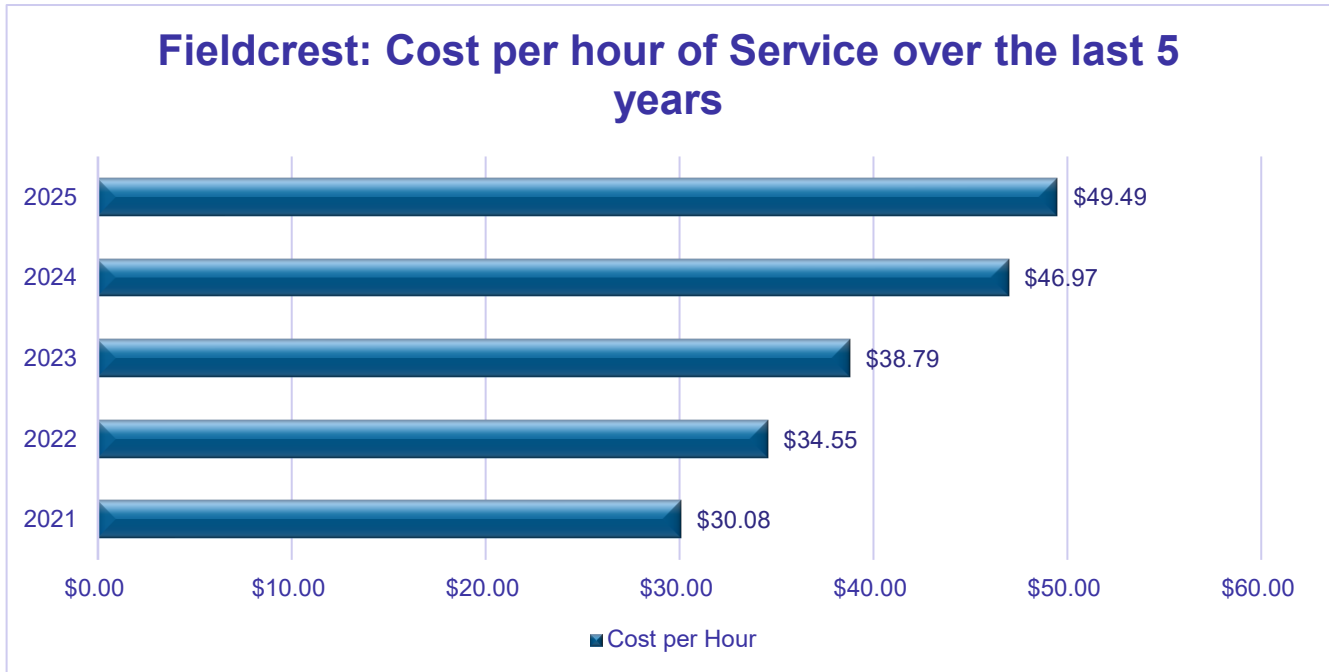
d. **Recommendations:**

The ISL Program Coordinator will reassign overstaffed hours to other ISL programs to help reduce overtime costs across the system. The Program Coordinator is encouraged to maintain current cost levels while planning for expected increases related to cost of living adjustments, salary changes, and other financial

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considerations. ADDS anticipates continued compliance with state minimum wage requirements and remains committed to providing competitive wages for staff.

## FIELDCREST APARTMENTS



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from Fieldcrest Community Services

b. **Results/Outcomes:** **Goal Met**

In 2025, the cost per hour increased to \$49.49, reflecting a \$2.52 increase from 2024. The program continues to support individuals living independently in the community by assisting with planning appointments, activities, and meals to help them maintain their independence. Support needs vary by individual, and their approved hours reflect those differing levels of assistance. Several individuals required additional support during FY 2025. The overall increase in cost can be attributed to higher wages and increased individual support needs.

c. **Previous Results/Outcomes:**

2024: **Goal Met: increase in wages, consumer needs.**

2023: **Goal Met: increase in wages, consumer needs.**

2022: **Goal Met: increase employee wages and consumer needs.**

2021: **Goal Met: decrease in cost of services due to a decrease in staffing and consumers served.**

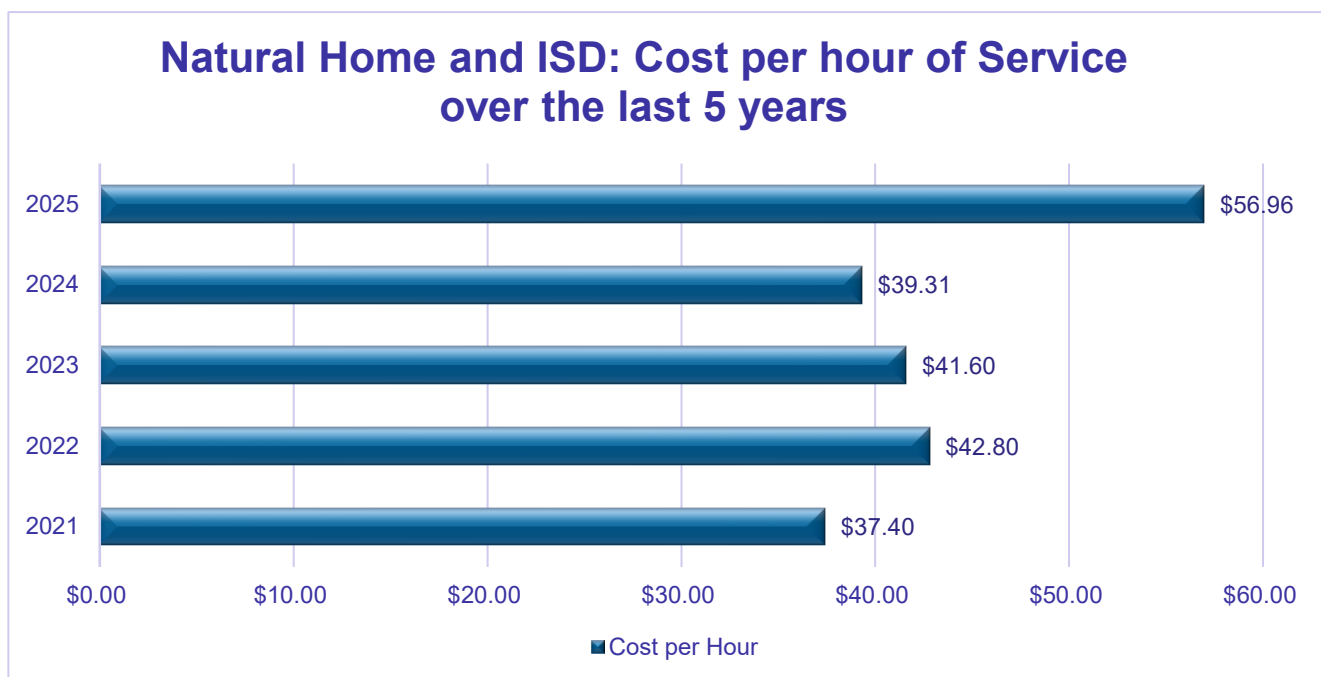
d. **Recommendations:**

ADDS will continue to evaluate the cost per hour for services provided through this program. Staff are encouraged to promote full participation of all individuals in the day habilitation services offered. ADDS will also continue monitoring the needs of the individuals served and will advocate for a higher level of care when the Fieldcrest program is unable to provide all necessary supports. The Program Coordinator is encouraged to maintain current cost levels while preparing for anticipated increases related to cost of living, salary adjustments, and other financial considerations. ADDS

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expects ongoing changes to state minimum wage requirements and remains committed to meeting these guidelines while striving to offer competitive wages to staff.

## NATURAL HOME AND ISD



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from the Natural Home Program and ISD.

b. **Results/Outcomes: Goal Met**

In 2025, the cost per hour for the Natural Home program was \$56.96, reflecting a \$17.65 increase from FY 2024. This rise in service cost is attributed to several factors, including an increase in caseloads and the amount of support provided. Additionally, most staff delivering Natural Home and ISD services are full-time employees in other ADDS programs, resulting in overtime wages being incurred for Natural Home and ISD service hours.

c. **Previous Results/Outcomes:**

2024: **Goal Met:** increase employee wages and overtime. Most employees providing support for these services are also employed by other programs and are in overtime pay when providing these services. Increase in individuals served through ISD.

2023: **Goal Met:** decrease in wages due to consistent staffing and staffing services.

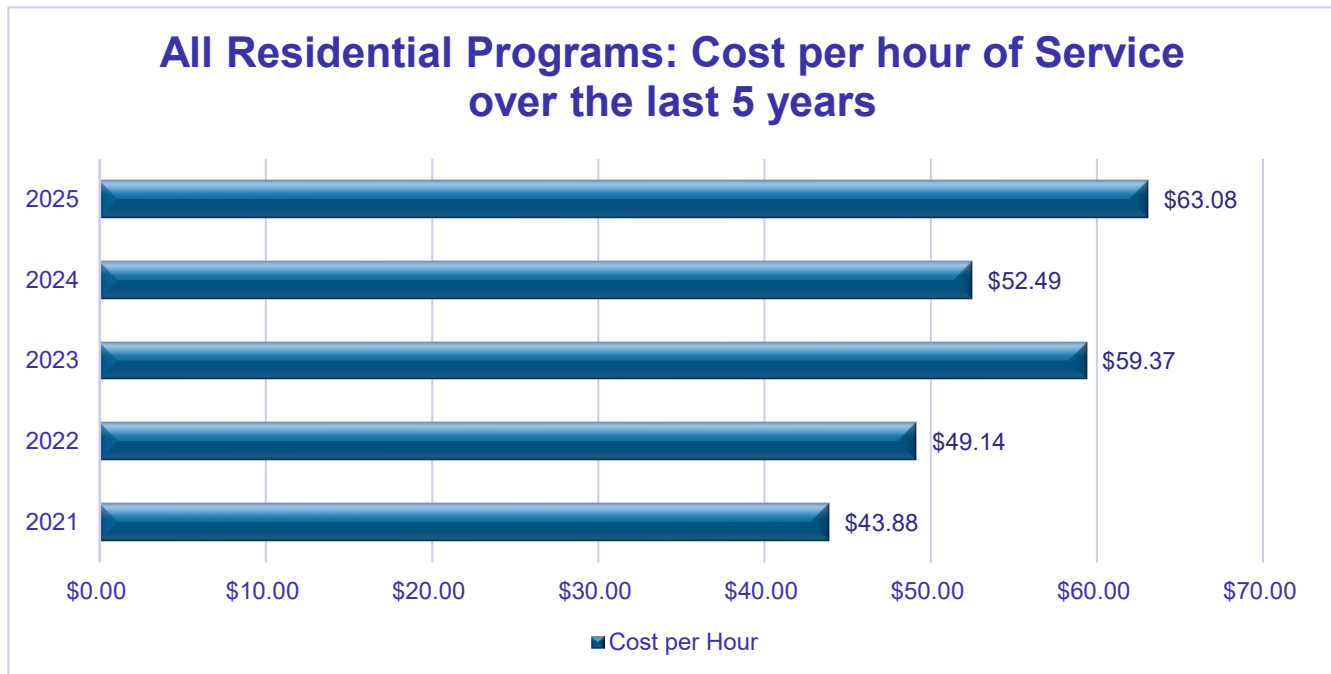
2022: **Goal Met:** increase employee wages and overtime. Most employees providing support for these services are also employed by other programs and are in overtime pay when providing these services.

2021: **Goal Met:** increase in wages.

d. **Recommendations:**

The Executive Director and Program Coordinator will continue to evaluate the needs and associated costs for individuals referred to this program. ADDS will also continue delivering services using Day Habilitation and ISD billing codes rather than Personal Assistance.

**ALL RESIDENTIAL PROGRAMS (BRECKENRIDGE HEIGHTS, CT LOYD APARTMENTS, HARVEY HOUSE, AND ALL ISL'S)**



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports from Breckenridge Heights, CT Loyd Apartments, Harvey House, and all ISL's.

b. **Results/Outcomes:** Goal Met

The cost per hour for all residential programs increased from \$52.49 in FY 2024 to \$63.08 in FY 2025, resulting in a \$10.59 increase per hour. This rise is attributed to increased service needs, higher staffing requirements, and adjustments in employee wages.

c. **Previous Results/Outcomes:**

- 2024: Goal Met
- 2023: Goal Met
- 2022: Goal Met
- 2021: Goal Met

d. **Recommendations:**

No significant recommendations are warranted at this time, as the increases appear reasonable and supported by program needs. Program Coordinators are encouraged to maintain current cost levels while planning for anticipated increases related to cost of living, salary adjustments, and other financial factors. ADDS expects ongoing updates to state minimum wage guidelines and remains committed to meeting these requirements while offering competitive wages to staff. Program Coordinators should also review staffing patterns regularly to ensure optimal service delivery. The ADDS Board will continue to review the cost of employee benefits annually.

2. **Goal: All Residential Programs, DTC, and, Community Services, and ISL's will be staffed adequately 95% of the time as noted in the payroll data.**

a. **Measures:**

- Time: Annual 2025
- Population: ADDS Programs including each of the following Breckenridge Heights, CT Loyd Apartments, Harvey House, DTC, Community Services, and all ISL's.
- Data Source: ADDS Payroll system information (IPS)

b. **Results/Outcomes: Goal Not Met: 71%**

Maintaining staffing at 95% for all residential programs and ISLs continues to be challenging. The Human Resource Manager collaborates with program management to review current applicants, assessing their availability, skills, and other beneficial traits to match them with the most suitable program. However, programs with higher staffing needs are prioritized for new applicants unless otherwise directed by the Executive Director.

In 2025, a review of monthly staffing adequacy within ADDS programs showed that 68 out of 96 months (12 months x 8 facilities) were fully staffed. This figure does not include overtime staff or DTC staff who covered open shifts. The 95% staffing goal was not met in 2025, as ADDS residential homes were only staffed 88% and ISL homes were only staffed 33% without additional support staff. DTC and Fieldcrest Community Services continues to be fully staffed. Three other programs were staffed at 100% during FY 2025 (CT Loyd Apartments, Harvey House, Hazel). Breckenridge was adequately staffed during FY 2025 for eight out of twelve months, and Jefferson Road and Abat was not adequately staffed for any month.

One ISL was overstaffed by at least 2 staff members each month, if staffing were distributed according to staffing patterns, one ISL program would have been adequately staffed for all 12 months, making the adequate staffing rate 83% instead of 71%.

Most staffing issues were specifically noted at Jefferson Road and Abat. Despite not meeting the 95% goal, the programs maintained the required staff-to-consumer ratio each month by filling open shifts with salaried management, overtime staff, and staff from other agency entities, ensuring the needs and safety of all consumers were met at all times.

c. **Previous Results/Outcomes:**

2024: **Goal Not Met: 70%**  
2023: **Goal Not Met: 83%**  
2022: **Goal Not Met: 62%**  
2021: **Goal Not Met: 80%**

d. **Recommendations:**

ADDS will continue striving for full and appropriate staffing, despite ongoing challenges similar to those faced by other local companies. The agency acknowledges the hard work of both salaried and hourly staff in maintaining adequate staffing levels. However, issues with retention, recruitment, and staffing quality persist, particularly for direct care

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staff needed 24/7. ADDS will also work towards managing staffing at various locations to meet the needs of staffing requirements at all locations.

The low unemployment rate in Mexico, Missouri, remains a significant factor in recruiting staff. ADDS continues to participate in the National Core Indicators Staff Stability Survey from, which highlights similar issues faced by the agency and other similar agencies statewide, including high turnover rates and staffing vacancies in 2025.

To address these challenges, ADDS has implemented various recruitment and retention efforts. These include providing regular food truck meal tickets, ice cream truck treats, book giveaways, T-shirts, sweatshirts, and regular meals for staff. The agency also utilizes social media platforms like Indeed and Facebook to post job positions, increases wages after an initial orientation period, offers full insurance coverage, provides vacation and sick time, and has Program Coordinators review schedules individually when possible. ADDS also strives to provide exceptional and relatable staff training to ensure they have the skills and resources necessary to complete their job.

Since 2019, ADDS has participated in Tiered Supports, an initiative by the Missouri Department of Mental Health aimed at improving system sustainability and quality of life. This continued in 2025, with ADDS forming a committee/team and appointing a Tools of Choice facilitator to enhance staff and resident relationships, aiming for more positive interactions and greater satisfaction.

3. **Goal: Staff turnover will decrease by 10% in each program or maintain a turnover rate of 0 percent – employee retention/ reinforcement events will be held at least six times a year.**

### Staff Turnover Rates

	2020	2021	2022	2023	2024	2025
BH	60%	76%	76%	65%	33%	52%
HH	52%	26%	26%	50%	52%	48%
CTL	53%	21%	21%	42%	17%	11%
DTC	35%	15%	15%	15%	45%	13%
Abat	42%	54%	54%	32%	12%	16%
Hazel	28%	16%	16%	0%	0%	0%
Jefferson	40%	40%	40%	20%	14%	0%
NH	0%	0%	0%	0%	0%	0%
CS	0%	0%	0%	0%	0%	0%
TCM	0%	16%	16%	25%	0%	0%
Admin	0%	25%	25%	0%	8%	9%

a. **Measures:**

- Time: Annual 2025
- Population: ADDS Staff employed during the reporting FY
- Data Source: ADDS Payroll System (IPS) Outcomes Report for Retention/Turnover

b. **Results/Outcomes: Goal Not Met: 2 programs decreased turnover rate in 2025, 4 programs maintained a turnover rate of 0 percent. 6 out of 11 programs met this goal. The overall turnover rate was 25%.**

When using the IPS system to determine ADDS retention and turnover rates, 2 out of 11 programs decreased their staff turnover rate by at least 10 percent in the fiscal year 2025. Those programs were DTC and Jefferson Road. 4 additional programs maintained a turnover rate of 0 percent for FY 2025. Those programs were Hazel, Natural Home, Fieldcrest, and TCM.

CT Loyd Apartments had a decrease in turnover rate from 17% to 11% and Harvey House had a decrease in turnover rate from 52% to 48%.

Breckenridge Heights had an increase in turnover rate from 33% in 2024 to 52% in 2025. Abat also saw an increase in turnover rate from 12% in 2024 to 16% in 2025. The Administration program also saw a 1% increase in turnover rate but that can be attributed to a retirement.

The turnover rate for ADDS including all programs was 25% percent in the fiscal year 2025. This was a 2% decrease in the overall turnover rate from 2024. The chart above shows the turnover rate for all locations (including Natural Home, Community Services, TCM, and Administration).

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c. **Previous Results/Outcomes:**

2024: **Goal Not Met: 5 programs decreased turnover rate in 2024; overall turnover rate was 27%.**

2023: **Goal Not Met: 5 programs decreased turnover rate in 2023; overall turnover rate 27%.**

2022: **Goal Not Met: 4 out of 7 programs met goal; overall turnover rate 35%.**

2021, 2020, and 2019: Utilizing the ADDS payroll system it was determined that the retention rate in 2021 was 73%. However, one employee loss was due to a death, and one was due to retirement; therefore, if we calculated the two losses as an exception to the turnover rate, our retention rate for 2021 would be 75%. If using the 75% retention rate for our calculations, we experienced a turnover rate of 25% and 12.5% increase in turnover rate compared to the previous year. The retention rate was 87.5% in 2020 and 96% in 2019.

d. **Recommendations:**

ADDS will continue to strive for an improved retention rate and decreased turnover rate in 2025. In 2025, ADDS provided monthly retention and reinforcement activities, various food truck opportunities and food vouchers, agency t-shirts, jackets, sweatshirts, and hoodies, children's book giveaways, mums, and meals brought into the homes for staff and consumers. ADDS also increased the starting wage to become a more competitive employer and continued the monthly CARE Employee Award promoted through Tiered Supports. ADDS also recognized DSP's and Support Coordinators during DSP and Support Coordinator recognition week.

In 2025, ADDS continued to pay basic healthcare insurance premiums for employees, contributed to Lagers Retirement, and supported employees' HSAs who were enrolled in direct deposit at Bank of Missouri. ADDS remains committed to providing well-rounded benefits for agency employees. ADDS implemented the use of Relias for employee training to provide additional opportunities for employees to gain knowledge outside of the mandatory training requirements.

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## **PERFORMANCE MEASURE: EFFECTIVENESS**

1. ***Goal: 95% of program staff will have at least six (6) trainings per year in addition to standard certifications required by ADDS funding.***

a. **Measures:**

- Time: Annual 2025
- Population: ADDS Staff working in all ADDS programs additionally including the Developmental Training Center (DTC) and Target Case Management (TCM)
- Data Source: Relias

b. **Results/Outcomes: Goal Met**

The purpose of this agency goal is to encourage program managers and nursing staff to provide additional specialized trainings and in-services for their teams. ADDS remains committed to continually strengthening staff knowledge, understanding, and skill development. This longstanding goal was expanded in 2023 to require six additional trainings per year for employees who have been with ADDS for at least 12 months. Employees with six months of service or less are expected to complete at least three additional trainings annually.

At the end of 2025, 113 out of 113 employees (100%) met this requirement by completing at least six additional trainings. This total includes direct care staff, administrative personnel, program coordinators, and TCM staff. The goal was successfully achieved in 2025 due to consistent review and reinforcement by program managers and administrative staff during monthly team meetings, where training remained a clear priority.

ADDS continues to be recognized as a Tiered Support Agency through the Missouri Department of Mental Health, which emphasizes teamwork and strong behavioral support practices across all staff roles. In 2024, ADDS implemented the Relias training platform and continued its use throughout 2025. Upon hire, each employee is assigned training modules required by DMH, DHSS, CARF, and ADDS. Additional trainings are also assigned based on job responsibilities or identified skill-development needs, as determined by management.

c. **Previous Results/Outcomes:**

2024: **Goal Met: 100%**

2023: **Goal Met: 100%**

2022: **Goal Met: 99%**

2021: **Goal Met: 96%**

d. **Recommendations:**

The goal to enhance training opportunities, improve training quality, and ensure better attendance and documentation will continue into 2026. Program managers will focus on maintaining accurate records of training offered and completed during program meetings, training sessions, and Relias participation.

Monthly administrative staff meetings will include reminders for all ADDS program managers. This goal remains a key part of ADDS' vision to improve the lives of the individuals served by enhancing staff training. The use of the Relias training platform is

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expected to provide employees with greater access to required and additional trainings. This goal will increase to 10 additional trainings per year for each location.

2. **Goal: 100% of goal sheets sampled in the quarterly case record review for individuals served will have appropriate documentation regarding progress on PCSP goals.**

a. **Measures:**

- Time: Annual 2025
- Population: Records of all persons served in ADDS Residential Programs, Fieldcrest Community Services Program and Developmental Training Center (DTC).
- Data Source: Case Record Review Audits

b. **Results/Outcomes: Goal Not Met- 85%**

The Director of Quality Assurance and the Quarterly Review/Safety Committee reviewed documentation related to this agency goal. The committee continues to conduct quarterly reviews of randomly selected records from individuals served in residential facilities, ISLs, the Fieldcrest Program, and the Day Training Center. These reviews are completed by an unbiased member of the ADDS management team. In FY 2025, 70 records were reviewed—an increase of one record from FY 2024, due to additional file reviews following the death of a consumer.

Across all four quarterly reviews, a total of 10 findings were identified related to inadequate documentation on PCSP goals. This does not meet the agency's goal of achieving 100% compliance, in which all sampled goal sheets must contain appropriate documentation of progress toward PCSP goals. In response to similar findings previously noted in 2021, employees continue to receive documentation training, including additional examples and targeted instruction as needs are identified. ADDS has also implemented electronic documentation, which provides prompts to DSP staff to support accurate and complete documentation.

c. **Previous Results/Outcomes:**

2023: Goal Met: 100%

2022: Goal Met: 100%

2021: Goal Not Met: 70%- new members reviewing records, more specific on requirements.

2020: Goal Not Met: 95%

d. **Recommendations:**

The Case Record Review/Safety Committee continues to meet quarterly to emphasize the importance of conducting thorough record reviews. This goal will remain a focus in 2026, with ongoing discussion about the need for complete and accurate documentation. Documentation training for all ADDS DSPs, first initiated in 2021, will continue throughout 2026.

Program managers remain actively involved in helping Direct Support Professionals (DSPs) strengthen their documentation skills. Examples of satisfactory documentation are provided as reference tools, and additional guidance is offered as needed. Documentation expectations and training are also addressed during new employee group orientations and reinforced by program managers or designated mentors within each program. Additionally, during the monthly service monitoring visits completed by support coordinators, goal-related documentation is frequently reviewed. Any concerns identified during these visits are communicated to both program managers and DSPs to support ongoing improvement and accountability.

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## **PERFORMANCE MEASURE: SATISFACTION**

1. **Goal: 95% of individuals served or their responsible party will indicate satisfaction with ADDS services.**

a. **Measures:**

- Time: FY 2025
- Population: Individuals/responsible parties involved in any of the following ADDS programs – Residential Programs, ISL Programs, Fieldcrest Community Services, Natural Home Program
- Data Source: 2025 Satisfaction Survey Results

b. **Results/Outcomes: Goal Met: 100%**

A total of 41 surveys were distributed by either mail or personally delivered for these programs in 2025. 29 surveys were returned for a return rate of 70%. All 29 surveys indicated that the individual served and/or their responsible party satisfaction with the ADDS services that they receive.

The 2025 survey responses, to include open-ended questions about satisfaction, continue to indicate that the overall feeling from the respondents to ADDS and ADDS programs continues to be positive.

c. **Previous Results/Outcomes:**

2024: Goal Met: 100%  
2023: Goal Met: 100%  
2022: Goal Met: 100%  
2021: Goal Met: 96%

d. **Recommendations:**

ADDS wants to continue to achieve a high rate of satisfaction among individuals served and/or their guardians/responsible parties and this goal will be maintained. This goal will continue in 2026. ADDS will continue to explore options for an increase in returned satisfaction surveys, to include a web-based option.

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## FIELDCREST

### GOALS/OBJECTIVES FOR 2025 FOR THE FIELDCREST COMMUNITY SERVICES PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

#### PERFORMANCE MEASURE: ACCESS

1. ***Goal: 100% of individuals served will have the opportunity to participate in monthly life skills training.***

a. **Measures:**

- Time: Annual 2025
- Population: All individuals participating in the Fieldcrest Program
- Data Source: Documentation

b. **Results/Outcomes: Goal Met**

Individuals participating in the Fieldcrest Community Services program, have the opportunity to participate in at least one life skills training session per month. Documentation indicates that individuals served in this program participated in monthly life skills training at least once a week. Examples of life skills training included dangerous weather situations, home safety skills, community engagement skills, self-care, weight and nutrition, money management and community safety. Many of these life skills training opportunities were individual in nature while others were in a group setting. Fieldcrest served four individuals during the year 2024. All four individuals residing at Fieldcrest participated in at least one life skills training a month.

c. **Previous Results/Outcomes:**

2024: **Goal Met**  
2023: **Goal Met**

d. **Recommendations:**

Fieldcrest Community Services staff continued to emphasize the importance of ongoing training in 2025, as it remains necessary to regularly repeat key safety, social, health, and coping trainings and discussions. Repetition helps reinforce essential life skills and ensures that individuals served have consistent support in learning and applying these concepts.

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2. **Goal: 100% of individuals served will have the opportunity to review their medications at least one time monthly with Fieldcrest Community Services' Staff.**

a. **Measures:**

- Time: Annual 2025
- Population: All individuals participating in the Fieldcrest Program
- Data Source: Fieldcrest staffs' documentation of discussion with participants regarding review of medications

b. **Results/Outcomes: Goal Met**

Participants in the Fieldcrest Community Services program had the opportunity to review their medications with staff at least once a month. This review occurs weekly when participants collect their weekly medication planners from the staff and is documented in the individuals records and a goal in their annual ISP.

c. **Previous Results/Outcomes:**

2024: Goal Met

2023: Goal Met

d. **Recommendations:**

Fieldcrest Community Services staff have emphasized the importance of continuing the goal of medication reviews in 2025. It has become clear that regular reviews are necessary, even for ongoing medications, and are especially crucial when there are changes to the medication regimen. Consumers did begin using a medication planner, Dispill®, but still review their medications with staff.

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## PERFORMANCE MEASURE: EFFICIENCY

1. ***Goal: 80% of the hours authorized each month by Support Coordinator will be utilized for each individual served. If the individual served chooses to participate in opportunities provided.***

- a. **Measures:**

- Time: Annual 2025 Calendar Year for Person-Centered Support Plans (Previously ISPs)
- Population: Individuals participating in the Fieldcrest Program for whom ADDS received reimbursement
- Data Source: Fieldcrest Community Services ADDS billing information for 2025

- b. **Results/Outcomes: Goal Not Met: 13693/15500= 88%**

The Fieldcrest Community Services program provided services to four (4) individuals during the fiscal year 2025. When looking at the data from an individual point of view, three out of four met the goal of utilizing 80% of hours authorized each month by their Support Coordinator.

The individual served who did not meet this goal often decline outings, activities, or services provided to them by the agency. This individual also utilized under 80% of their hours authorized in 2024, 2023, and 2022. Staff continue to encourage all individuals enrolled in the Fieldcrest Community Services program to participate in services offered by staff. Fieldcrest continues to staff with only one DSP and one supervisor, in which hours delivered by the supervisor are not always billed. The DSP who works at this program also took several weeks of vacation and sick time during the FY 2025.

- c. **Previous Results/Outcomes:**

- 2024: **Goal Not Met: 2 out of 4 consumers utilized at least 80% of their hours authorized.**  
**Overall total hours used: 12473.2/19000= 65%**
- 2023: **Goal Not Met: 2 out of 4 consumers utilized at least 80% of their hours authorized.**  
**Overall total hours used: 18684/14780= 79%**
- 2022: **Goal Not Met: 2 out of 4 consumers utilized at least 80% of their hours authorized.**  
**Overall total hours used: 78%**

- d. **Recommendations:**

It is hoped that 2025 will continue to show improvement in the utilization of hours authorized in each PCSP. Staff will keep promoting and encouraging all individuals enrolled in the Fieldcrest Community Services program to participate in the opportunities offered to them. Staff and CHS service coordinators met quarterly with consumers and/or their guardians to review goals and the amount of hours utilized each quarter. There was a decrease in hours authorized for each individual served in their FY 2025/2006 PCSP plan compared to previous years, which will assist in improving the outcome of this goal and making the goal attainable.

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## NATURAL HOME

### GOALS/OBJECTIVES FOR 2025 FOR THE NATURAL HOME PROGRAM NOT INCLUDED PREVIOUSLY IN THIS REPORT

#### PERFORMANCE MEASURE: ACCESS

1. ***Goal: 100% of referrals by support coordinators to the Natural Home Coordinator will be processed and contact made with the individual served or their responsible party within five working days of official referral.***

a. **Measures:**

- Time: Annual FY 2025
- Population: All referrals to the Natural Home Program
- Data Source: Records of the Natural Home Program Coordinator

b. **Results/Outcomes: Goal Met: No referrals**

There were no referrals for the Natural Home Program in 2025. The Natural Home coordinator and service coordination will continue to meet as needed, keeping in mind that a primary challenge with referrals for staff assistance is the lack of immediately available staff unless identified by the individual or family to be served. Since 2021, ADDS has discontinued providing PA services but continues to offer ISD and Day Hab services, although PA services are often preferred over ISD and Day Hab guidelines.

c. **Previous Results/Outcomes:**

2024: Goal Met: No referrals  
2023: Goal Met: No referrals  
2022: Goal Met: No referrals  
2021: Goal Met: No referrals

d. **Recommendations:**

This goal will remain a Program goal in 2026, as it is crucial for our agency to offer this service to Natural Home individuals whenever possible. It is important to promptly contact the individual or family members upon receiving a referral for the Natural Home Program. However, due to limited staff availability and the preferences of family members, it can be challenging to start offering the service as quickly as desired. This difficulty is likely to persist, especially given the limited referrals and the absence of dedicated staff members ready to provide Natural Home services. We will continue to explore ideas for recruiting staff for this purpose and ADDS expectations for staff training and documentation will remain essential components of this program.

## DTC

# GOALS/OBJECTIVES FOR 2025 FOR THE DEVELOPMENTAL TRAINING CENTER (DTC) NOT INCLUDED PREVIOUSLY IN THIS REPORT

## PERFORMANCE MEASURE: ACCESS

1. **Goal:** *100% of appropriate referrals for services at the DTC will be processed and services initiated within 30 days unless appropriate justification is made.*

a. **Measures:**

- Time: FY 2025
- Population: All referrals for DTC services
- Data Source: Referral Records at DTC for 2025

b. **Results/Outcomes:** **Goal Met- 3 referrals**

In 2025, there was three (3) referrals to the Developmental Training Center (DTC), bringing the total number of individuals served to 27. This marks an increase from 26 in 2023, 25 in 2022, and 19 in 2021. All referrals were processed promptly, with services beginning within 30 days.

Two of the three referrals came from the ADDS Service Coordination team. Due to the waitlist for state-approved waivers, one referral attended the DTC at the agency's expense until a waiver could be approved.

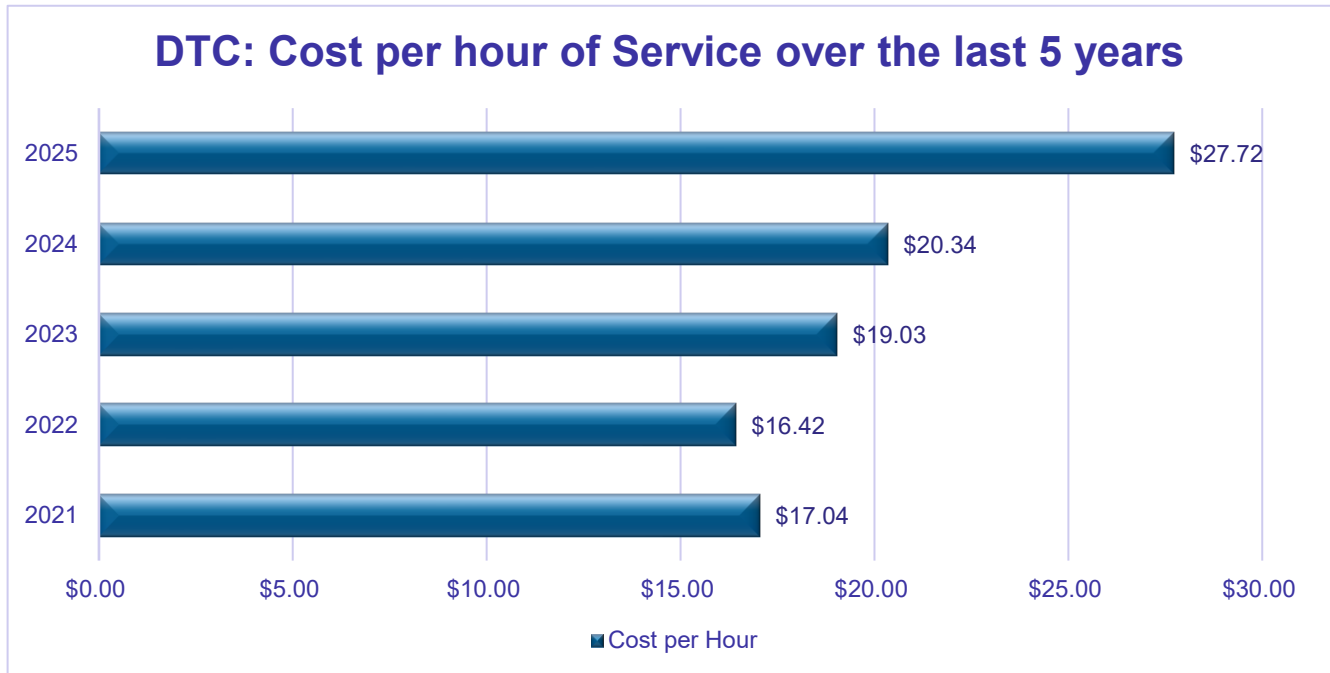
c. **Previous Results/Outcomes:**

2024: **Goal Met- 1 referral**  
2023: **Goal Met- 5 referrals**  
2022: **Goal Met- 7 referrals**  
2021: **Goal Met- 1 referral**

d. **Recommendations:**

In 2025, the DTC program enrolled three (3) new consumers. Despite waiver funding challenges, it is hoped that enrollments will continue to increase through 2026. ADDS DTC moved into their new location which provides the opportunity to accommodate a larger caseload. ADDS also continues to collaborate with the local school districts in hopes to identify those who may benefit from the DTC program once they graduate from an educational program.

## PERFORMANCE MEASURE: EFFICIENCY



1. **Goal: Services provided at the DTC are cost effective.**

a. **Measures:**

- Time: Annual 2025
- Data Source: Cost reports for DTC

b. **Results/Outcomes: Goal Met**

The hourly cost of services increased from \$20.34 in FY 2024 to \$27.72 in FY 2025, reflecting a \$7.38 rise. This increase is attributed to a higher census, full staffing levels, and an overall rise in employee wages during 2025.

c. **Previous Results/Outcomes:**

2024: **Goal Met: Increase in cost due to increase in census and employee wages.**  
2023: **Goal Met: Increase in cost due to increase in census and employee wages.**  
2022: **Goal Met: Decrease in cost, increase in census.**  
2021: **Goal Met: Decrease in cost, increase in census.**

d. **Recommendations:**

The Executive Director and Program Director will continue to review and evaluate adjustments related to the increased daily hours and staffing ratios. The Program Director will also continue encouraging referrals to the program. The DTC now operates up to eight hours per day for full-time enrollees and serves individuals who currently lack the skills needed for successful full-time sheltered workshop employment or other supportive employment options.

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Additionally, the DTC remains an important resource for sheltered workshop retirees and community members who are not currently served elsewhere, offering opportunities to develop personal interests and organize meaningful leisure time. In 2025, the DTC relocated to a larger, newly renovated building, allowing the program to accommodate additional admissions and expand services.

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## **PERFORMANCE MEASURE: SATISFACTION**

1. ***Goal: 95% of individuals served or their responsible party will indicate satisfaction with ADDS services.***

a. **Measures:**

- Time: FY 2025
- Population: Individuals served or the responsible party of the DTC program participants
- Data Source: 2025 Satisfaction Survey Results

a. **Results/Outcomes: Goal Met: 100%**

In 2025, 14 out of 28 surveys for the DTC program were returned, resulting in a 50% return rate, a significant increase from 11% in 2024. All respondents answered the question, “Overall, I am satisfied with my ADDS services at the DTC and feel the services meet my needs adequately,” affirming their satisfaction with the services provided. The survey responses and comments indicate a continued positive sentiment towards the DTC program and its activities. ADDS will keep encouraging survey completion each year to improve the overall response rate.

b. **Previous Results/ Outcomes:**

2024: Goal Met: 100%

2023: Goal Met: 100%

2022: Goal Met: 100%

2021: Goal Not Met: 94%, one response was “N/A”

c. **Recommendations:**

Three satisfaction surveys were returned regarding DTC services. All 14 surveys indicated a positive response to the statement, “Overall, I am satisfied with my ADDS services at the DTC and feel the services meet my needs adequately,” resulting in a 100% satisfaction rate. This rate remains consistent with FY 2024 and 2023 and shows improvement from 94% in 2021 and 2020. ADDS will continue to strive for 100% satisfaction in 2026.

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**TARGET CASE MANAGEMENT**  
**GOALS/OBJECTIVES FOR 2025 FOR THE TARGETED CASE**  
**MANAGEMENT (TCM) PROGRAM NOT INCLUDED PREVIOUSLY IN THIS**  
**REPORT**

**PERFORMANCE MEASURE: ACCESS**

1. **Goal:** *100% of individuals served or their responsible party responding to satisfaction survey will indicate that their support coordinator returns phone calls within 24 hours unless it is a weekend or holiday.*

a. **Measures:**

- Time: Annual 2025
- Population: Individuals being served by an ADDS support coordinator
- Data Source: 2025 Satisfaction Survey Results

b. **Results/Outcomes:** **Goal Met: 100%**

The evaluation of this goal includes satisfaction surveys returned for ADDS support coordinators.

140 satisfaction surveys were mailed and 40 were either received or completed by using the survey QR code included in the mailing. All 40 respondents, or 100%, responded positively to the question, "My Support Coordinator returns phone calls within 24 hours unless it is a weekend or holiday."

c. **Previous Results/Outcomes:**

Previous responses indicated a satisfactory rate of:

2024: **Goal Met: 100%**

2023: **Goal Met: 100%**

2022: **Goal Not Met: 91%**

2021: **Goal Not Met: 74%**

d. **Recommendations:**

This goal was met in 2025 with 100%. While it is understandable that 100% is a difficult goal to achieve, TCM staff will continue to strive for higher levels of satisfaction and have been informed of the need to respond promptly to phone calls and inquiries. ADDS service coordinators will continue to provide those served with contact information for the 24/7 agency phone number.

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2. ***Goal: 100% of referrals for any new individual served will have attempted contact by an ADDS support coordinator within five working days of eligibility determination.***

a. **Measures:**

- Time: FY 2025
- Population: New referrals for TCM services
- Data Source: Records maintained in the TCM office

b. **Results/Outcomes: Goal Met: 100%**

In fiscal year 2025, ADDS TCM received 20 referrals for services. Each referral was assigned to a service coordinator and contacted within five working days, successfully meeting this goal for the year.

c. **Previous Results/Outcomes:**

2024: Goal Met: 100%- 25 Referrals

2023: Goal Met: 100%

2022: Goal Not Met: 95%

2021: Goal Met: 100%

d. **Recommendations:**

This goal will remain in place for 2026. Accountability will continue to be monitored through the ADDS Referral Contact Record, with the TCM Supervisor documenting all referral information received from the Hannibal Regional Office and conducting follow-up with the assigned Support Coordinator as needed.

The importance of timely initial contact has been reinforced with both Support Coordinators and their supervisor, as data indicated that referrals were not being assigned until five business days after HRO determined eligibility. Maintaining this goal remains essential to ensuring prompt and effective coordination of services.

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3. **Goal: Referrals for TCM services will increase by at least 10% in 2025.**

a. **Measures:**

- Time: FY 2025
- Population: New referrals for TCM services
- Data Source: Records maintained in the TCM office

b. **Results/Outcomes: Goal Not Met- Decrease in referrals- 21**

ADDS TCM did not meet the goal of increasing referrals in 2025. Referrals decreased from 25 in FY 2024 to 21 in FY 2025. Although ADDS TCM continues to aim for referral growth, Service Coordinators are already managing full caseloads. Additionally, as a conflict-free case management provider, ADDS TCM is unable to receive some referrals because individuals participating in the ADDS Day Training Center must receive service coordination from a TCM agency that is not affiliated with ADDS.

c. **Previous Results/Outcomes:**

2024: **Goal Not Met: Decrease in referrals- 25**

2023: **Goal Met: Increase in referrals- 30**

2022: **Goal Not Met: Decrease in referrals- 27**

2021: **Goal Met: Increase in referrals**

d. **Recommendations:**

The TCM Supervisor will continue to assess staffing duties, caseload sizes, and future planning needs. TCM anticipates a gradual increase in referrals as more youth receive evaluations and early interventions. ADDS's strong community presence—through education, advocacy, and resource sharing—along with established relationships with local school districts, is also expected to support future referral growth.

HSD implemented changes to the intake process, which resulted in longer wait times before referrals were made for services. In addition, the state introduced a waitlist in 2025, further limiting the number of referrals and available resources.

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## PERFORMANCE MEASURE: EFFICIENCY

1. ***Goal: 100% of Person-Centered Support Plans (PCSP's- formally known as Individual Support Plans, ISPs) will be approved (signed) by individual served or responsible party, support coordinator, and support coordination supervisor and delivered to and signed by the appropriate Program Coordinator(s) before implementation 30 date.***

- a. **Measures:**

- Time: FY 2025
- Population: Individuals being served by a support coordinator
- Data Source: "Acknowledgment of receipt of PCSP's form in records of persons served

- a. **Results/Outcomes: Goal Not Met: 9 PCSPs submitted beyond 30 days of implementation**

ADDS completed 44 ISPs of consumers who receive Medicaid. Of those 44 PCSPs, nine (9) PCSPs were approved by any parties at or after 30 days of the implementation date. 35 out of 44, or 79%, PCSPs were signed and submitted within 31-60 of the PCSP start date.

- b. **Previous Results/Outcomes:**

2024: Goal Not Met: 5 ISPs submitted within or after 30 days of implementation.

2023: Goal Met: 0 ISP's submitted within or after 30 days of implementation.

2022: Goal Not Met: 19 ISPs submitted within or after 30 days of implementation.

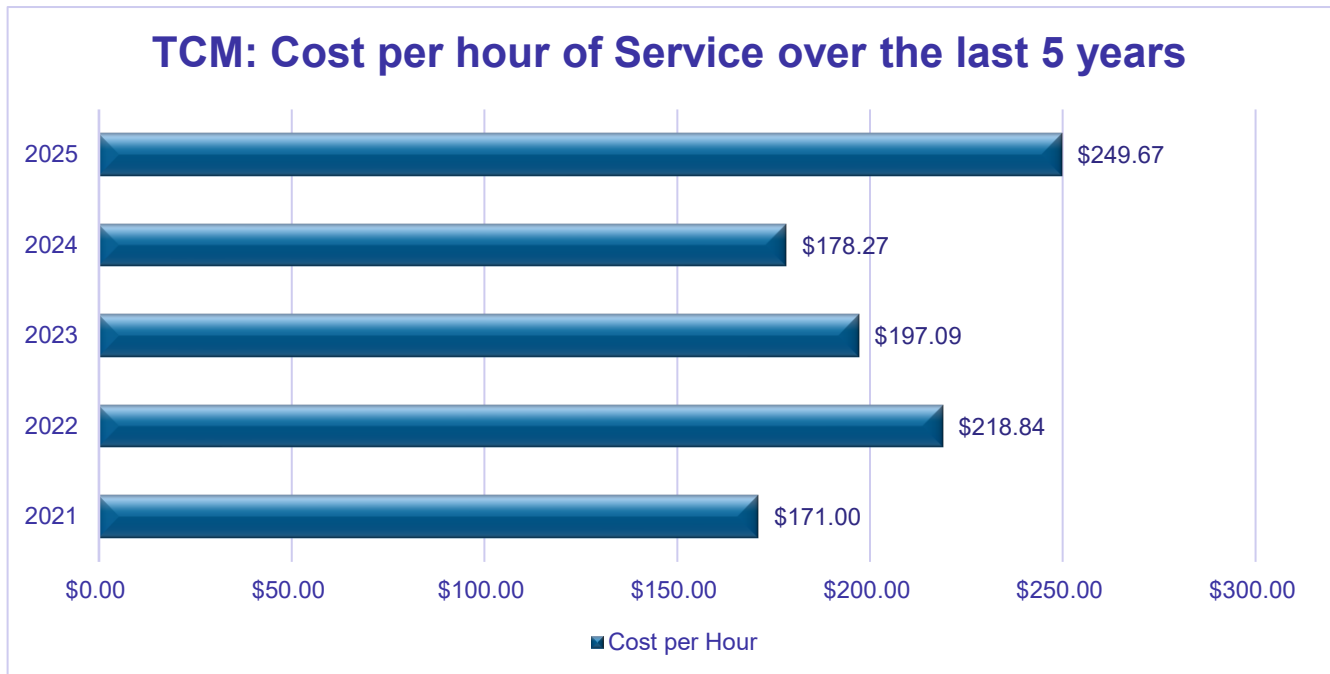
2021: Goal Not Met: 17 ISPs submitted within or after 30 days of implementation.

- c. **Recommendations:**

The ADDS TCM supervisor strongly believes this goal must continue, as it is crucial that PCSPs for persons served are provided to them and other service providers before the previous PCSPs end date. The TCM supervisor has encouraged service coordinators to maintain contact with responsible parties who refuse to attend PCSP meetings and to follow up on authorization requests.

Since 2022, ADDS has onboarded three new service coordinators, significantly improving the quality-of-service coordination. The Director of Quality Assurance continues to track PCSPs, due dates, and follow-up statuses regarding the scheduling of PCSP meetings and obtaining signatures. If a consumer is not reachable after three phone call attempts, a certified letter will be sent to them with a response deadline. If the individual does not respond by the allocated date, they will be discharged from ADDS TCM services.

2. **Goal: Provision of targeted case management services will be cost effective.**



a. **Measures:**

- Time: Annual 2025
- Data Source: Cost Reports of TCM program

b. **Results/Outcomes: Goal Met**

ADDS TCM Services experienced an increase in costs from \$178.27 in FY 2024 to \$249.67 in FY 2025, resulting in a total increase of \$71.40. This rise is attributed to higher wages and adjustments in staffing allocations and funding. One case manager will reduce their TCM allocation to 25% in FY 2026.

ADDS recognizes and appreciates the dedication of the Service Coordinators in consistently completing their billing logs each day.

c. **Previous Results/Outcomes:**

- 2024: **Goal Met: Decrease in cost- increased billing, decrease in wages and expenses.**
- 2023: **Goal Met: Decrease in cost- increased billing, decrease in wages and expenses.**
- 2022: **Goal Met: Increase due to onboarding of two new full-time service coordinators and one part-time service coordinator.**
- 2021: **Goal Met: Decrease in cost- focus on accurate logging; TCM supervisor took on a caseload.**

d. **Recommendations:**

The cost per hour of service increased in FY 2025 compared to FY 2024. This rise is attributed to higher wages, the addition of non-waivered caseloads, and adjustments in staffing hour allocations.

It is anticipated that costs may stabilize or decrease in 2026. The TCM Supervisor continues to closely monitor staff-to-consumer ratios to ensure appropriate caseloads,

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and the billing efforts of TCM staff are being closely supervised to support efficiency and cost-effectiveness.

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3. **Goal: Efficiency in billing hours will be shown by billing 50% of services provided in an 8-hour day.**

a. **Measures:**

- Time: Annual 2025
- Data Source: Review of logging hours in the TCM program

b. **Results/Outcomes: Goal Met: 63% billable units**

In 2025, ADDS TCM service coordinators provided 34,230 units of service, in which 63% were billable- 21,613 units. This is an decrease in the overall percentage of billable units compared to FY 2024 in which TCM service coordinators provided 25,872 billable units, or 66%

These numbers continue to demonstrate a significant improvement in services provided by this program but also demonstrate the amount of units utilized for non-waivered case management.

c. **Previous Results/Outcomes:**

2024: Goal Met: 66% billable units.- 25,872 billable units

2023: Goal Met: 69% billable units.

2022: Goal Met: 76% billable units.

2021: Goal Not met: 31% billable units.

d. **Recommendations:**

In 2025, ADDS TCM Service Coordinators provided 34,378 units of service, with 62% (21,613 units) being billable. These data reflect continued improvement in program performance while also highlighting the significant number of units dedicated to non-waivered case management. The TCM Supervisor will continue to emphasize accurate, service-connected billing that aligns with the type of service provided. ADDS will also continue supporting individuals without a waiver throughout FY 2026.

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## PERFORMANCE MEASURE: EFFECTIVENESS

1. **Goal: 100% of Level of Care (LOC) assessments will be completed within 60 days prior to the start of their PCSP.**

a. **Measures:**

- Time: Annual 2025
- Population: All individuals served from Audrain County with a Medicaid Waiver (Community or Comprehensive Wavier)
- Data Source: TCM Records; CIMOR Portal

b. **Results/Outcomes: Goal Not Met: 71%**

In 2025, TCM completed 35 LOC's before 60-days of the implementation date of the PSCP, and 10 LOC's were late; *however, it is important to note that the LOC Screenings report indicated that 30 out of 30 initial and annual LOC's were reviewed by the Team Supervisor and approved within the implementation date, in which 24 out of 25 annual LOC determinations, or 96%, were considered completed in a timely manner.*

c. **Previous Results/Outcomes:**

2024: Goal Met: 100%  
2023: Goal Not Met: 96%  
2022: Goal Not Met: 96%  
2021: Goal Not Met: 84%

d. **Recommendations:**

The TCM program has maintained and implemented this goal for eleven consecutive years as of FY 2025. The Level of Care (LOC) can be completed up to 60 days prior to the PCSP start date, giving the Support Coordinator adequate time to complete the requirement. LOC completion dates are tracked by both the TCM Supervisor and the Director of Quality Assurance. This goal will continue in 2026 with a revised completion timeline of 45 days instead of 60, as it remains a critical requirement for individuals served by ADDS who receive Medicaid Waiver services.

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## **PERFORMANCE MEASURE: SATISFACTION**

1. ***Goal: 95% of individuals served or their responsible party responding to the satisfaction survey will indicate satisfaction with their support coordinator.***

a. **Measures:**

- Time: Annual 2025
- Population: Individuals/guardians receiving TCM services through ADDS.
- Data Source: 2025 Satisfaction Survey Results (Microsoft Forms)

b. **Results/Outcomes: Goal Met: 95%**

In 2025, ADDS mailed 140 satisfaction surveys to individuals and their families who received TCM services during FY 2025. A total of 40 surveys were returned, either through the Microsoft Form or the mail-in option. All 38 out of 40 respondents reported satisfaction with their ADDS support coordinator, resulting in a 95% satisfaction rate.

c. **Previous Results/Outcomes:**

2024: Goal Met: 100%  
2023: Goal Not Met: 84%  
2022: Goal Not Met: 90%  
2021: Goal Not Met: 85%

d. **Recommendations:**

TCM staff will continue to strive for higher levels of satisfaction and have attempted to respond to all concerns expressed in the survey. The TCM supervisor reviews the data from the satisfaction survey and shares it with TCM staff to respond to any specific concerns and questions. ADDS Quality Assurance staff will also continue to assess and monitor the satisfaction of the individuals served for any future changes and concerns that are expressed. ADDS expects to see an increase in satisfaction in 2025 due to consistency in the ADDS service coordination team and their efforts to provide resources and supports to individuals and their families. ADDS expects to continue meeting this goal annually.

**ALL PROGRAMS INCLUDING TCM**  
**OVERALL LEVEL OF SATISFACTION WITH ADDS SERVICES**

1. **Goal:** 95% of individuals/guardians will indicate that they are satisfied with ADDS services.



a. **Measures:**

- Time: Annual 2025
- Population: Individuals/guardians receiving any ADDS services
- Data Source: Satisfaction Survey review of results for each ADDS Program (Microsoft Forms)

b. **Results/Outcomes:** Goal Met: 97%

As in previous years, a survey was mailed, made available for completion through Microsoft Forms, or given to individuals served and/or their guardians in the late summer or early fall months. An envelope was provided for return if they chose to mail the survey back to ADDS, and a QR code was included in each mailed survey to provide a direct link for online completion. Individuals served and/or their guardians were asked to complete the sections relevant to them, with these sections check-marked prior to distribution to facilitate ease of completion. A total of 209 surveys were mailed or given to individuals served or their guardians, and 83 surveys were returned.

Of these, 40 surveys pertained to ADDS Support Coordinator services, while the remaining 43 related to other ADDS services, including residential services, ISL services, Natural Home services, and the DTC program. Following the responses regarding TCM satisfaction, responses for other ADDS services were evaluated. 81 out of 83 respondents answered “Yes” to the question, “Overall, I am satisfied with my ADDS services,” resulting in a 97% positive response rate. The overall satisfaction rate for all ADDS programs was 97% in 2025.

c. **Previous Results/Outcomes:**

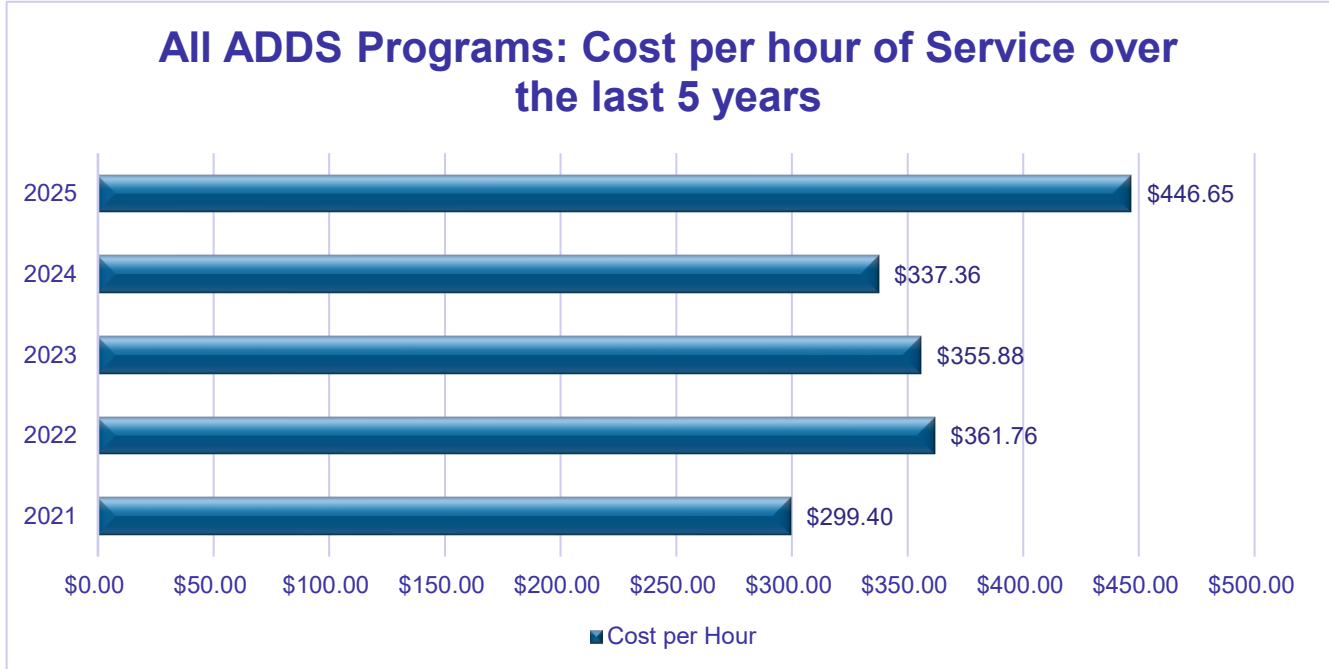
- 2024: Goal Met: 100%
- 2023: Goal Not Met: 94%
- 2022: Goal Not Met: 90%
- 2021: Goal Not Met: 85%

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d. **Recommendations:**

The positive response rate continued to improve from previous years, demonstrating progress towards a higher satisfaction rate. ADDS will continue to utilize the newsletter, agency Facebook page, direct communication, and the agency website to hopefully increase the rate of returns. Additional contact with some guardians seemed to encourage participation, and the plan is to continue this approach. ADDS staff will also continue to brainstorm other methods to increase response rates.

## OVERALL COST PER HOUR OF SERVICE FOR ALL ADDS PROGRAMS BEGINNING 2021



### **2. Goal: Provision of ALL ADDS services will be cost effective.**

a. **Measures:**

Time: Annual 2025

Population: All ADDS Programs

Data Source: All ADDS Programs Cost Reports

b. **Results/Outcomes: Goal Met**

The table above includes all eight (8) ADDS programs: Breckenridge Heights, CT Loyd Apartments, Harvey House, Abat, Hazel, Jefferson Road, the Day Training Center (DTC), Natural Home/Fieldcrest, and TCM. There was a \$109.29 increase in the overall cost of services from FY 2024 to FY 2025. This rise reflects the individual cost increases across ADDS programs, primarily driven by employee wage adjustments, staffing patterns, the onboarding of professional licensed staff, and consumer support needs. Additionally, ADDS increased the starting wage for DSPs and continued providing a weekend shift differential, which adds \$1.00 per hour for staff working designated days and hours on weekends.

c. **Previous Results/Outcomes:**

2024: Goal Met: Decrease in cost

2023: Goal Met: Decrease in cost

2022: Goal Met: Increase in cost due to increase in staffing and employee wages and benefits

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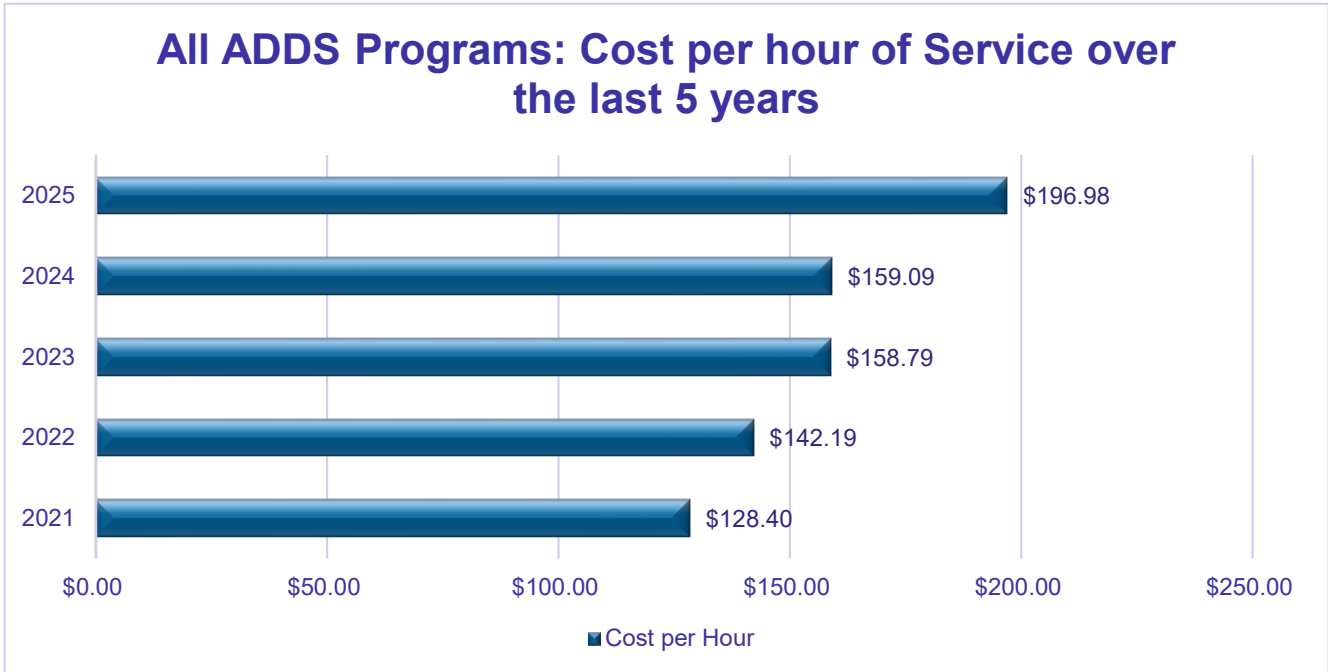
2021: Goal Met: Decrease in cost due to staff efficiency and reconfiguration of management and increased billing with the TCM program, increased DTC hours

d. **Recommendations:**

The table above includes all eight ADDS programs. As shown, the cost per hour of service increased by \$109.29 from FY 2024 to FY 2025. This increase is justified when reviewing the individual cost changes within each ADDS program, primarily driven by consumer needs and staffing requirements, as previously detailed. Throughout 2025, ADDS continued to strengthen the delivery and efficiency of all programs.

All ADDS programs will continue to undergo consistent evaluation with recommendations provided as needed. Program Coordinators work collaboratively to ensure all costs remain appropriate and aligned with the needs of the individuals served. They are encouraged to maintain current costs while planning for expected increases. The ADDS Board will continue to conduct an annual review of employee benefits and costs related to hiring and retaining quality staff.

**OVERALL COST PER HOUR OF SERVICE FOR ALL ADDS' PROGRAMS EXCEPT FOR TCM BEGINNING 2021**



**1. Goal: Provision of ALL ADDS except TCM services will be cost effective.**

a. **Measures:**

Time: Annual 2025

Population: All ADDS Programs except TCM

Data Source: All ADDS Programs except TCM Cost Reports

b. **Results/Outcomes: Goal Met**

The cost per hour of service increased by \$37.89 in FY 2025 compared to FY 2024 for all programs except TCM. This increase is primarily attributed to higher employee wages driven by increased consumer rates and support needs. ADDS also raised the starting wage for DSP's and the continuance of the weekend shift differential, providing an additional \$1.00 per hour for DSP's working designated weekend hours.

c. **Previous Results/Outcomes:**

2024: **Goal Met:** Increase due to individual cost of services, employee wages and benefits.

2023: **Goal Met:** Increase due to individual cost of services, employee wages and benefits.

2022: **Goal Met:** Increase due to individual cost of services, employee wages and benefits.

2021: **Goal Met:** Decrease in costs due to staffing patterns, efficiency improvements-decrease in costs for DTC and Fieldcrest.

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d. **Recommendations:**

The increase is justifiable, as ADDS continues to prioritize high-quality care and appropriate staffing patterns. Most ADDS programs now maintain staffing levels that align well with workload demands and the needs of the individuals served. All ADDS programs will continue to undergo ongoing evaluation, with recommendations provided as needed. Program Coordinators work collaboratively to ensure that all costs remain appropriate and centered on supporting individuals effectively. They are encouraged to maintain current cost levels while planning for expected increases. Additionally, the ADDS Board will continue its annual review of employee benefits and the costs associated with hiring and retaining high-quality staff.

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*Summaries of the RN Medication Error Consolidation Report and Event Report are included in the Agency Risk Management Plan Spreadsheets.*

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Overview of all ADDS goals and completion status:

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## **AGENCY ACCOMPLISHMENTS IN 2025**

### **TECHNOLOGY**

- The ADDS website (audraindevelopmental.org) continues to provide up-to-date, informative content and is regularly maintained.
- Established and implemented the IT Specialist position, along with updated policies, enhanced security testing, penetration testing, and an improved Cybersecurity Response Plan.
- Upgraded IT equipment, networking systems, and software to support organizational needs.
- Continued use of Therap and Relias to reduce errors, strengthen documentation practices, and ensure compliance.

### **COMPLIANCE AND QUALITY ASSURANCE**

- Reviewed ADDS staff survey results to identify key themes and guide appropriate organizational responses.
- Developed and launched the Director of Training position to enhance staff development and onboarding processes.
- Developed and launched the Organizational Payee position to strengthen financial oversight and support for individuals served.
- Completed the NCI Staff Stability Survey to support planning for recruitment and retention of direct care professionals.
- Successfully completed the ACHD Health and Food Inspection.
- Successfully completed the Mexico Public Safety—Fire Department Fire and Safety Inspection.
- Completed the Fire Marshal Inspection for the new DTC location.
- Continued participation as a Tiered Supports Agency with the Department of Mental Health, with more clearly defined procedures for staff and consumer observations.
- Maintained compliance as a TOOLS facilitator and added one additional facilitator in FY 2025.
- Completed a Provider Columbus Review with all recommendations and findings resolved, resulting in a three-year review period.
- Completed a TCM Columbus Review with all recommendations and findings resolved.
- Completed a CARF Accreditation Review with all recommendations and findings resolved, resulting in a three-year accreditation.

### **ADVOCACY**

- Maintained regular updates to the agency Facebook page to increase visibility and community awareness of ADDS.
- Continued hosting Social/Advocacy Group meetings to support engagement and self-advocacy among individuals served.
- Sustained collaboration with community partners to provide meaningful integration opportunities for individuals served.
- Completed five newsletters—two distributed to the community and stakeholders, and three prepared for ADDS staff.

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**OPPORTUNITY**

- Provided support for multiple dances, activities, and additional social gathering opportunities for individuals served.
- Expanded volunteer opportunities within the community for both individuals served by ADDS and agency staff.
- Continued integration and community involvement through the Arts for All Abilities program.

**ASSETS**

- Purchased additional agency vehicles to support more efficient and reliable transportation services.
- Completed construction and officially opened the new DTC building.
- Completed the full restoration of the Jefferson Road ISL.
- Implemented updates across residential facilities, including new paint, flooring, siding, plumbing, and roofing.

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## AGENCY GOALS AND OBJECTIVES FOR 2026

- Continue to offer and encourage additional trainings for all ADDS staff members to improve their knowledge base, understanding, and professionalism, aiming for ten trainings per year per staff member. Continue using Relias.
- Improve medication administration practices to further reduce medication errors.
- Enhance safety measures for individuals and staff.
- Complete the annual NCI staff stability survey and review outcomes for use in ADDS staffing development.
- Develop more ideas to enhance staff recruitment and retention with the assistance of the Human Resource Manager.
- Continue participation in Tiered Supports to improve staff relations and responses to individuals served and continue plans for ADDS Tools Trainers for in-house training.
- Continue using Therap as our documentation platform.
- Develop new volunteer opportunities in the community for each ADDS program.
- Further develop the relationship with the Center of Human Services to enhance case management services and monitor satisfaction of individuals served in ADDS programs.
- Monitor increases in cost per program and attempt to maintain costs at or below a 5% increase annually.
- Continue to update all ADDS facilities requiring painting, flooring, roofing, siding, etc.
- Continue to update and maintain all ADDS technology devices, software, and networks.
- Complete a HIPAA Audit and develop policies and procedures to better develop HIPAA compliance.
- Fully implement the new HR module for better tracking of records, training, etc.
- Further develop ADDS agency reorganization to enhance coordination of services.
- Successfully complete the TCM Review each year.
- Continue to decrease staff turnover rates.

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## **2025 ADDS BOARD OF DIRECTORS**

Tracy Wilburn, Chair	Bev Borgeson	Kevin Wilkerson
Andrew Baker, Vice Chair	Holly Hoover	
Frank Marth, Treasurer	Carol Schambach	
Kelly Smith, Secretary	Paul Seigfried	

## **ADDS AGENCY COMMITTEES AND COLLABORATIONS**

Case Record Review/Safety Committee  
Activities Committee  
Tiered Supports: A-Team  
Arts for All Abilities/ Presser Arts  
MACDDS  
Audrain County LEPC  
Audrain County Health Leadership  
Audrain County Resource Coalition  
JIG- Joy in God  
Mexico YMCA NiCAP  
Special Olympics  
Mexico Senior Center

## **ADDS ADMINISTRATIVE AND SUPPORT COORDINATION STAFF MEMBERS**

**Tim Crews, Executive Director**

**Kayla Deimeke, Financial Manager**

*April Dunwoody, Organizational Payee Coordinator*

*Courtney Ragland, Finance Manager Assistant*

*Cheryl Woodward, Administrative Assistant*

**Megan Schafer, Human Resource Manager/ Finance Operations Specialist**

**Kara Clovis, Director of Quality Assurance, Community Services Coordinator**

**Melissa Brumagin, Director of Training**

**Andy Morgan, IT Specialist**

**Valarie Haller, Director of Health Services, RN**

*Gracie Hamilton, Health Services Assistant, LPN*

**Colleen Davis, Coordinator of ISL Services, Coordinator of Natural Home Programs**

**Elaina Knipfel, Harvey House Manager**

**Lisa Harrison, Coordinator of Group Residential Services**

*Meri Kuda, Breckenridge Heights Home Manager*

*Sierra Beasley, CT Loyd Apartments Home Manager*

**Barry Dalton, Developmental Training Center Program Director**

*Kayla Cragen, DTC Assistant*

**John Wilhoit, Maintenance Director**

*Jeff Scarborough, Maintenance*

*Tom Davis, Maintenance*

**Mark McDowell, Targeted Case Management (TCM) Supervisor**

*Denise Hill, Service Coordinator*

*Michelle Copeland, Service Coordinator*

*Emily Terry, Service Coordinator*