# Individual Skills Development Program

## Purpose

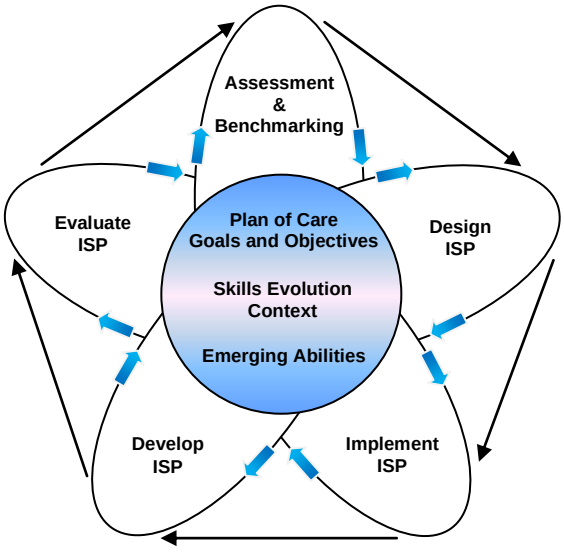
Individual development is the reason My Horizon exists. It is our core purpose. This is as dynamic as each individual participant seeking our services. Each person has their own set of abilities and aspirations that are constantly evolving. My Horizon works to actualize each individual's highest potential. This is done by establishing benchmarks for total skill needs, setting a course for attainment of these needs, evidence-based measurement of goal achievement, progress reporting, and development feedback involving the entire care team. The individual participant is the driving factor. The program and team adapt as the individual participant's needs grow and progress.

## A Five Phase Program

My Horizon's individual development program consists of five phases. These phases are mutually interdependent mechanisms designed for continuous improvement of individual skills.

- **Phase One: Needs assessment and skills benchmarking**
- **Phase Two: Design the Individual Service Plan**
- **Phase Three: Implement the Individual Service Plan**
- **Phase Four: Develop the Individual Service Plan**
- **Phase Five: Evaluate the Individual Service Plan**

**Here is a graphic representation of the system to illustrate the interaction of all parts of the process:**



**Phase One: Needs assessment and skills benchmarking**

There are many important sources of input into this phase of the program. The primary source of information and guidance for this phase of the program is the comprehensive assessment documented in the Plan of Care which is produced by the Plan of Care interdisciplinary team in accordance with 7 AAC 130.212. Based on the findings of this assessment, goals and objectives will be developed implementing the Plan of Care through the Individual Service Plan (ISP). Each goal and objective will have related supporting skills and knowledge that will be identified and benchmarked at the time each individual participant joins the My Horizon Program. This catalog of supporting skills -- unique to each individual -- will be the day to day measurable items listed on the back of the daily report in support of identified Plan of Care goals and objectives. In The My Horizon Skills Assessment Baseline Survey (attached) will be used as a general skills assessment covering the areas of (but not limited to):

**PHYSICAL SKILLS**

Sensory Integration
Physical Stability
Gross Motor Skills
Fine Motor Skills and Object Control
Precision Hand Skills
Oral Motor Function

**PERSONAL CARE SKILLS**

Self-Feeding
Dressing/Undressing
Care of Hands, Face, Nose
Toileting
Bathing and Personal Hygiene
Dental Care
Managing Dietary Needs
Maintains Physical Fitness

**DOMESTIC CARE SKILLS**

Prepares Food
Performs Household Chores
Cares for Clothing
Uses Common Household Tools
Uses Common Household Appliances
Uses Common Household Communication Devices
Makes Purchases

**COMMUNITY ACCESS SKILLS**

Utilizes Postal Services
Utilizes the Library
Utilizes Money
Manages Living Options
Participates in Community Events
Accesses Vocational Opportunities

**INTERPERSONAL AND INDIVIDUAL SKILLS**

Social Skills
Communication Skills
Discipline Skills
Cognitive Skills
Emotional Skills
Self-Esteem Skills

This survey relies upon the observation and candid commentary from the families of our participants. There is no better perspective on the delivery of services than the people the services are delivered to. With the help of My Horizon staff and the expertise provided through the Plan of Care, the skills identified through this process will be a consensus on what is most important for each individual participant – the path to ***their horizon***.

**Phase Two: Design of the Individual Service Plan**

In the design phase, My Horizon staff constructs a detailed Individual Service Plan, including skills development based on the information and input provided by all involved in phase one, needs assessment and skills benchmarking. All other support needs must be considered for a full-spectrum approach to skills development. These elements will include:

- The scope, amount, frequency, and duration of each service.
- The type of provider to furnish each service.
- Location of the service provision.
- The identification of risks that may pose harm to the participant along with a written individualized backup plan for mitigating those risks.
- Develop a service plan for each program participant using a person-centered and directed planning process to ensure the following:
    - The identification of each program participant's preferences, choices, and abilities, and strategies to address those preferences, choices, and abilities.
    - The option for the program participant, or participant's representative, if applicable, to exercise choice and control over services and supports discussed in the plan.
- Assessment of, and planning for avoiding, risks that may pose harm to a participant.
- All of the State's applicable policies and procedures associated with service plan development must be carried out and include, but are not limited to, the following:
    - Allow the participant, or participant's representative, if applicable, the opportunity to engage in, and direct, the process to the extent desired.
    - Allow the participant, or participant's representative, if applicable, the opportunity to involve family, friends, and professionals (as desired or required) in the development and implementation of the service plan.
    - Ensure the planning process is timely.
    - Ensure the participant's needs are assessed and that the services meet the participant's needs.
    - Ensure the responsibilities for service plan development are identified.
    - Ensure the qualifications of the individuals who are responsible for service plan development reflect the nature of the program's target population(s).
- Ensure Program Administrator reviews the service plan annually, or whenever necessary due to a change in the participant's needs or health status.
- Ensure that a participant may request revisions to a service plan, based on a change in needs or health status.
- When an entity that is permitted to provide other services is responsible for service plan development, safeguards must be in place to ensure that the service provider's role in the planning process is fully disclosed to the participant, or participant's representative, if applicable, and controls are in place to avoid any possible conflict of interest.

This collaborative effort will result in the complete Individual Service Plan. A binder will be created to manage and monitor all of the elements of the Individual Service Plan. This binder will be secured in the locked administrative area while not in use and under the direct physical

control of a care provider or appropriate administrative personnel. This ISP binder will include the following areas:

- Plan of Care
- Participant Identification Information
    - Allergies
    - Medications
    - Emergency contact information
    - Emergency response and backup system
    - Proactive participant support notes
- Skills Assessment Baseline Survey
- Communication Cards
- Daily Reports
- Monthly Progress Reports
- Skills Assessment Annual Report

Items such as daily report copies and communication cards may be used during community-based activities, when deidentified.

**Phase Three: Implement the Individual Service Plan**

The initial and most important goals and objectives will be prescribed by the Plan of Care. Related skills are identified by the Skills Assessment Baseline Survey. The proper context for the skills sought will be provided for the individual through a variety of enjoyable activities. This approach follows the concept that a*n individual learns best while having fun*, while maintaining the primary focus on skills development. The first version of the daily report is produced based on these sources (example attached). The daily report is the tool used to implement the Individual Service Plan. A 1-10 scale of attainment will be used to measure progress for each skill supporting a participant's goals and objectives, which will be annotated on the daily report by the care provide. The rating scale is defined in word descriptions below:

| **Rating** | **Description** |
|---|---|
| 10 | Understands all parts (100%) of skill; can perform all parts (100%) of skill |
| 9 | Understands almost all parts (80%) of skill; can perform almost all parts (80%) of skill |
| 8 | Understands almost all parts (80%) of skill; can perform most parts (60%) of skill |
| 7 | Understands most parts (60%) of skill; can perform most parts (60%) of skill |
| 6 | Understands most parts (60%) of skill; can perform some parts (40%) of skill |
| 5 | Understands some parts (40%) of skill; can perform some parts (40%) of skill |
| 4 | Understands some parts (40%) of skill; can perform a few parts (20%) of skill |
| 3 | Understands a few parts (20%) of skill; can perform a few parts (20%) of skill |
| 2 | Understands a few parts (20%) of skill; cannot perform any part (0%) of skill |
| 1 | Understands no parts of (0%) of skill; cannot perform any part (0%) of skill |

The above measurements are subjective to some degree, but do provide a realistic gradation of ability for reference. Generally speaking, performance is dependent on understanding; therefore,

this scale has been developed with understanding (knowledge) as the lead element, and skill (performance) as the following element. These scores will be annotated each day on the daily report for each skill learned and/or performed. At the end of each week, along with a copy of each report, a weekly cover sheet will be completed noting the overall score for each skill being developed. The weekly score results will then be compiled into the monthly progress report and ultimately the annual progress report. These reports will be discussed in more depth in the section: *Phase Five: Evaluate the Individual Service Plan.*

**Phase Four: Develop the Individual Service Plan**

After the initial version of the ISP and Daily Report is implemented, skill abilities will be developed in a deliberate fashion. As the participant's abilities grow and evolve, the daily report should be modified based on these emerging abilities. As skill levels are tabulated and evaluated, both weekly and monthly, changes will be evident based on the methods of skill development, the context in which they are developed, and the individuals involved (including staff, family members and especially the participants themselves.)

The primary caregiver has the first responsibility for guiding daily and weekly skills development. A meeting will be held monthly to report and assess the participant's progress. The meeting will include a review of the participant's measured progress over the last month and the completion of a skills development critique (attached) by the parent/guardian (and care coordinator if desired.) Attendees will include (whenever possible); the participant and the participant's parent or guardian, the primary caregiver, the care coordinator, the My Horizon Executive Director, and any other member of a participant's care team that may be available.

The end result of the weekly and monthly appraisal and reporting process is an inclusive, periodic, and standardized method of measuring the participants progress. This will show program strengths and opportunities for enhancement as early in the process as possible. These action areas can be recycled into any phase of the program, depending on where modifications should occur.

**Phase Five: Evaluate the Individual Service Plan**

Every year (12 Months), an annual review will be held, in order to review the participants progress, set the course for the upcoming year, and provide feedback to and between all members of the care team. The monthly reports will be compiled into an annual report, using cumulative metrics which have been charting the participant's progress throughout the year. Each monthly report will include skills development score data from each weekly tabulation, which will be the basis of the monthly report. The monthly report will consist of an ongoing metric of skill progression measures showing a graphic representation of skills improvement over time, the skills development critique sheet, along with any ongoing action items. The annual report will be a consolidated report of all data gathered throughout the year for a participant, along with an annual and annual skills development critique. This annual assessment becomes a multi-tiered and inclusive report for the use of all involved in supporting the participant in the upcoming year. This report should be provided to all parties with a valid need and authorization to have such information.

## SKILLS DEVELOPMENT CRITIQUE FORM

PARTICIPANT_____DATE_____

PARENT/GUARDIAN_____CARE PROVIDER_____

Skills development may be improved by providing your feedback to improve our process. Please answer the following questions.

1. Prior working on this set of goals, objectives and skills, my abilities in these is area were

_____ extensive
_____ moderate
_____ little or none

2. Did your knowledge/abilities of these skills increase as a result of these activities?

_____ yes
_____ no

3. If your knowledge/abilities increased as a result of these activities, to what extent did it increase?

_____ not applicable (my knowledge didn't increase)
_____ slightly
_____ moderately
_____ extremely

4. Based on my experience, the level of skills and knowledge worked on was

_____ too hard
_____ about right
_____ too easy

5. The organization of skills development was

_____ very helpful
_____ helpful
_____ not very helpful

6. Should the subject matter covered be changed?

_____ yes (please explain below)
_____ no

7. Should the method of developing these skills be changed?

_____ yes (please explain on reverse)
_____ no

8. Overall, skills development has been:

_____ outstanding
_____ good
_____ fair
_____ poor

COMMENTS, EXPLANATIONS, OR RECOMMENDATIONS ON REVERSE