

## Thank You!

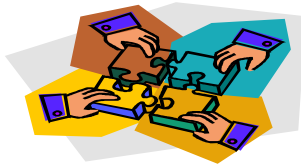
I thank all of the Jackson Class Members, your families, guardians, friends, case managers and providers/staff who support you for your willingness to participate in the 2007 Community Practice Review. Your time and the information you provided was greatly appreciated. I had the great pleasure of meeting with 110 teams and over 906 team members as part of the Review and found your insights, openness and dedication inspiring.

I extend my sincere appreciation and gratitude to the 14 Department of Health Improvement (DHI) and the 8 Developmental Disabilities Supports Division (DDSD) reviewers. Also, my respect and appreciation is extended to each of the outstanding case judges. The case judges' 135+ years of disabilities experience, eye for detail and thoughtful consideration of all the information created an excellent atmosphere of thoroughness which the reviewers noted, depended on and appreciated.

A handwritten signature in black ink that reads "Lyn Rucker". The signature is fluid and cursive, with a long horizontal line extending to the right.

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Lyn Rucker, Community Monitor



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## I. INTRODUCTION

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Previous Community Practice Review (CPR) Reports have, through a significant amount of narrative, highlighted results and issues identified during a given Review. Reports have attempted to be educational (providing data), persuasive (trying to positively influence practice expectations), strategic (recommendations that are mindful of available resources) and developmental (highlighting change and providing recommendations intended to expand the capacity of supports and services).<sup>1</sup>

This 2007 Report focuses on the results by providing data. The reader is urged to review this Report in its entirety in order to acquire the “big picture” view, along with important detail, of the status of community practice in New Mexico for class members.

## II. REVIEW SAMPLE DEMOGRAPHICS

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110 class members participated in this review. This represents a sample of 30% of the class. A summary of the 2007 demographics follows.

| Gender  |    |     |
|---------|----|-----|
| Females | 42 | 38% |
| Males   | 68 | 62% |

| Level of Care |    |     |
|---------------|----|-----|
| 1             | 83 | 75% |
| 2             | 24 | 22% |
| 3             | 2  | 2%  |
| Not available | 1  | 1%  |

| Medications |     |     |
|-------------|-----|-----|
| Yes         | 108 | 98% |
| No          | 2   | 2%  |

| Type of Day/Employment Program            |    |     |
|---|----|-----|
| Community Access                          | 6  | 5%  |
| Adult Habilitation                        | 59 | 54% |
| In-Home Day Hab                           | 3  | 3%  |
| Adult Habilitation/<br>Community Access   | 14 | 13% |
| Adult Hab/Indiv. Supp. Emp.               | 19 | 17% |
| Individual Supp. Emp/<br>Community Access | 2  | 2%  |
| Individual Supported Emp.                 | 5  | 5%  |
| Personal Support                          | 1  | 1%  |
| No Day Program                            | 1  | 1%  |

| Language        |    |     |
|-----------------|----|-----|
| English         | 79 | 72% |
| Spanish         | 7  | 6%  |
| English/Spanish | 18 | 16% |
| Navajo          | 5  | 5%  |
| Other           | 1  | 1%  |

| Ethnicity       |    |     |
|-----------------|----|-----|
| Native American | 18 | 16% |
| Asian           | 1  | 1%  |
| Black           | 5  | 5%  |
| Caucasian       | 30 | 27% |
| Hispanic        | 55 | 50% |
| Other           | 1  | 1%  |

| Guardian |     |      |
|----------|-----|------|
| Yes      | 110 | 100% |
| No       | 0   | 0%   |

| Guardianship Status |     |     |
|---------------------|-----|-----|
| Full                | 104 | 95% |
| Limited             | 6   | 5%  |
| None                | 0   | 0%  |
| CND                 | 0   | 0%  |
| N/A                 | 0   | 0%  |

The persons in the sample were served by the following agencies, first residential/day and then case management. The residential/day listing totals over 110 class members because some class members receive supports from one residential provider and day services from a different day provider. The case management agency provider listing is unduplicated.

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<sup>1</sup> The detailed methodology of the Community Practice Review is provided in Appendix B.

| Residential/Day Provider Agencies | # in Sample | Residential/Day Provider Agencies | # in Sample |
|-----------------------------------|-------------|-----------------------------------|-------------|
| Adelante                          | 17          | Las Cumbres Learning Services     | 1           |
| Angel Care                        | 1           | Leaders                           | 1           |
| Alternative Care                  | 1           | Life Quest                        | 1           |
| Amor Para Todos                   | 1           | LLCP                              | 11          |
| ARCA                              | 4           | Mosaic                            | 11          |
| CARC                              | 1           | New Beginnings                    | 3           |
| Casa Alegre                       | 1           | New Pathways                      | 4           |
| CDD                               | 3           | Opportunity Center                | 1           |
| Clovis HCC                        | 1           | Peak                              | 2           |
| Community Options                 | 1           | Progressive                       | 3           |
| Connections, LLC                  | 2           | PRS                               | 2           |
| Door of Opportunity               | 1           | Ramah Care Services               | 1           |
| DSI, Inc.                         | 2           | R-Way                             | 3           |
| Dungarvin                         | 6           | RCI, Inc.                         | 5           |
| ENMRSH                            | 4           | Share Your Care                   | 3           |
| Esperanza                         | 2           | SMEM                              | 3           |
| Expressions of Life               | 1           | Su Vida                           | 1           |
| Expressions Unlimited             | 1           | Taos                              | 1           |
| Families Plus, Inc.               | 1           | Taos ARC                          | 1           |
| Family Option                     | 1           | TLC                               | 2           |
| Goodwill                          | 1           | Tobosa                            | 4           |
| High Desert                       | 3           | Traditional Lifestyles            | 1           |
| Imagine                           | 2           | Tresco                            | 9           |
| Journeys                          | 3           | VSA                               | 1           |
| La Vida Felicidad                 | 2           | ZEE                               | 3           |

| CASE MANAGEMENT Agencies | # in Sample | CASE MANAGEMENT Agencies | # in Sample |
|--------------------------|-------------|--------------------------|-------------|
| A New Vision             | 6           | N/A (nursing home)       | 1           |
| A Step Above             | 2           | NERO                     | 1           |
| Amigo                    | 1           | NMBHI                    | 4           |
| Blue Sky                 | 2           | NMQCM                    | 7           |
| Carino                   | 8           | Peak                     | 7           |
| Connections Plus         | 1           | PRMC                     | 4           |
| Esperanza                | 1           | SCCM                     | 12          |
| Excel                    | 6           | SERO                     | 1           |
| Friends Forever          | 2           | Tucumcari                | 1           |
| IHAH                     | 5           | Unidas                   | 17          |
| J&J                      | 9           | Visions                  | 11          |
| Keetoni                  | 1           |                          |             |
| <b>TOTAL</b>             |             |                          | <b>110</b>  |

### **III. REVIEW FINDINGS AND RECOMMENDATIONS BY CATEGORY**

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In line with the Joint Stipulation and Judge Parker's May 2005 Order, this report contains findings and recommendations. These findings and recommendations were shared with the Parties and Court's Expert on April 11, 2007. Subsequently, the Community Monitor held separate meetings with the Defendants and then with Plaintiffs, including Arc Interveners, on April 30, 2008. Comments were also received from the Court's Expert. During the meetings with the parties, representatives were given the opportunity to comment on the proposed recommendations. The Defendants formally responded to the 2007 Recommendations in a letter dated May 6, 2008. This report includes the modifications made by the Community Monitor after hearing and receiving written comments from the parties<sup>2</sup>.

Recommendations, if any, are included with the topical categories as they appear in this document.

#### **A. CLASS MEMBERS WITH IMMEDIATE, SPECIAL AND URGENT NEEDS<sup>3</sup>**

***Two class members were identified as needing Immediate Attention.***

Two individuals (2%) of the 110 class members reviewed were identified as ***needing immediate attention***. Both were identified in the January 2008 Metro Review. An individual identified as "needing immediate attention" is a person for whom urgent health, safety, environment and/or abuse/neglect issues were identified which the team is not successfully and actively in the process of addressing in a timely fashion. For each such person, the Community Monitor requests immediate follow-up/intervention and feedback (in no instance to exceed 30 days) on the identified Immediate Attention items. Information regarding these two individuals was provided March 12, 2008, 24 days past when they were due.

***Eight class members were identified as needing Special Attention.***

Eight of the 110 individuals (7%) were identified as ***needing special attention***<sup>4</sup>. This designation refers to an individual for whom issues have been identified that, if not addressed, are likely to become an urgent health and/or safety concern. The Community Monitor requested follow-up/intervention and feedback on identified items as quickly as possible but in no instance to exceed 60 days. This information was provided March 12, 2008, 8 months after the first review.

Thus, an unduplicated total of ten (10) individuals (9% of sample) were identified as needing "immediate" or "special" attention during this review. In 2006, no individuals required Immediate Attention, and 18 people required Special Attention. In 2005, 9 people required Immediate Attention and 27 people required Special Attention. The charts on the following pages summarize, by provider agency and then by case management agency, the number of individuals from the 2007 review who were in the immediate or special attention categories served by that agency.

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<sup>2</sup> If modifications were made to a recommendation in line with comments received from the Parties, this is noted after each recommendation.

<sup>3</sup> Individual information is confidential. Details with regard to each individual referenced in this section have been provided, in confidence, to the Defendants, Plaintiffs, Interveners, Court Expert and are available to the Court.

<sup>4</sup> Five class members needing special attention were identified in the Metro Region, two in the Northeast Region and one in the Southwest Region.

| Day/Residential Provider Agencies Supporting Persons in Sample<br>Identified as Having Special Needs |                     |                   |                 |       |
|--|---------------------|-------------------|-----------------|-------|
| <i>* if the person has different day / res providers, the number will be duplicative</i>             |                     |                   |                 |       |
| Agency   | People<br>in Sample | Immediate<br>Need | Special<br>Need | Total |
| Adelante   | 17                  | 1                 | 3               | 4     |
| Dungarvin  | 6                   |                   | 1               | 1     |
| Imagine  | 2                   | 1                 |                 | 1     |
| New Beginnings   | 3                   |                   | 1               | 1     |
| New Pathways   | 4                   |                   | 2               | 2     |
| Mosaic   | 11                  |                   | 1               | 1     |
| R-Way  | 3                   |                   | 1               | 1     |
| RCI, Inc.  | 5                   | 1                 | 1               | 2     |
| TLC  | 2                   | 1                 |                 | 1     |

| Case Management Agencies Supporting Persons in Sample<br>Identified as Having Immediate or Special Needs |                     |                   |                 |       |
|--|---------------------|-------------------|-----------------|-------|
| Agency   | People in<br>Sample | Immediate<br>Need | Special<br>Need | Total |
| A New Vision   | 6                   |                   | 2               | 2     |
| Esperanza  | 1                   | 1                 |                 | 1     |
| Friends Forever  | 2                   |                   | 1               | 1     |
| NMQCM  | 7                   | 1                 | 1               | 2     |
| Peak   | 7                   |                   | 1               | 1     |
| SCCM   | 12                  |                   | 1               | 1     |
| Visions  | 11                  |                   | 2               | 2     |

***One class member was identified as needing an Extended Review.***

During an on-site review, the Community Monitor identified a class member who appeared to have a longstanding and pervasive breakdown in the provision of supports and services. In order to adequately investigate the accuracy of these reported circumstances, the Community Monitor called for an Extended Review<sup>5</sup>. As had been done in the past, an independent Extended Review is conducted by a consultant to the Community Monitor. An individual who has served as a Case Judge for four years in New Mexico was identified by the Community Monitor (in 9/07) to conduct the Extended Review and to file a report within 10 days of the assignment of the Extended Review. DOH/DDSD senior management refused to allow the Community Monitor to conduct an Extended Review. Representatives from DOH/DDSD stated that they would conduct their own internal review. Now, eight months later, the Community Monitor has not received a report or update to know how the class member is doing, if a review ever took place or the results of the review if it did occur.

***One class member was identified as needing a special review.***

One class member selected to be a part of the 2007 Review along with two of his housemates, who are also class members, were all identified by the state reviewer as living in a environment which needed direct and immediate intervention<sup>6</sup>. Given the pervasive concerns for all of the class members and the number of repeat

<sup>5</sup> This class member lives in the Northeast Region.

<sup>6</sup> These class members live in the Metro Region.

recommendations for the class member in the sample (38% of the individual's recommendations had been made in earlier reviews), the Regional Office was asked to review the supports and services provided to these class members and to arrange for technical assistance, follow up and follow through in order to protect class members and ensure that services were corrected and provided in a respectful and dignified manner. Verbal indication from the Regional Office staff were that visits have been made. The written feedback from DDS, provided eight months after the finding, was, "since when does the Regional office get recommendations? This recommendation should go to the team and if they request assistance, RO will provide TA. Additionally, this review was for (class member's initials), if teams for the other two (class members) would like assistance from the RO they may also request it. Closed." The apparent lack of concern regarding the welfare of these class members, not to mention the attitude conveyed by this response, is very disappointing.

**Direct DOH/DDS intervention was requested for one class member.**

After consultation with Regional Staff, it was agreed that issues facing one class member and her Guardian/Team were long standing and while many attempts had been made to resolve service provision issues, overall the results have been ineffective<sup>7</sup>. Consequently, it was agreed that DOH/DDS support and intervention would be needed to ensure that the class member is routinely engaged in healthy activities, has an ISP in line with DDS Regulations and that this ISP is implemented, effective and updated based on the class member's progress. Eight months after this review, no response or status report on this request has been provided.<sup>8</sup>

**General Findings and Recommendations**

Guidelines approved by Magistrate Smith indicate that for individuals who do not have immediate or special attention needs, reports will be provided to the Community Monitor once all recommendations have been implemented, but no longer than 180 days after the last day of the regional on site review. For these class members, no information has been provided. The following information provides dates information was or is due.

|                 |                      |                        |          |
|-----------------|----------------------|------------------------|----------|
| Metro #1 Review | : July 20, 2007      | Due: January 20, 2008  | Past Due |
| NW Review       | : August 17, 2007    | Due: February 17, 2008 | Past Due |
| NE Review       | : September 21, 2007 | Due: March 21, 2008    | Past Due |
| SE Review       | : October 26, 2007   | Due: April 26, 2008    | Past Due |
| SW Review       | : November 16, 2007  | Due: May 16, 2008      | Past Due |
| Metro #2 Review | : January 18, 2008   | Due: July 18, 2008     |          |

**B. COMMUNITY PRACTICE REVIEW FINDINGS AND RECOMMENDATIONS**

The questions answered as a part of the 2007 Community Practice Review and ensuing scores are listed in the following pages. There are a few questions which are repeated because they apply to more than one section. *Those repeated questions are italicized.*

**There are also questions which are bolded. They are the questions which address "disengagement items" as identified in the Settlement Agreement.**

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<sup>7</sup> This class member lives in the Northeast Region.

<sup>8</sup> The April 9, 2007 Communication Guidelines approved by Magistrate Judge Smith require, in part, "reports for individuals with immediate and/or special needs will be provided at 30 day intervals until the recommendation has been fully implemented."

Sections containing “disengagement items” are followed by a separate chart depicting **historical scoring** on the disengagement items.

Highlighting is added to some 2007 scores ONLY in order to help the reader identify clusters or trends. Scores of 80% and above are NOT highlighted. Scores of 70% to 79% are highlighted in grey like this. Scores of 69% or lower are highlighted in black, like this.

**1. Individual Safeguards: Findings**

| Question   | 2004<br>(sample=96)                           | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|--|---|---|---|---|
| 144. Does the person have adequate access to and use of generic services and natural supports? | 44% Yes (42)<br>52% Partial (50)<br>4% No (4) | 65% Yes (66)<br>34% Partial (34)<br>1% No (1) | 61% Yes (68)<br>38% Partial (42)<br>1% No (1) | 66% Yes (73)<br>14% Partial (37)              |
| 145. Is the person adequately integrated into the community?                                   | 32% Yes (31)<br>60% Partial (58)<br>7% No (7) | 53% Yes (54)<br>39% Partial (39)<br>8% No (8) | 38% Yes (42)<br>59% Partial (65)<br>4% No (4) | 57% Yes (63)<br>39% Partial (43)<br>4% No (4) |
| 147. Is the program of the level of intensity adequate to meet this person’s needs?            | 18% Yes (17)<br>77% Partial (74)<br>5% No (5) | 29% Yes (29)<br>70% Partial (71)<br>1% No (1) | 19% Yes (21)<br>79% Partial (88)<br>2% No (2) | 35% Yes (38)<br>85% Partial (72)              |

**Historic Summary Disengagement Data**

| Question  | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|---|------|------|------|------|------|------|------|
| Does the person have adequate access to and use of generic services and natural supports? | 57%  | 78%  | 73%  | 44%  | 65%  | 61%  | 66%  |
| Is the person adequately integrated into the community?                                   | 63%  | 71%  | 66%  | 32%  | 53%  | 38%  | 57%  |
| Is the program of the level of intensity adequate to meet this person’s needs?            | 42%  | 53%  | 36%  | 18%  | 29%  | 19%  | 35%  |

Critical issues facing class members emerge during each Community Practice Review. To the extent that these issues can be resolved individually and/or do not appear to be contrary to the JSD or do not emerge as a systemic issue, they are resolved and not addressed in the statewide report.

There is one circumstance that emerged in 2005 which directly relates to an issue addressed by the JSD and continues to be an issue today; that is class members placed in nursing homes. The JSD states, “no class member shall be placed at ... (a) nursing home, or other similar institution subsequent to the individual’s discharge without prior notice to the plaintiffs and a reasonable opportunity to challenge the placement as the client’s representative. This provision shall not prevent a temporary placement in a medical or mental health emergency, consistent with state law”.<sup>9</sup> The following recommendations were issued in 2005 and continue to be relevant.

- As long as Jackson Class Members are allowed to be placed in nursing homes, prior to the placement of a Jackson Class Member in a nursing home:
  - There must be evidence that the team has marshaled all available resources in an effort to stabilize and appropriately support the person in his/her home.

<sup>9</sup> See paragraph 8 of the Joint Stipulation.

- A Specialized Services Plan/Plan of Care/ISP should be developed to ensure a smooth, safe transition and the ongoing continuation of needed services while in the nursing home. The plan should specifically outline the responsibilities of both the nursing home and DDSD. It should also address and ensure that needed equipment is transferred with the person, needed therapy continues in line with the person's needs, needed GERD/aspiration interventions continue; etc.
  - Technical assistance should be provided by Regional Office staff, therapists, nursing staff, etc. to nursing home staff as needed to ensure that appropriate daily activities and interventions continue to occur.
- The regional office should appoint an individual to act as the person's case manager.
  - This case manager should carry out the duties required of a Jackson Class Member's Independent Case Manager and should actively participate in and directly influence the content and daily implementation of the plan of care.
  - This case manager should also provide routine and regular monitoring to ensure that needed supports and services are provided in line with the class members needs.
  - Inability on the part of the nursing home or the lack of a requirement of the nursing home to provide a specific service should not be a valid reason to discontinue needed services.
  - Prior to the termination of a needed service, DDSD/DOH shall file notice to the parties and the monitors. If needed services are being waived by a guardian, notice should be filed with DOH. Notice should include the justification and risks associated with the termination of the identified service.
  - Deaths of Jackson Class Members while in nursing homes should be reviewed by the Mortality Review Committee in line with the requirements for other Jackson Class Members.

**2007 Recommendation #1:** In line with individual preference and experience, DDSD should ensure that Class Members interact/communicate in and are a contributing part of the community, in as natural a way as possible; so each person regularly experiences associations and meaningful, reciprocal relationships. (No comments received from the Parties)

- 1.1. In addition to tracking, trending and reporting Specialty Services needs, DOH/DDSD should also track, trend and report on other needed but not provided supports and services.<sup>10</sup>
- 1.2. DOH/DDSD should identify why the issue was not resolved and fix the problem (systemically or individually) so it does not occur in the future.

There are class members in several regions who are blind, deaf or blind and deaf. Recommendations designed to assist teams as they develop supports and services for these class members have been made since 2004 with little result. During the March 2008 Quarterly Meeting the Community Monitor provided DOH/DDSD with the name and resume of an individual who works directly with people who are blind, deaf and/or blind and deaf and their teams to provide technical assistance designed to enable the individual to have as much independence and control over his/her life as possible. In addition, this assistance enhances the competence of staff who support these individuals.

**2007 Recommendation #2:** For individuals with vision and/or hearing limitations, the consultant recommended by the Community Monitor should be directly available to and involved with class members/Teams in assessing and developing practical, effective outcomes for class members. If DOH/DDSD prefers to engage a different consultant(s), this information should be reported to the Community Monitor and include, by class member: who the consultant is; what individual/team outcomes they are working toward; how often they are engaged with the class member directly; and measurable indicators of improvement for the class member. (DOH/DDSD indicated that they would like to retain their own consultant)

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<sup>10</sup> This is currently under consideration by DOH/DDSD.

## 2. Guardianship Safeguards: Findings

| Question   | 2004<br>(sample=96)  | 2005<br>(sample=101)   | 2006<br>(sample=111)   | 2007<br>(sample=110)  |
|--|--|--|--|---|
| 94. Does this person and/or guardian have adequate access to the available complaint processes/procedures? | 57% Yes (43)<br>33% Partial (25)<br>9% No (7)<br>(21 CND)                          | 77% Yes (65)<br>15% Partial (13)<br>7% No (6)<br>(17 CND)                          | 79% Yes (79)<br>18% Partial (18)<br>3% No (3)<br>(11 CND)                          | 89% Yes (89)<br>6% Partial (6)<br>5% No (5)<br>(10 CND)                 |
| 95. Does this person know his/her guardian?  | 93% Yes (38)<br>7% No (3)<br>(6 N/A, 49 CND)                                       | 100% Yes<br>(5 N/A, 54 CND)  | 94% Yes (47)<br>6% No (3)<br>(1 N/A, 60 CND)                                       | 97% Yes (36)<br>3% No (1)<br>(73 CND)                                   |
| 96. Does this person believe the guardian is helpful?  | 89% Yes (16)<br>11% No (2)<br>(5 N/A, 73 CND)                                      | 75% Yes (12)<br>25% No (4)<br>(5 N/A, 80 CND)                                      | 100% Yes (20)<br>(1 N/A, 90 CND)   | 100% Yes (19)<br>(91 CND)   |
| 97. What is the level of participation of the legal guardian in this person's life and service planning?   | 43% Active (40)<br>28% Moderate (26)<br>27% Limited (25)<br>2% None (2)<br>(3 N/A) | 40% Active (38)<br>35% Moderate (33)<br>24% Limited (23)<br>1% None (1)<br>(6 N/A) | 33% Active (36)<br>42% Moderate (46)<br>21% Limited (23)<br>5% None (5)<br>(1 N/A) | 39% Active (43)<br>36% Moderate (40)<br>24% Limited (26)<br>1% None (1) |
| 98. In the Reviewer's opinion, does the person need a friend advocate?                                     | 17% Yes (16)<br>83% No (80)  | 5% Yes (5)<br>95% No (96)  | 14% Yes (16)<br>86% No (95)  | 9% Yes (10)<br>91% No (100)   |
| 99. Does the person have a friend advocate?  | 8% Yes (2)<br>92% No (22)<br>(72 N/A)  | 0% Yes (0)<br>100% No (7)<br>(94 N/A)  | 11% Yes (2)<br>89% No (16)<br>(93 N/A)   | 17% Yes (2)<br>83% No (10)<br>(98 N/A)                                  |

The vast majority of the Jackson Class Members have guardians. Given the complex intellectual and physical challenges faced by most class members this is a critical personal safeguard. As evidenced by the findings outlined in this and previous Community Practice Review reports, the level of participation and involvement of guardians in class member's lives and service planning continues to be a persistent and ongoing issue.

The issue of family members who serve as guardians growing older and becoming themselves incapacitated is an increasing challenge and one that must be sensitively addressed. Guardians who are paid through a corporation to act with and on behalf of class members but fail to actively do so also continues as an issue. More recently (in the past two years) another identified issue is guardians who are paid to be the primary service provider for the class member (Home Based/Family Living Providers). Clearly, in this last instance, the expectation that guardians will be conflict-free is compromised, at the very least.

In the 2004 CPR Report recommendations were made which specifically address guardians in general. Those recommendations were, that DDSD (then LTSD) would ensure that guardians are kept informed and provided with the supports necessary to remain engaged and active in the life of the person for whom they are guardian; and that case management and regional office staff are knowledgeable about guardianship alternatives and options and interface effectively with guardianship resources. (2004 #4)

In addition, the 2004 CPR Report recommendations called for DDPC, APS, the State Office of Guardianship and the Attorney General's Office to establish<sup>11</sup>: measurable performance criteria for corporate guardians; a means to ensure that the least intrusive level of guardianship appropriate to the individual is used; a means to determine whether the existing form of guardianship should be changed for a particular individual and that this option is readily accessible; a process ...readily accessible which can be followed to replace a guardian; and

<sup>11</sup> The Community Monitor supports the Arc Interveners suggestion that corporate guardians work in conjunction with DDPC in the development of performance criteria for Corporate Guardians.

a regular reporting system so the lack of readily available and responsive guardians is regularly addressed, and resolved to the benefit and protection of class members.<sup>12</sup>

The issues which prompted these recommendations remain.

**2007 Recommendation #3:** If the State of New Mexico continues to allow service providers to also function as guardians, DDPC, APS, the State Office of Guardianship, the Attorney General's Office and DOH/DDSD need to develop measurable expectations and performance criteria and ensure that they are enforced for (Home Based/Family Living) providers who are also functioning as guardians. (No comments received from the Parties)

### 3. Case Management Safeguards: Findings

One person in each of the '05 and '06 samples received services in a nursing home, so not all "Case Manager" questions were applicable.

| Question  | 2004<br>(sample=96)                           | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|---|---|---|---|---|
| 26. Does the case manager "know" the person?  | 70% Yes (67)<br>30% Partial (29)              | 84% Yes (85)<br>14% Partial (14)<br>2% No (2) | 70% Yes (78)<br>29% Partial (32)<br>1% No (1) | 88% Yes (97)<br>12% Partial (13)              |
| 27. Does the case manager understand his/her role/job?  | 72% Yes (69)<br>27% Partial (26)<br>1% No (1) | 84% Yes (85)<br>14% Partial (14)<br>2% No (2) | 58% Yes (64)<br>40% Partial (44)<br>2% No (2) | 74% Yes (81)<br>25% Partial (27)<br>1% No (1) |
| 28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?                                       | 68% Yes (65)<br>30% Partial (29)<br>2% No (2) | 90% Yes (91)<br>8% Partial (8)<br>2% No (2)   | 64% Yes (71)<br>33% Partial (37)<br>3% No (3) | 78% Yes (85)<br>22% Partial (24)              |
| 29. Is the case manager available to the person?  | 78% Yes (75)<br>22% Partial (21)              | 83% Yes (84)<br>16% Partial (16)<br>1% No (1) | 67% Yes (74)<br>33% Partial (36)              | 90% Yes (99)<br>10% Partial (11)              |
| 30. Was the case manager able to describe the person's health related needs?  | 44% Yes (42)<br>56% Partial (54)              | 50% Yes (50)<br>48% Partial (48)<br>3% No (3) | 50% Yes (56)<br>47% Partial (52)<br>3% No (3) | 59% Yes (65)<br>41% Partial (45)              |
| 31. Does the case manager have an appropriate expectation of growth for this person?  | 36% Yes (35)<br>56% Partial (54)<br>7% No (7) | 60% Yes (61)<br>38% Partial (38)<br>2% No (2) | 48% Yes (53)<br>50% Partial (55)<br>3% No (3) | 65% Yes (71)<br>33% Partial (36)<br>3% No (3) |
| 32. Does the case management record contain documentation that the case manager is monitoring and tracking the delivery of services as outlined in the ISP? | 39% Yes (37)<br>57% Partial (55)<br>4% No (4) | 61% Yes (62)<br>37% Partial (37)<br>2% No (2) | 34% Yes (37)<br>63% Partial (69)<br>4% No (4) | 57% Yes (63)<br>42% Partial (46)<br>1% No (1) |
| 33. Does the case manager provide case management services at the level needed by this person?  | 34% Yes (33)<br>59% Partial (57)<br>6% No (6) | 46% Yes (46)<br>51% Partial (52)<br>3% No (3) | 35% Yes (38)<br>63% Partial (69)<br>3% No (3) | 50% Yes (55)<br>50% Partial (54)              |
| 34. Does the case manager receive the type and level of support needed to do his/her job?   | 80% Yes (77)<br>20% Partial (19)              | 81% Yes (82)<br>17% Partial (17)<br>2% No (2) | 76% Yes (84)<br>23% Partial (25)<br>1% No (1) | 86% Yes (94)<br>14% Partial (15)              |

Many of the case management findings demonstrate significant improvement. DOH/DDSD, Case Management Agencies and Case Managers are to be congratulated for the effort this represents. As illustrated by the findings for the past four years, four significant areas continue to need follow up and attention.

<sup>12</sup> This recommendation would also be appropriate for Home Based/Family Living Guardians if the State of New Mexico continues to allow this type of service provider to also function as the individual's guardian.

**2007 Recommendation #4:** DOH/DDSD, through a collaborative initiative with stakeholders, should identify and implement strategies which result in Team Members: recognizing and acting on, as identified in the ISP, class member's strengths, growth potential, the value of work and the attainment of valued social roles. (Modified in line with DOH/DDSD's comments)

**2007 Recommendation #5:** For a period of time which is sufficient to ensure a standard which improves overall Case Management practice and outcomes to class members, DOH/DDSD Regional Case Management leads should regularly review the work of case managers and case management supervisors and provide information to case managers and supervisors about unresolved class member issues/concerns as well as what documentation/information is found to be missing, or available but not used or followed up on as needed. (Modified in line with DDSD/Plaintiffs/Intervenors comments)

5.1 Trends should be identified and reported, by agency.

5.2 DOH/DDSD and the appropriate Case Management Agency representative should review this information and determine what individual and/or systemic training, technical assistance or other supportive or corrective action is required to ensure future effective practice.

#### 4. Level of Satisfaction: Findings

| Question   | 2004<br>(sample=96)   | 2005<br>(sample=101)  | 2006<br>(sample=111)   | 2007<br>(sample=110)                                    |
|--|---|---|--|---|
| 104. Overall, is the person satisfied with the current services?         | 51% Yes (30)<br>46% Partial (27)<br>3% No (2)<br>(37 CND)       | 73% Yes (27)<br>27% Partial (10)<br><br>(64 CND)                | 66% Yes (31)<br>34% Partial (16)<br><br>(64 CND)                 | 94% Yes (29)<br>6% Partial (2)<br><br>(79 CND)          |
| 105. Does the person get along with the case manager?                    | 100% Yes (32)<br><br>(64 CND)                                   | 100% Yes (27)<br><br>(74 CND)                                   | 96% Yes (23)<br>4% Partial (1)<br>(87 CND)                       | 100% Yes (22)<br><br>(87 CND)                           |
| 106. Does the person find the case manager helpful?                      | 100 % Yes (23)<br><br>(73 CND)                                  | 100% Yes (14)<br><br>(87 CND)                                   | 87% Yes (13)<br>13% Partial (2)<br>(96 CND)                      | 93% Yes (13)<br>7% Partial (1)<br>(95 CND)              |
| 107. Does the legal guardian find the case manager helpful?              | 82% Yes (54)<br>14% Partial (9)<br>5% No (3)<br>(3 N/A, 27 CND) | 82% Yes (58)<br>11% Partial (8)<br>7% No (5)<br>(7 N/A, 23 CND) | 81% Yes (63)<br>13% Partial (10)<br>6% No (5)<br>(1 N/A, 32 CND) | 87% Yes (83)<br>6% Partial (6)<br>6% No (6)<br>(14 CND) |
| 108. Does the person have adequate food and drink available?             | 94% Yes (78)<br>6% Partial (5)<br>(13 CND)                      | 98% Yes (87)<br>2% Partial (2)<br>(12 CND)                      | 99% Yes (99)<br>1% Partial (1)<br>(11 CND)                       | 99% Yes (102)<br>1% Partial (1)<br>(7 CND)              |
| 109. Does the person have adequate transportation to meet his/her needs? | 84% Yes (79)<br>13% Partial (12)<br>3% No (3)<br>(2 CND)        | 90% Yes (90)<br>9% Partial (9)<br>1% No (1)<br>(1 CND)          | 88% Yes (97)<br>11% Partial (12)<br>1% No (1)<br>(1 CND)         | 91% Yes (96)<br>9% Partial (9)<br><br>(5 CND)           |
| 110. Does the person have sufficient personal money?                     | 83% Yes (60)<br>15% Partial (11)<br>1% No (1)<br>(24 CND)       | 88% Yes (75)<br>12% Partial (10)<br><br>(16 CND)                | 86% Yes (89)<br>14% Partial (14)<br><br>(8 CND)                  | 91% Yes (92)<br>9% Partial (9)<br><br>(9 CND)           |
| 111. Does the person get along with their day program/employment staff?  | 94% Yes (61)<br>6% Partial (4)<br>(1 N/A, 30 CND)               | 96% Yes (65)<br>4% Partial (3)<br>(2 N/A, 31 CND)               | 98% Yes (79)<br>2% Partial (2)<br>(2 N/A, 28 CND)                | 100% Yes (65)<br><br>(45 CND)                           |
| 112. Does the person get along with the residential provider staff?      | 95% Yes (72)<br>5% Partial (4)<br>(1 N/A, 19 CND)               | 99% Yes (83)<br>1% Partial (1)<br>(1 N/A, 16 CND)               | 98% Yes (88)<br>2% Partial (2)<br>(21 CND)                       | 100% Yes (76)<br><br>(34 CND)                           |

For those for whom satisfaction could be determined, class members are, overall, satisfied with the supports and services they receive as evidenced by these positive and noteworthy findings. They like their staff (day, residential and employment), and they get along with their case manager.

## 5. Day Services: Findings

Note: one person in the '04 and one in the '05 sample did not receive day services

| Question   | 2004<br>(sample=96)  | 2005<br>(sample=101)                               | 2006<br>(sample=111)   | 2007<br>(sample=110)                              |
|--|--|--|--|---|
| 35. Does the day/employment direct services "know" the person?   | 74% Yes (70)<br>25% Partial (24)<br>1% No (1)                    | 78% Yes (78)<br>22% No (22)                        | 80% Yes (89)<br>19% Partial (21)<br>1% No (1)                    | 90% Yes (99)<br>9% Partial (10)<br>1% No (1)      |
| 36. Does the direct service staff have adequate input into the person's ISP?   | 46% Yes (44)<br>41% Partial (39)<br>13% No (12)                  | 65% Yes (65)<br>23% Partial (23)<br>12% No (12)    | 62% Yes (69)<br>32% Partial (36)<br>5% No (6)                    | 67% Yes (74)<br>27% Partial (30)<br>5% No (6)     |
| 37. Did the direct service staff receive training on implementing this person's ISP?   | 58% Yes (55)<br>36% Partial (34)<br>6% No (6)                    | 75% Yes (75)<br>23% Partial (23)<br>2% No (2)      | 64% Yes (71)<br>32% Partial (36)<br>4% No (4)                    | 75% Yes (83)<br>23% Partial (25)<br>2% No (2)     |
| 38. Was the direct service staff able to describe this person's health related needs?  | 46% Yes (44)<br>46% Partial (44)<br>7% No (7)                    | 60% Yes (60)<br>37% Partial (37)<br>3% No (3)      | 51% Yes (57)<br>45% Partial (50)<br>4% No (4)                    | 53% Yes (58)<br>45% Partial (49)<br>3% No (3)     |
| 39. Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?                             | 76% Yes (72)<br>23% Partial (22)<br>1% No (1)                    | 86% Yes (86)<br>14% Partial (14)                   | 64% Yes (71)<br>34% Partial (38)<br>2% No (2)                    | 73% Yes (80)<br>26% Partial (29)<br>1% No (1)     |
| 39.a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day? |  |  | 84% Yes (93)<br>15% Partial (17)<br>1% No (1)                    | 92% Yes (101)<br>6% Partial (7)<br>2% No (2)      |
| 39.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?          |  |  | 68% Yes (76)<br>27% Partial (30)<br>5% No (5)                    | 75% Yes (83)<br>19% Partial (21)<br>5% No (6)     |
| 40. Did the direct service staff have training in the ISP process?   | 60% Yes (57)<br>27% Partial (26)<br>13% No (12)                  | 80% Yes (80)<br>18% Partial (18)<br>2% No (2)      | 59% Yes (66)<br>32% Partial (36)<br>8% No (9)                    | 64% Yes (70)<br>32% Partial (35)<br>5% No (5)     |
| 41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?                             | 39% Yes (37)<br>56% Partial (53)<br>5% No (5)                    | 47% Yes (47)<br>45% Partial (45)<br>8% No (8)      | 63% Yes (70)<br>35% Partial (39)<br>2% No (2)                    | 75% Yes (82)<br>24% Partial (26)<br>2% No (2)     |
| 41.a. Have training on the provider's complaint process?   |  | 61% Yes (61)<br>15% Partial (15)<br>24% No (24)    | 72% Yes (80)<br>21% Partial (23)<br>7% No (8)                    | 83% Yes (91)<br>10% Partial (11)<br>7% No (8)     |
| 41.b. Have training on how and to whom to report abuse, neglect and exploitation?  |  | 61% Yes (61)<br>32% Partial (32)<br>7% No (7)      | 77% Yes (85)<br>20% Partial (22)<br>4% No (4)                    | 85% Yes (94)<br>12% Partial (13)<br>3% No (3)     |
| 42. Does the direct service staff have an appropriate expectation of growth for this person?   | 52% Yes (49)<br>44% Partial (42)<br>4% No (4)                    | 67% Yes (67)<br>32% Partial (32)<br>1% No (1)      | 59% Yes (66)<br>38% Partial (42)<br>3% No (3)                    | 75% Yes (83)<br>19% Partial (21)<br>5% No (6)     |
| 43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?                             | 71% Yes(48)<br>26% Partial (18)<br>3% No (2)<br>(15 N/A, 12 CND) | 89% Yes (73)<br>11% Partial (9)<br>(14 N/A, 4 CND) | 85% Yes (80)<br>14% Partial (13)<br>1% No (1)<br>(4 N/A, 13 CND) | 92% Yes (85)<br>8% Partial (7)<br>(11 N/A, 7 CND) |

The lack of meaningful day services and life wasting for many class members has been identified as a significant issue for over ten years, at least since the 1998 Recommendations were issued by the previous Community Monitor. A significant number of recommendations in this area were identified in both the 2004 and 2005 Community Practice Review. For example:

- Documentation of valued roles, memberships and community integration should become part of the regular and routine planning process. (2005)

- Training, such as Social Role Valorization, should be an integral part of training for providers, including case management. In addition, existing training and technical assistance provided by or through DDS should be routinely reviewed to ensure that these concepts permeate all related training. (2004)
- Outcomes-based person-centered training (consistent with nationally accepted models of person centered practice) should be developed and provided regularly, which assumes a positive expectation of growth and results in acquiring purposeful days and lives for individuals receiving supports and services. (2005)
  - Training and ongoing support on how to connect individuals to their communities in ways that result in the accomplishment of outcomes should be provided regularly for direct support staff, mid-level management, therapists and others.
- Objective data should be kept, reported to the team and trends identified. Based on this information, the team should determine the efficacy of the plan and the extent to which it has improved how the person spends his/her day and if the organized interventions resulted in the accomplishment of desired outcomes. (2005)
- Providers and case managers should be held accountable for monitoring, reporting and initiating needed action to modify interventions as needed. (2005)
- It is recommended that DDS, in consultation with current providers including those offering facility-free, person-centered, integrated day services, develop and implement incentives which encourage person-centered (day and residential) services which result in work, community, integration, valued roles and memberships. (2004)

During the Community Monitor's meeting with DOH/DDS regarding the 2007 Recommendations, representatives from DDS felt that proposed changes in the ISP along with activities of meaningful day consultants in line with efforts to implement the Meaningful Day Plan (Appendix A, DS 1) will address and resolve issues identified by the 2004, 2005, 2006 and 2007 Community Practice Reviews within this fiscal year. As a gesture of good faith, except for ISP and Health related recommendations listed elsewhere, no additional recommendations will be made in this area for 2007. Nevertheless, the importance of ensuring that each class member has a meaningful day cannot be over emphasized. DDS is encouraged to aggressively move forward to address issues in this area and report routinely to all of the Parties on measurable progress in this area.

## 6. Home/Residential: Findings

| Question   | 2004<br>(sample=96)                             | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|--|---|---|---|---|
| 44. Does the residential direct services staff "know" the person?  | 83% Yes (79)<br>17% Partial (16)                | 89% Yes (89)<br>11% Partial (11)              | 86% Yes (95)<br>14% Partial (16)              | 89% Yes (98)<br>11% Partial (12)              |
| 45. Does the direct service staff have adequate input into the person's ISP?   | 67% Yes (64)<br>20% Partial (19)<br>13% No (12) | 78% Yes (78)<br>17% Partial (17)<br>5% No (5) | 68% Yes (76)<br>25% Partial (28)<br>6% No (7) | 72% Yes (79)<br>22% Partial (24)<br>6% No (7) |
| 46. Did the direct service staff receive training on the implementing this person's ISP?                                       | 73% Yes (69)<br>18% Partial (17)<br>9% No (9)   | 84% Yes (84)<br>15% Partial (15)<br>1% No (1) | 76% Yes (84)<br>23% Partial (26)<br>1% No (1) | 75% Yes (82)<br>24% Partial (26)<br>2% No (2) |
| 47. Is the residence safe for individuals (void of hazards)?   | 88% Yes (83)<br>12% No (11)                     | 90% Yes (89)<br>10% No (10)<br>(1 CND)        | 91% Yes (101)<br>9% No (10)                   | 95% Yes (104)<br>5% No (6)                    |
| 48. Was the residential direct service staff able to describe this person's health-related needs?                              | 55% Yes (52)<br>44% Partial (42)<br>1% No (1)   | 63% Yes (63)<br>35% Partial (35)<br>2% No (2) | 66% Yes (73)<br>33% Partial (37)<br>1% No (1) | 55% Yes (60)<br>45% Partial (49)<br>1% No (1) |
| 49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the | 79% Yes (75)<br>21% Partial (20)                | 88% Yes (88)<br>12% Partial (12)              | 67% Yes (74)<br>32% Partial (35)<br>1 No (1)  | 68% Yes (75)<br>31% Partial (34)<br>1% No (1) |

| Question   | 2004<br>(sample=96)                             | 2005<br>(sample=101)                                     | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|--|---|--|---|---|
| person?  |   |  |   |   |
| 49.a. Was the staff able to provide specific information regarding the person's daily activities?                                      |   |  | 92% Yes (101)<br>7% Partial (8)<br>1% No (1)  | 90% Yes (99)<br>9% Partial (10)<br>1% No (1)  |
| 49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?              |   |  | 71% Yes (78)<br>24% Partial (26)<br>5% No (6) | 71% Yes (78)<br>25% Partial (27)<br>5% No (5) |
| 50. Did the residential direct service staff have training in the ISP process?   | 60% Yes (57)<br>26% Partial (25)<br>14% No (13) | 81% Yes (81)<br>17% Partial (17)<br>2% No (2)            | 65% Yes (72)<br>26% Partial (29)<br>8% No (9) | 72% Yes (79)<br>21% Partial (23)<br>7% No (8) |
| 51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation? | 40% Yes (38)<br>55% Partial (52)<br>5% No (5)   | 58% Yes (58)<br>38% Partial (38)<br>4% No (4)            | 71% Yes (79)<br>27% Partial (30)<br>2% No (2) | 75% Yes (83)<br>25% Partial (27)              |
| 51.a. Have training on the provider's complaint process?   |   | 72% Yes (72)<br>14% Partial (14)<br>14% No (14)          | 84% Yes (93)<br>12% Partial (13)<br>5% No (5) | 83% Yes (91)<br>13% Partial (14)<br>5% No (5) |
| 51.b. Have training on how and to whom to report abuse, neglect and exploitation?  |   | 76% Yes (76)<br>20% Partial (20)<br>4% No (4)            | 79% Yes (88)<br>18% Partial (20)<br>3% No (3) | 89% Yes (98)<br>9% Partial (10)<br>2% No (2)  |
| 52. Does the residential direct service staff have an appropriate expectation of growth for this person?                               | 49% Yes (47)<br>47% Partial (45)<br>3% No (3)   | 68% Yes (68)<br>31% Partial (31)<br>1% No (1)            | 63% Yes (70)<br>37% Partial (41)              | 68% Yes (75)<br>31% Partial (34)<br>1% No (1) |
| 53. Does the person's residential environment offer a minimal level of quality of life?  | 82% Yes (77)<br>18% Partial (17)                | 84% Yes (83)<br>15% Partial (15)<br>1% No (1)<br>(1 CND) | 79% Yes (88)<br>21% Partial (23)              | 94% Yes (103)<br>6% Partial (7)               |

See Recommendation #4 and Health Related Findings Sections for recommendations.

## 7. Quality of Life: Findings

| Question   | 2004<br>(sample=96)   | 2005<br>(sample=101)                                      | 2006<br>(sample=111)                                      | 2007<br>(sample=110)                                      |
|--|---|---|---|---|
| 84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year? | 56% Yes (49)<br>42% Partial (37)<br>2% No (2)<br>(8 CND)    | 64% Yes (64)<br>30% Partial (30)<br>6% No (6)<br>(1 CND)  | 56% Yes (60)<br>43% Partial (46)<br>2% No (2)<br>(3 CND)  | 66% Yes (71)<br>32% Partial (35)<br>2% No (2)<br>(2 CND)  |
| 86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?   | 70% Yes (58)<br>29% Partial (24)<br>1% No (1)<br>(13 CND)   | 87% Yes (81)<br>10% Partial (9)<br>3% No (3)<br>(8 CND)   | 74% Yes (80)<br>24% Partial (26)<br>2% No (2)<br>(3 CND)  | 82% Yes (84)<br>17% Partial (17)<br>2% No (2)<br>(7 CND)  |
| 87. Is the person offered a range of opportunities for participation in each of the life areas?                      | 46% Yes (41)<br>51% Partial (46)<br>3% No (3)<br>(6 CND)    | 60% Yes (56)<br>37% Partial (34)<br>3% No (3)<br>(8 CND)  | 53% Yes (56)<br>42% Partial (44)<br>5% No (5)<br>(6 CND)  | 73% Yes (72)<br>24% Partial (24)<br>2% No (2)<br>(12 CND) |
| 88. Does the person have the opportunity to make informed choices?   | 68% Yes (49)<br>29% Partial (21)<br>3% No (2)<br>(24 CND)   | 69% Yes (38)<br>27% Partial (15)<br>4% No (2)<br>(46 CND) | 50% Yes (29)<br>50% Partial (29)<br>(53 CND)              | 75% Yes (27)<br>25% Partial (9)<br>(74 CND)               |
| 89. About where and with whom to live?   | 55% Yes (36)<br>20% Partial (19)<br>15% No (10)<br>(31 CND) | 85% Yes (46)<br>11% Partial (6)<br>4% No (2)<br>(47 CND)  | 67% Yes (37)<br>29% Partial (16)<br>4% No (2)<br>(56 CND) | 90% Yes (35)<br>10% Partial (4)<br>(71 CND)               |

| Question   | 2004<br>(sample=96)  | 2005<br>(sample=101)                                      | 2006<br>(sample=111)                                      | 2007<br>(sample=110)                                   |
|--|--|---|---|--|
| 90. About where and with whom to work/spend his/her day?   | 60% Yes (40)<br>28% Partial (19)<br>12% No (8)<br>(29 CND)       | 78% Yes (43)<br>18% Partial (10)<br>4% No (2)<br>(46 CND) | 63% Yes (36)<br>32% Partial (18)<br>5% No (3)<br>(54 CND) | 81% Yes (34)<br>19% Partial (8)<br>(68 CND)            |
| 91. About where and with whom to socialize/spend leisure time?   | 63% Yes (40)<br>34% Partial (22)<br>3% No (2)<br>(32 CND)        | 83% Yes (50)<br>13% Partial (8)<br>3% No (2)<br>(41 CND)  | 65% Yes (41)<br>33% Partial (21)<br>2% No (1)<br>(48 CND) | 85% Yes (34)<br>15% Partial (6)<br>(70 CND)            |
| 92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person? | 85% Yes (77)<br>14% Partial (13)<br>1% No (1)<br>(5 CND)         | 96% Yes (96)<br>3% Partial (3)<br>1% No (1)<br>(1 CND)    | 94% Yes (104)<br>5% Partial (6)<br>1% No (1)              | 97% Yes (104)<br>3% Partial (3)<br>(3 CND)             |
| 93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?       | 25% Yes (24)<br>74% Partial (71)<br>1% No (1)                    | 41% Yes (41)<br>55% Partial (56)<br>4% No (4)             | 54% Yes (60)<br>45% Partial (50)<br>1% No (1)             | 62% Yes (68)<br>38% Partial (42)                       |
| 100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?                       | 47% Yes (7)<br>40% Partial (6)<br>13% No (2)<br>(81 N/A)         | 70% Yes (14)<br>30% Partial (6)<br>(80 N/A, 1 CND)        | 22% Yes (2)<br>78% Partial (7)<br>(100 N/A, 2 CND)        | 82% Yes (9)<br>18% Partial (2)<br>(96 N/A, 3 CND)      |
| 101. Does the person have daily choices/appropriate autonomy over his/her life?  | 57% Yes (55)<br>38% Partial (36)<br>5% No (5)                    | 74% Yes (75)<br>23% Partial (23)<br>3% No (3)             | 60% Yes (67)<br>36% Partial (40)<br>4% No (4)             | 70% Yes (77)<br>27% Partial (30)<br>3% No (3)          |
| 102. Have the person's cultural preferences been accommodated?   | 82% Yes (68)<br>16% Partial (13)<br>2% No (2)<br>(2 N/A, 11 CND) | 96% Yes (87)<br>3% Partial (3)<br>1% No (1)<br>(10 CND)   | 87% Yes (93)<br>13% Partial (14)<br>(4 CND)               | 93% Yes (95)<br>6% Partial (6)<br>1% No (1)<br>(8 CND) |
| 103. Is the person treated with dignity and respect?   | 57% Yes (55)<br>40% Partial (38)<br>3% No (3)                    | 75% Yes (76)<br>25% Partial (25)                          | 50% Yes (56)<br>49% Partial (54)<br>1% No (1)             | 65% Yes (71)<br>35% Partial (38)<br>1% No (1)          |

For those for whom an opinion regarding quality of life could be gathered, most have their preferences accommodated, experience opportunities to engage in activities of interest if retired, and have some regular choice and influence in how and with whom they spend their time.

The issues that prompted partial or no responses for Question 103, regarding dignity and respect, are addressed in each individual's findings and recommendations and systematically in this report (e.g., assessments, health care, day services, ISP, etc).

## 8. Assessment and Health Related: Findings

| Question  | 2004<br>(sample=96)                           | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|---|---|---|---|---|
| 57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts? | 42% Yes (40)<br>55% Partial (53)<br>3% No (3) | 54% Yes (55)<br>44% Partial (44)<br>2% No (2) | 44% Yes (49)<br>55% Partial (61)<br>1% No (1) | 64% Yes (70)<br>35% Partial (39)<br>1% No (1) |
| 58. Did the team arrange for and obtain the needed, relevant assessments?   | 18% Yes (17)<br>76% Partial (73)<br>6% No (6) | 33% Yes (33)<br>66% Partial (67)<br>1% No (1) | 22% Yes (24)<br>77% Partial (86)<br>1% No (1) | 41% Yes (45)<br>57% Partial (63)<br>2% No (2) |
| 59. Are the assessments adequate for planning?  | 24% Yes (23)<br>70% Partial (67)<br>6% No (6) | 53% Yes (54)<br>45% Partial (45)<br>2% No (2) | 46% Yes (51)<br>52% Partial (58)<br>2% No (2) | 55% Yes (61)<br>43% Partial (47)<br>2% No (2) |

| Question  | 2004<br>(sample=96)                             | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|---|---|---|---|---|
| 60. Were the recommendations from assessments used in planning? | 22% Yes (21)<br>68% Partial (65)<br>10% No (10) | 54% Yes (55)<br>43% Partial (43)<br>3% No (3) | 40% Yes (44)<br>59% Partial (66)<br>1% No (1) | 37% Yes (41)<br>56% Partial (62)<br>6% No (7) |

| Question   | 2004<br>(sample=96)                             | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|--|---|---|---|---|
| 30. Was the case manager able to describe the person's health related needs?                           | 44% Yes (42)<br>56% No (54)                     | 50% Yes (50)<br>48% Partial (48)<br>3% No (3) | 50% Yes (56)<br>47% Partial (52)<br>3% No (3) | 59% Yes (65)<br>41% Partial (45)              |
| 38. Was the [day/employment] direct service staff able to describe the person's health related needs?  | 46% Yes (44)<br>46% Partial (44)<br>7% No (7)   | 60% Yes (60)<br>37% Partial (37)<br>3% No (3) | 51% Yes (57)<br>45% Partial (50)<br>4% No (4) | 53% Yes (58)<br>45% Partial (49)<br>3% No (3) |
| 48. Was the residential service staff able to describe the person's health related needs?              | 55% Yes (52)<br>44% Partial (42)<br>1% No (1)   | 63% Yes (63)<br>35% Partial (35)<br>2% No (2) | 66% Yes (73)<br>33% Partial (37)<br>1% No (1) | 55% Yes (60)<br>45% Partial (49)<br>1% No (1) |
| 54. Overall, were the team members interviewed able to describe the person's health-related needs?     | 29% Yes (28)<br>71% Partial (68)                | 31% Yes (31)<br>67% Partial (68)<br>2% No (2) | 27% Yes (30)<br>73% Partial (81)              | 30% Yes (33)<br>70% Partial (77)              |
| 55. Is there evidence that the IDT discussed the person's health-related issues?                       | 49% Yes (47)<br>44% Partial (42)<br>7% No (7)   | 73% Yes (74)<br>26% Partial (26)<br>1% No (1) | 61% Yes (68)<br>38% Partial (42)<br>1% No (1) | 63% Yes (69)<br>36% Partial (40)<br>1% No (1) |
| 56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed? | 20% Yes (19)<br>67% Partial (64)<br>14% No (13) | 31% Yes (31)<br>66% Partial (67)<br>3% No (3) | 24% Yes (27)<br>75% Partial (83)<br>1% No (1) | 40% Yes (44)<br>60% Partial (66)              |

Overall, wide spread and pervasive concerns regarding assessments and issues related to ensuring class members' health have been identified as issues at both the individual and systemic levels of the CPR since 2004. Given the number of class members identified with immediate and special needs in 2004 (45% of the sample), DDS (then called LTSD) was asked to conduct a health and safety screening of all non-sample class members for the purpose of identifying urgent health, safety, environment and/or abuse/neglect issues. This recommendation included a request for DDS to develop and implement immediate interventions and report on the findings, plans and actions taken to the Monitor and all parties. This review was never conducted, or if conducted, the results were never reported.

In the assessment area the CPR probes for information such as: what class member's assessed needs are; whether assessment recommendations have been followed; and whether the team has used assessment findings as they plan for how they are going to meet the class member's needs. The CPR results for 2005 compared to the results of 2004 showed increases from 24% of the class members reviewed receiving adequate assessments that the team used to 53%. In 2006 the numbers, overall, fell once again. As evidenced by the findings in 2007, generally most class members reviewed continue to be without some adequate assessments and/or assessments that are used by the team.

Given the essential importance of adequate assessments, in 2005 recommendations were made which included, in part, a request that DOH/DDS should determine:

- if class members have received all preventative age appropriate health care screenings and, if not, what the best intervention strategy should be to get the screening and/or to ensure the class member's health.
- which class members have identified high-risk medical or psychiatric conditions and/or are at risk for having such medical or psychiatric conditions and document what the best intervention

strategies are/should be for each person. For those who have not had their risk assessed/identified, an assessment should be completed.

- which class members have signs and symptoms which require further diagnostic testing but for whom this has not been done or for whom referrals/tests have been refused by physicians, guardians or teams. Alternative interventions should be adopted to protect these class members.
  - Teams should receive clear guidance regarding proactive response when PCPs refuse to refer individuals to specialists for diagnosis/treatment of conditions specific to specialty areas (e.g., neurology, psychiatry, gastroenterology, etc.)
  - Teams should receive clear guidance regarding how to be on alert for, identify, routinely report and assertively follow up on signs and symptoms of declining abilities and/or unhealthy change in class members. Proactive health care interventions must be initiated so that health care interventions are preventative as well as curative in nature.

The issues which prompted these 2005 recommendations continue to be identified as issues in 2007.

The CPR also seeks to identify other issues such as whether or not: those who work closest with the class member can describe the class member's health related needs; there is documentation regarding class member's needs; the importance of the intervention chosen is known; there is documentation which verifies the efficacy of the intervention; and Team members take action needed to adequately address the person's needs?

More issues continue to be found in the medical, health, and assessment area than any other area.

In an effort to systematically address these issues, recommendations were made in 2004 and 2005 which included, in part, a request to DOH/DDSD to establish clear expectations, provide comprehensive training and enforce acceptable standards of health care practice, e.g.,

- Objective data regarding medical or psychiatric conditions and/or issues must be maintained and reported. This data must be designed so that it informs the team and health care professionals if an individual's medical/psychiatric condition is better or worse as a result of the treatments and interventions implemented. (2005)
- Adequate documentation from health care practitioners regarding the person's health status should be routinely available and maintained in a manner and location which facilitates maximum accessibility to all team members. If doctors are reluctant or refusing to provide this information, others within DOH/DDSD contractors may need to facilitate resolution (e.g., agency nurse). (2005)
- Guidelines should be developed, implemented and enforced so IDT's/PCPs routinely determine the efficacy of programmatic interventions/strategies and treatment. Timely follow up and clear documentation should indicate if assessments and treatment are resulting in the desired results.
- Clear expectations must be established regarding emergency room visits, events leading up to the visit, what takes place during and following an ER visit and what could have been and should have been done to prevent future emergencies. (2004)
- Because most care plans are generic in nature and identify "monitoring" as an intervention without specific criteria, guidance should be developed, implemented and enforced so "monitoring" expectations are made clear such as: specific criteria including who is to monitor; how often the issues should be monitored; what is to be documented and how often; who is designated to review the data in the documentation; and what changes in circumstances would warrant a review of the interventions. (2005)

Given the extensive cocktail of medications many class members receive, in 2005 DOH/DDSD was also requested to insure that :

- Tardive Dyskinesia screenings be completed for persons on psychoactive medications and that blood level monitoring for specific medications be completed.
- a system should be developed, implemented and enforced to ensure blood work and/or medical testing is being regularly obtained for individuals taking psychotropic medications.
- guidance should be developed, implemented and enforced for identifying individuals who are being physically and/or chemically restrained for medical/dental procedures/treatment<sup>13</sup>.
- for people who are taking psychiatric medications without having an identified Axis I diagnoses should be reviewed to determine appropriateness and effectiveness of the medications offered and to determine whether other approaches would be preferable.

Again, the concerns that prompted these recommendations remain.

**2007 Recommendation #6** DOH/DDSD should ensure that: (No comments received from Parties)

- 6.1. blood level monitoring for specific medications are completed;
- 6.2. there is participation of primary care physicians, psychiatrists, neurologists and other appropriate health care professionals in individual planning, especially when health issues are critical in the life of the person served;
- 6.3. staff and contractors receive training relative to side effects of specific drugs;
- 6.4. health care professionals with the skills and commitment to provide medical services to persons with developmental disabilities are identified. This information is readily available and updated periodically.

**2007 Recommendation #7:** Guidelines should be developed/clarified, implemented and enforced which identify expectations and requirements for the IDT when an individual is hospitalized. These guidelines should: clarify the role of the agency and regional nurse as they coordinate health care; and identify needed meetings/requirements prior to discharge to ensure that all supports and services are in place for a safe and successful transition<sup>14</sup>.

**2007 Recommendation #8:** DOH/DDSD should convene a work group consisting of representatives of OBS, and others, to: (Modified in line with DOH/DDSD comments)

- 8.1 by class member, determine which individuals have identified high-risk psychiatric conditions and/or are at risk for having such psychiatric conditions;
- 8.2. by class member, review the psychotropic medications being taken, including PRN psychotropic medication and related protocols;
- 8.3. review policies and procedures regarding psychotropic medications including psychotropic, psychoactive medications and those administered PRN;
- 8.4 review data collection and data sharing expectations;
- 8.5. share information on other items as identified by the work group; and
- 8.6 make recommendations, as needed.

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<sup>13</sup> The 2005 recommendation asked that these guidelines include recommendations regarding methods to be used for each person and to facilitate their movement toward other, less restrictive, methods of receiving dental care.

<sup>14</sup> DOH/DDSD felt that the challenge, in part, is that the most informed people may not be accompanying class members to the doctor and/or information is not being passed back to the team.

## 9. Adaptive Equipment, Assistive Technology, Communications: Findings

| Question   | 2004<br>(sample=96)   | 2005<br>(sample=101)                                       | 2006<br>(sample=111)                                      | 2007<br>(sample=110)                                      |
|--|---|--|---|---|
| 138. Has the person received all adaptive equipment needed?              | 59% Yes (39)<br>36% Partial (24)<br>5% No (3)<br>(30 N/A)   | 75% Yes (57)<br>22% Partial (17)<br>3% No (2)<br>(25 N/A)  | 56% Yes (54)<br>43% Partial (41)<br>1% No (1)<br>(15 N/A) | 76% Yes (71)<br>24% Partial (22)<br>(17 N/A)              |
| 139. Has the person received all assistive technology needed?            | 52% Yes (32)<br>28% Partial (17)<br>20% No (12)<br>(35 N/A) | 44% Yes (27)<br>41% Partial (25)<br>15% No (9)<br>(40 N/A) | 49% Yes (35)<br>46% Partial (33)<br>6% No (4)<br>(39 N/A) | 52% Yes (38)<br>42% Partial (31)<br>5% No (4)<br>(37 N/A) |
| 140. Has the person received all communication assessments and services? | 36% Yes (27)<br>41% Partial (31)<br>24% No (18)<br>(20 N/A) | 46% Yes (39)<br>44% Partial (37)<br>10% No (8)<br>(17 N/A) | 52% Yes (46)<br>39% Partial (34)<br>9% No (8)<br>(23 N/A) | 48% Yes (44)<br>44% Partial (40)<br>8% No (7)<br>(19 N/A) |

### Historic Adaptive Equipment/Assistive Technology Disengagement Data

| Question  | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|---|------|------|------|------|------|------|------|
| 138. Has the person received all adaptive equipment needed?                     | 59%  | 73%  | 83%  | 59%  | 75%  | 56%  | 76%  |
| 139. Has the person received all assistive technology needed?                   | 54%  | 60%  | 81%  | 52%  | 44%  | 49%  | 52%  |
| 140. Has the person received all communication assessments and services needed? | 49%  | 51%  | 61%  | 36%  | 46%  | 52%  | 48%  |

The importance of being able to move and appropriately position your body, have eye contact and communicate, influence and control your environment cannot be overemphasized. In 2004 the following recommendations were made in an effort to address critical deficiencies in the adaptive equipment, assistive technology and communications area.

- DOH/DDSD, in consultation with stakeholders and the AT Consultant, should develop and implement interventions which result in<sup>15</sup>:
  - Class members having the devices they need;
  - These devices remain in working order, appropriate and functional to the individual;
  - Direct support staff are trained and supported to ensure regular and appropriate use of the devices by the individual;
  - Class members who need them have communication devices which provide a means to communicate desires, needs, discomfort and pleasure in a meaningful manner;
  - Devices are available and used throughout the individual's day.
- DOH/DDSD, in consultation with regional staff, will recruit and retain adequate health care professionals (including BT, OT, SLP, PT) with expertise in services to people with developmental disabilities in areas of the state where gaps exist.

As evidenced by the findings in 2007, the issues which prompted these recommendations in 2004 remain.

<sup>15</sup> During the meeting between the Community Monitor and the Defendants (April 30, 2008), the Defendants suggested that this should be related to a comprehensive Quality Improvement System. The Community Monitor has no objection as long as this issue is addressed timely.

**2007 Recommendation #9:** DOH/DDSD should conduct regular reviews to verify that therapeutic (BSC, SLP, OT, PT) services are delivered and the strategies/plan meets the needs of the individual. In cases where the individuals needs are not being met, training/technical assistance, as needed, should be provided in order to enable the development and implementation of functional strategies which improve the individual's ability to interact with their environment in the most independent manner possible. (Modified in line with DOH/DDSD's comments)

**2007 Recommendation #10:** Case Managers, providers, Quest team members, DHI Surveyors, Plaintiff Monitors, Corporate Guardians, etc., should know what human and mechanical supports class members require and submit a Regional Office Request for Intervention Form (RORI) when such supports are not present, being used as needed and/or are not functional. (Modified in line with DOH/DDSD's, Plaintiff and Arc Intervener comments)

- 10.1 DOH/DDSD should evaluate each such report and based upon findings, require the appropriate remediation.
- 10.2 DOH/DDSD should produce aggregate reports by region summarizing their findings and share this information at each quarterly meeting.

**2007 Recommendation #11:** Regions which have not been able to provide needed therapy services should recruit and hire therapists in specialty areas where service gaps exist in order to have on-site back up consultation and services. (No comments received)

## 10. Expectations for Growth: Findings

| Question  | 2004<br>(sample=96)                                     | 2005<br>(sample=101)  | 2006<br>(sample=111)                          | 2007<br>(sample=110)                           |
|---|---|---|---|--|
| 31. Does the case manager have an appropriate expectation of growth for this person?                        | 36% Yes (35)<br>56% Partial (54)<br>7% No (7)           | 60% Yes (61)<br>38% Partial (38)<br>2% No (2)                   | 48% Yes (53)<br>50% Partial (55)<br>3% No (3) | 71% Yes (65%)<br>36 Partial (33%)<br>3 No (3%) |
| 42. Does the [day services] direct service staff have an appropriate expectation of growth for this person? | 52% Yes (49)<br>44% (42)<br>4% No (4)<br>(1 not scored) | 67% Yes (67)<br>32% Partial (32)<br>1% No (1)<br>(1 not scored) | 59% Yes (66)<br>38% Partial (42)<br>3% No (3) | 75% Yes (83)<br>19% Partial (21)<br>5% No (6)  |
| 52. Does the residential direct service staff have an appropriate expectation of growth for this person?    | 49% Yes (47)<br>47% Partial (45)<br>3% No (3)           | 68% Yes (68)<br>31% Partial (31)<br>1% No (1)<br>(1 not scored) | 63% Yes (70)<br>37% Partial (41)              | 68% Yes (75)<br>31% Partial (34)<br>1% No (1)  |
| 85. Overall, does the IDT have an appropriate expectation of growth for this person?                        | 25% Yes (24)<br>74% Partial (71)<br>1% No (1)           | 47% Yes (47)<br>52% Partial (53)<br>1% No (1)                   | 32% Yes (35)<br>68% Partial (76)              | 51% Yes (56)<br>49% Partial (54)               |

See also 2007 Recommendation #4, and narrative in the Meaningful Day/Day Services section as it relates to findings from previous years.

## 11. Adequacy of Planning & Adequacy of Services: Findings

| Question   | 2004<br>(sample=96)                           | 2005<br>(sample=101)                        | 2006<br>(sample=111)                                     | 2007<br>(sample=110)                          |
|--|---|---|--|---|
| 61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year? | 100% Yes (96)                                 | 99% Yes (100)<br>1% No (1)                  | 99% Yes (110)<br>1% No (1)                               | 99% Yes (109)<br>1% No (1)                    |
| 62. Was the ISP developed by an appropriately constituted IDT?   | 35% Yes (34)<br>61% Partial (59)<br>3% No (3) | 56% Yes (56)<br>44% Partial (44)<br>(1 N/A) | 45% Yes (49)<br>55% Partial (60)<br>1% No (1)<br>(1 N/A) | 51% Yes (56)<br>48% Partial (53)<br>1% No (1) |

| Question  | 2004<br>(sample=96)   | 2005<br>(sample=101)  | 2006<br>(sample=111)  | 2007<br>(sample=110)  |
|---|---|---|---|---|
| 63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?   | 30% Yes (23)<br>34% Partial (26)<br>36% No (27)<br>(20 CND) | 39% Yes (24)<br>39% Partial (24)<br>23% No (14)<br>(39 N/A) | 38% Yes (31)<br>35% Partial (28)<br>27% No (22)<br>(30 N/A) | 35% Yes (29)<br>40% Partial (33)<br>24% No (20)<br>(28 N/A) |
| 64. Overall, is the long-term vision adequate?  | 24% Yes (23)<br>64% Partial (61)<br>13% No (12)             | 51% Yes (51)<br>48% Partial (48)<br>1% No (1)<br>(1 N/A)    | 41% No (45)<br>54% Partial (59)<br>5% No (6)<br>(1 N/A)     | 50% Yes (55)<br>45% Partial (50)<br>5% No (5)               |
| 65*. Overall, does the Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP give adequate guidance to achieving the person's long-term vision?          | 31% Yes (30)<br>52% Partial (50)<br>17% No (16)             | 62% Yes (62)<br>36% Partial (36)<br>2% No (2)<br>(1 N/A)    | 50% Yes (55)<br>45% Partial (50)<br>5% No (5)<br>(1 N/A)    | 56% Yes (62)<br>42% Partial (46)<br>2% No (2)               |
| 66*. Overall, is the Progress Towards Reaching the long Term Vision Section of the ISP used as the basis for outcome development?   | 32% Yes (31)<br>49% Partial (47)<br>19% No (18)             | 59% Yes (59)<br>33% Partial (33)<br>8% No 8<br>(1 N/A)      | 57% Yes (63)<br>35% Partial (39)<br>7% No (8)<br>(1 N/A)    | 55% Yes (60)<br>43% Partial (47)<br>3% No (3)               |
| 67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome (s) have been achieved?  | 11% Yes (11)<br>51% Partial (49)<br>38% No (36)             | 45% Yes (45)<br>44% Partial (44)<br>11% No (11)<br>(1 N/A)  | 35% Yes (39)<br>55% Partial (60)<br>10% No (11)<br>(1 N/A)  | 38% Yes (42)<br>54% Partial (59)<br>8% No (9)               |
| 68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?  | 31% Yes (30)<br>48% Partial (46)<br>21% No (20)             | 61% Yes (61)<br>35% Partial (35)<br>4% No (4)<br>(1 N/A)    | 50% Yes (55)<br>46% Partial (51)<br>4% No (4)<br>(1 N/A)    | 72% Yes (79)<br>27% Partial (30)<br>1% No (1)               |
| 69*. Overall, do the ISP outcomes address the person's major needs?   | 24% Yes (23)<br>58% Partial (56)<br>18% No (17)             | 52% Yes (52)<br>47% Partial (47)<br>1% No (1)<br>(1 N/A)    | 47% Yes (52)<br>49% Partial (54)<br>4% No (4)<br>(1 N/A)    | 50% Yes (55)<br>47% Partial (52)<br>3% No (3)               |
| 70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?   | 18% Yes (17)<br>46% Partial (44)<br>36% No (35)             | 43% Yes (43)<br>42% Partial (42)<br>15% No (15)<br>(1 N/A)  | 39% Yes (43)<br>53% Partial (58)<br>8% No (9)<br>(1 N/A)    | 49% Yes (54)<br>46% Partial (51)<br>5% No (5)               |
| 71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?  | 21% Yes (20)<br>47% Partial (45)<br>32% No (31)             | 45% Yes (45)<br>44% Partial (44)<br>11% No (11)<br>(1 N/A)  | 39% Yes (43)<br>48% Partial (53)<br>13% No (14)<br>(1 N/A)  | 42% Yes (45)<br>40% Partial (43)<br>18% No (19)<br>(3 N/A)  |
| 72*. Overall, are the recommendations and/or objectives/strategies of ancillary providers integrated into the outcomes, action plans, and Teaching and Support Strategies of the ISP? | 12% Yes (11)<br>56% Partial (52)<br>32% No (30)<br>(3 N/A)  | 44% Yes (42)<br>42% Partial (40)<br>14% No (13)<br>(6 N/A)  | 36% Yes (38)<br>51% Partial (55)<br>13% No (14)<br>(4 N/A)  | 28% Yes (30)<br>55% Partial (58)<br>17% No (18)<br>(4 N/A)  |
| 73*. If needed, does the ISP contain a specific Crisis Prevention and Intervention Plan that meets the person's needs?  | 28% Yes (25)<br>42% Partial (38)<br>30% No (27)<br>(6 N/A)  | 62% Yes (56)<br>30% Partial (27)<br>9% No (8)<br>(10 N/A)   | 56% Yes (59)<br>38% Partial (40)<br>6% No (6)<br>(6 N/A)    | 75% Yes (77)<br>21% Partial (22)<br>4% No (4)<br>(7 N/A)    |
| 74*. Does the ISP contain information regarding primary health (medical) care?  | 48% Yes (46)<br>47% Partial (45)<br>5% No (5)               | 74% Yes (74)<br>25% Partial (25)<br>1% No (1)<br>(1 N/A)    | 73% Yes (80)<br>26% Partial (29)<br>1% No (1)<br>(1 N/A)    | 74% Yes (81)<br>26% Partial (29)                            |
| 74a*. Does the ISP face sheet contain contact information for the PCP?  |   |   |   | 84% Yes (92)<br>6% Partial (7)<br>10% No (11)               |
| 74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?   |   |   |   | 92% Yes (95)<br>8% Partial (8)<br>(7 N/A)                   |

| Question  | 2004<br>(sample=96)   | 2005<br>(sample=101)                                       | 2006<br>(sample=111)  | 2007<br>(sample=110)  |
|---|---|--|---|---|
| 74c*. Was the ISP (the most current Annual) developed using the new ISP format?   |   |  |   | 93% Yes (102)<br>7% No (8)                                  |
| 75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?   | 68% Yes (65)<br>22% Partial (21)<br>10% No (10)             | 78% Yes (77)<br>16% Partial (16)<br>6% No (6)<br>(2 N/A)   | 78% Yes (86)<br>18% Partial (20)<br>4% No (4)<br>(1 N/A)    | 57% Yes (63)<br>28% Partial (31)<br>15% No (16)             |
| 76. Does the ISP reflect how the person will obtain prescribed medications?   | 42% Yes (40)<br>28% Partial (27)<br>30% No (29)             | 60% Yes (58)<br>26% Partial (25)<br>14% No (14)<br>(4 N/A) | 56% Yes (61)<br>33% Partial (36)<br>11% No (12)<br>(2 N/A)  | 66% Yes (72)<br>30% Partial (33)<br>4% No (4)<br>(1 N/A)    |
| 77. Does the ISP contain a list of adaptive equipment needed and who will provide it?   | 41% Yes (29)<br>38% Partial (27)<br>21% No (15)<br>(25 N/A) | 57% Yes (44)<br>39% Partial (30)<br>4% No (3)<br>(24 N/A)  | 38% Yes (37)<br>45% Partial (44)<br>17% No (17)<br>(13 N/A) | 30% Yes (28)<br>47% Partial (44)<br>23% No (21)<br>(17 N/A) |
| 78. Overall, is the ISP adequate to meet the person's needs?  | 3% Yes (3)<br>81% Partial (78)<br>16% No (15)               | 20% Yes (20)<br>78% Partial (78)<br>2% No (2)<br>(1 N/A)   | 6% Yes (7)<br>94% Partial (103)<br>(1 N/A)                  | 13% Yes (14)<br>87% Partial (96)                            |
| 79. If #78 is rated "2", is the ISP being implemented?  | 50% Yes (2)<br>50% Partial (2)<br>(92 N/A)                  | 67% Yes (14)<br>33% Partial (7)<br>(80 N/A)                | 57% Yes (4)<br>43% Partial (3)<br>(104 N/A)                 | 93% Yes (13)<br>7% Partial (1)<br>(96 N/A)                  |
| 80. If there is no ISP, or if #78 is rated "0" or "1", are current services adequate to meet the person's needs?  | 12% Yes (11)<br>83% Partial (77)<br>5% No (5)<br>(3 N/A)    | 24% Yes (19)<br>75% Partial (60)<br>1% No (1)<br>(21 N/A)  | 19% Yes (20)<br>81% Partial (84)<br>(7 N/A)                 | 33% Yes (32)<br>67% Partial (64)<br>(14 N/A)                |
| 81. Overall, were the direct service staff trained on the implementation of the ISP?  | 51% Yes (49)<br>44% Partial (42)<br>5% No (5)               | 67% Yes (68)<br>32% Partial (32)<br>1% No (1)              | 55% Yes (61)<br>44% Partial (49)<br>1% No (1)               | 59% Yes (65)<br>41% Partial (45)                            |
| 82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?   | 67% Yes (64)<br>32% Partial (31)<br>1% No (1)               | 77% Yes (78)<br>23% Partial (23)                           | 51% Yes (57)<br>49% Partial (54)                            | 55% Yes (60)<br>45% Partial (50)                            |
| 83. Overall, do the progress notes or other documentation in the case management record reflect the status of the goals and services of the key life areas stated in the ISP? | 28% Yes (27)<br>65% Partial (62)<br>7% No (7)               | 47% Yes (47)<br>50% Partial (51)<br>3% No (3)              | 20% Yes (22)<br>73% Partial (81)<br>7% No (8)               | 32% Yes (35)<br>61% Partial (67)<br>7% No (8)               |

The adequacy of the ISP is a long-standing disengagement issue. Next to health related issues, ISP deficiencies continue to be the second most frequently and consistently cited problem. The challenges this presents in the overall coordination and implementation of services in line with class members needs cannot be overstated. Many ISPs lack forward looking visions for class members, contain outcomes that have been in the class member's ISP for more than one year and/or are outcomes that the class member has been able to do for a long period of time or have become inappropriate for the class member to do but have not been changed.

A significant issue with the ISP appears to be that it has lost focus and its purpose is no longer clear. While the planning process should be person-centered and inspired by the dreams and aspirations of the class member, it appears to have become a paper driven process responsive to standards and audits more so than the individual.

In an effort to improve the effectiveness of the ISP, DDS has, during the past several years, modified both the ISP paper and the process. As demonstrated by the results of the 2006 and 2007 Community Practice Review these activities seem to have resulted in little significant improvement in the overall adequacy of the

ISP. Whether the changes have now had the time needed to be better understood and implemented throughout the system remains to be seen.

In the past, CPR recommendations regarding the ISP were limited in recognition of new DDSD ISP initiatives such as training, modifying standards, modifying case management requirements or modifying various components of the ISP. The hope was that these activities would result in significant improvement in the quality and implementation of the ISP. Recommendations such as those which follow were intended to highlight some of the systemic findings identified during the year of the review.

The following 2004 recommendations continue to be relevant based on 2007 findings.

- Recommendations/assessments made by the team, therapists and other clinicians are known, used as part of the foundation for planning, followed up on and implemented timely.
- Staff should have knowledge of the individual's health care needs, know and demonstrate competence of interventions required in line with those needs, implement needed supports and complete required documentation. This documentation should be reviewed in order to report or make required alterations timely.

The following 2005 recommendations continue to be relevant based on 2007 findings.

- The ISP will be effectively implemented. Documentation should be used to inform the Team so members know if services/interventions are accomplishing the intended outcomes. The Team uses this information to improve supports and services offered to class members.
- Providers must be held accountable for providing effective services in line with the ISP just as case managers should be held accountable for monitoring and reporting when those services are not provided as planned and/or when those services are not effective.
  - When class members do not make progress, attain outcomes and have their needs met timely, providers must take effective and timely action.
  - Contracted therapists, nurses and other ancillary providers should have articulated performance expectations within their contracts regarding their participation in and responsibilities resulting from the ISP.

The following 2007 recommendations project outcomes which are basic to the expectations for the ISP and are self evident based on the findings.

**2007 Recommendation #12:** DDSD should identify and implement strategies to resolve the ISP issues reported in the Community Practice Review. Interventions and strategies implemented should, in part, result in visions and outcomes that are forward-looking and when accomplished result in positive growth and development of the class member<sup>16</sup>. This should include:

- 12.1. ISPs are developed by an appropriately constituted team.
- 12.2. ISPs contain measurable criteria which is developed and used by the Team to determine if outcomes and objectives are being met.
  - 12.2.a. The ISP addresses the person's major needs and preferences.
- 12.3. Ancillary providers' recommendations and intervention strategies are integrated into the ISP, implemented timely and modified, as needed.
- 12.4. Action Plans include relevant steps that, if completed, will result in completion of the outcome to which they are assigned.
- 12.5. Teaching and support strategies are sufficient to ensure consistent
- 12.6. implementation of the services planned.
- 12.7. The class member's Meaningful Day definition describes the class member's preferred or

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<sup>16</sup> DOH/DDSD noted that the Reduce the Burden Group (see 12.8) are working on a standard template for Quarterly Reports. It is expected that measurable progress will be reported in measurable terms.

“ideal” day, not what they are doing now.

12.7.a. Each Class Member’s actual day should include their preferred and purposeful activities, preferences and items which make up their preferred or ideal day.

12.8. Implementation results are measurable, documented and reported to the Team.

12.9. The Team should modify the ISP, as needed, in a timely manner.

**2007 Recommendation #13:** Based, in part, on the individual findings and recommendations identified during the CPR, DDS D should revise the existing ISP Technical Assistance interventions to ensure that people developing strategies and implementing the ISP have the skills required. (Modified in line with DOH/DDS D comments)

13.1. ISP technical assistance should be modified to ensure that integrated interventions and strategies result in class members’ needs being met and the accomplishment of identified outcomes.

13.2. DDS D should ensure that providers give information to the direct support staff in an effective manner so they are knowledgeable regarding the ISP requirements.

13.2.a. Direct support staff should know their responsibilities in relation to and effectively implement the ISP.

13.2.b. Provide Technical Assistance and enforcement in line with existing standards which require therapists to provide regular training and oversight to direct support staff to ensure the effective and competent implementation of the ISP. (Based on DOH/DDS D comments)

13.2.c. Provide Technical Assistance and enforcement in line with existing standards which require nurses to provide training regarding health care precautions and practices specific to each individual’s care. (Based on DOH/DDS D comments)

**2007 Recommendation #14:** Each region should have effective ISPs for each class member supported by adequate and knowledgeable staff to provide training and technical assistance to the Teams, as needed.

14.1. In line with the JSD and Plan of Action (POA) Outcome C, Regions that continue to score low on adequacy of the ISP will develop a plan which: (Modified in line with DOH/DDS D comments)

14.1.a. identifies barriers to the development of adequate and effective ISPs;

14.1.b. identifies action needed to reduce or eliminate these barriers;

14.1.c. identifies what is needed in order to ensure effective ISP development, implementation and oversight; and

14.2. 30 days following each regions’ on site review, each region should submit this request to DOH/DDS D with copies to the Community Monitor, Court’s Expert and Parties.

**2007 Recommendation #15:** In line with these requests (14), DOH/DDS D should develop intervention strategies, by region, to ensure the development and implementation of adequate and effective ISPs. Copies should be provided to the Community Monitor, Courts Expert and the parties. These strategies should include, at a minimum, attention to interventions necessary, including resources available and needed; including provider responsibility, accountability and monitoring<sup>17</sup>.

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<sup>17</sup> Outcome C referenced in Recommendation #14 in line with DOH/DDS D comments applies here as well.

## 12. Team Process: Findings

| Question   | 2004<br>(sample=96)  | 2005<br>(sample=101)                                      | 2006<br>(sample=111)                                      | 2007<br>(sample=110)                                      |
|--|--|---|---|---|
| 113. Is there evidence that the ISP was reviewed by the IDT within the last six months?  | 100% Yes (76)<br>(20 N/A)                                  | 98% Yes (91)<br>2% No (2)<br>(8 N/A)                      | 95% Yes (94)<br>5% No (5)<br>(12 N/A)                     | Question not used in 2007 Review                          |
| 114. Are the individual members of the IDT following up on their responsibilities?   | 25% Yes (24)<br>71% Partial (68)<br>4% No (4)              | 34% Yes (34)<br>65% Partial (66)<br>1% No (1)             | 21% Yes (23)<br>76% Partial (84)<br>4% No (4)             | 32% Yes (35)<br>68% Partial (75)                          |
| 115. If there is evidence of team conflict, has the team made efforts to build consensus?  | 50% Yes (16)<br>38% Partial (12)<br>13% No (4)<br>(64 N/A) | 55% Yes (11)<br>45% Partial (9)<br>(81 N/A)               | 57% Yes (20)<br>43% Partial (15)<br>(76 N/A)              | 58% Yes (14)<br>38% Partial (9)<br>4% No (1)<br>(86 N/A)  |
| 116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?      | 51% Yes (40)<br>49% No (39)<br>(13 N/A, 4 CND)             | 76% Yes (62)<br>24% No (20)<br>(19 N/A)                   | 73% Yes (77)<br>27% No (28)<br>(6 N/A)                    | 78% Yes (72)<br>22% No (20)<br>(17 N/A, 1 CND)            |
| 117. Is there adequate communication among team members between meetings to ensure the person's program can be/is being implemented? | 51% Yes (49)<br>46% Partial (44)<br>3% No (3)              | 71% Yes (72)<br>29% Partial (29)                          | 64% Yes (71)<br>33% Partial (37)<br>3% No (3)             | 73% Yes (80)<br>26% Partial (29)<br>1% No (1)             |
| 118. Do you recommend Team Process Training for this IDT?  | 14% Yes (13)<br>86% No (83)                                | 8% Yes (8)<br>92% No (93)                                 | 11% Yes (12)<br>89% No (99)                               | 6% Yes (7)<br>94% No (103)                                |
| 119. Is there evidence or documentation of physical regression in the last year?   | 29% Yes (26)<br>71% No (64)<br>(6 CND)                     | 28% Yes (28)<br>72% No (71)<br>(2 CND)                    | 32% Yes (35)<br>68% No (75)<br>(1 CND)                    | 25% Yes (27)<br>75% No (80)<br>(3 CND)                    |
| 120. Is there evidence or documentation of behavioral or functional regression in the last year?                                     | 32% Yes (29)<br>68% No (63)<br>(4 CND)                     | 18% Yes (18)<br>82% No (83)                               | 23% Yes (25)<br>77% No (85)<br>(1 CND)                    | 16% Yes (17)<br>84% No (91)<br>(2 CND)                    |
| 121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?   | 19% Yes (8)<br>49% Partial (21)<br>33% No (14)<br>(53 N/A) | 67% Yes (24)<br>31% Partial (11)<br>3% No (1)<br>(65 N/A) | 38% Yes (16)<br>55% Partial (23)<br>7% No (3)<br>(69 N/A) | 72% Yes (23)<br>22% Partial (7)<br>6% No (2)<br>(78 N/A)  |
| 122. Has the person changed residential/day services in the last year? If Yes, was the change:                                       | 32% Yes (31)<br>68% No (65)                                | 25% Yes (25)<br>75% No (76)                               | 30% Yes (33)<br>70% No (78)                               | 19% Yes (21)<br>81% No (89)                               |
| 122a. Planned by the IDT?  | 43% Yes (13)<br>23% Partial (7)<br>33% No (10)<br>(66 N/A) | 84% Yes (21)<br>12% Partial (3)<br>4% No (1)<br>(76 N/A)  | 76% Yes (25)<br>18% Partial (6)<br>6% No (2)<br>(78 N/A)  | 76% Yes (16)<br>19% Partial (4)<br>5% No (1)<br>(89 N/A)  |
| 122b. Appropriate to meet needs?   | 55% Yes (16)<br>31% Partial (9)<br>14% No (4)<br>(67% N/A) | 80% Yes (20)<br>16% Partial (4)<br>4% No (1)<br>(76 N/A)  | 79% Yes (26)<br>21% Partial (7)<br>(78 N/A)               | 81% Yes (17)<br>10% Partial (2)<br>10% No (2)<br>(89 N/A) |
| 123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?             | 19% Yes (18)<br>73% Partial (70)<br>8% No (8)              | 17% Yes (17)<br>82% Partial (83)<br>1% No (1)             | 24% Yes (27)<br>74% Partial (82)<br>2% No (2)             | 40% Yes (44)<br>59% Partial (65)<br>1% No (1)             |

It is expected that with the implementation of the recommendations in the ISP section of this report, the outcomes related to overall Team Process will be positively affected as well.

### 13. Supported Employment: Findings

| Question  | 2004<br>(sample=96)   | 2005<br>(sample=101)  | 2006<br>(sample=111)  | 2007<br>(sample=110)  |
|---|---|---|---|---|
| 124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?           | 82% Yes (79)<br>18% No (17)                                 | 58% Yes (59)<br>42% No (42)                                 | 77% Yes (86)<br>23% No (25)                                 | 74% Yes (81)<br>26% No (29)                                 |
| 125. In the opinion of the IDT or the reviewer, does the person need supported employment?                | 53% Yes (51)<br>47% No (45)                                 | 51% Yes (52)<br>49% No (49)                                 | 66% Yes (73)<br>34% No (38)                                 | 58% Yes (64)<br>42% No (46)                                 |
| 126. Did the person receive a supported employment assessment?  | 87% Yes (68)<br>13% No (10)<br>(18 N/A)                     | 78% Yes (49)<br>22% No (14)<br>(38 N/A)                     | 76% Yes (68)<br>24% No (21)<br>(22 N/A)                     | 60% Yes (49)<br>40% No (32)<br>(29 N/A)                     |
| 127. Does the supported employment assessment conform to the DOH regulations?                             | 16% Yes (12)<br>74% Partial (55)<br>9% No (7)<br>(22 N/A)   | 38% Yes (23)<br>33% Partial (20)<br>28% No (17)<br>(41 N/A) | 25% Yes (22)<br>44% Partial (38)<br>31% No (27)<br>(24 N/A) | 35% Yes (28)<br>20% Partial (16)<br>46% No (37)<br>(29 N/A) |
| 128. Does the person have a career development plan (based on assessments) that meets the person's needs? | 12% Yes (7)<br>67% Partial (38)<br>21% No (12)<br>(39 N/A)  | 24% Yes (13)<br>37% Partial (20)<br>39% No (21)<br>(47 N/A) | 23% Yes (17)<br>44% Partial (32)<br>33% No (24)<br>(38 N/A) | 29% Yes (20)<br>35% Partial (24)<br>35% No (24)<br>(42 N/A) |
| 129. Is the person engaged in supported employment?   | 44% Yes (25)<br>56% No (32)<br>(39 N/A)                     | 39% Yes (22)<br>61% No (34)<br>(45 N/A)                     | 35% Yes (25)<br>65% No (47)<br>(39 N/A)                     | 47% Yes (31)<br>53% No (35)<br>(44 N/A)                     |
| 130. Is the supported work provided in accordance with the following?                                     | 27% Yes (13)<br>21% Partial (10)<br>52% No (25)<br>(48 N/A) | 22% Yes (11)<br>24% Partial (12)<br>55% No (28)<br>(50 N/A) | 22% Yes (16)<br>19% Partial (14)<br>58% No (42)<br>(39 N/A) | 30% Yes (20)<br>17% Partial (11)<br>53% No (35)<br>(44 N/A) |
| 130a. At least a 10-hour work week?   | 33% Yes (16)<br>67% No (32)<br>(48 N/A)                     | 27% Yes (14)<br>73% No (37)<br>(50 N/A)                     | 24% Yes (17)<br>76% No (55)<br>(39 N/A)                     | 33% Yes (22)<br>67% No (44)<br>(44 N/A)                     |
| 130b. Person earns at least ½ of minimum wage?  | 42% Yes (20)<br>58% No (28)<br>(48 N/A)                     | 35% Yes (18)<br>65% No (33)<br>(50 N/A)                     | 42% Yes (30)<br>58% No (42)<br>(39 N/A)                     | 41% Yes (27)<br>59% No (39)<br>(44 N/A)                     |
| 130c. Work setting is at least 50% non-handicapped co-workers?  | 48% Yes (23)<br>52% No (25)<br>(48 N/A)                     | 43% Yes (22)<br>57% No (29)<br>(50 N/A)                     | 33% Yes (24)<br>67% No (48)<br>(39 N/A)                     | 44% Yes (29)<br>56% No (37)<br>(44 N/A)                     |
| 130d. There is a reasonable expectation that the job will continue?                                       | 50% Yes (24)<br>50% No (24)<br>(48 N/A)                     | 47% Yes (24)<br>53% No (27)<br>(50 N/A)                     | 44% Yes (32)<br>56% No (40)<br>(39 N/A)                     | 45% Yes (30)<br>55% No (36)<br>(44 N/A)                     |

### Historic Supported Employment Disengagement Data

| Question                                 | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|--|------|------|------|------|------|------|------|
| Need an employment assessment?           | 64%  | 100% | 88%  | 82%  | 58%  | 77%  | 74%  |
| Need supported employment?               | 57%  | 29%  | 59%  | 53%  | 51%  | 66%  | 58%  |
| Receive supported employment assessment? | 100% | 100% | 100% | 86%  | 83%  | 79%  | 60%  |
| Assessment conforms to DOH Regulations?  | 89%  | 71%  | 87%  | 15%  | 39%  | 26%  | 35%  |
| Has a Career Development Plan?           | 38%  | 100% | 30%  | 14%  | 25%  | 23%  | 31%  |

| Question  | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|---|------|------|------|------|------|------|------|
| Is supported employment provided in line with requirements? | 38%  | 75%  | 30%  | 25%  | 21%  | 22%  | 31%  |

**2007 Recommendation #16:** DOH/DDSD should develop measurable deliverables in employment in line with the JSD, POA and Attachment A. These deliverables should be proposed and discussed with the Parties and measurable progress reports provided every three months at Quarterly Meetings<sup>18</sup>. These reports should include, at least: (Modified after DOH/DDSD comments)

- 16.1 a report using their data system that identifies every individual in the original 119 (Outcome B) and every other individual who has ever had a work goal (Outcome C) and provide information concerning their current work status, including but not limited to:
  - 16.1.a. the number of hours the person is working per week;
  - 16.2.b. the amount each person earns per hour;
  - 16.3.c. the length of their current employment; and
  - 16.4.d. the identification of any obstacles that prevent them from working.
- 16.2 a report, using their data system, that includes the number of individuals who previously had work goals and who either personally decided or whose team and/or guardian determined that they should not work. The report should identify each person by name and provide the specifics for each individual. This report should be provided at the spring 2008 Quarterly Meeting and each Quarterly Meeting thereafter.

#### 14. Behavior: Findings

| Question   | 2004<br>(sample=96)  | 2005<br>(sample=101)                                       | 2006<br>(sample=111)                                      | 2007<br>(sample=110)                                      |
|--|--|--|---|---|
| 131. Is the person considered by the IDT to need behavior services now?  | 61% Yes (58)<br>39% No (37)<br>(1 N/A)                     | 62% Yes (61)<br>38% No (38)<br>(2 N/A)                     | 74% Yes (80)<br>26% No (28)<br>(3 N/A)                    | 65% Yes (71)<br>35% No (39)                               |
| 132. In the opinion of the reviewer, does the person need behavior services?   | 64% Yes (61)<br>36% No (34)<br>(1 N/A)                     | 60% Yes (59)<br>40% No (40)<br>(2 N/A)                     | 73% Yes (79)<br>27% No (29)<br>(3 N/A)                    | 62% Yes (68)<br>38% No (41)<br>(1 N/A)                    |
| 133. Have adequate behavioral assessments been completed?  | 64% Yes (39)<br>30% Partial (18)<br>7% No (4)<br>(35 N/A)  | 73% Yes (45)<br>18% Partial (11)<br>10% No (6)<br>(39 N/A) | 77% Yes (62)<br>15% Partial (12)<br>9% No (7)<br>(30 N/A) | 74% Yes (53)<br>18% Partial (13)<br>8% No (6)<br>(38 N/A) |
| 134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs? | 62% Yes (38)<br>26% Partial (16)<br>11% No (7)<br>(35 N/A) | 78% Yes (47)<br>13% Partial (8)<br>8% No (5)<br>(41 N/A)   | 78% Yes (63)<br>19% Partial (15)<br>4% No (3)<br>(30 N/A) | 76% Yes (55)<br>19% Partial (14)<br>4% No (3)<br>(38 N/A) |
| 135. Have the staff been trained on the behavior support plan?   | 56% Yes (33)<br>36% Partial (21)<br>8% No (5)<br>(37 N/A)  | 75% Yes (44)<br>19% Partial (11)<br>7% No (4)<br>(42 N/A)  | 70% Yes (56)<br>24% Partial (19)<br>6% No (5)<br>(31 N/A) | 76% Yes (55)<br>21% Partial (15)<br>3% No (2)<br>(38 N/A) |
| 136. Does the person receive behavioral services consistent with his/her needs?  | 63% Yes (38)<br>25% Partial (15)<br>12% No (7)<br>(36 N/A) | 70% Yes (42)<br>20% Partial (12)<br>10% No (6)<br>(41 N/A) | 79% Yes (64)<br>17% Partial (14)<br>4% No (3)<br>(30 N/A) | 82% Yes (59)<br>15% Partial (11)<br>3% No (2)<br>(38 N/A) |

<sup>18</sup> DOH/DDSD objected to all of the employment recommendations. This is a modification which enables DOH/DDSD to identify how they are going to comply with the requirements of the JSD, POA and Attachment A and substantially improve the outcomes as identified in the Community Practice Review.

| Question  | 2004<br>(sample=96)   | 2005<br>(sample=101)                                       | 2006<br>(sample=111)                                       | 2007<br>(sample=110)  |
|---|---|--|--|---|
| 137. Are behavior support services integrated into the ISP? | 32% Yes (19)<br>39% Partial (23)<br>29% No (17)<br>(37 N/A) | 57% Yes (34)<br>30% Partial (18)<br>13% No (8)<br>(41 N/A) | 56% Yes (45%)<br>39% Partial (31)<br>5% No (4)<br>(31 N/A) | 48% Yes (34)<br>35% Partial (25)<br>17% No (12)<br>(39 N/A) |

### Historic Behavior Disengagement Data

| Question   | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|--|------|------|------|------|------|------|------|
| Does the person need behavioral services?  | 63%  | 69%  | 66%  | 64%  | 58%  | 71%  | 62%  |
| Have adequate behavioral assessments been completed?   | 74%  | 87%  | 71%  | 64%  | 76%  | 78%  | 78%  |
| Does the person have behavior support plan developed out of the behavior assessments that meet the person's needs? | 84%  | 87%  | 78%  | 62%  | 76%  | 78%  | 76%  |
| Have the staff been trained on the behavior support plan?  | 72%  | 84%  | 93%  | 54%  | 73%  | 69%  | 76%  |
| Does the person receive behavioral services consistent with his/her needs?   | 70%  | 82%  | 83%  | 62%  | 71%  | 81%  | 87%  |
| Are behavioral support services integrated into the ISP?   | 25%  | 55%  | 41%  | 31%  | 58%  | 57%  | 50%  |

Systemic issues relating to psychotropic/psychoactive medications (17% of the 2007 sample) and individuals with Axis I diagnosis (56% of the 2007 Sample) are addressed in the Assessment and Health Related section of this report. Issues related to ISP are addressed in that section of this report.

### 15. Individual Service Planning & Summary: Findings

| Question   | 2004<br>(sample=96)                           | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)                          |
|--|---|---|---|---|
| 141. Does the person have an ISP that addresses living, learning/working and social/leisure that correlates with the person's desire and capabilities, in accordance with DOH regulations? | 57% Yes (55)<br>38% Partial (36)<br>5% No (5) | 68% Yes (69)<br>29% Partial (29)<br>3% No (3) | 72% Yes (80)<br>27% Partial (30)<br>1% No (1) | 86% Yes (95)<br>14% Partial (15)              |
| 142*. Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view?  | 59% Yes (57)<br>34% Partial (33)<br>6% No (6) | 77% Yes (78)<br>19% Partial (19)<br>4% No (4) | 84% Yes (93)<br>14% Partial (15)<br>3% No (3) | 72% Yes (79)<br>25% Partial (27)<br>4% No (4) |
| 143. Does the person receive services and supports recommended in the ISP?   | 47% Yes (45)<br>48% Partial (46)<br>5% No (5) | 58% Yes (59)<br>41% Partial (41)<br>1% No (1) | 58% Yes (64)<br>41% Partial (46)<br>1% No (1) | 70% Yes (77)<br>30% Partial (33)              |
| 144. Does the person have adequate access to and use of generic services and natural supports?   | 44% Yes (42)<br>52% Partial (50)<br>4% No (4) | 65% Yes (66)<br>34% Partial (34)<br>1% No (1) | 61% Yes (68)<br>38% Partial (42)<br>1% No (1) | 66% Yes (73)<br>14% Partial (37)              |
| 145. Is the person adequately integrated into the community?   | 32% Yes (31)<br>60% Partial (58)<br>7% No (7) | 53% Yes (54)<br>39% Partial (39)<br>8% No (8) | 38% Yes (42)<br>59% Partial (65)<br>4% No (4) | 57% Yes (63)<br>39% Partial (43)<br>4% No (4) |

## Historic Individual Service Plan Disengagement Data

| Question  | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|---|------|------|------|------|------|------|------|
| Does the person have an ISP that addresses living, learning/working and social/leisure...   | 79%  | 84%  | 75%  | 57%  | 68%  | 72%  | 86%  |
| Does the person have an ISP that contains a Progress Towards Reaching the Long Term Vision section that is based on a long-term view? | 90%  | 89%  | 82%  | 59%  | 77%  | 84%  | 72%  |
| Does the person receive services and supports recommended in the ISP?   | 67%  | 69%  | 70%  | 47%  | 58%  | 58%  | 70%  |
| Does the person have adequate access to and use of generic services and natural supports?   | 57%  | 78%  | 73%  | 44%  | 65%  | 61%  | 66%  |
| Is the person adequately integrated into the community?   | 63%  | 71%  | 66%  | 32%  | 53%  | 38%  | 57%  |

### 16. Summary Questions

| Question   | 2004<br>(sample=96)                           | 2005<br>(sample=101)                          | 2006<br>(sample=111)                          | 2007<br>(sample=110)             |
|--|---|---|---|----------------------------------|
| <b>146. Overall, is the ISP adequate to meet the person's needs?</b>                       | 5% Yes (5)<br>81% Partial (78)<br>14% No (13) | 21% Yes (21)<br>76% Partial (77)<br>3% No (3) | 6% Yes (7)<br>93% Partial (103)<br>1% No (1)  | 13% Yes (14)<br>87% Partial (96) |
| <b>147. Is the program of the level of intensity adequate to meet this person's needs?</b> | 18% Yes (17)<br>77% Partial (74)<br>5% No (5) | 29% Yes (29)<br>70% Partial (71)<br>1% No (1) | 19% Yes (21)<br>79% Partial (88)<br>2% No (2) | 35% Yes (38)<br>85% Partial (72) |

### Historic Summary Disengagement Data

| Question   | 2000 | 2001 | 2002 | 2004 | 2005 | 2006 | 2007 |
|--|------|------|------|------|------|------|------|
| Overall, is the ISP adequate to meet the person's needs?                       | 33%  | 34%  | 29%  | 5%   | 21%  | 6%   | 13%  |
| Is the program of the level of intensity adequate to meet this person's needs? | 42%  | 53%  | 36%  | 18%  | 29%  | 19%  | 35%  |

To further inform the preceding data, substantial additional information is available in each of the regional reports, in each of the regional PowerPoint presentations, as well as in the statewide PowerPoint presentation. All of these reports were prepared by the Community Monitor and have previously been provided. They are available on the [Jacksoncommunityreview.org](http://Jacksoncommunityreview.org) website.

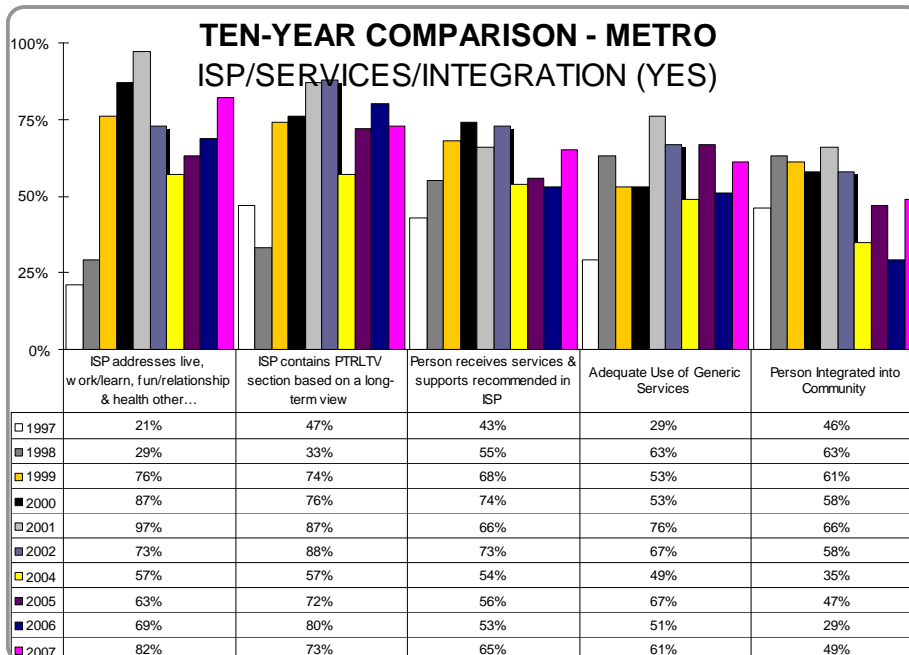
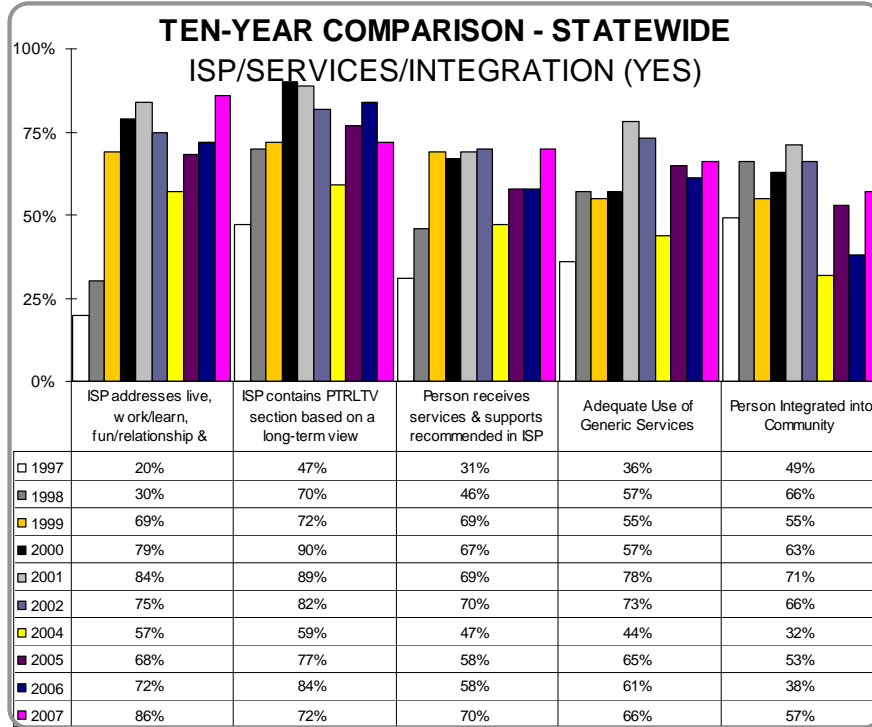
Additionally, Appendix A provides CPR current and historic data, by region, on the four areas of disengagement.

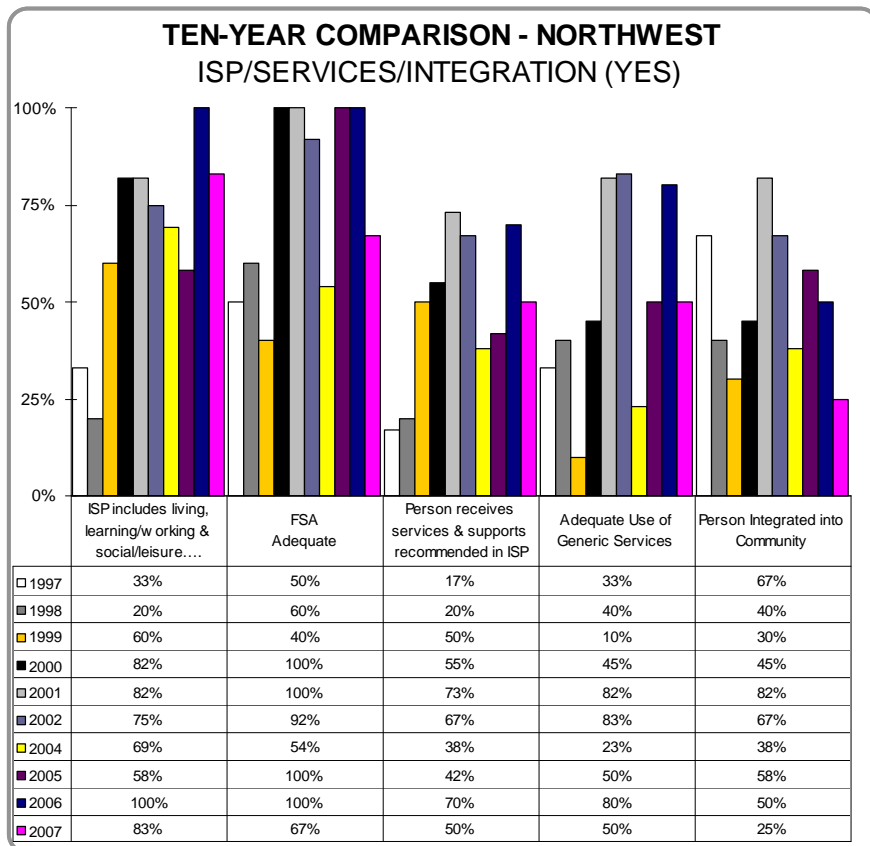
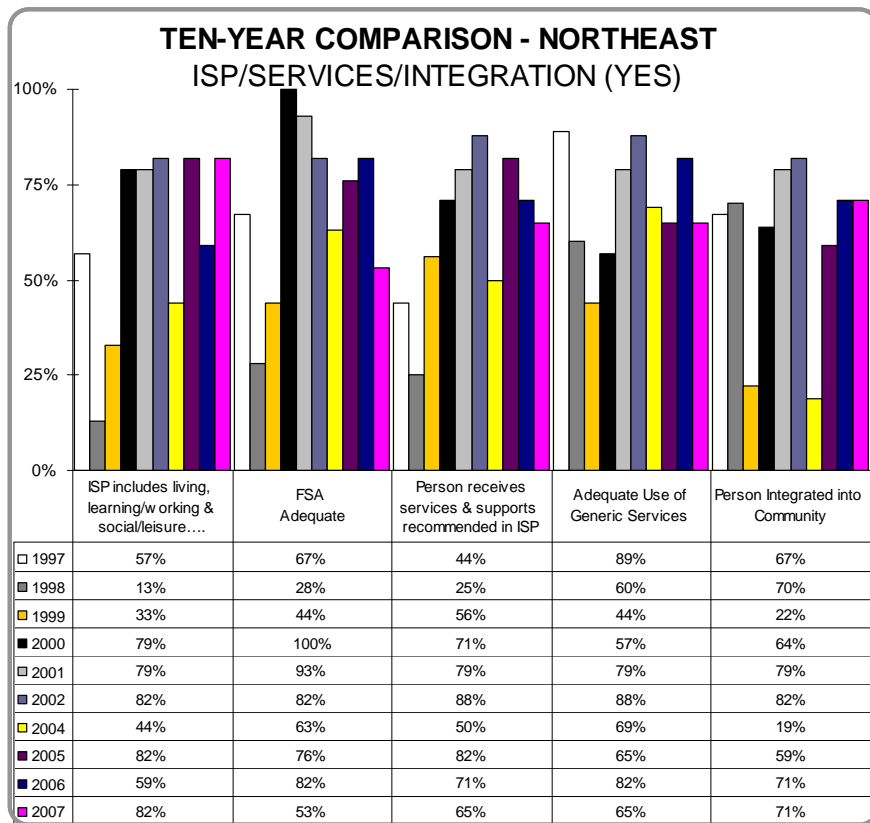
## APPENDIX A. HISTORICAL DISENGAGEMENT DATA BY REGION

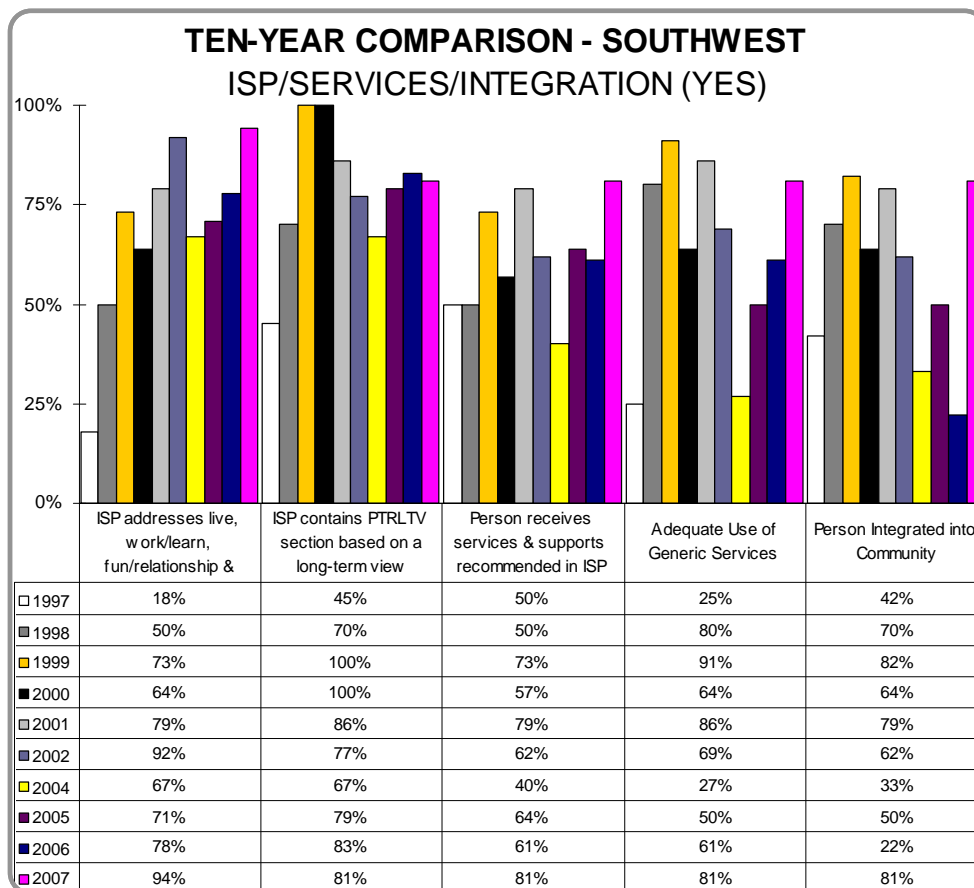
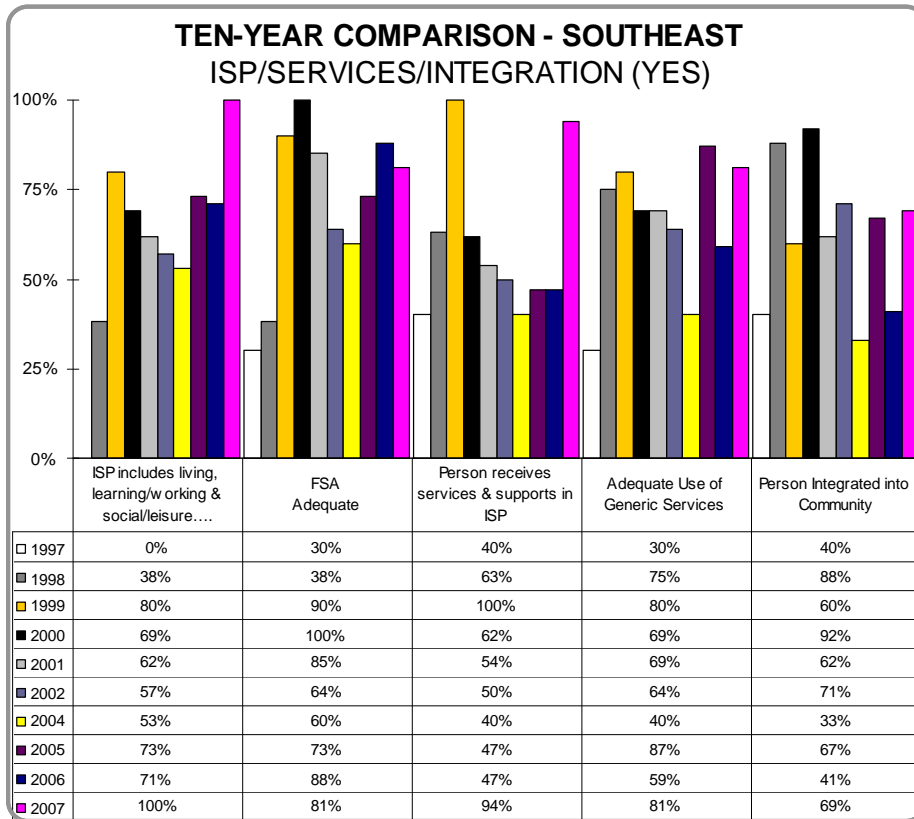
The following charts provide additional detail in the disengagement areas of:

- Individual Service Planning,;
- Adaptive Equipment, Assistive Technology, and Augmentative Communications;
- Supported Employment; and
- Behavior.

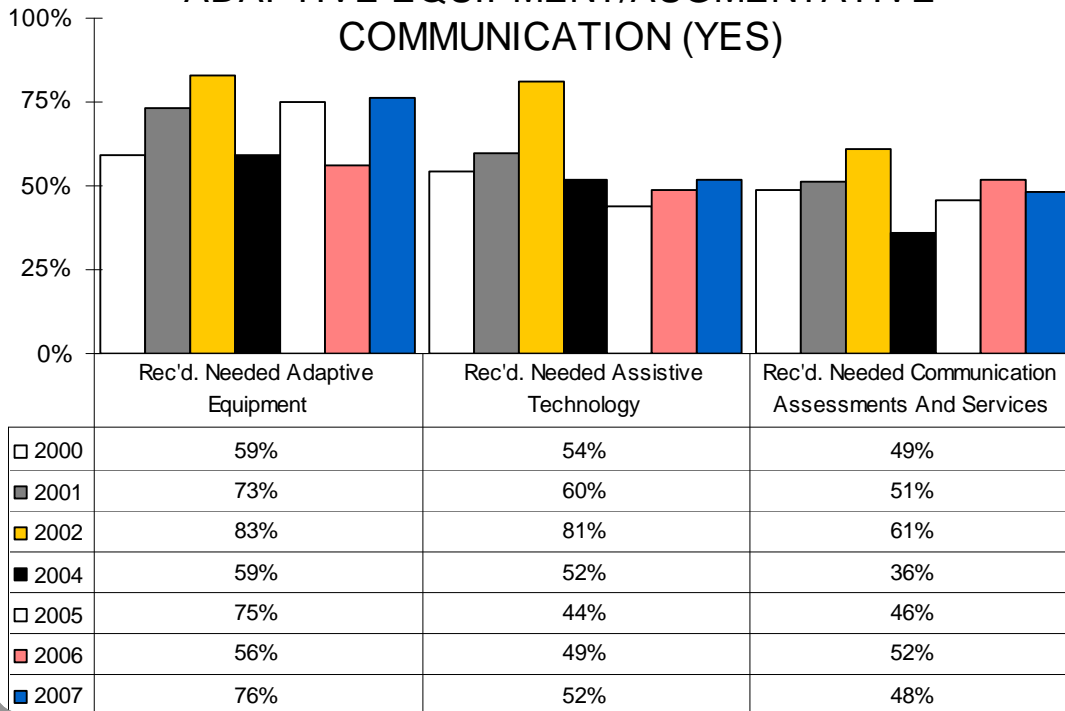
The reader will find charts depicting scoring statewide and by region for the years 1997 through 2007.



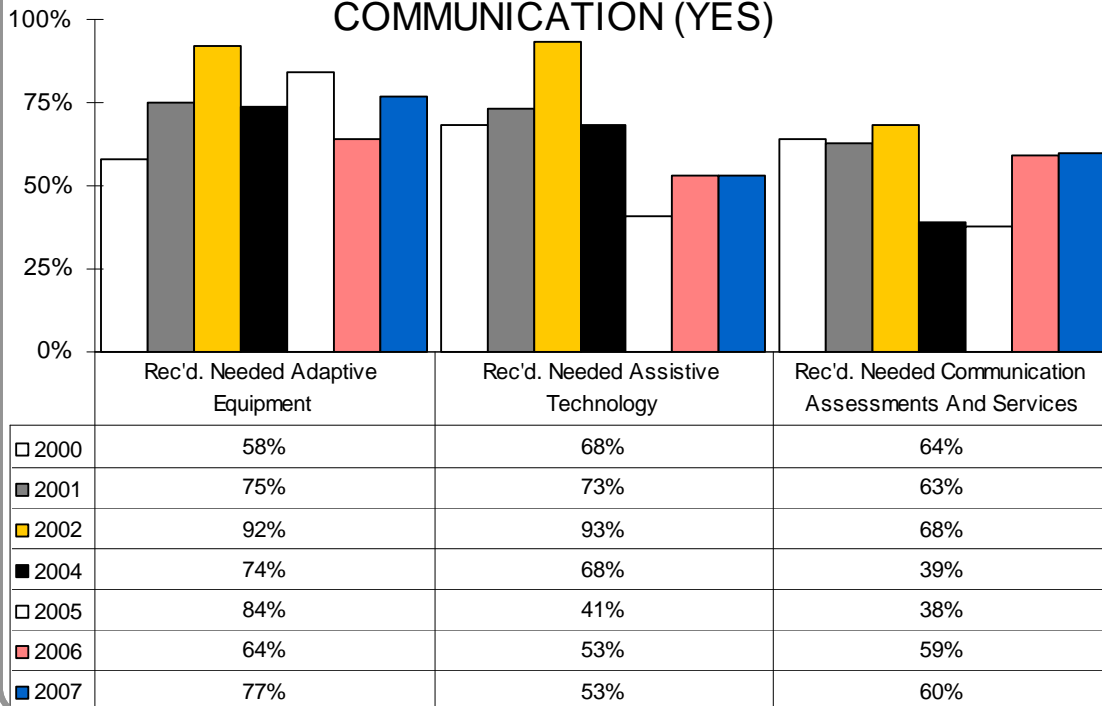




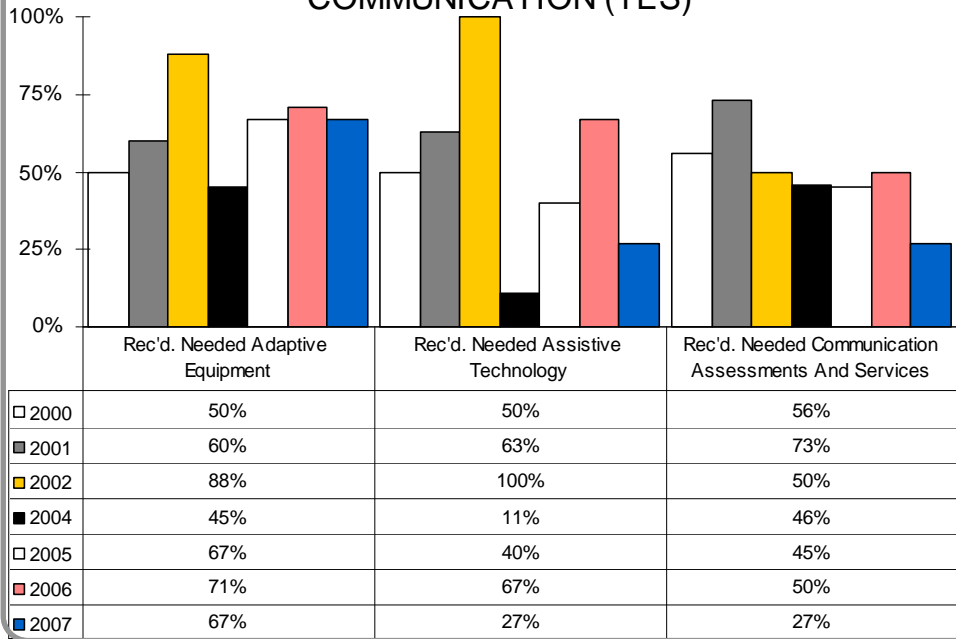
### SEVEN-YEAR COMPARISON - STATEWIDE ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



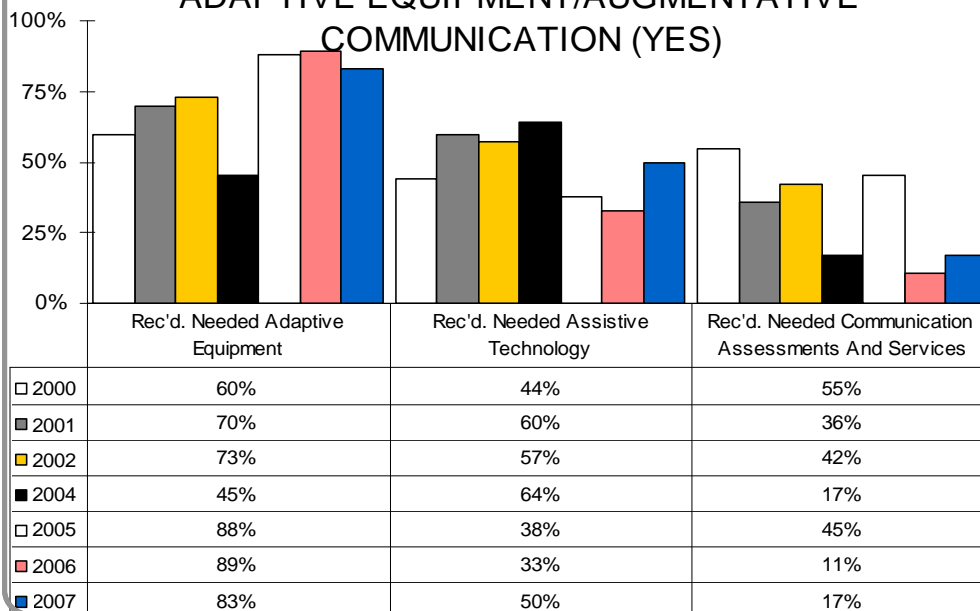
### SEVEN-YEAR COMPARISON - METRO ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)

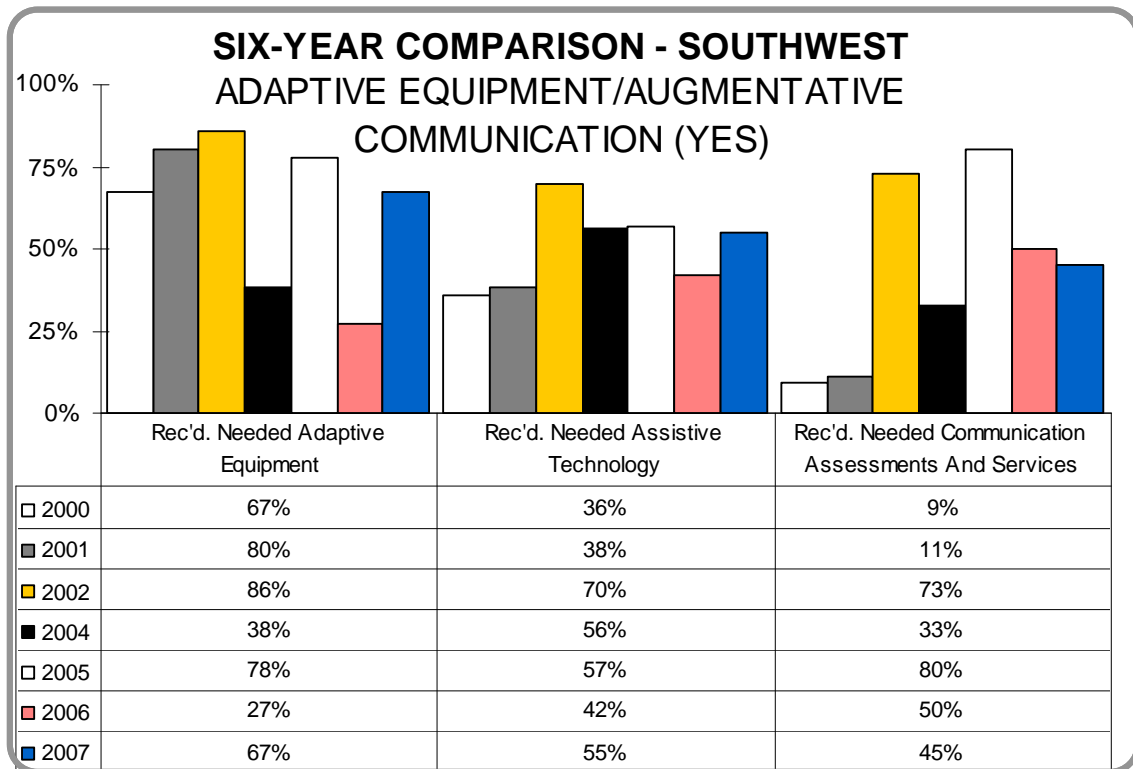
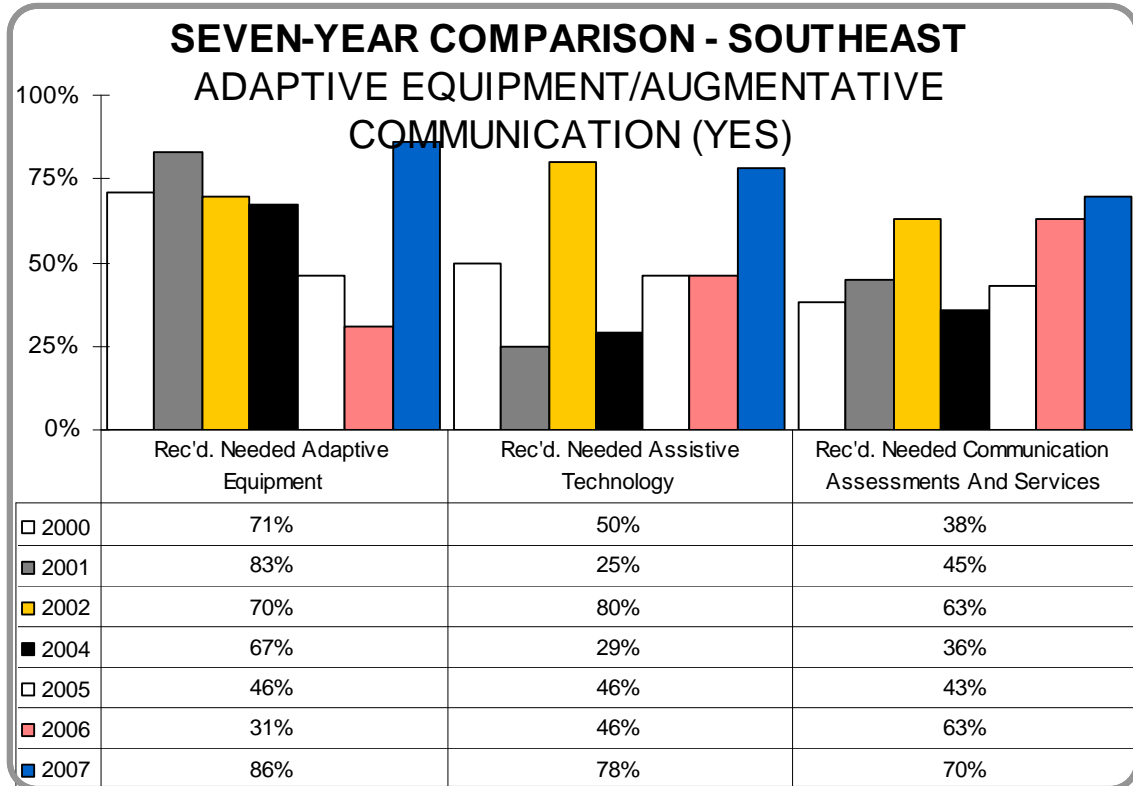


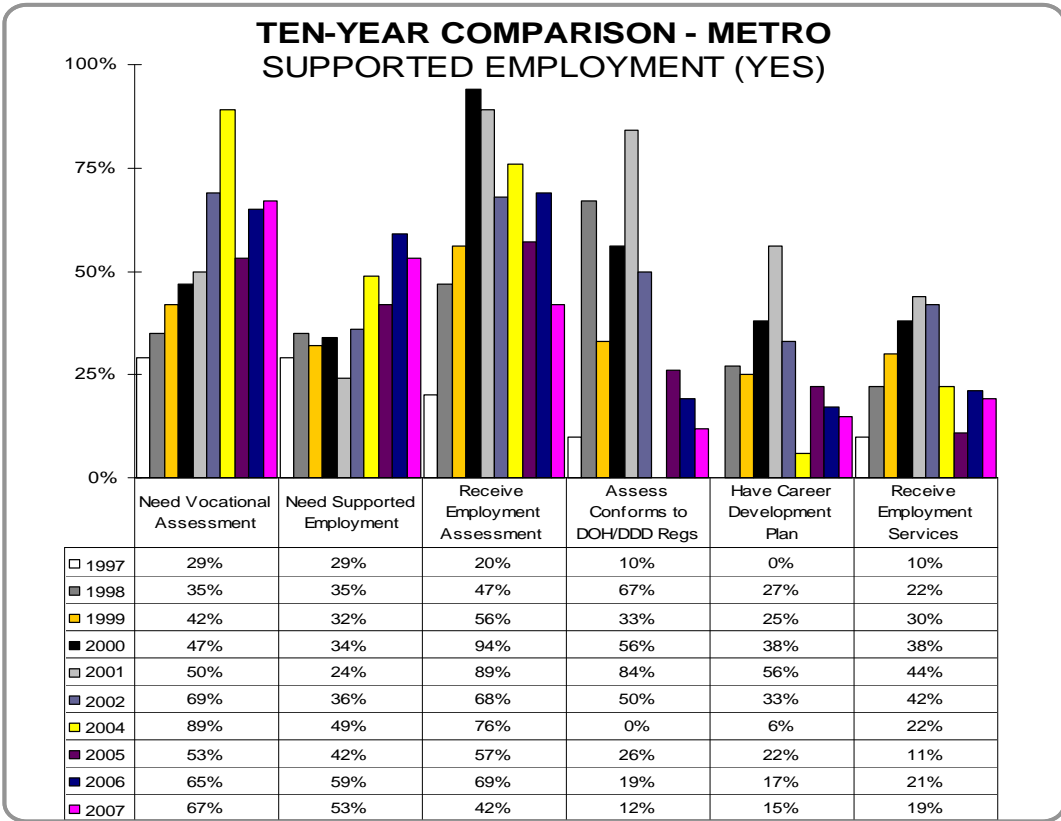
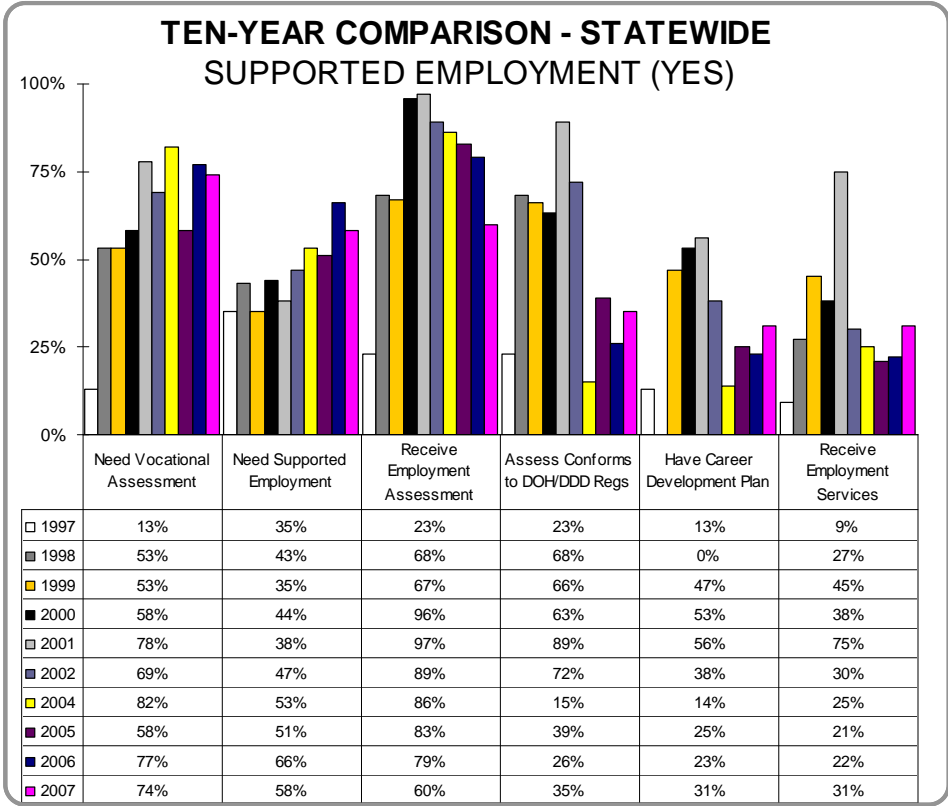
### SEVEN-YEAR COMPARISON - NORTHEAST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



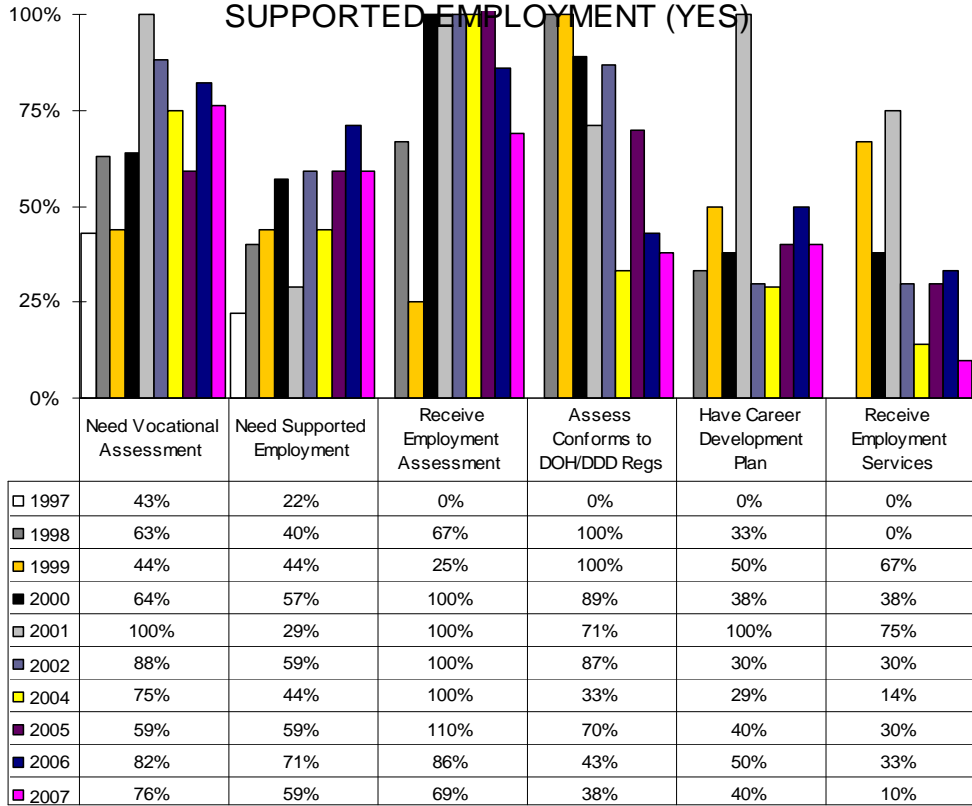
### SEVEN-YEAR COMPARISON - NORTHWEST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



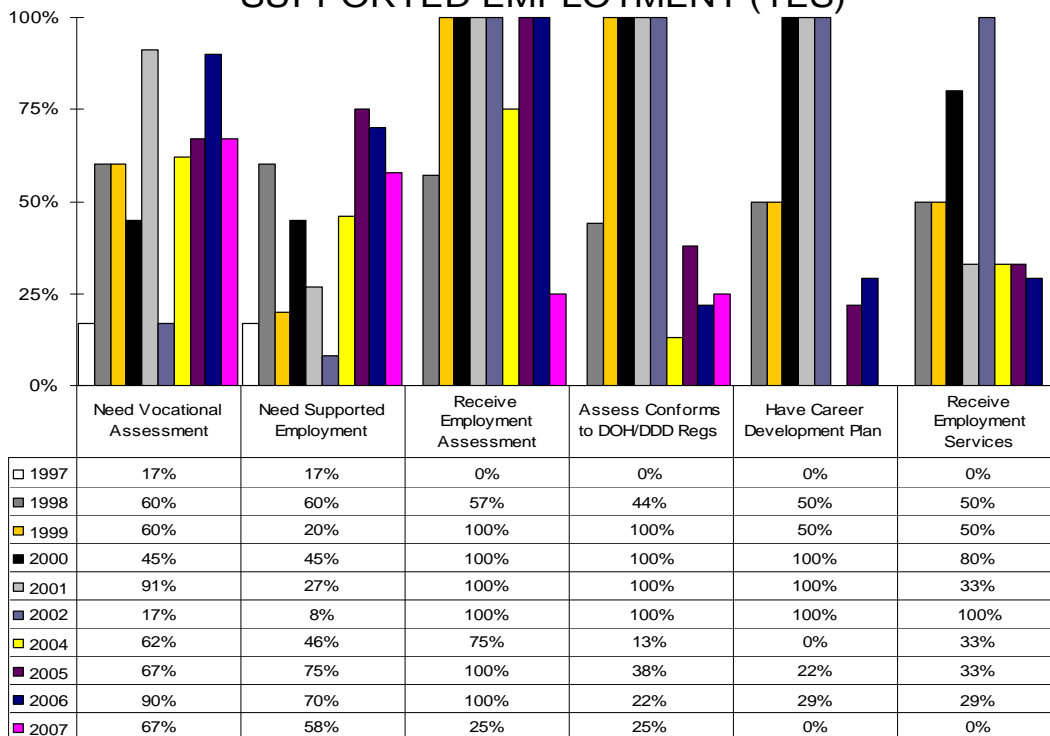




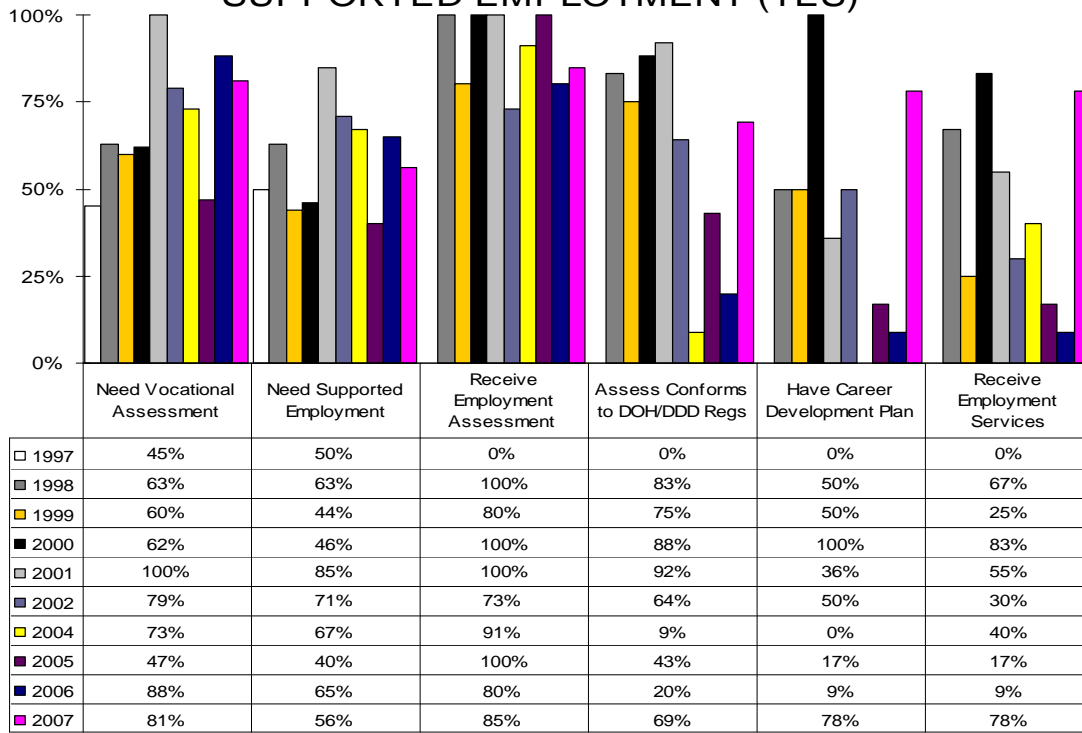
### TEN-YEAR COMPARISON - NORTHEAST SUPPORTED EMPLOYMENT (YES)



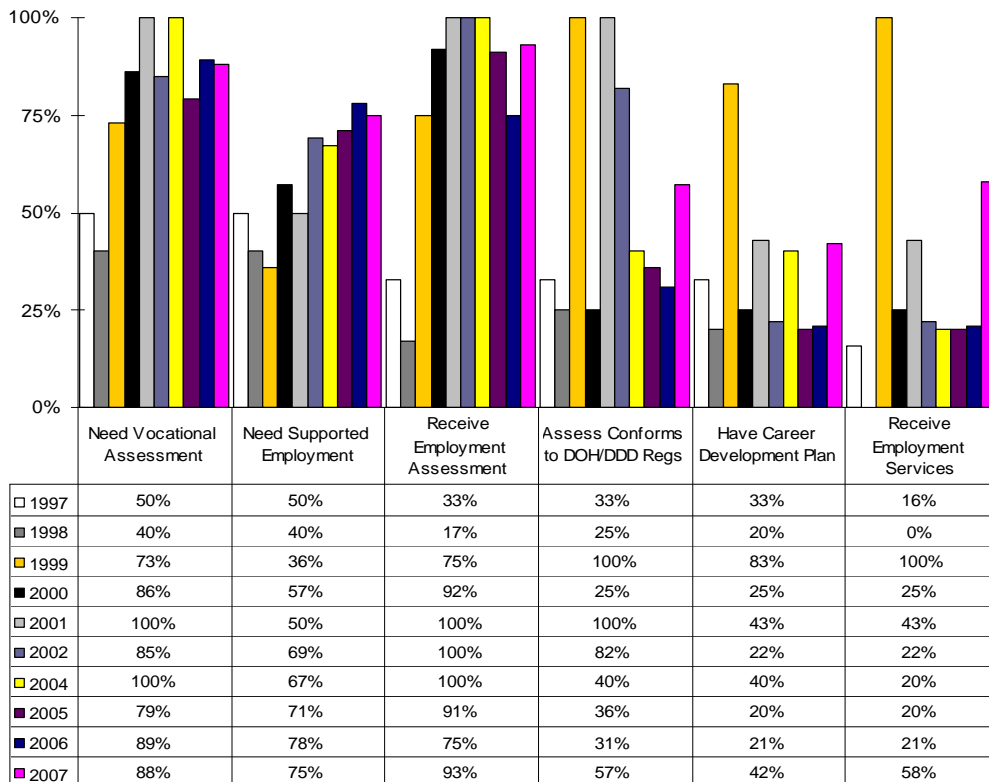
### TEN-YEAR COMPARISON - NORTHWEST SUPPORTED EMPLOYMENT (YES)



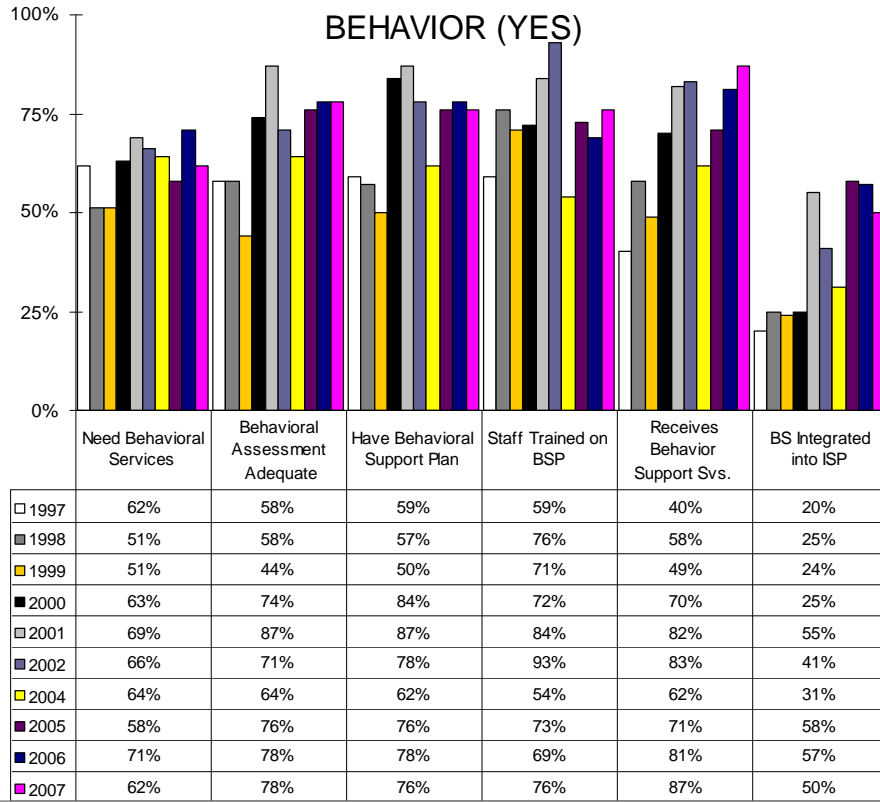
### TEN-YEAR COMPARISON - SOUTHEAST SUPPORTED EMPLOYMENT (YES)



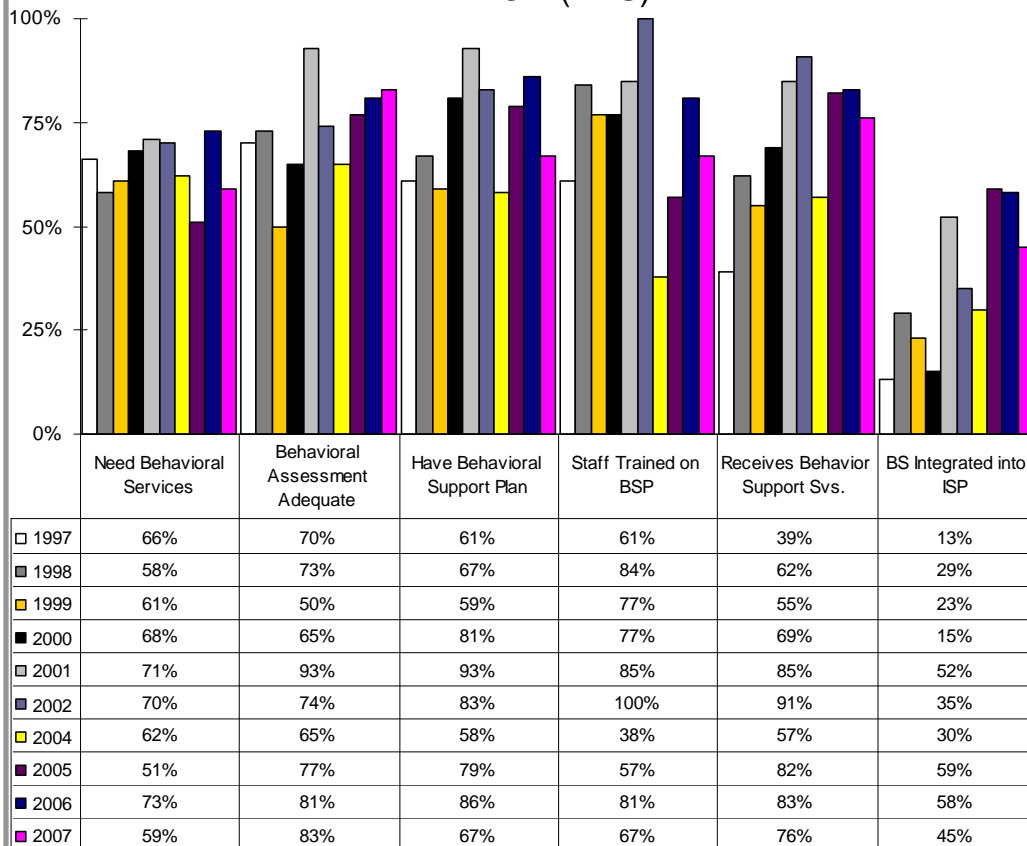
### TEN-YEAR COMPARISON - SOUTHWEST SUPPORTED EMPLOYMENT (YES)

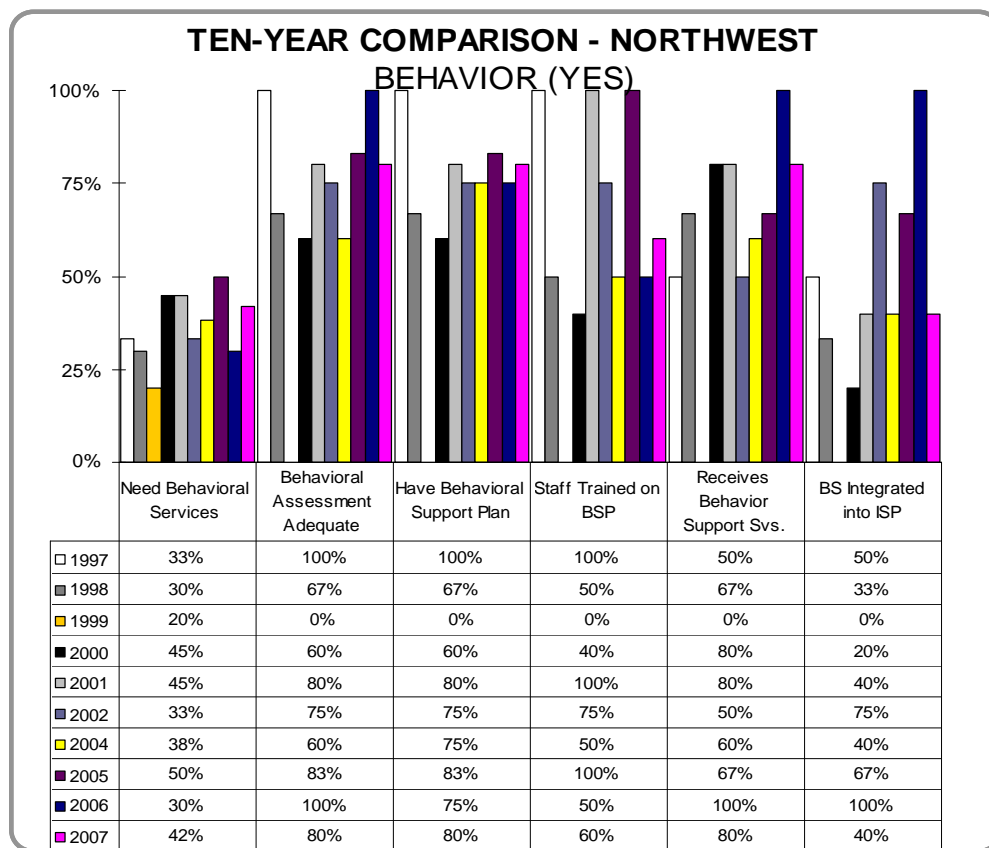
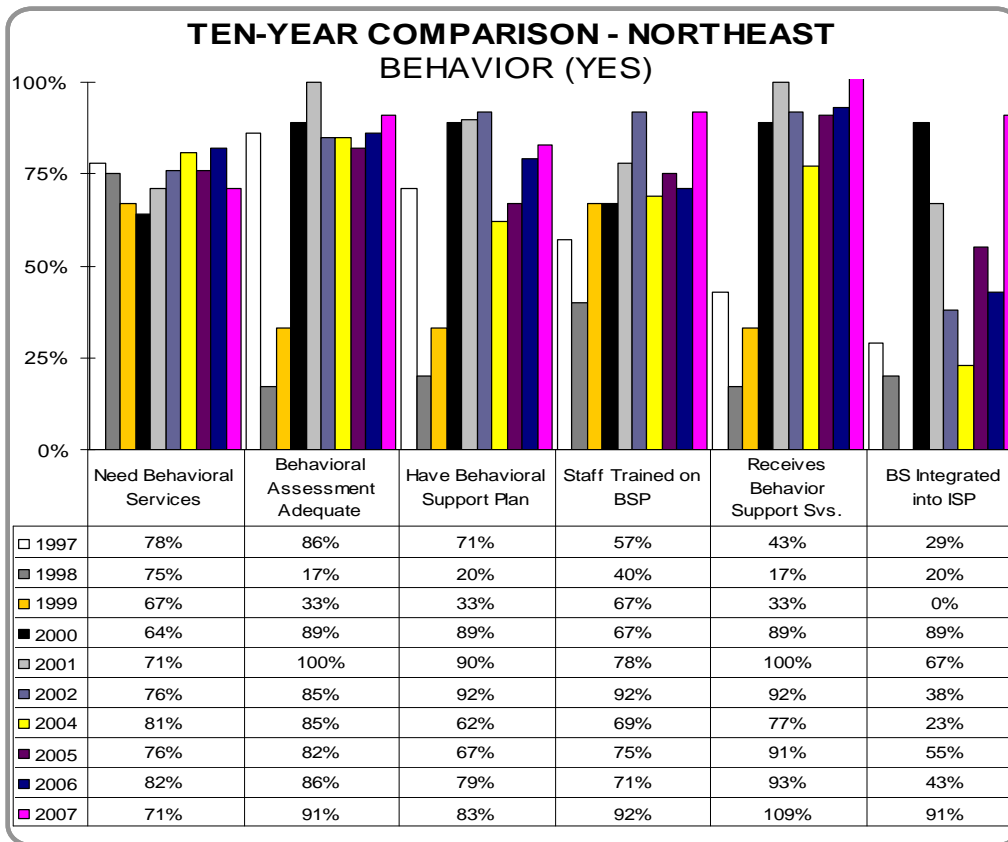


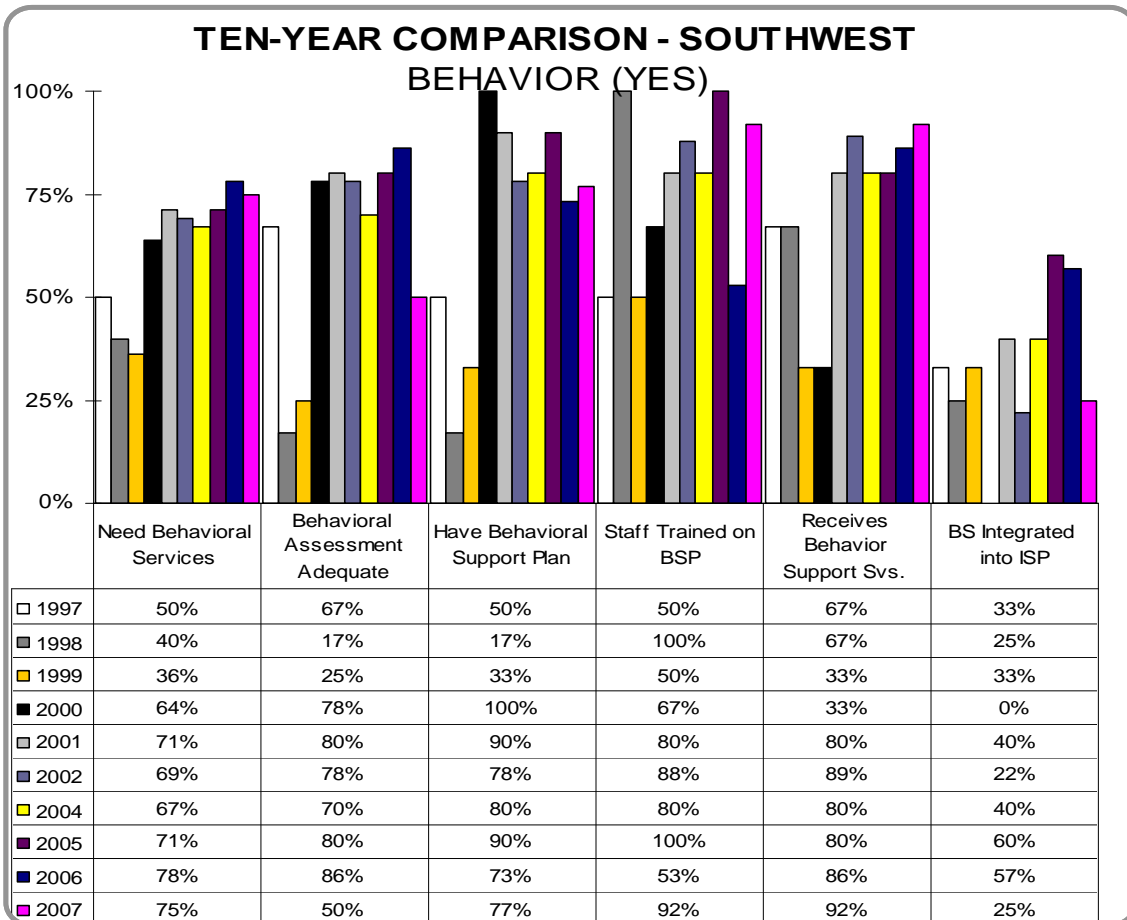
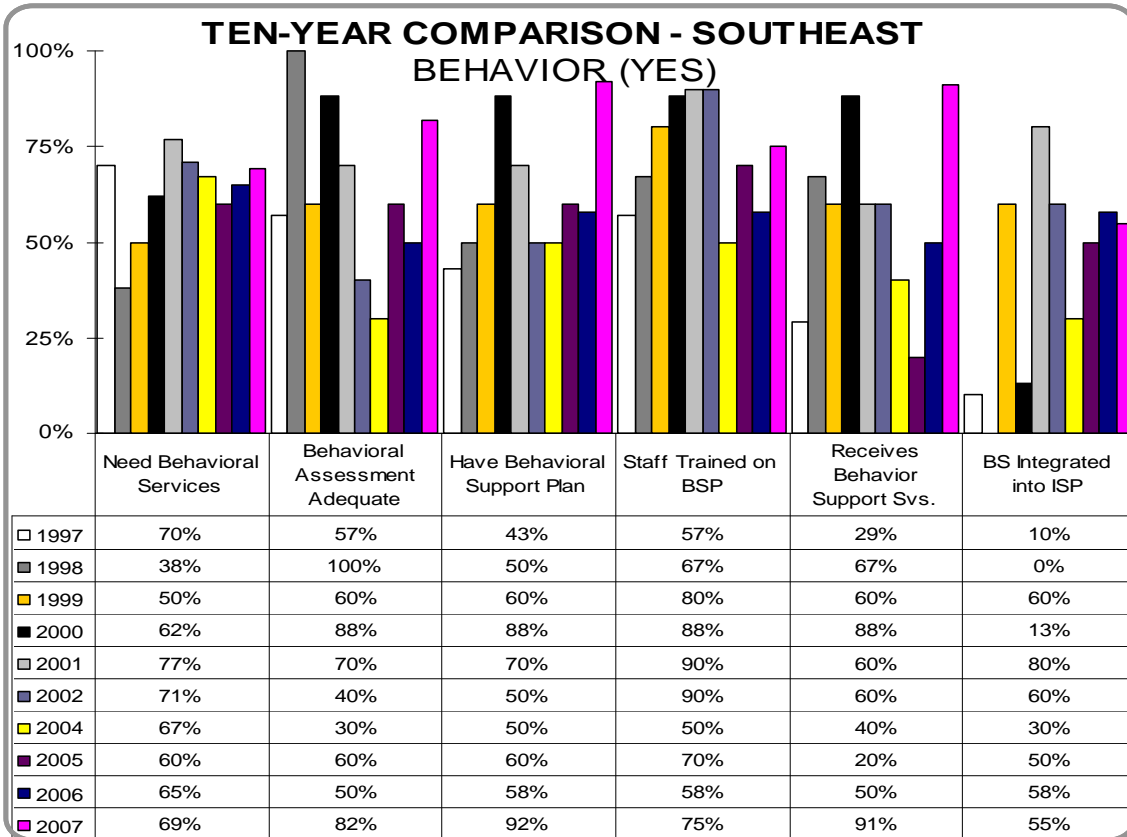
### TEN-YEAR COMPARISON - STATEWIDE BEHAVIOR (YES)



### TEN-YEAR COMPARISON - METRO BEHAVIOR (YES)







## APPENDIX B. METHODOLOGY

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### A. Preparation for the 2007 Community Practice Review

In a continuing effort to help case managers, providers, Developmental Disabilities Supports Division (DDSD) staff and others prepare for the 2007 Community Practice Review, the Community Monitor sent the protocol document to DOH/DDSD and other parties. Everyone was invited to offer suggestions designed to clarify expectations or to improve the process. As in past years, these suggestions were reviewed and notes of clarification added in an effort to ensure that Review probes and expectations are as clear and current as possible.

The questions and measurable indicators added to the Quality of Life section of the 2005 protocol were continued in the 2007 protocol document. These questions were intended to, and in fact did, provide more measurable indicators of a good life, namely: what valued roles, memberships, and personal relationships class members are enjoying. Reviewers continued to list all of the assistive technology/augmentative communication devices required and available for the class member(s) they reviewed.

In an effort to make the protocol easily accessible when preparing for or undergoing the audit the protocol book and related notes of clarification were continuously available on the internet before and throughout the review process to anyone interested in preparing for or curious about the review process. The web site address is [www.jacksoncommunityreview.org](http://www.jacksoncommunityreview.org).

Three step-by-step guides were updated and also posted on the web site. One guide is designed for individuals within the regional offices who are responsible for assisting with Review preparation. Another guide is designed specifically for reviewers. The last guide is for case judges. All of these guides outline expectations and timelines for what is to happen, who is to do it and by when. They also outline the performance expectations for each group.

As in the past, the State Review Coordinator for the Department of Health Improvement (DHI) and the Community Monitor provided a week-long training for experienced and potential reviewers, mentors and case judges. This training took place July 16 through July 20, 2007. Requirements from previous years were incorporated into this training. As part of training, reviewers were required to conduct an actual review including all required interviews, complete the entire protocol book, and have their protocol book case judged. Case judges were required to meet with reviewers and case judge their books. All first time reviewers were mentored or 'shadowed' by an experienced and approved reviewer.

All reviewers were evaluated at the conclusion of the training review. Some conditionally approved reviewers that were found to need additional training and support were given a reduced caseload for the review following training.

## B. The Review: 110 Reviewed (30% of the Class)

As has been the case, the 2007 Community Practice Review consisted of four phases. Each phase and its focus is outlined below.

### Phase I Sample Selection, Review Preparation

June to December 2007

Generally, the following activities took place during this phase.

- Each regional office provided a current list of Jackson Class Members to the Community Monitor.
- The Community Monitor and each Regional Staff Manager reconciled the regional list to account for changes which may have occurred since the last review.
- The Community Monitor selected the sample for each region and provided the list of class members to be reviewed to each of the regional offices at least 30 days in advance of the Monday of the “Early Bird”<sup>19</sup> week.
- Each regional office gathered documents required for the review. They did this in concert with local independent case managers.
- The State Coordinator of the Review at DHI, in collaboration with the Regional Staff Manager, assigned reviewers to class members. The Community Monitor, working collaboratively with the State Coordinator of the Review and Regional Staff Manager, assigned case judges to individual class members.
- Each regional office provided a copy of available documents to reviewers seven days in advance of each person’s review date.
- Case judges received a duplicate file the Sunday of the on-site review week.

| REGION    | NUMBER IN REGION | NUMBER IN SAMPLE | SAMPLE SIZE |
|-----------|------------------|------------------|-------------|
| Northwest | 29               | 12               | 41%         |
| Southeast | 39               | 16               | 41%         |
| Northeast | 43               | 17               | 40%         |
| Metro     | 206              | 49               | 24%         |
| Southwest | 49               | 16               | 33%         |
| Total     | 366              | 110              | 30%         |

The reconciled total number of class members served statewide was 366. The total number of class members selected for review was 110, or 30% of the class.

As in the past, an effort was made to include at least one class member from each regional residential, day and case management agency in the sample. In addition, there was an attempt to equitably choose the proportion of class members selected from a given agency based on the number of class members served by that agency.

A random table of numbers was used to determine the people selected to be in the sample.

In 2005 the parties agreed to a change in the method of selecting the sample for review. That exception continued for 2007; that is, in an instance in which an individual class member was chosen to be in a review and that class member had been reviewed multiple times before and a person on the list immediately above or below the selected class member had never been reviewed, the class member who had never been reviewed was substituted and reviewed.

<sup>19</sup> The week prior to the on site review week is referred to as the “Early Bird” review. Reviewers may choose to review during the “Early Bird” week and/or the following week when the Case Judges and the Community Monitor are ‘on site’. Regardless of which week a person reviews, all books are reviewed by a Case Judge.

### Reviewers and Case Judges

With one exception, all reviewers were either DDSD or DHI staff.<sup>20</sup> Nine DDSD reviewers reviewed supports and services provided to 33 class members. Nineteen DHI trainees/reviewers reviewed supports and services provided to 76 class members.

Case judges were, to the extent possible, assigned based on the needs of the class member. For example, if a class member had communication challenges, a meal time plan and/or was on the aspiration list, an effort was made to assign him/her to the case judge who is a Speech-Language Pathologist. If a class member had physical challenges, a number of emergency room visits or undiagnosed symptoms, an effort was made to assign the case judge who is a Ph.D. Nurse Practitioner. If a class member had mental health/behavioral challenges a case judge with knowledge/experience in supporting people with those challenges was assigned and so on.

### **Phase II Information Gathering**

**July 2007 to February 2008**

The dates during which the reviews took place are listed here.

| Region                      | Date of Review                                     | Region        | Date of Review  |
|-----------------------------|--|---------------|---|
| Metro Round 1<br>(Training) | July 9 – 13, 2007<br>July 16 – 20, 2007            | Southeast     | October 15 – 19, 2007<br>October 22 – 26, 2007        |
| Northwest                   | August 6 – 10, 2007<br>August 13 – 17, 2007        | Southwest     | October 29 – November 2, 2007<br>November 5 – 9, 2007 |
| Northeast                   | September 10 – 14, 2007<br>September 17 – 21, 2007 | Metro Round 2 | January 7 – 11, 2008<br>January 14 – 18, 2008         |

### 550+ Personal Interviews Conducted

All sample class members were visited. There were approximately 550 individuals interviewed during the review. The protocol calls for interviews with:

- each individual class member in the sample;
- each class member's guardian, if there is one;
- each class member's independent case manager;
- each class member's direct support staff from day/supported employment services;
- each class member's residential direct support staff; and
- others as needed and/or possible (nurses, therapists, etc.).

### Programmatic and clinical documentation was reviewed

Documents specified in the regional office guides were requested and reviewed by both the reviewer and case judge for each class member. At the suggestion of providers and case managers, the Review continues to provide a process that allows case managers and providers to locate and present documentation which, during the Review, is not found. Reviewers were instructed to record requests made to case managers and/or providers for documentation that was needed but missing from the file. Once a request was made to the case manager or provider for missing information they were given 24 hours to provide that material to the reviewer for consideration during the review. In some cases, the Community Monitor approved information which came in after the 24 hour period to be incorporated and considered as a part of the review.

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<sup>20</sup> The Community Monitor also reviewed.

### Observations of class members

While not all class members can verbally exchange information during a personal interview, reviewers did meet, spend time with and observe class members. Even without verbal communication it is relatively easy to understand much of what is being communicated by body language, gestures, reactions or through the use of augmentative communication devices. Reviewers sought out opportunities to see the class member engaged in supports and services identified as a part of his/her ISP including day and residential services. In some cases, Reviewers also observed class members at work if it was not intrusive or objectionable to the class member or employer. These observations are extremely helpful when verifying things such as whether or not equipment is present and being used and whether or not staff follow identified protocols.

### Recording findings and case judging

For each class member, the reviewer filled out the 118 pages of the protocol book, scored 146 questions, for each question recorded the facts which were the basis for their scoring, and recorded priority findings and recommendations. This information was then reviewed and reconciled with a case judge.

### Involvement of DDSD external consultants

All three of the DDSD/DOH consultants were invited to participate in this Review by receiving relevant scores according to their areas of expertise, reviewing them and providing feedback to the case judge prior to the conclusion of each review.

As in past years, Ruby Moore, Supported Employment Consultant, reviewed and reconciled with reviewers/case judges the scores of all class members in the Supported Employment area. As each on-site review took place, Chris Heimerl, Behavioral Consultant, received the behavioral scores of all class members in the review. Likewise, Sheela Stuart, Assistive Technology Consultant received the scores of class members in the Assistive Technology, Augmentative Communication and Adaptive Equipment area. Both Mr. Heimerl and Ms. Stuart asked questions of the case judge when they felt it necessary. Likewise, if the Community Monitor had questions, she communicated directly with the consultants.

### Status report at the end of the on-site review week

On Friday morning of the Review week, the reviewers, case judges and the Community Monitor met to provide a status report and to discuss preliminary findings. These status update meetings typically included regional office staff and representatives from DDSD.

In the earlier years of the Review, individual findings and recommendations were provided in writing to the regional offices several weeks after the on-site review. In an effort to recognize good practice and swiftly correct identified problems, for the past three years the draft individual findings and recommendations have been presented in writing no later than the Friday of the on-site Review week as part of the status report. This provides the regional office staff, particularly the staff person assigned to do follow up for each class member, an opportunity to seek clarification on relevant findings and recommendations directly from the reviewer and case judge. This also affords regional office staff the chance to provide historical or other available information (anecdotal or quantifiable documentation) along with valuable feedback on wording and terminology to ensure clarity, accuracy and cultural sensitivity.

The individual findings and recommendations for each class member in the sample were reviewed and edited multiple times to ensure clarity, accuracy and reasonableness. A brief description of the development and review/editing of individual summaries follows. First, each reviewer wrote individual summaries, findings and recommendations for the class member reviewed. Then:

- review/edit #1:** Each individual summary was reviewed and edited by the DOH/DHI/DDSD reviewer and his/her case judge during the Review week.
- review/edit #2:** All individual summaries were sent to the Community Monitor to review. The Community Monitor reviewed and sought clarification as needed from the reviewer/case judge, and edited. Then the findings were sent to the Regional Staff Manager.
- review/edit #3:** During the status report on Friday of the on-site Review week, additional editing was done, as needed, to include comments and recommendations from the regional office staff.
- review/edit #4:** If changes were agreed to during the Status Report Meeting, the Community Monitor made those changes the first three days following the on-site Review and reissued the final findings and recommendations for the class members so they could be sent to Teams as quickly as possible after the on site Review.
- review/edit #5:** Within 30 days following the on-site review, the Community Monitor met with representatives of class members and their teams including guardians, case managers, day and residential providers, job coaches, therapists, etc. The Community Monitor met with over 906 team members during the 2007 Community Practice Review. The State CPR Coordinator, Quest and Regional DDSD representatives also attended these meetings. As needed, additional information might be added or changes made to the individual recommendations after the meeting with the person and his/her team. Those changes were made by the Community Monitor and sent to the Regional Staff Manager for distribution.

**Phase III Clarification, Data Entry and Analysis August 2007 to February 2008**

In addition to the individual findings and recommendations and the recording of individual demographic data (questions 1-25), the numerical ratings for questions 26 to 147 were recorded by each reviewer and reviewed with a case judge.

After the Status Report, the Community Monitor secured the completed Protocol Books. Following the on-site reviews, the protocol books were reviewed for completeness, accuracy and clarity. Scores from the protocol books were entered into a database provided by DOH. Copies of the scoring sheets from the protocol books, along with an electronic version of the database, were sent to DOH for a 100% quality review. Clarification/notes/corrections were made as needed.

**Phase IV Conclusion, Writing, Editing August 2007 to March 2008**

The information gathered as a part of this process was brought together, analyzed and forms the foundation of each of the regional reports. Initially, the Community Monitor reviewed and analyzed the information and summarized her preliminary findings in PowerPoint presentations for each region. This information was sent to the appropriate Regional Staff Manager for review and comment. Then all of the PowerPoint presentations are posted on the Review website for easy access by class members, families, case managers, providers and interested others. After the completion of all regional reviews and reports the statewide information was brought together, analyzed and forms the foundation of this statewide report.

PowerPoint reports were issued on the following dates.

| REGION           | REVIEW DATE   | REPORT ISSUED TO DDSD, THEN THE PARTIES |
|------------------|---|---|
| Metro 1/Training | July 9 – 13, 2007<br>July 16 – 20, 2007               | 2/20/2008<br>3/3/08                     |
| Northwest        | August 6 – 10, 2007<br>August 13 – 17, 2007           | 10/10/07<br>10/19/07                    |
| Northeast        | September 10 – 14, 2007<br>September 17 – 21, 2007    | 10/30/07<br>11/10/07                    |
| Southeast        | October 15 – 19, 2007<br>October 22 – 26, 2007        | 12/3/07<br>12/17/07                     |
| Southwest        | October 29 – November 2, 2007<br>November 5 – 9, 2007 | 12/7/07<br>12/12/07                     |
| Metro 2          | January 7 – 11, 2008<br>January 14 – 18, 2007         | 2/20/08<br>3/3/08                       |
| Statewide        |   | 4/11/08                                 |