

Thank You!

I thank the Jackson Class Members, your families, guardians, friends, case managers and providers/staff who support you for your participation in the 2009 Community Practice Review. Your time and the information you provided was greatly appreciated. I had the great pleasure of meeting with 108 teams and 980 members of Class Member's Teams as part of the Review and found your insights, openness and dedication inspiring.

I extend my appreciation to the Department of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) reviewers who gave time from their already full schedules to participate in the Community Practice Review. I recognize the sacrifice this represents and I value the dedication to people with disabilities you demonstrate as an essential part of this review. Also, my respect and appreciation is extended to each of the outstanding case judges. The case judges' 140+ years of experience working with and supporting people with disabilities, their eye for detail and thoughtful consideration of all the information created an excellent atmosphere of thoroughness which the reviewers noted, depended on and appreciated.

My thanks to all of you for your support of people with disabilities throughout New Mexico.


Lyn Rucker, Community Monitor

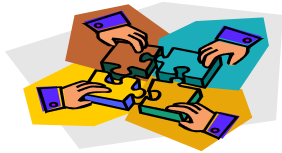


TABLE OF CONTENTS

EXECUTIVE SUMMARY	p. 3		
I. INTRODUCTION	p. 9		
II. REVIEW FINDINGS	p. 9		
A. Class Members with Immediate and/or Special Needs	p. 11		
<i>RECOMMENDATION #1</i>	p. 15		
B. Individual Service Planning Components	p. 16		
C. The Person and Long Term Vision: Findings	p. 19		
D. Personal Safeguards: Findings	p. 20		
E. The Team: Findings	p. 22		
F. Assessments: Findings	p. 25		
G. Individual Service Plan: Findings	p. 27		
H. Knowledgeable Staff: Findings	p. 32		
I. Plan Implementation: Findings	p. 36		
J. Monitoring: Findings	p. 38		
K. Conclusion: Findings	p. 40		
III. HISTORIC DISENGAGEMENT INFORMATION AND	p. 42		
A. Individual Service Planning and Supports	p. 43		
<i>HISTORIC INDIVIDUAL SERVICE PLAN DISENGAGEMENT DATA</i>	p. 43		
 ISP Cycle Weaknesses Affect Health and Safety	p. 44		
<i>RECOMMENDATION #2</i>	p. 45		
 ISP Development (The Person/Vision, Personal Safeguards, the Team, Assessments)	p. 46		
ISP Development: 2009 CPR Findings/Foundational Systems Challenges	p. 46		
		 The Individual Service Plan (ISP)	p. 48
		 The Individual Service Plan: 2009 CPR Findings/Foundational Systems Challenges	p. 48
		 ISP Implementation	p. 49
		 ISP Implementation: 2009 CPR Findings/Foundational Systems Challenges	p. 49
		 ISP Implementation Monitoring	p. 50
		 ISP Implementation Monitoring: 2009 CPR Findings/Foundational Systems Challenges	p. 50
		<i>RECOMMENDATION #3</i>	p. 51
		B. Adaptive Equipment/Augmentative Communication	p. 52
		<i>HISTORIC ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION DISENGAGEMENT DATA</i>	p. 52
		C. Behavior	p. 52
		<i>HISTORIC BEHAVIOR DISENGAGEMENT DATA</i>	p. 53
		D. Supported Employment	p. 53
		<i>HISTORIC SUPPORTED EMPLOYMENT DISENGAGEMENT DATA</i>	p. 53
		<i>RECOMMENDATION #4</i>	p. 54
		APPENDIX A. 2009 DEMOGRAPHICS	p. 55
		APPENDIX B. HISTORICAL DISENGAGEMENT DATA BY REGION	p. 57
		APPENDIX C. METHODOLOGY	p. 69
		APPENDIX D. ALL 2009 CPR DATA	p. 76

EXECUTIVE SUMMARY

The 2009 Community Practice Review (CPR) Report provides data in a format which enables quick identification of significant systems issues labeled as “foundational” issues or failures which affect services planned for and provided to class members (columns highlighted in red identify these “foundational issues”). While some improvement has been made, most of these issues/failures have been consistently found since 2004 and earlier as reflected in the historic data presented throughout this report.

Since many of the foundational issues identified during the past several years remain the same, this report identifies four focus areas for which recommendations are made. Three of these focus areas, along with the recommendations, are repeat systemic recommendations from the 2008 CPR.

Issue #1: Increase in class members identified with urgent health, safety, environment and/or abuse/neglect issues and class members with issues that, if not addressed, are likely to become an urgent health or safety concerns.

As the cart below illustrates there was a dramatic increase in the number of class members identified with Immediate and/or Special Needs during the 2009 CPR.

Needing Immediate Attention: Sixteen class members were identified as having urgent health, safety, environment and/or abuse/neglect issues; i.e. needing *immediate attention*.

Needing Special Attention: Twenty-eight class members were identified as having identified issues that, if not addressed, are likely to become an urgent health or safety concern; i.e. needing *special attention*.

Year	Persons in review identified as needing Immediate Attention	Persons in review identified as needing Special Attention
2004	24	19
2005	9	27
2006	0	18
2007	2	8
2008	7	14
2009	16	28

Since 2004, 138 Class Members have been identified with Immediate and/or Special Needs. For each person identified as needing Immediate Attention, the Community Monitor requests immediate follow-up/intervention. As has been agreed for over ten years, the Defendants are required to report to the Community Monitor within no more than 30 days regarding follow up/intervention activities implemented to address the individual’s specific need for Immediate and/or Special Attention. This requirement for timely follow up was

addressed further in the “Communication Guidelines” issued by Judge Smith in April 2007, which read, in part, “The timeline for corrective action for class members with an immediate or special need will begin immediately. Reports for individuals with immediate and/or special needs will be provided at 30 day intervals until the recommendation has been fully implemented.”

In spite of direction from Judge Smith, none of the follow up reports for people with immediate and/or special needs were timely received. For some class members no report was received. In spite of complying with DOH’s direction to file Requests for Regional Office Intervention (RORI) forms, follow up reporting from DOH/DDSD in line with their own requirements has not occurred. Only recently has some information been provided directly to the Community Monitor regarding three people, and the initial information provided was, in some cases, not adequate to determine the actual status of the class member.

Recommendation #1: In line with Judge Smith’s direction, for all class members identified with Immediate and/or Special Attention needs, reports will be provided to the Community Monitor every 30 days regarding follow up/intervention activities implemented to address the individual’s specific need for Immediate Attention and/or Special Attention. The Community Monitor will work directly with the involved regions and teams as necessary. The Community Monitor will determine when the issue(s) identified for each class member with Immediate and/or Special Needs have been resolved.

Issue #2: Need to assess, coordinate, plan for and effectively address class member’s health and safety issues.

As stated in DOH/DDSD regulations, the expected outcome from the ISP Planning Cycle is that people with developmental disabilities have choices and opportunities to live, work and play with full participation in their communities. (§7.26.5.8 D) In order for class members to realize these outcomes, each person must have their health needs assessed, coordinated, planned for and effectively addressed. During the 2009 CPR multiple health-related issues identified in the past continued to be identified.

- 68% of the class members had team members who could not describe the person’s health-related needs.
- 37% of the IDTs did not have evidence that they had discussed the person’s health-related needs.
- 74% of the class members were found to not have their health supports/needs adequately addressed.

While multiple issues were identified in the health area, examples of some very high risk issues identified in 2009 include:

Class members at very high and increasing risk due to chronic, multiple, complicated health issues are supported by teams working without support of coordinated health care consultation, coordination and intervention.

Class members not receiving recommended hydration, medication or g-tube feedings; recommended medications found not to be in the home for days yet documentation indicates medication given.

Class members at risk of aspiration but needed prevention plan(s) not in place; Aspiration Clinical Team recommendations not followed; class members experiencing multiple episodes of aspiration, symptoms of aspiration, hospitalizations/ER

visits and Teams not meeting to identify and manage/lower the risk; class members not positioned as recommended or positioning recommendations in conflict and not corrected; staff not following meal time plans; equipment needed for safe meal times not present; etc.

Class members experiencing lack of Health Care Coordination including: comprehensive nursing assessment lacking; missed medical/dental/psychiatric appointments; recommended consultation not scheduled; lack of documentation of hospitalizations and ER visits; Health Care and Crisis Prevention Plans not reviewed and revised to reflect significant changes in health status; Nursing Care Plans and Quarterly Reports not providing a chronology of health events and ongoing health care interventions; Nursing assessments not carried out; etc.

Class members plans from therapists or crisis prevention plans don't give clear or give conflicting direction to staff who must carry them out; 24 hour positioning plans missing; aspiration precautions not identified for all high risk activities, plans that don't address recommended risk areas, etc.

Class members with staff who are not following orders/guidelines including: staff not ensuring that people receive hydration in line with recommendations; staff not ensuring/documenting that people receive nutrition as instructed; staff not following meal time recommendations; staff unable to identify health care issues; staff not using adaptive equipment required for safe eating or to prevent contractures; staff not administering medication in line with doctor's orders; staff not taking class members to doctor's appointments; etc.

In 2004 the Community Monitor recommended that the Department conduct an assessment of class members to identify those at high risk for health and safety issues. Again in 2008 a comprehensive health risk screen was originally recommended. After consultation with DOH, this recommendation was modified to an assessment which focused on class members at high risk for aspiration and/or gastroesophageal reflux. The 2009 Review, once again, identifies the continuing and urgent need for all class members' level of health risk to be identified and effectively coordinated and addressed.

Recommendation #2: By December 30, 2010, all class members will have:

- 2.a. ongoing risk assessments which identify health/safety status and areas of risk.
- 2.b. (for people with high and moderate) health/safety risks reported quarterly.
- 2.c. individualized plans implemented which include interventions and strategies which address and minimize, to the extent possible, identified risks.
- 2.e. the efficacy of their plans, interventions and strategies evaluated at least quarterly and modified as needed.
- 2.f. efficacy measures for their plans defined.
- 2.g. the efficacy of plans/interventions for people at high and moderate risk will be reviewed and reported quarterly.
- 2.h. in plans/interventions found to be ineffective, external consultation will be provided to teams to ensure needed information and supports are provided in line with the individual's needs.

Issue #3: Individual Services Plans Continue to be Inadequate and Inadequately Implemented

As identified in previous years and in detail on pages 46 to 51, twenty one foundational weaknesses highlight the significant systems challenges which undermine the planning, ISP, implementation and achievement of desired outcomes for class members. These foundational systemic challenges result in only 26% of ISPs reviewed being found to be adequate to meet the person's needs.

Recommendation #3: DOH/DDSD should identify outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in each of the four Individual Service Planning and Supports Cycle Areas identified in this report. Within each of these four areas, 21 Foundational Systems Challenges were identified. Last year DOH/DDSD requested that the Community Monitor reduce the number of Foundational Systems Challenge areas on which they would focus first. The Community Monitor agreed and identified the following seven areas as priorities. Those areas are recommended as priorities again this year.

ISP Development: (see page 46)

- #4. Team members (68%) are not able to describe the person's health related needs. (Q. 54) Teams (37%) did not discuss the person's health-related issues. (Q. 55) The person's health supports/needs (74%) are not being adequately addressed. (Q. 56)
- #7. Teams do not consider what assessments the person needs (35%) (Q. 57), they do not arrange for and obtain the needed assessments (53%) (Q.58), and/or they (53%) do not use recommendations from assessments in planning (Q. 60).

Individual Service Plan: (see page 48)

- #9. ISP visions (42%) are not adequate. (Q. 64) ISPs (26%) do not contain a Progress Towards Reaching the Long Term Vision Section based on a long-term view. (Q. 142) The Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP (28%) does not give adequate guidance to achieving the person's long-term vision. (Q 65)
- #10. ISP Outcomes (40%) do not address the person's major needs. (Q.69) Outcomes do not include criteria by which the team can determine when the outcomes have been achieved (49%) (Q. 67)

ISP Implementation: (see page 49)

- #14. Direct service staff (36%) was not trained in the implementation of the ISP. (Q. 81) Staff (44%) cannot describe his/her responsibilities in providing daily care to the person (Q. 82)
- #20. Class members (32%) are not adequately integrated into the community. (Q. 145)

ISP Monitoring: (see page 50)

#22. The Case Management record (57%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32) The progress notes or other documentation in the case management record (762%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

Outcomes and strategies should be developed and submitted to the Community Monitor prior to finalization and implementation for her review and comment by no later than July 1, 2010. These outcomes and strategies should also be shared with the Parties and the 706 Expert for review and comment by July 1, 2010. Implementation should begin no later than September 1, 2010. Outcomes and strategies should be unique with reasonable but specific timelines for implementation.

Issue #4: Supported Employment Issues Continue

The Supported Employment Expert for Jackson has filed multiple reports and made multiple recommendations designed to support and enable people with developmental disabilities to gain meaningful and tailored employment. In her September 4, 2008, report she provides a status report on the New Mexico Employment First Initiative. This report highlights progress, what is working to advance employment for class members, what is impeding progress in employment and provides recommendations to improve employment outcomes. She concludes that, **“there are examples of good work being done relative to advancing employment opportunities for Jackson Class Members and other individuals with developmental disabilities in New Mexico. However, overall, there is a failure, and in some cases overt resistance, on the part of state leadership and many providers to make good on promises to the Jackson Class Members, to more fully implement the Employment First Policy and to continue to open doors for people with developmental disabilities in New Mexico to access meaningful employment”**. She ends the report with recommendations. Based on a subsequent conversation between DOH/DDSD and the Supported Employment Expert, it appears that DOH/DDSD believes that no additional action is needed on their part, more information is needed or some activity is in motion and they will make modifications, if necessary.

Recommendation #4: Consistent with the criteria provided on page 42, DOH/DDSD should identify outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in Supported Employment consistent with 3.a. below. Outcomes and strategies should be developed and submitted to the Community Monitor, the Supported Employment Expert, the Parties and the 706 Expert by no later than July 1, 2010. Implementation should begin no later than September 1, 2010. Outcomes and strategies should be unique with reasonable but specific timelines for implementation and with projections of specific measurability throughout. In line with the Supported Employment Expert’s reports and recommendations, DOH/DDSD should demonstrate how they will implement, operationalize and accomplish the following:

- 4.a. The provision of quality supported employment at the minimum criteria for all priority class members who are deemed appropriate for work. (Attachment A, SE 5)

- 4.b. Implementation of the Employment First Policy at all levels of the system, how that is/will be done and how effectiveness is/will be measured, evaluated, reported and modified. (See DD Waiver Service Standards, Chapter 5, V. A.).
- 4.c. The New Mexico Employment Institute, prioritization of its roles/responsibilities, funding and measurement of its effectiveness. (Attachment A, SE 1)
- 4.d. Effectiveness of training for providers, case managers, job coaches and job developers, how that is measured, reported and modified. Based on effectiveness measures, determine if orientation and/or training curriculum need to be updated/revised.
- 4.e. Demonstrate how effectiveness of Employment Supports is measured and reported. Based on these effectiveness measures, determine if changes need to be made.

I. Introduction

The foundation of all Community Practice Review (CPR) Reports is the presentation of data. This report focuses on the results by providing data and strategic recommendations that are mindful of available resources and intended to expand the capacity of supports and services.¹

This Report should be reviewed in its entirety in order to acquire the “big picture”, along with important details, of the status of community practice for Jackson Class Members in New Mexico. Regional data reports are also available in Appendix B and are posted on the internet at www.jacksoncommunityreview.org.

The 2009 Community Practice Review was conducted between September 2009 and April 2010. 108 of the 342 class members participated in this review. This represents a sample of 32% of the class. Full demographic data is presented in Appendix A.

II. REVIEW FINDINGS

Consistent 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, Intervenors and the Court's Expert. Subsequently, the Community Monitor held meetings with the Defendants June 30, Plaintiffs, June 28, and Arc Intervenors June 30. 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. Plaintiffs and Arc Intervenors endorsed the four recommendations made in the Executive Summary. Defendants subsequently rejected all four recommendations.

The questions answered as part of the 2009 Community Practice Review and their scores are listed on the following pages. There are a few questions which are repeated because they apply to more than one section. *Those repeated questions are italicized.*

It should be noted that, based upon sampling methodology and size of the respective samples, fluctuations in scoring from 2008 to 2009 of +/- 5% are not likely to represent a significant change. The last column on the right identifies noteworthy observations.

In an effort to emphasize key foundational systems areas which need attention, the column **may be highlighted in red**. This ‘red’ designation applies to areas which, if addressed successfully, should have major, positive effects for class members and the overall effectiveness of ISPs. This last column also includes notes regarding changes in areas such as planning, the ISP itself, or ISP implementation. It should be noted that any single foundational failure or poor performance area can weaken or minimize the potential of successful planning, having an ISP that meets the person's needs, or of implementing the ISP. Multiple foundational failures typically result in planning failure and/or plan implementation failure. When these ‘failures’ occur, individuals frequently experience “life wasting” or may begin to regress. At worst, planning, ISP and/or implementation failure can be catastrophic.

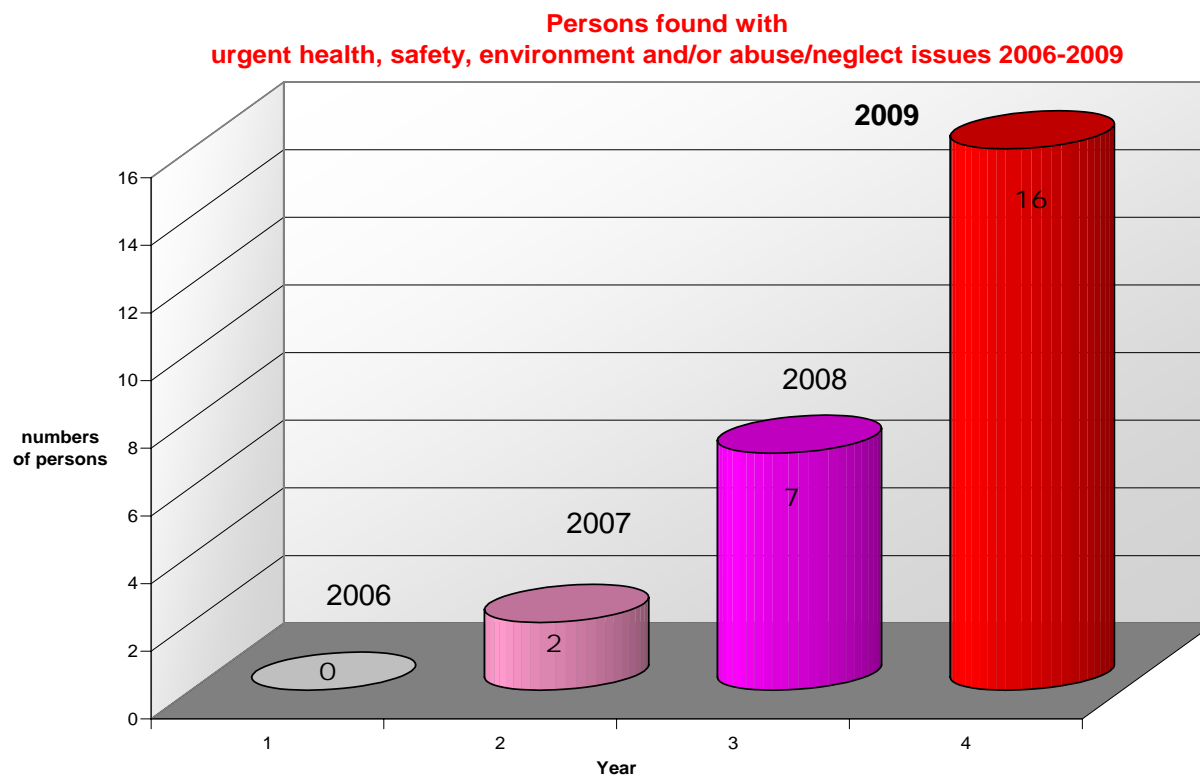
¹ The detailed methodology of the Community Practice Review is provided in Appendix C.
2009 Statewide Community Practice Review Annual Report
August 1, 2010

Historically, components agreed to in the Settlement Agreement (1997) guided the design of the Community Practice Review Protocol. Thus, the Protocol contains questions that address “continuous improvement” and reports on “disengagement” items. “Continuous Improvement” must be demonstrated, by region, in the areas of Individual Service Planning and Supports, Behavior Supports and Supported Employment as determined by the Community Practice Review. Continuous improvement means either: 1) an increase in compliance of 15% for each of three years...for those items which remain below 50% of full compliance; or 2) an increase of 10% for each of three years with respect to those items which remain above 50% of full compliance. No single item in any region has to exceed 80%. Upon reaching these criteria the region is eligible for disengagement from the related requirement.

At the conclusion of the report, in Appendix B, the reader will find separate charts depicting statewide **historical scoring** on the disengagement items. Appendix D contains all CPR questions and results.

A. CLASS MEMBERS WITH IMMEDIATE AND/OR SPECIAL NEEDS²

IMMEDIATE NEEDS: Sixteen class members were identified as having urgent health, safety, environment and/or abuse/neglect issues; i.e. needing immediate attention.



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.* Sixteen (15%) of the 108 class members reviewed were identified as **needing immediate attention.**

² Individual information is confidential. Details with regard to each individual referenced in this section have been provided, in confidence, to the Defendants, Plaintiffs, Intervenors, Court Expert and are available to the Court.

As compared with the 2008 Community Practice Review this represents an increase of 228% in the number of persons with immediate needs, from seven to sixteen.

For each person identified as needing Immediate Attention, the Community Monitor requests immediate follow-up/intervention. As agreed by the parties prior to 2000 and implemented by the first Community Monitor, Linda Glenn, the Defendants are required to report to the Community Monitor within no more than 30 days regarding follow up/intervention activities implemented to address the individual's specific need for Immediate Attention. This was addressed further in "Communication Guidelines" issued by Judge Smith in April 2007. "The timeline for corrective action for class members with an immediate or special need will begin immediately. Reports for individuals with immediate and/or special needs will be provided at 30 day intervals until the recommendation has been fully implemented."

The following chart identifies when follow up information was due and when follow up information was received for individuals with Immediate and/or Special Needs.

Late Reports are highlighted in yellow

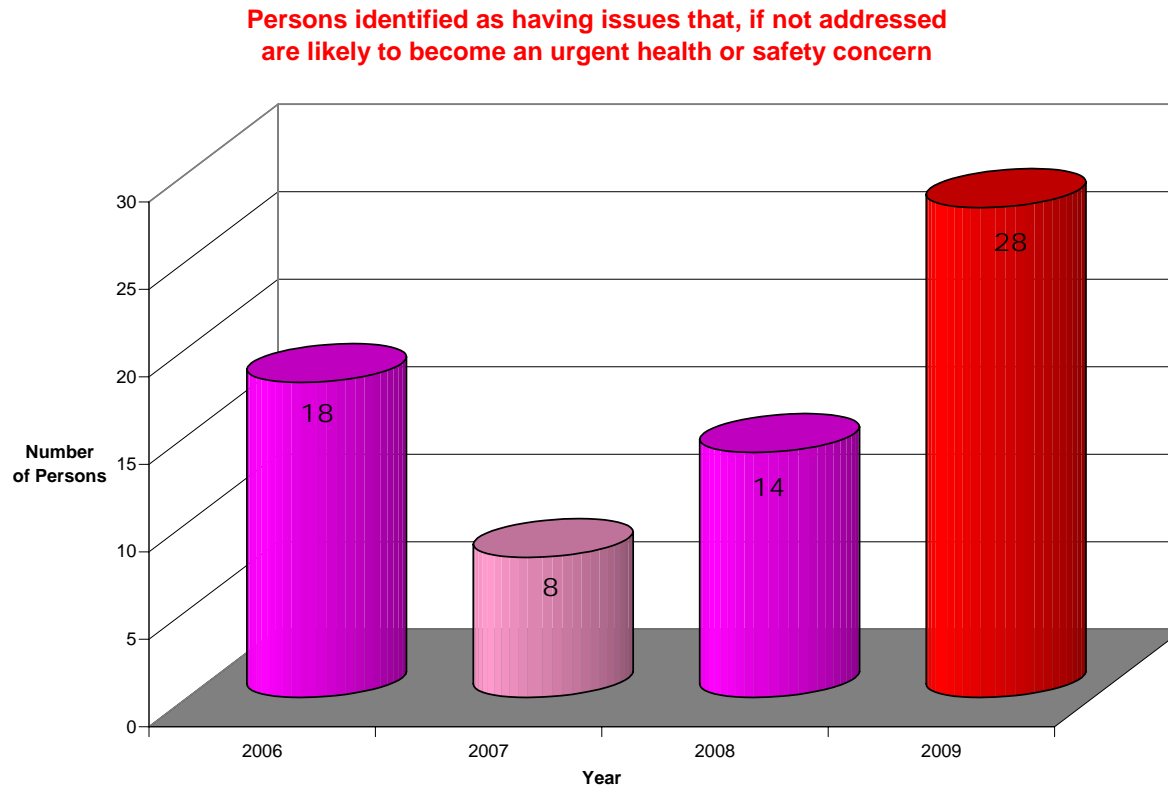
Blank means no report was received.

Black indicates that DOH has closed all findings and recommendations.

Not Due indicates that at the time this report was finalized, the report was not yet due.

Number of Individuals with Immediate/Special Issues													
(Note: this is NOT the same as number of findings, as some individuals have more than one Immediate/Special finding)													
Type	Metro1		NE		SW		Metro2		SE		NW		Totals
Immediate	2		2		3		5		2		2		16
Special	4		2		7		9		3		3		28
Incident Reports			1						1		1		2
RORI/Review									1				1
RORI/Post Review	6		4		10		14		5		5		44
	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	F/U Due	F/U Recd	
Status Meeting Date	9/25/2009		10/30/2009		12/11/2009		02/05/2010		3/12/2010		4/16/2010		
30-day	10/25/2009	11/25/2009	11/29/2009	12/18/2009	1/10/2010	1/20/2010	03/07/2010	4/5/2010	4/11/2010		5/16/2010		
60-day	11/24/2009	12/18/2009	12/29/2009	1/20/2010	2/09/2010		4/6/2010	4/29/2010	5/11/2010		6/15/2010	6/9/2010	
90-day	12/24/2009	1/4/2010	1/28/2010		3/11/2010		5/6/2010		6/10/2010	6/9/2010	7/15/2010	7/12/2010	
120-day	1/23/2010	6/9/2010	2/27/2010	6/9/2010	4/10/2010	6/9/2010	6/5/2010	6/9/2010	7/9/2010	7/12/2010	8/14/2010	Not Due	
150-day					5/10/2010	7/12/2010	7/5/2010	7/12/2010	8/8/2010	Not Due			
180-day					6/9/2010		8/4/2010	Not Due					
210-day					7/9/2010								

SPECIAL NEEDS: Twenty-eight class members were identified as having identified issues that, if not addressed, are likely to become an urgent health or safety concern; i.e. needing special attention.



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. Twenty-eight of the 108 individuals (26%) were identified as **needing special attention**.

As compared with the 2008 Community Practice Review this represents an increase of 200% in the numbers of persons with need for special attention, from fourteen to twenty-eight.

At the conclusion of each on site review the Community Monitor presents the findings of special needs along with recommendations to address/resolve those needs.

The following chart identifies the number of individuals found to be needing Immediate or Special Attention each year 2004-2009. Some individuals have been reviewed and identified as in need of immediate or special attention multiple times. As is clearly depicted the trend lines over the last three years are going up dramatically. In human terms, the numbers of class members in urgent need of attention or who are on the verge of needing urgent attention is increasing at an alarming rate.

Year	Persons in review identified as needing Immediate Attention	Persons in review identified as needing Special Attention
2004	24	19
2005	9	27
2006	0	18
2007	2	8
2008	7	14
2009	16	28

Recommendation #1: In line with Judge Smith's direction, for all class members identified with Immediate and/or Special Attention needs, reports will be provided to the Community Monitor every 30 days regarding follow up/intervention activities implemented to address the individual's specific need for Immediate Attention and/or Special Attention. The Community Monitor will work directly with the involved regions and teams as necessary. The Community Monitor will determine when the issue(s) identified for each class member with Immediate and/or Special Needs have been resolved.

The charts which follow summarize, by provider agency and by case management agency, the number of individuals from the 2009 review who were in the immediate or special attention categories.

Day/Residential Provider Agencies Supporting Persons in Sample Identified as Having Immediate, Special and Urgent Needs <i>* if the person has different day / res providers, the number will be duplicative</i>				
Agency	People in Sample	Immediate Need	Special Need	Total
Achievements	1		1	1
Active Solutions	2	1		1
Adelante	19	3	3	6
Advantage Communications	1	1		1
Amor Para Todos	2		1	1
ARCA	5		1	1
AWS	4	2		2
Casa Alegre	1		1	1
Community Options	3	1		1
Connections	1		1	1
Dungarvin	4	1		1
ENMRSH	4		1	1
Expressions of Life	2	1		1
Expressions Unlimited	1		1	1
Families Plus	1		1	1
High Desert	2		1	1
Leaders	2	1		1
LLCP	11	2	5	7
Mosaic	5	1	4	5
New Pathways	2		3	3
Optihealth	2	1	1	2
Opportunity Center	1		1	1
People Centered	1		1	1
Progressive	4		2	2
R-Way	2		1	1

Case Management Agencies Supporting Persons in Sample Identified as Having Immediate, Special and Urgent Needs				
Agency	People in Sample	Immediate Need	Special Need	Total
A New Vision	6		2	2
A Step Above	5		1	1
Amigo	4		1	1
Carino	6	1	3	4
Excel	6	2	3	5
Friends Forever	4	1		1
J&J	10	2	2	4
Keetoni	2		1	1
NMQCM	4	1	2	3
Peak	13		3	3
Purple Cow	1		1	1
SCCM	12	1	7	8
Unidas	13	6		6
Visions	11	1	1	2

Day/Residential Provider Agencies Supporting Persons in Sample identified as having Immediate, Special and Urgent Needs <i>* if the person has different day / res providers, the number will be duplicative</i>				
Agency	People in Sample	Immediate Need	Special Need	Total
RCI	1	1		1
Su Vida	2		1	1
Taos County ARC	2		1	1
The New Beginnings	3	1		1
Tobosa	3	1	1	2
Tresco	9	3	5	8
ZEE	2	1		1

B. INDIVIDUAL SERVICE PLANNING COMPONENTS

The Community Practice Review examines the process of individual service planning and the **Individual Service Plan (ISP)** itself. The CPR also measures ISP implementation. A successful individual service plan and subsequent effective implementation are dependent upon key foundational components. The following narrative is provided to highlight the components and critical interrelationships with sections of the Community Practice Review (CPR) Protocol.

Living an ordinary life is what most of us enjoy without thinking much about it. We do it with community supports (transportation, health care, social networks, work, recreation, friends, housing, water). As we grow, age and change, different supports are needed. We may need more help or less help depending on what we are doing and our need.

We provide supports for people with developmental disabilities so that they can live and participate in the same kind of life. Supporting a person with developmental disabilities is often very complex. The complexity is increased exponentially for the individual with developmental disabilities who presents extensive medical, behavioral, developmental and/or physical needs. Each can live in and be part of their community but we all have to be very thoughtful about what it takes to make that happen and we all have to do our part to ensure it happens.

A **fully informed team** made up of all the key players in the individual's life is critical. The **individual** is the central member of the team, preferably literally. The team must know, have positive expectations for and respect the individual. They must understand what s/he would like to do now and in the **long term**, his/her interests and what his/her strengths and capacities include. They must fully **assess** his/her needs and determine what supports are needed. They must develop/tailor a **comprehensive plan that fits the individual** so that s/he can successfully live in and be part of the community, just like the rest of us.

Equally critical is the ability of each member of the team to **contribute to/understand the ISP** and **fully and timely implement it in all aspects of the individual's life** . . . at home, at work, and in the community. This includes ensuring the presence of **knowledgeable, trained staff** who know and support the particular individual, consistent with the ISP. The team must also adjust the plan and its implementation if parts of the plan do not work or as the individual develops and changes.

Ongoing **personal safeguards** (case manager, guardian, etc.) must be present and active to ensure the needs and best interests of the individual are represented. Those same safeguards must also work to **monitor and report** on plan implementation - ensure that it works - and that it is adjusted timely to address the individual's changing capacities and interests.

As the graph on the following page illustrates, the ISP and the development and implementation of an ISP is an ongoing process. Assessing, planning, implementing, evaluating, and changing/improving require continuous attention and action on the part of team members. *If any component or link in the process fails, the individual may be left vulnerable.* For example, a plan without adequate assessments is not well informed. A team without all players contributing will not have a comprehensive view and rarely develops a complete plan. Direct support staff who do not agree with or understand a plan, typically, will not or cannot implement it.

If the plan and implementation fail, the system has failed in its obligation to the individual. This type of failure has multiple and interconnected implications. The individual is not likely to be as successful or engaged as a recognized and respected part of his/her community. And as previously stated, the process for people with complex challenges is exponentially more difficult and the stakes much higher. Failure to understand, assess, plan for and address a complex medical or behavioral condition can be life threatening. Failure to fully implement even an excellent ISP can also be life threatening and certainly life wasting.

Individual Service Planning and Supports Cycle



C. THE PERSON AND LONG TERM VISION: FINDINGS

THE PERSON & LONG TERM VISION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
31. Does the case manager have an appropriate expectation of growth for this person?	48% Yes (53) 50% Partial (55) 3% No (3)	71 Yes (65%) 36 Partial (33%) 3 No (3%)	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)	
42. Does the [day services] direct service staff have an appropriate expectation of growth for this person?	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)	An increase of 12% from 2008.
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1)	
85. Overall, does the IDT have an appropriate expectation of growth for this person?	32% Yes (35) 68% Partial (76)	51% Yes (56) 49% Partial (54)	45% Yes (48) 55% Partial (59)	45% Yes (49) 54% Partial (58) 1% No (1)	For more than half of participating individuals, Team Members do not have an adequate expectation of growth. See examples of consequences in Questions 64, 65, 66 in the ISP section. (Page 28)
87. Is the person offered a range of opportunities for participation in each of the life areas?	53% Yes (56) 42% Partial (44) 5% No (5) (6 CND)	73% Yes (72) 24% Partial (24) 2% No (2) (12 CND)	63% Yes (59) 35% Partial (33) 2% No (2) (13 CND)	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)	An increase of 19%.
88. Does the person have the opportunity to make informed choices?	50% Yes (29) 50% Partial (29) (53 CND)	75% Yes (27) 25% Partial (9) (74 CND)	57% Yes (26) 43% Partial (20) (61 CND)	74% Yes (39) 26% Partial (14) (55 CND)	26% of persons reviewed were found not to have been provided with adequate opportunity to make informed choices. An increase of 17%
89. About where and with whom to live?	67% Yes (37) 29% Partial (16) 4% No (2) (56 CND)	90% Yes (35) 10% Partial (4) (71 CND)	71% Yes (30) 19% Partial (8) 10% No (4) (65 CND)	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)	

THE PERSON & LONG TERM VISION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
90. About where and with whom to work/spend his/her day?	63% Yes (36) 32% Partial (18) 5% No (3) (54 CND)	81% Yes (34) 19% Partial (8) (68 CND)	71% Yes (35) 29% Partial (14) (58 CND)	85% Yes (46) 15% Partial (8) (54 CND)	
91. About where and with whom to socialize/spend leisure time?	65% Yes (41) 33% Partial (21) 2% No (1) (48 CND)	85% Yes (34) 15% Partial (6) (70 CND)	67% Yes (35) 29% Partial (15) 4% No (2) (55 CND)	83% Yes (49) 17% Partial (10) (49 CND)	

D. PERSONAL SAFEGUARDS: FINDINGS

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
26. Does the case manager "know" the person?	70% Yes (78) 29% Partial (32) 1% No (1)	88% Yes (97) 12% Partial (13)	88% Yes (94) 12% Partial (13)	93% Yes (100) 7% Partial (8)	
27. Does the case manager understand his/her role/job?	58% Yes (64) 40% Partial (44) 2% No (2)	74% Yes (81) 25% Partial (27) 1% No (1)	66% Yes (71) 32% Partial (34) 2% No (2)	60% Yes (65) 39% Partial (42) 1% No (1)	A foundational issue for over 1/3 of class members surveyed who do not have the primary systemic safeguard who adequately understands his/her role. See examples of consequences throughout the ISP Section questions and in Questions 32 and 33 (Monitoring section Pages 38-40) A decrease of 14% in two years.
28. Did the case manager receive training on the topics needed to assist him/her in meeting the needs of this person?	64% Yes (71) 33% Partial (37) 3% No (3)	78% Yes (85) 22% Partial (24)	78% Yes (83) 21% Partial (23) 1% No (1)	87% Yes (94) 13% Partial (14)	

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
29. Is the case manager available to the person?	67% Yes (74) 33% Partial (36)	90% Yes (99) 10% Partial (11)	87% Yes (93) 13% Partial (14)	81% Yes (87) 19% Partial (21)	
33. Does the case manager provide case management services at the level needed by this person?	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	A foundational issue. Half of participating class members are not receiving case management services at the level needed to plan, monitor and safeguard. See consequences throughout Assessment, ISP, and Monitoring Sections. (Pages 25-31 and 38-40)
34. Does the case manager receive the type and level of support needed to do his/her job?	76% Yes (84) 23% Partial (25) 1% No (1)	86% Yes (94) 14% Partial (15)	86% Yes (92) 12% Partial (13) 2% No (2)	91% Yes (98) 9% Partial (10)	
105. Does the person get along with the case manager?	96% Yes (23) 4% Partial (1) (87 CND)	100% Yes (22) (87 CND)	100% Yes (15) (92 CND)	95% Yes (21) 5% Partial (1) (86 CND)	
106. Does the person find the case manager helpful?	87% Yes (13) 13% Partial (2) (96 CND)	93% Yes (13) 7% Partial (1) (95 CND)	100% Yes (7) (100 CND)	93% Yes (13) 7% Partial (1) (94 CND)	
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	79% Yes (79) 18% Partial (18) 3% No (3) (11 CND)	89% Yes (89) 6% Partial (6) 5% No (5) (10 CND)	90% Yes (86) 8% Partial (8) 2% No (2) (11 CND)	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)	
95. Does this person know his/her guardian?	94% Yes (47) 6% No (3) (1 N/A, 60 CND)	97% Yes (36) 3% No (1) (73 CND)	97% Yes (30) 3% No (1) (3 NA, 73 CND)	100% Yes (45) (2 N/A, 61 CND)	
96. Does this person believe the guardian is helpful?	100% Yes (20) (1 N/A, 90 CND)	100% Yes (19) (91 CND)	100% Yes (7) (2 N/A, 98 CND)	100% Yes (14) (2 N/A, 92 CND)	
97. What is the level of participation of the legal guardian in this person's life and service planning?	33% Active (36) 42% Moderate (46) 21% Limited (23) 5% None (5) (1 N/A)	39% Active (43) 36% Moderate (40) 24% Limited (26) 1% None (1)	53% Active (56) 26% Moderate (28) 18% Limited (19) 3% None (3) (1 N/A)	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)	A decrease of 14%.

PERSONAL SAFEGUARDS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
107. Does the legal guardian find the case manager helpful?	81% Yes (63) 13% Partial (10) 6% No (5) (1 N/A, 32 CND)	87% Yes (83) 6% Partial (6) 6% No (6) (14 CND)	94% Yes (78) 2% Partial (2) 4% No (3)	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)	
98. In the Reviewer's opinion, does the person need a friend advocate?	14% Yes (16) 86% No (95)	9% Yes (10) 91% No (100)	8% Yes (9) 92% No (98)	6% Yes (6) 94% No (102)	
99. Does the person have a friend advocate?	11% Yes (2) 89% No (16) (93 N/A)	17% Yes (2) 83% No (10) (98 N/A)	0% Yes 100% No (10) (97 N/A)	0% Yes 100% No (6) (102 N/A)	

E. THE TEAM: FINDINGS

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
30. Was the case manager able to describe the person's health related needs?	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	
40. Did the direct service staff (Day/Work) have training in the ISP process?	59% Yes (66) 32% Partial (36) 8% No (9)	64% Yes (70) 32% Partial (35) 5% No (5)	57% Yes (61) 33% Partial (35) 10% No (11)	68% Yes (73) 30% Partial (32) 3% No (3)	An increase of 11%
50. Did the residential direct service staff have training in the ISP process?	65% Yes (72) 26% Partial (29) 8% No (9)	72% Yes (79) 21% Partial (23) 7% No (8)	58% Yes (62) 34% Partial (36) 8% No (9)	68% Yes (73) 29% Partial (31) 3% No (3)	An increase of 10%.
36. Does the direct service staff (Day/Work) have adequate input into the person's ISP?	62% Yes (69) 32% Partial (36) 5% No (6)	67% Yes (74) 27% Partial (30) 5% No (6)	65% Yes (70) 29% Partial (31) 6% No (6)	65% Yes (70) 31% Partial (33) 5% No (5)	Consistently over 1/3 of day/work staff interviewed who were identified as working most closely with the individual and as knowing the person best do not have adequate input into the ISP. This is a major loss of knowledge in team meetings.

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
45. Does the direct service staff (residential) have adequate input into the person's ISP?	68% Yes (76) 25% Partial (28) 6% No (7)	72% Yes (79) 22% Partial (24) 6% No (7)	65% Yes (70) 28% Partial (30) 7% No (7)	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)	Consistently about 1/3 of residential direct service staff interviewed <i>who were identified as working most closely with the individual and as knowing the person best</i> do not have adequate input into the ISP. This is a major loss of knowledge in team meetings.
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	This is a foundational issue. Over two-thirds of participating class members do not have key team members who could describe the individual's health needs. Yet these team members must plan for and implement strategies to address the individual's health and other needs. Examples of consequences are demonstrated in Question 56, Plan Implementation Section. (Page 37)
62. Was the ISP developed by an appropriately constituted IDT?	45% Yes (49) 55% Partial (60) 1% No (1) (1 N/A)	51% Yes (56) 48% Partial (53) 1% No (1)	50% Yes (53) 50% Partial (54)	55% Yes (59) 45% Partial (48) (1 N/A)	This is a foundational issue. Consistently about half of teams do not have the participation of all the people needed. See examples of consequences in ISP section questions 64, 78, 142, 146. (Pages 27-31)
63. For any team members not physically present at the IDT meeting, is there evidence of their participation in the development of the ISP?	38% Yes (31) 35% Partial (28) 27% No (22) (30 N/A)	35% Yes (29) 40% Partial (33) 24% No (20) (28 N/A)	36% Yes (28) 36% Partial (28) 28% No (22) (29 N/A)	53% Yes (44) 28% Partial (23) 19% No (16) (25 N/A)	This is a foundational issue. While there is an increase of 17%, it remains that almost half of teams do not have all of the input needed. Same examples of consequences are identified in Question #62 above.

THE TEAM Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	74% Yes (80) 24% Partial (26) 2% No (2) (3 CND)	82% Yes (84) 17% Partial (17) 2% No (2) (7 CND)	73% Yes (73) 24% Partial (24) 3% No (3) (7 CND)	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)	
115. If there is evidence of team conflict, has the team made efforts to build consensus?	57% Yes (20) 43% Partial (15) (76 N/A)	58% Yes (14) 38% Partial (9) 4% No (1) (86 N/A)	67% Yes (16) 29% Partial (7) 4% No (1) (83 N/A)	72% Yes (23) 25% Partial (8) 3% No (1) (76 N/A)	
121. If there is evidence of functional regression in the past year (Questions #119 or 120) is the IDT adequately addressing the regression?	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	This is a Foundational issue for the individuals who experienced regression but for whom regression was not adequately addressed. See examples of consequences in Questions 69, 78 and 146 in ISP and Question 56 in Plan Implementation. (Pages 27-31 and 37)
116. Do records or facts exist to indicate that the team convened meetings as needed due to changed circumstances and/or needs?	73% Yes (77) 27% No (28) (6 N/A)	78% Yes (72) 22% No (20) (17 N/A, 1 CND)	78% Yes (74) 22% No (21) (11 N/A, 1 CND)	72% Yes (76) 28% No (29) (2 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?	64% Yes (71) 33% Partial (37) 3% No (3)	73% Yes (80) 26% Partial (29) 1% No (1)	70% Yes (75) 30% Partial (32)	81% Yes (87) 19% Partial (20) 1% No (1)	
118. Do you recommended Team Process Training for this IDT?	11% Yes (12) 89% No (99)	6% Yes (7) 94% No (103)	7% Yes (7) 93% No (100)	10% Yes (11) 90% No (97)	

F. ASSESSMENTS: FINDINGS

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATIONS
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	44% Yes (49) 55% Partial (61) 1% No (1)	64% Yes (70) 35% Partial (39) 1% No (1)	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)	This is a foundational issue. Teams must seek to identify what each person's interests are, how they learn and what the most effective interventions are.
58. Did the team arrange for and obtain the needed, relevant assessments?	22% Yes (24) 77% Partial (86) 1% No (1)	41% Yes (45) 57% Partial (63) 2% No (2)	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)	This is a foundational issue. Needed assessments must be obtained timely.
59. Are the assessments adequate for planning?	46% Yes (51) 52% Partial (58) 2% No (2)	55% Yes (61) 43% Partial (47) 2% No (2)	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)	
60. Were the recommendations from assessments used in planning?	40% Yes (44) 59% Partial (66) 1% No (1)	37% Yes (41) 56% Partial (62) 6% No (7)	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)	This is a foundational issue for a little over ½ of the teams that had some assessments but did not adequately use them in planning. See examples of consequences in ISP questions 69 and 146. (Pages 27-31) No change since 2008.
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	77% Yes (86) 23% No (25)	74% Yes (81) 26% No (29)	66% Yes (71) 34% No (36)	71% Yes (77) 29% No (31)	
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	66% Yes (73) 34% No (38)	58% Yes (64) 42% No (46)	55% Yes (59) 45% No (48)	53% Yes (57) 47% No (51)	
126. Did the person receive a supported employment assessment?	76% Yes (68) 24% No (21) (22 N/A)	60% Yes (49) 40% No (32) (29 N/A)	62% Yes (44) 38% No (27) (36 N/A)	68% Yes (54) 32% No (25) (29 N/A)	This is a foundational issue for the 1/3 of persons who did not receive a needed supported employment assessment.
127. Does the supported employment assessment conform to the DOH regulations?	25% Yes (22) 44% Partial (38) 31% No (27) (24 N/A)	35% Yes (28) 20% Partial (16) 46% No (37) (29 N/A)	30% Yes (21) 19% Partial (13) 51% No (35) (38 N/A)	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)	60% of the assessments which did occur do not conform to DOH regulations.

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATIONS
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	23% Yes (17) 44% Partial (32) 33% No (24) (38 N/A)	29% Yes (20) 35% Partial (24) 35% No (24) (42 N/A)	20% Yes (12) 28% Partial (17) 52% No (32) (46 N/A)	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)	A foundational issue for the two-thirds of persons needing a career development plan who do not have them. See examples of consequence in Question 129, Plan Implementation. (Page 36) An increase of 13%.
131. Is the person considered by the IDT to need behavior services now?	74% Yes (80) 26% No (28) (3 N/A)	65% Yes (71) 35% No (39)	61% Yes (63) 39% No (40) (4 N/A)	68% Yes (73) 32% No (34) (1 N/A)	
132. In the opinion of the reviewer, does the person need behavior services?	73% Yes (79) 27% No (29) (3 N/A)	62% Yes (68) 38% No (41) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	66% Yes (71) 34% No (36) (1 N/A)	
133. Have adequate behavioral assessments been completed?	77% Yes (62) 15% Partial (12) 9% No (7) (30 N/A)	74% Yes (53) 18% Partial (13) 8% No (6) (38 N/A)	78% Yes (50) 16% Partial (10) 6% No (4) (43 N/A)	86% Yes (63) 12% Partial (9) 1% No (1) (35 N/A)	
134. Does the person have behavior support plans developed out of the behavior assessments that meet the person's needs?	78% Yes (63) 19% Partial (15) 4% No (3) (30 N/A)	76% Yes (55) 19% Partial (14) 4% No (3) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	79% Yes (57) 21% Partial (15) (36 N/A)	
140. Has the person received all communication assessments and services?	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	
54. Overall, were the team members interviewed able to describe the person's health-related needs?	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)	This is a foundational issue for the 2/3 of participating class members who do not have key team members who could describe the individual's health needs. Yet they must plan for the individual's health and other needs. An example of the consequence is demonstrated in Question 56, Plan Implementation Section. (Page 37)

ASSESSMENTS Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATIONS
30. Was the case manager able to describe the person's health related needs?	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)	Also in Team Findings
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	Also in Team Findings A decrease of 9%
48. Was the residential service staff able to describe the person's health related needs?	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	Also in Team Findings A decrease of 10%
55. Is there evidence that the IDT discussed the person's health-related issues?	61% Yes (68) 38% Partial (42) 1% No (1)	63% Yes (69) 36% Partial (40) 1% No (1)	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)	This is a foundational issue for the 37% of teams that did not take health-related issues fully into account. See examples of consequences in ISP Questions 69, 78, and 146; and in Implementation Question 56. (Pages 27-31 and 37)

G. INDIVIDUAL SERVICE PLAN: FINDINGS

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	99% Yes (110) 1% No (1)	99% Yes (109) 1% No (1)	100% Yes (107)	99% Yes (107) 1% No (1)	
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?	72% Yes (80) 27% Partial (30) 1% No (1)	86% Yes (95) 14% Partial (15)	88% Yes (94) 12% Partial (13)	90% Yes (97) 9% Partial (10) 1% No (1)	
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?	84% Yes (93) 14% Partial (15) 3% No (3)	72% Yes (79) 25% Partial (27) 4% No (4)	65% Yes (70) 31% Partial (33) 4% No (4)	74% Yes (80) 22% Partial (24) 4% No (4)	

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
146. Overall, is the ISP adequate to meet the person's needs?	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	This is an ISP failure for 74% of participating class members. See examples of the consequences in Conclusion Questions 123, 144, and 145. (Pages 40-41)
64. Overall, is the long-term vision adequate?	41% No (45) 54% Partial (59) 5% No (6) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5)	50% Yes (54) 39% Partial (42) 10% No (11)	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)	ISP failure for 42% of the plans which do not have adequate long-term visions. See examples of consequences in Conclusion Questions 123, 144, and 145. (Pages 40-41)
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?	50% Yes (55) 45% Partial (50) 5% No (5) (1 N/A)	56% Yes (62) 42% Partial (46) 2% No (2)	60% Yes (64) 37% Partial (40) 3% No (3)	72% Yes (77) 28% Partial (30) (1 N/A)	28% of plans do not demonstrate how to achieve the existing long term vision (42% of which were already inadequate; Question 64 above).
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	57% Yes (63) 35% Partial (39) 7% No (8) (1 N/A)	55% Yes (60) 43% Partial (47) 3% No (3)	77% Yes (82) 21% Partial (23) 2% No (2)	86% Yes (92) 14% Partial (15) (1 N/A)	A significant increase over the last two years.
67*. Overall, do the outcomes in the ISP include criteria by which the team can determine when the outcome(s) have been achieved?	35% Yes (39) 55% Partial (60) 10% No (11) (1 N/A)	38% Yes (42) 54% Partial (59) 8% No (9)	33% Yes (35) 47% Partial (50) 21% No (22)	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)	This is an ISP failure for half of plans. Implementation and monitoring are difficult, if not impossible, when criteria for success are not clear. See examples of consequences in the Plan Implementation and the Monitoring Section. (Pages 36-40)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	50% Yes (55) 46% Partial (51) 4% No (4) (1 N/A)	72% Yes (79) 27% Partial (30) 1% No (1)	75% Yes (80) 22% Partial (24) 3% No (3)	87% Yes (93) 13% Partial (14) (1 N/A)	A 12% increase.
69*. Overall, do the ISP outcomes address the person's major needs?	47% Yes (52) 49% Partial (54)	50% Yes (55) 47% Partial (52)	41% Yes (44) 50% Partial (54)	60% Yes (64) 40% Partial (43)	ISP failure for over 40% of the existing ISP's. See examples of

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
	4% No (4) (1 N/A)	3% No (3)	8% No (9)	(1 N/A)	consequences in Conclusion Questions 123, 144, and 145. (Page 40-41) An increase of 19%.
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	39% Yes (43) 53% Partial (58) 8% No (9) (1 N/A)	49% Yes (54) 46% Partial (51) 5% No (5)	46% Yes (49) 50% Partial (54) 4% No (4)	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)	ISP failure for more than 1/3 of the Action Plans. See examples of consequences in Knowledgeable Staff, Plan Implementation, Monitoring and Conclusion Sections. (Pages 32-41) An increase of 18%.
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	39% Yes (43) 48% Partial (53) 13% No (14) (1 N/A)	42% Yes (45) 40% Partial (43) 18% No (19) (3 N/A)	43% Yes (45) 41% Partial (43) 16% No (17) (2 N/A)	53% Yes (56) 37% Partial (39) 10% No (11) (2 N/A)	This is an ISP failure for approximately ½ of ISPs. These teaching and support strategies are used by direct support staff so they know how to implement the ISP. See examples of consequences in Knowledgeable Staff, Plan Implementation, Monitoring and Conclusion Sections. (Pages 24-34)
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?	36% Yes (38) 51% Partial (55) 13% No (14) (4 N/A)	28% Yes (30) 55% Partial (58) 17% No (18) (4 N/A)	38% Yes (40) 43% Partial (45) 18% No (19) (3 N/A)	48% Yes (51) 45% Partial (48) 7% No (7) (2 N/A)	More Therapists are directly influencing the content of some teaching and support strategies to ensure that their recommendations are written so Direct Support Staff can implement them. An increase of 20% in two years.
73*. If needed, does the ISP contain a specific Crisis Prevention and Intervention Plan that meets the person's needs?	56% Yes (59) 38% Partial (40) 6% No (6) (6 N/A)	75% Yes (77) 21% Partial (22) 4% No (4) (7 N/A)	63% Yes (64) 30% Partial (31) 7% No (7) (5 N/A)	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)	This increasing failure may be due to inconsistencies between the Aspiration Clinical Team reports and the Crisis Prevention and Intervention Plans. Where there is inconsistency between the two, direct service staff are left without clear guidance.

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
					A decrease of 21% in two years.
74*. Does the ISP contain information regarding primary health (medical) care?	73% Yes (80) 26% Partial (29) 1% No (1) (1 N/A)	74% Yes (81) 26% Partial (29)	82% Yes (88) 18% Partial (19)	87% Yes (93) 13% Partial (14) (1 N/A)	
74a*. Does the ISP face sheet contain contact information for the PCP?		84% Yes (92) 6% Partial (7) 10% No (11)	87% Yes (93%) 10% Partial (11) 3% No (3)	93% Yes (99) 7% Partial (7) 1% No (1) (1 N/A)	
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?		92% Yes (95) 8% Partial (8) (7 N/A)	96% Yes (103) 3% Partial (3) 1% No (1)	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)	
74c*. Was the ISP (the most current Annual) developed using the new ISP format?		93% Yes (102) 7% No (8)	Removed in 2008	Removed in 2008	
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	78% Yes (86) 18% Partial (20) 4% No (4) (1 N/A)	57% Yes (63) 28% Partial (31) 15% No (16)	49% Yes (52) 27% Partial (29) 24% No (25)	74% Yes (57) 14% Partial (11) 12% No (9) (31 N/A)	An increase of 25%.
76. Does the ISP reflect how the person will obtain prescribed medications?	56% Yes (61) 33% Partial (36) 11% No (12) (2 N/A)	66% Yes (72) 30% Partial (33) 4% No (4) (1 N/A)	82% Yes (88) 15% Partial (16) 3% No (3)	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)	
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	38% Yes (37) 45% Partial (44) 17% No (17) (13 N/A)	30% Yes (28) 47% Partial (44) 23% No (21) (17 N/A)	34% Yes (32) 53% Partial (49) 13% No (12) (14 N/A)	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)	
78. Overall, is the ISP adequate to meet the person's needs? (NOTE: This question sums the scores found in Questions 61-77.)	6% Yes (7) 94% Partial (103) (1 N/A)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 74% Partial (79) (1 N/A)	This reflects the impact of failure on previous foundational issues. The consequences of the failure of the ISP component are demonstrated throughout the

INDIVIDUAL SERVICE PLAN Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
					following sections on Knowledgeable Staff, Plan Implementation and Monitoring. The same result is seen in Conclusion Question 146. (Page 34)
147. Is the program of the level of intensity adequate to meet this person's needs?	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	This planning and ISP failure represents the cumulative total of previous foundational issues in all areas. Consistently approximately 2/3 of participating class members do not have a program adequate to meet their needs.
122. Has the person changed residential/day services in the last year? If Yes, was the change:	30% Yes (33) 70% No (78)	19% Yes (21) 81% No (89)	17% Yes (18) 83% No (89)	19% Yes (21) 81% No (87)	
122a. Planned by the IDT?	76% Yes (25) 18% Partial (6) 6% No (2) (78 N/A)	76% Yes (16) 19% Partial (4) 5% No (1) (89 N/A)	72% Yes (13) 22% Partial (4) 6% No (1) (89 N/A)	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)	
122b. Appropriate to meet needs?	79% Yes (26) 21% Partial (7) (78 N/A)	81% Yes (17) 10% Partial (2) 10% No (2) (89 N/A)	78% Yes (14) 17% Partial (3) 6% No (1) (89 N/A)	90% Yes (19) 10% Partial (2) (85 N/A) (1 not scored)	
137. Are behavior support services integrated into the ISP?	56% Yes (45%) 39% Partial (31) 5% No (4) (31 N/A)	48% Yes (34) 35% Partial (25) 17% No (12) (39 N/A)	57% Yes (36) 29% Partial (18) 14% No (9) (44 N/A)	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)	An increase of 11%. Previously addressed as part of need to integrate all plans into the ISP.

H. KNOWLEDGEABLE STAFF: FINDINGS

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
35. Does the day/employment direct services staff “know” the person?	80% Yes (89) 19% Partial (21) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	87% Yes (93) 12% Partial (13) 1% No (1)	90% Yes (97) 10% Partial (11)	
44. Does the residential direct services staff “know” the person?	86% Yes (95) 14% Partial (16)	89% Yes (98) 11% Partial (12)	84% Yes (90) 16% Partial (17)	89% Yes (95) 11% Partial (12) (1 not scored)	
37. Did the day/employment direct service staff receive training on implementing this person’s ISP?	64% Yes (71) 32% Partial (36) 4% No (4)	75% Yes (83) 23% Partial (25) 2% No (2)	77% Yes (82) 21% Partial (23) 2% No (2)	76% Yes (82) 24% Partial (26)	24% of residential staff interviewed (identified as the one who knows the individual best) were not adequately trained to implement the ISP. See Questions 81 and 82 following. (Pages 26 & 27)
46. Did the residential direct service staff receive training on the implementing this person’s ISP?	76% Yes (84) 23% Partial (26) 1% No (1)	75% Yes (82) 24% Partial (26) 2% No (2)	73% Yes (78) 24% Partial (26) 3% No (3)	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)	27% of residential staff interviewed (identified as the one who knows the individual best) were not adequately trained to implement the ISP. See examples of consequences in Questions 81 and 82 following. (Pages 26 & 27)
38. Was the day/employment direct service staff able to describe this person’s health related needs?	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)	Implementation failure. 49% remain without day/employment staff who can describe health related needs. A decrease of 9%.
48. Was the residential direct service staff able to describe this person’s health-related needs?	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)	Implementation failure. Half of the residential staff who deal directly with the individual’s needs (and who were identified as the one who knows the individual best) cannot describe their health needs. In this and with similar questions asked of the staff who were identified as knowing the

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
					person best , the likelihood is that the remainder of direct service staff would score even lower. A decrease of 10%.
39. Was the day/employment direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	64% Yes (71) 34% Partial (38) 2% No (2)	73% Yes (80) 26% Partial (29) 1% No (1)	65% Yes (70) 34% Partial (36) 1% No (1)	72% Yes (78) 28% Partial (30)	Implementation issue. For 28% of participating class members, day/employment direct service staff identified as knowing the person best were unable to describe their daily responsibilities with the individual. See examples of consequences in Questions 81 and 82 following. (Pages 26 & 27)
39.a. Was the day/employment direct service staff able to provide specific information regarding the person's daily activities, including the exact times of the day?	84% Yes (93) 15% Partial (17) 1% No (1)	92% Yes (101) 6% Partial (7) 2% No (2)	92% Yes (98) 7% Partial (8) 1% No (1)	93% Yes (100) 6% Partial (6) 2% No (2)	
39.b. Can the day/employment direct service staff describe his/her responsibilities in implementing the person's ISP goals/objectives/outcomes/action plans?	68% Yes (76) 27% Partial (30) 5% No (5)	75% Yes (83) 19% Partial (21) 5% No (6)	67% Yes (72) 29% Partial (31) 4% No (4)	70% Yes (76) 27% Partial (29) 3% No (3)	Implementation failure impacting 30% of participating class members. Staff identified as knowing the person best were unable to describe his/her responsibilities in implementing the ISP. See Questions 81 and 82 following. (Pages 26 & 27)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	67% Yes (74) 32% Partial (35) 1 No (1)	68% Yes (75) 31% Partial (34) 1% No (1)	72% Yes (77) 28% Partial (30)	71% Yes (76) 29% Partial (31)	
49.a. Was the residential staff able to provide specific information regarding the person's daily activities?	92% Yes (101) 7% Partial (8) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	96% Yes (103) 4% Partial (4)	91% Yes (97) 9% Partial (10)	

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
49.b. Can the residential direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?	71% Yes (78) 24% Partial (26) 5% No (6)	71% Yes (78) 25% Partial (27) 5% No (5)	74% Yes (79) 18% Partial (19) 8% No (9)	76% Yes (81) 21% Partial (23) 3% No (3)	24% of residential staff identified as knowing the person best cannot describe their responsibilities in implementing the individual's ISP. See Questions 81 and 82 below.
135. Have the staff been trained on the behavior support plan?	70% Yes (56) 24% Partial (19) 6% No (5) (31 N/A)	76% Yes (55) 21% Partial (15) 3% No (2) (38 N/A)	86% Yes (54) 13% Partial (8) 2% No (1) (44 N/A)	83% Yes (60) 15% Partial (11) 1% No (10) (36 N/A)	
81. Overall, were the direct service staff trained on the implementation of the ISP?	55% Yes (61) 44% Partial (49) 1% No (1)	59% Yes (65) 41% Partial (45)	60% Yes (64) 40% Partial (43)	64% Yes (69) 36% Partial (39)	Implementation failure for 36% of participating class members whose staff (identified as knowing the person best) were unable to describe his/her responsibilities in implementing the ISP. Consequences are demonstrated in Conclusion Section. (Pages 40-41)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	51% Yes (57) 49% Partial (54)	55% Yes (60) 45% Partial (50)	51% Yes (55) 49% Partial (52)	56% Yes (61) 44% Partial (47)	Implementation failure for 44% of participating class members. All Staff interviewed (identified as knowing the person best) were unable to describe their responsibilities in providing daily care/support to the person. Consequences are demonstrated in Conclusion Section. (Pages 40-41)
41. Did the day/employment direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	63% Yes (70) 35% Partial (39) 2% No (2)	75% Yes (82) 24% Partial (26) 2% No (2)	80% Yes (86) 18% Partial (19) 2% No (2)	76% Yes (82) 22% Partial (24) 2% No (2)	
41.a. Have training on the provider's complaint process?	72% Yes (80) 21% Partial (23) 7% No (8)	83% Yes (91) 10% Partial (11) 7% No (8)	89% Yes (95) 6% Partial (6) 6% No (6)	84% Yes (91) 9% Partial (10) 6% No (7)	

KNOWLEDGEABLE STAFF Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
41.b. Have training on how and to whom to report abuse, neglect and exploitation?	77% Yes (85) 20% Partial (22) 4% No (4)	85% Yes (94) 12% Partial (13) 3% No (3)	87% Yes (93) 8% Partial (9) 5% No (5)	84% Yes (91) 13% Partial (14) 3% No (3)	
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	71% Yes (79) 27% Partial (30) 2% No (2)	75% Yes (83) 25% Partial (27)	71% Yes (76) 28% Partial (30) 1% No (1)	87% Yes (93) 7% Partial (7) 7% No (7)	
51.a. Have training on the provider's complaint process?	84% Yes (93) 12% Partial (13) 5% No (5)	83% Yes (91) 13% Partial (14) 5% No (5)	82% Yes (88) 12% Partial (13) 6% No (6)	89% Yes (95) 10% Partial (11) 1% No (1)	
51.b. Have training on how and to whom to report abuse, neglect and exploitation?	79% Yes (88) 18% Partial (20) 3% No (3)	89% Yes (98) 9% Partial (10) 2% No (2)	79% Yes (84) 16% Partial (17) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)	
93. Overall, were the direct service staff interviewed trained on the provider's complaint process and on abuse, neglect and exploitation?	54% Yes (60) 45% Partial (50) 1% No (1)	62% Yes (68) 38% Partial (42)	61% Yes (65) 39% Partial (42)	62% Yes (67) 38% Partial (41)	
111. Does the person get along with their day program/employment staff?	98% Yes (79) 2% Partial (2) (2 N/A, 28 CND)	100% Yes (65) (45 CND)	97% Yes (63) 3% Partial (2) (1 N/A, 41 CND)	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)	
112. Does the person get along with the residential provider staff?	98% Yes (88) 2% Partial (2) (21 CND)	100% Yes (76) (34 CND)	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)	

I. PLAN IMPLEMENTATION: FINDINGS

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
79. If the ISP was identified as adequate to meet the person's needs (Question 78), is the ISP being implemented?	57% Yes (4) 43% Partial (3) (104 N/A)	93% Yes (13) 7% Partial (1) (96 N/A)	44% Yes (8) 50% Partial (9) 6% No (1) (89 N/A)	64% Yes (18) 36% Partial (10) (80 N/A)	Implementation issue. Of the 28 ISP's found to be adequate only 2/3 are being adequately implemented. An increase of 20%.
114. Are the individual members of the IDT following up on their responsibilities?	21% Yes (23) 76% Partial (84) 4% No (4)	32% Yes (35) 68% Partial (75)	28% Yes (30) 71% Partial (76) 1% No (1)	31% Yes (33) 69% Partial (74) 1% No (1)	Implementation failure. More than 2/3 of teams have members not adequately following up as needed.
129. (If the person has been identified for supported employment,) is the person engaged in supported employment?	35% Yes (25) 65% No (47) (39 N/A)	47% Yes (31) 53% No (35) (44 N/A)	28% Yes (17) 72% No (44) (46 N/A)	51% Yes (30) 49% No (29) (49 N/A)	Planning and Implementation failure. Half of the persons who should be engaged in supported employment are not. An increase of 23%.
130. Is the supported work provided in accordance with the following?	22% Yes (16) 19% Partial (14) 58% No (42) (39 N/A)	30% Yes (20) 17% Partial (11) 53% No (35) (44 N/A)	10% Yes (6) 18% Partial (11) 72% No (43) (47 N/A)	30% Yes (17) 18% Partial(10) 52% No (29) (52 N/A)	Implementation issue. 70% of the supported work which is provided is not provided consistent with 130a to 130d. An increase of 20%
130a. At least a 10-hour work week?	24% Yes (17) 76% No (55) (39 N/A)	33% Yes (22) 67% No (44) (44 N/A)	13% Yes (8) 87% No (52) (47 N/A)	32% Yes (18) 68% No (38) (52 N/A)	
130b. Person earns at least ½ of minimum wage?	42% Yes (30) 58% No (42) (39 N/A)	41% Yes (27) 59% No (39) (44 N/A)	22% Yes (13) 78% No (46) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	
130c. Work setting is at least 50% non-handicapped co-workers?	33% Yes (24) 67% No (48) (39 N/A)	44% Yes (29) 56% No (37) (44 N/A)	24% Yes (14) 76% No (45) (48 N/A)	43% Yes (24) 56% No (31) (53 N/A)	
130d. There is a reasonable expectation that the job will continue?	44% Yes (32) 56% No (40) (39 N/A)	45% Yes (30) 55% No (36) (44 N/A)	25% Yes (15) 75% No (44) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)	

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
136. Does the person receive behavioral services consistent with his/her needs?	79% Yes (64) 17% Partial (14) 4% No (3) (30 N/A)	82% Yes (59) 15% Partial (11) 3% No (2) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)	
138. Has the person received all adaptive equipment needed?	56% Yes (54) 43% Partial (41) 1% No (1) (15 N/A)	76% Yes (71) 24% Partial (22) (17 N/A)	79% Yes (70) 21% Partial (19) (18 N/A)	84% Yes (68) 16% Partial (13) (27 N/A)	
139. Has the person received all assistive technology needed?	49% Yes (35) 46% Partial (33) 6% No (4) (39 N/A)	52% Yes (38) 42% Partial (31) 5% No (4) (37 N/A)	68% Yes (53) 26% Partial (20) 6% No (5) (29 N/A)	71% Yes (55) 25% Partial (19) 4% No (3) (31 N/A)	An implementation issue. 29% of those reviewed who need assistive technology do not have what they need.
140. Has the person received all communication assessments and services?	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)	
143. Does the person receive services and supports recommended in the ISP?	58% Yes (64) 41% Partial (46) 1% No (1)	70% Yes (77) 30% Partial (33)	74% Yes (79) 26% Partial (28)	76% Yes (82) 23% Partial (25) 1% No (1)	
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	85% Yes (80) 14% Partial (13) 1% No (1) (4 N/A, 13 CND)	92% Yes (85) 8% Partial (7) (11 N/A, 7 CND)	91% Yes (79) 8% Partial (7) 1% No (1) (12 N/A, 8 CND)	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)	
47. Is the residence safe for individuals (void of hazards)?	91% Yes (101) 9% No (10)	95% Yes (104) 5% No (6)	95% Yes (102) 5% No (5)	92% Yes (98) 8% No (8) (2 not scored)	
53. Does the person's residential environment offer a minimal level of quality of life?	79% Yes (88) 21% Partial (23)	94% Yes (103) 6% Partial (7)	90% Yes (96) 10% Partial (11)	93% Yes (99) 7% Partial (8) (1 not scored)	
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	24% Yes (27) 75% Partial (83) 1% No (1)	40% Yes (44) 60% Partial (66)	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)	Planning, ISP and Implementation failure resulting in potential for health failure. Almost ¾ of

PLAN IMPLEMENTED Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
					participating class members are NOT having their health supports/needs adequately addressed.

J. MONITORING: FINDINGS

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
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?	34% Yes (37) 63% Partial (69) 4% No (4)	57% Yes (63) 42% Partial (46) 1% No (1)	49% Yes (52) 49% Partial (52) 3% No (3)	44% Yes (47) 54% Partial (58) 3% No (3)	Monitoring issue. Over 50% of those reviewed do not have evidence of adequate monitoring and tracking.
33. Does the case manager provide case management services at the level needed by this person?	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)	Monitoring issue. 51% are not receiving the case management services at the level they need. Consequences demonstrated in Conclusion Section. (Pages 33-34)
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?	20% Yes (22) 73% Partial (81) 7% No (8)	32% Yes (35) 61% Partial (67) 7% No (8)	29% Yes (31) 65% Partial (70) 6% No (6)	39% Yes (42) 56% Partial (60) 6% No (6)	Monitoring issue. Approximately 2/3 of of the class member's records do not contain verification that the plan is actually being implemented.
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	22% Yes (2) 78% Partial (7) (100 N/A, 2 CND)	82% Yes (9) 18% Partial (2) (96 N/A, 3 CND)	57% Yes (8) 43% Partial (6) (92 N/A, 1 CND)	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)	An increase of 31%.
80. If there is no ISP, or if the ISP was found to not be adequate to meet the person's needs (Question 78) are current services adequate to meet the person's needs?	19% Yes (20) 81% Partial (84) (7 N/A)	33% Yes (32) 67% Partial (64) (14 N/A)	34% Yes (30) 66% Partial (59) (18 N/A)	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)	

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
92. Does the evidence support that providers do not prevent the person from pursuing relationships and are respecting the rights of this person?	94% Yes (104) 5% Partial (6) 1% No (1)	97% Yes (104) 3% Partial (3) (3 CND)	93% Yes (97) 7% Partial (7) (3 CND)	96% Yes (99) 3% Partial (3) 1% No (1) (5 CND)	
101. Does the person have daily choices/appropriate autonomy over his/her life?	60% Yes (67) 36% Partial (40) 4% No (4)	70% Yes (77) 27% Partial (30) 3% No (3)	65% Yes (70) 32% Partial (34) 3% No (3)	80% Yes (86) 19% Partial (20) 2% No (2)	An increase of 15%.
102. Have the person's cultural preferences been accommodated?	87% Yes (93) 13% Partial (14) (4 CND)	93% Yes (95) 6% Partial (6) 1% No (1) (8 CND)	90% Yes (90) 10% Partial (10) (7 CND)	98% Yes (99) 2% Partial (2) (7 CND)	
103. Is the person treated with dignity and respect?	50% Yes (56) 49% Partial (54) 1% No (1)	65% Yes (71) 35% Partial (38) 1% No (1)	64% Yes (69) 36% Partial (38)	56% Yes (60) 44% Partial (48)	44% of persons are NOT treated with adequate dignity and respect.
104. Overall, is the person satisfied with the current services?	66% Yes (31) 34% Partial (16) (64 CND)	94% Yes (29) 6% Partial (2) (79 CND)	85% Yes (23) 15% Partial (4) (80 CND)	91% Yes (41) 9% Partial (4) (63 CND)	
108. Does the person have adequate food and drink available?	99% Yes (99) 1% Partial (1) (11 CND)	99% Yes (102) 1% Partial (1) (7 CND)	99% Yes (97) 1% No (1) (9 CND)	98% Yes (94) 2% Partial (2) (12 CND)	
109. Does the person have adequate transportation to meet his/her needs?	88% Yes (97) 11% Partial (12) 1% No (1) (1 CND)	91% Yes (96) 9% Partial (9) (5 CND)	86% Yes (89) 14% Partial (14) (4 CND)	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)	
110. Does the person have sufficient personal money?	86% Yes (89) 14% Partial (14) (8 CND)	91% Yes (92) 9% Partial (9) (9 CND)	91% Yes (86) 8% Partial (8) 1% No (1) (12 CND)	89% Yes (86) 11% Partial (11) (11 CND)	
119. Is there evidence or documentation of physical regression in the last year?	32% Yes (35) 68% No (75) (1 CND)	25% Yes (27) 75% No (80) (3 CND)	38% Yes (40) 62% No (66) (1 CND)	36% Yes (39) 64% No (69)	

MONITORING Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
120. Is there evidence or documentation of behavioral or functional regression in the last year?	23% Yes (25) 77% No (85) (1 CND)	16% Yes (17) 84% No (91) (2 CND)	23% Yes (24) 77% No (81) (2 CND)	24% Yes (26) 76% No (82)	
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)	Foundational planning failure. Over 1/3 of teams were not adequately responding to regression.

K. CONCLUSION: FINDINGS

CONCLUSION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
84. Based on all of the evidence, in the opinion of the reviewer, has the person achieved progress in the past year?	56% Yes (60) 43% Partial (46) 2% No (2) (3 CND)	66% Yes (71) 32% Partial (35) 2% No (2) (2 CND)	56% Yes (58) 40% Partial (42) 4% No (4) (3 CND)	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)	Foundational Planning, ISP and/or Implementation failure. Almost 41% of persons are not achieving progress.
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	24% Yes (27) 74% Partial (82) 2% No (2)	40% Yes (44) 59% Partial (65) 1% No (1)	31% Yes (33) 64% Partial (69) 5% No (5)	39% Yes (42) 57% Partial (62) 4% No (4)	Foundational Planning, ISP and/or Implementation failure. Only 39% of teams have adequately assessed, planned, implemented or monitored.
144. Does the person have adequate access to and use of generic services and natural supports?	61% Yes (68) 38% Partial (42) 1% No (1)	66% Yes (73) 34% Partial (37)	74% Yes (79) 25% Partial (27) 1% No (1)	82% Yes (89) 17% Partial (18) 1% No (1)	An increase of 8%
145. Is the person adequately integrated into the community?	38% Yes (42) 59% Partial (65) 4% No (4)	57% Yes (63) 39% Partial (43) 4% No (4)	51% Yes (55) 45% Partial (48) 4% No (4)	68% Yes (73) 31% Partial (34) 1% No (1)	This is a major individual outcome question in the CPR. All else (planning, ISP, and implementation) should serve to accomplish this for each individual class member. Yet, while each class member lives in the community, 32% of them are not significantly integrated into the community. According to answers to prior questions, most of them have

CONCLUSION Question	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)	OBSERVATION
					adequate access to the community, including transportation, but 32% remain inadequately integrated. The increase of 17% is recognized as overall improvement over the past four years.
146. Overall, is the ISP adequate to meet the person's needs?	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)	Foundational Planning and ISP failure.
147. <i>Is the program of the level of intensity adequate to meet this person's needs?</i>	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)	Foundational Planning, ISP and/or Implementation failure. Consistently approximately 2/3 of class members do not have a program adequate to meet their needs. Failure to meet needs can result in consequences including life wasting and catastrophic health failure.

III. HISTORIC DISENGAGEMENT INFORMATION AND RECOMMENDATIONS

DOH/DDSD has requested that the Community Monitor explicitly point out how CPR recommendations relate to the Joint Stipulation on Disengagement (JSD), Attachment A, 1998 Audit Recommendations and/or other relevant Court Orders. In an effort to accommodate that request, recommendations in the 2008 and 2009 reports have relevant references. Further, rather than address all of the issues identified as a result of the 2009 Review, major foundational issues/weaknesses have been identified. For issues particularly related to the ISP cycle, foundational weaknesses are presented in groups with the expectation that by initiating effective interventions for one group of issues, multiple foundational issues would be resolved thereby improving multiple outcomes for class members through one systemic effort.

Regarding the recommendations which follow, the criterion which should be applied by DOH/DDSD in responding to each recommendation are:

1. Systemic activity designed by DOH/DDSD in response to these recommendations should be focused on measurable outcomes for class members; that is, the outcomes identified should identify improvement intended for class members and should be clearly and measurably stated.
2. Systemic activity designed by DOH/DDSD should include measurable indicators of progress towards the outcomes identified in #1.
3. Developing additional forms should be avoided, if possible. To the extent possible, existing forms could be 'tweaked' if necessary. Continually changing forms or processes can divert attention and resources from planning, implementing and measuring improvement for class members.
4. Systemic activity suggested by DOH/DDSD should be focused on ensuring that the individual and his/her full team have the information they need when they need it; and that they know how to acquire and successfully use the information in planning and implementation.

Two key measures need to be met to successfully support class members: Team members "know" what they need to know and Team members need to appropriately and timely "act".

A. Individual Service Planning and Supports

Historic Individual Service Plan Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009
141. Does the person have an ISP that addresses living, learning/working and fun/relationships which correlates with the person's desires and capabilities, in accordance with DOH regulations.	79%	84%	75%	57%	68%	72%	86%	88%	90%
142. Does the person have an ISP that contains functional assessments based on a long term vision? (this is found in the Progress Towards Reaching the Long Term Vision section of the new ISP)	90%	89%	82%	59%	77%	84%	72%	65%	74%
143. Does the person receive services and supports recommended in the ISP?	67%	69%	70%	47%	58%	58%	70%	74%	76%
144. Does the person have adequate access to and use of generic services and natural supports?	57%	78%	73%	44%	65%	61%	66%	74%	82%
145. Is the person adequately integrated into the community?	63%	71%	66%	32%	53%	38%	57%	51%	68%
146. Overall, is the ISP adequate to meet the person's needs?	33%	34%	29%	5%	21%	6%	13%	17%	26%
147. Is the program of the level of intensity adequate to meet this person's needs?	42%	53%	36%	18%	29%	19%	35%	32%	31%

As stated previously, the failure of any one significant part of planning (as depicted on page 18) increases the potential for inadequate planning and inadequate ISPs, which results in inadequate provision of services. The failure of multiple parts of planning results in ISPs that do not adequately support class members, reduces or eliminates their chances for progress/growth, and can put them in serious jeopardy.



ISP Cycle Weaknesses affect Health and Safety

As stated in DOH/DDSD regulations, the expected outcome from the ISP Planning Cycle is that people with developmental disabilities have choices and opportunities to live, work and play with full participation in their communities. (§7.26.5.8 D) In order for class members to realize these outcomes, each person must have their health needs assessed, coordinated, planned for and effectively addressed. During the 2009 CPR multiple health related issues identified in the past continued to be identified.

- 68% of the class members had team members who could not describe the person's health-related needs.
- 37% of the IDTs did not have evidence that they had discussed the person's health-related needs.
- 74% of the class members were found to not have their health supports/needs adequately addressed.

While multiple issues were identified in the health area, examples of some very high risk issues identified in 2009 include:

Class members at very high and increasing risk due to chronic, multiple, complicated health issues are supported by teams working without support of coordinated health care consultation, coordination and intervention.

Class members not receiving recommended hydration, medication or g-tube feedings; recommended medications found not to be in the home for days yet documentation indicates medication given.

Class members at risk of aspiration but needed prevention plan(s) not in place; Aspiration Clinical Team recommendations not followed; class members experiencing multiple episodes of aspiration, symptoms of aspiration, hospitalizations/ER visits and Teams not meeting to identify and manage/lower the risk; class members not positioned as recommended or positioning recommendations in conflict and not corrected; staff not following meal time plans; equipment needed for safe meal times not present; etc.

Class members experiencing lack of Health Care Coordination including: comprehensive nursing assessment lacking; missed medical/dental/psychiatric appointments; recommended consultation not scheduled; lack of documentation of hospitalizations and ER visits; Health Care and Crisis Prevention Plans not reviewed and revised to reflect significant changes in health status; Nursing Care Plans and Quarterly Reports not providing a chronology of health events and ongoing health care interventions; Nursing assessments not carried out; etc.

Class members plans from therapists or crisis prevention plans don't give clear or give conflicting direction to staff who must carry them out; 24 hour positioning plans missing; aspiration precautions not identified for all high risk activities, plans that don't address recommended risk areas, etc.

Class members with staff who are not following orders/guidelines including: staff not ensuring that people receive hydration in line with recommendations; staff not ensuring/documenting that people receive nutrition as instructed; staff not following

meal time recommendations; staff unable to identify health care issues; staff not using adaptive equipment required for safe eating or to prevent contractures; staff not administering medication in line with doctor's orders; staff not taking class members to doctor's appointments; etc.

In 2004 the Community Monitor recommended that the Department conduct an assessment of class members to identify those at high risk for health and safety issues. Again in 2008 a comprehensive health risk screen was originally recommended. After consultation with DOH, this recommendation was modified to an assessment which focused on class members at high risk for aspiration and/or gastroesophageal reflux. The 2009 Review, once again, identifies the continuing and urgent need for all class members' level of health risk to be identified and effectively coordinated and addressed.

Recommendation #2: By December 30, 2010, all class members will have:

- 2.a. ongoing risk assessments which identify health/safety status and areas of risk.
- 2.b. (for people with high and moderate) health/safety risks reported quarterly.
- 2.c. individualized plans implemented which include interventions and strategies which address and minimize, to the extent possible, identified risks.
- 2.e. the efficacy of their plans, interventions and strategies evaluated at least quarterly and modified as needed.
- 2.f. efficacy measures for their plans defined.
- 2.g. the efficacy of plans/interventions for people at high and moderate risk will be reviewed and reported quarterly.
- 2.h. plans/interventions found to be ineffective, external consultation will be provide to teams to ensure needed information and supports are provided in line with the individual's needs.

The Joint Stipulation on Disengagement (JSD) specifically addresses "Individual Service Planning and Supports."³ The questions in the Community Practice Review Protocol Document were agreed to by the parties and the previous Community Monitor as the probes which would determine the adequacy of Individual Services Planning and Supports for class members in line with the JSD.

Twenty-one foundational areas of weakness were identified (**highlighted in red earlier in this report**). These foundational weakness areas are numbered below and are clustered topically to demonstrate their interrelatedness and to illustrate how they tie to and inform the disengagement categories. In addition, in line with CPR disengagement question #141, examples of the DOH regulations which apply are listed first, followed by the CPR 2009 Findings/Fundamental Systems Challenges.

³ Joint Stipulation on Disengagement, ¶35. page 17.
2009 Statewide Community Practice Review Annual Report
August 1, 2010



ISP Development (The Person/Vision, Personal Safeguards, the Team, Assessments)

In line with the JSD and DOH/DDSD standards⁴ and as illustrated on page 18 of this report, during the ISP development it is expected that:

- The ISP be based on a written statement of the individual's personal vision for the future; (§7.26.5.7. B. (2))
- The ISP shall be developed by a single interdisciplinary team consisting of the individual, the guardian, (§7.26.5.2., A.) ... case manager who is the independently funded professional responsible for service coordination (§7.26.5.7. (b)) helper, key community service provider staff, direct service staff, service coordinator, ancillary service providers, designated health care coordinator and "others" if invited by the individual or guardian. (§7.26.5.7.A.2. (a) to (h))
- The Case Manager shall coordinate the development, modification and implementation of the ISP in consultation with the IDT and the individual (§7.26.5.11. 2. (a)) and serve as the IDT Chairperson, or assisting the individual in chairing the IDT meeting if he/she is capable of doing so and wishes to do so... (§7.26.5.11.(c))
- The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. (§7.26.5.8.C.)
- Assessment information shall be utilized to develop and revise the ISP. (§7.26.5.13 A) All IDT members shall review clinical and other assessments and evaluations completed on behalf of the individual. These assessments must be prepared with enough time for adequate review prior to the annual IDT. (§7.26.5.13 B)
- Ancillary service providers shall participate in the IDT meeting and the ISP development process through written assessments, evaluations or reports to the IDT, or in person. (§7.26.5.11(7))
- Relevant IDT members, including ancillary service providers, shall prepare reports at least two weeks in advance of the IDT meeting, based on their assessments of the individual's progress and current status in the domain for which they are responsible. (§7.26.5.13 C)
- ISP includes the individual's preferences, capabilities, strengths and needs in each life area determined to be relevant ... (§7, B. (4))
- At the IDT meeting, team members shall... review and discuss clinical and other assessments and evaluation reports in relation to the individual's abilities, interest, preferences and desired outcomes...(§7.26.5.13 E.(2)), review objectives, quantifiable data information from the previous ISP to determine the effectiveness of services and interventions and uses this information when determining new or revised outcomes, actions plans and strategies for the ISP under development. (§7.26.5.E (3))

ISP Development: 2009 CPR Findings/Foundational Systems Challenges include:

1. Team members (55%) lack an appropriate expectation of growth for the person. (Q. 85)

⁴ New Mexico Administrative Code, Title 7 Health, Chapter 26 Developmental Disabilities, Part 5 Service Plans for Individuals with Developmental Disabilities Living in the Community.

2. The Case Manager, who is the ISP development facilitator, does not understand his/her role (40%) (Q. 27); which contributes to 51% of the class members having Case Managers not providing case management services at the level needed (Q33).
3. Direct support staff (36% Day; 31% Residential)⁵ are not having adequate input into the person's ISP (Q. 36 and 45). 36% of team members not physically present at the Team meeting are not adequately included in the development of the ISP. (Q. 63)
4. Team members (68%) are not able to describe the person's health related needs. (Q. 54) Teams (37%) did not discuss the person's health-related issues. (Q. 55) The person's health supports/needs (74%) are not being adequately addressed. (Q. 56)
5. The ISP (45%) is not developed by an appropriately constituted Team. (Q. 62) For team members not physically present at the team meeting, 47% had no or limited evidence of their participation in the development of the ISP. (Q. 63)
6. Teams (33%) do not adequately address functional regression. (Q. 121)
7. Teams do not consider what assessments the person needs (35%) (Q. 57), they do not arrange for and obtain the needed assessments (53%) (Q.58), and/or they (53%) do not use recommendations from assessments in planning (Q. 60).

⁵ The Direct Support Staff that are interviewed in the Community Practice Review are selected by providers as the day/work and home staff who know the class member best. Thus, the data does not include other direct support staff who are not as familiar with the class member.



The Individual Service Plan (ISP)

In line with the JSD and DOH/DDSD standards and as illustrated on page 18 of this report, the ISP should contain:

- The person's long term vision for the future; (§7.26.5.7 B.(2))
- Desired outcomes generated by the individual, guardian and the team. An outcome is a realistic change that can occur in the individual's life that the individual can achieve and that leads towards the attainment of the individual's long-term vision. (§7.26.5.7 B.(3))
- Action Plans designed to assist the individual in achieving each identified desired outcomes in the ISP... which include criteria for measuring progress, timeliness and responsible parties on each action step. (§7.26.5.7 B.(5)(a))
- Teaching and support strategies which are specific tasks and strategies for implementing each specified action step within timelines established by the IDT and developed by relevant service providers. (§7.26.5.7 B.(5)(b))
- Service providers shall develop specific action plans and (teaching) strategies for implementing each ISP desired outcome. Timelines for meeting each action step are established by the IDT. (§7.26.5.14 (2))

The Individual Service Plan: 2009 CPR Findings/Foundational Systems Challenges include:

8. ISPs are not adequate (74%). (Q. 78)
9. ISP Outcomes (40%) do not address the person's major needs. (Q.69) Outcomes do not include criteria by which the team can determine when the outcomes have been achieved (49%) (Q. 67)
10. Action Plans (36%) are not specific and relevant to assisting the person to achieve his/her outcomes. (Q. 70)
11. Teaching and Support Strategies (47%) are not sufficient to ensure consistent implementation of the services provided. (Q. 71)
12. Ancillary providers recommendations (52%) are not integrated into the outcomes, action plans, and Teaching and Support Strategies. (Q. 72)



ISP Implementation

In line with the JSD and DOH/DDSD standards and as illustrated on page 18 of this report, the ISP Implementation should:

- provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. (§7.26.5.8 D)
- be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan. (§7.26.5.16)
- include natural supports and services normally utilized by the community at large and shall be preferred over specialized services in assisting individuals to reach desired outcomes; when specialized services are necessary they shall take place in natural settings whenever possible. (§7.26.5.9 H)

ISP Implementation: 2009 CPR Findings/Foundational Systems Challenges include:

13. Direct service staff (36%) was not trained in the implementation of the ISP. (Q. 81) Staff (44%) cannot describe his/her responsibilities in providing daily care to the person. (Q. 82) ⁶
14. Even ISPs found to be adequate are not being implemented (36%) (Q. 79) Team (70%) have members not following up on their responsibilities. (Q. 114)
15. People (29%) do not receive all of the assistive technology needed. (Q. 139)
16. People (25%) do not receive all of the communication assessments and services they need. (Q.140)
17. People are not engaged in supported work provided in accordance with agreed upon criteria (70%). (Q. 130)
18. Class members (32%) are not adequately integrated into the community. (Q. 145)
19. The program is not the level of intensity adequate to meet the needs of 69% of the class members reviewed. (Q. 147)

⁶ Ibid
2009 Statewide Community Practice Review Annual Report
August 1, 2010



ISP Implementation Monitoring

In line with the JSD and DOH/DDSD standards and as illustrated on page 10 of this report, monitoring of ISP Implementation should encompass the following:

- The Case Manager shall:
 - monitor the integration and coordination of the individual's services; (§7.26.5.11.2. (b))
 - monitor supports and services being delivered as specified in the ISP as determined by the IDT; (§7.26.5.11.2. (b))
 - review progress on chosen outcomes, and action plans through consultation with the IDT, amending the ISP, if needed; (§7.26.5.11.2.(f))
 - through timely consultation with the IDT, modify unsuccessful service programs and developing service programs for previously unaddressed but significant individual needs that may arise prior to the next scheduled IP meeting; (§7.26.5.11.2 (g))
 - ensure objective, quantifiable data has been systematically recorded, analyzed and used to determine effectiveness of service provided in order to justify needed changes in services; (§7.26.5.11.2(i))
 - coordinate and monitor any follow-up needed (§7.26.5.11.2(j))
- Responsible parties to oversee appropriate implementation of each action step are determined by the IDT. (§7.26.5.14 (2))
- The IDT shall be convened to discuss and modify the ISP, as needed, to address...(§7.26.5.12 H)
 - A significant life change, including a change in medical condition or medication that affects the individual's behavior or emotional state; (§7.26.5.12.H.(1))
 - Situations where an individual is at risk of significant harm. (§7.26.5.12.H.(2))
 - A serious accident, illness, injury or hospitalization that disrupts implementation of the ISP; (§7.26.5.12.H.(5))
 - Situations where it has been determined the individual is a victim of abuse, neglect or exploitation (§7.26.5.12.H.(7))
 - For any other reason that is in the best interest of the individual, or any other reason deemed appropriate, including development, integration or provision of services that are inconsistent or in conflict with the desired outcomes of the ISP and the long term vision of the individual (§7.26.5.12.H.(10))

ISP Implementation Monitoring: 2009 CPR Findings/Foundational Systems Challenges include:

20. The Case Management record (56%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32) The progress notes or other documentation in the case management record (61%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

21. The IDT process has not been adequate for assessing, planning, implementing and monitoring of services for 61% of the class members reviewed. (Q. 123)

CONCLUSION: *These 21 foundational weaknesses highlight the significant systems challenges which undermine the planning, ISP, implementation and achievement of desired outcomes for class members. These foundational systemic challenges result in the conclusion that only 26% of ISPs are adequate to meet the person's needs.*

Recommendation #3: Consistent with the criteria previously provided (page 49), DOH/DDSD should identify outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in each of the four Individual Service Planning and Supports Cycle Areas identified earlier. Within each of these four areas, 21 Foundational Systems Challenges were identified. In response to DOH/DDSD's request to reduce the number of Foundational Systems Challenge areas on which to focus first, the following seven are identified as priorities:

ISP Development: (see page 46)

- #4. Team members (68%) are not able to describe the person's health related needs. (Q. 54) Teams (37%) did not discuss the person's health-related issues. (Q. 55) The person's health supports/needs (74%) are not being adequately addressed. (Q. 56)
- #7. Teams do not consider what assessments the person needs (35%) (Q. 57), they do not arrange for and obtain the needed assessments (53%) (Q.58), and/or they (53%) do not use recommendations from assessments in planning. (Q. 60)

Individual Service Plan: (see page 48)

- #9. ISP visions (42%) are not adequate. (Q. 64) ISPs (26%) do not contain a Progress Towards Reaching the Long Term Vision Section based on a long-term view. (Q. 142) The Narrative and/or Progress Towards Reaching the Long-Term Vision Section of the ISP (28%) does not give adequate guidance to achieving the person's long-term vision. (Q 65)
- #10. ISP Outcomes (40%) do not address the person's major needs. (Q.69) Outcomes do not include criteria by which the team can determine when the outcomes have been achieved (49%) (Q. 67)

ISP Implementation: (see page 49)

- #14. Direct service staff (36%) was not trained in the implementation of the ISP. (Q. 81) Staff (44%) cannot describe his/her responsibilities in providing daily care to the person (Q. 82)
- #20. Class members (32%) are not adequately integrated into the community. (Q. 145)

ISP Monitoring: (see page 50)

#22. The Case Management record (57%) does not contain documentation that the Case Manager is monitoring and tracking the delivery of services as outlined in the ISP. (Q. 32) The progress notes or other documentation in the case management record (62%) does not reflect the status of the outcomes and services of the key life areas stated in the ISP. (Q. 83)

Outcomes and strategies should be developed and submitted to the Community Monitor prior to finalization and implementation for her review and comment by no later than July 1, 2010. Implementation should begin no later than July 1, 2009. Outcomes and strategies should be unique with reasonable but specific timelines for implementation.

B. Adaptive Equipment/Augmentative Communication

Regarding Adaptive Equipment/Assistive Technology disengagement data, welcome improvement is again noted. It is critical to continue progress since at least 25% of sampled class members have not yet received the assessments and/or services necessary for communication, the most basic of human needs.

Historic Adaptive Equipment/Augmentative Communication Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009
138. Has the person received all adaptive equipment needed?	59%	73%	83%	59%	75%	56%	76%	79%	84%
139. Has the person received all assistive technology needed?	54%	60%	81%	52%	44%	49%	52%	68%	71%
140. Has the person received all communication assessments and services needed?	49%	51%	61%	36%	46%	52%	48%	68%	75%

C. Behavior

Regarding Behavior disengagement data there is little significant change to report from 2008. Improvement in addressing behavioral supports should continue, emphasizing planning supports which are consistent with the individual's needs and integrating behavioral support planning into the ISP.

Historic Behavior Disengagement Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009
Does the person need behavioral services?	63%	69%	66%	64%	58%	71%	62%	60%	66%
Have adequate behavioral assessments been completed?	74%	87%	71%	64%	76%	78%	78%	81%	89%
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%	77%	78%
Have the staff been trained on the behavior support plan?	72%	84%	93%	54%	73%	69%	76%	84%	83%
Does the person receive behavioral services consistent with his/her needs?	70%	82%	83%	62%	71%	81%	87%	79%	82%
Are behavioral support services integrated into the ISP?	25%	55%	41%	31%	58%	57%	50%	71%	69%

D. Supported Employment

2009 Supported Employment data continues to reflect systemic failure and more important, life wasting for class members who are not receiving needed supports.

Historic Supported Employment Data

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009
Need an employment assessment?	64%	100%	88%	82%	58%	77%	74%	66%	71%
Need supported employment?	57%	29%	59%	53%	51%	66%	58%	55%	53%
Receive supported employment assessment?	100%	100%	100%	86%	83%	79%	60%	62%	70%
Assessment conforms to DOH Regulations?	89%	71%	87%	15%	39%	26%	35%	30%	39%
Has a Career Development Plan?	38%	56%	30%	14%	25%	23%	31%	20%	37%

Question	2000	2001	2002	2004	2005	2006	2007	2008	2009
Is supported employment provided in line with requirements?	38%	75%	30%	25%	21%	22%	31%	10%	30%

The Supported Employment Expert for Jackson has filed multiple reports and made multiple recommendations designed to support and enable people with developmental disabilities to gain meaningful and tailored employment. In her September 4, 2008, Report she provides a status report on the New Mexico Employment First Initiative. This report highlights progress, what is working to advance employment for class members, what is impeding progress in employment and provides recommendations to improve employment outcomes. She concludes that, **“there are examples of good work being done relative to advancing employment opportunities for Jackson Class Members and other individuals with developmental disabilities in New Mexico. However, overall, there is a failure, and in some cases overt resistance, on the part of state leadership and many providers to make good on promises to the Jackson Class Members, to more fully implement the Employment First Policy and to continue to open doors for people with developmental disabilities in New Mexico to access meaningful employment”**. She ends the report with recommendations. Based on a subsequent conversation between DOH/DDSD and the Supported Employment Expert, it appears that DOH/DDSD believes that no additional action is needed on their part, more information is needed or some activity is in motion and they will make modifications, if necessary.

Recommendation #4: Consistent with the criteria previously provided (pages 34-35), DOH/DDSD should identify outcomes and implement strategies which will systemically and measurably improve practice and outcomes for class members in Supported Employment consistent with 3.a. below. Outcomes and strategies should be developed and submitted to the Community Monitor, the Supported Employment Expert, the Parties and the 706 Expert by no later than July 1, 2010. Implementation should begin no later than September 1, 2010. Outcomes and strategies should be unique with reasonable but specific timelines for implementation and with projections of specific measurability throughout. In line with the Supported Employment Expert’s reports and recommendations, DOH/DDSD should demonstrate how they will implement, operationalize and accomplish the following:

- 4.a. The provision of quality supported employment at the minimum criteria for all priority class members who are deemed appropriate for work. (Attachment A, SE 5)
- 4.b. Implementation of the Employment First Policy at all levels of the system, how that is/will be done and how effectiveness is/will be measured, evaluated, reported and modified. (See DD Waiver Service Standards, Chapter 5, V. A.).
- 4.c. The New Mexico Employment Institute, prioritization of its roles/responsibilities, funding and measurement of its effectiveness. (Attachment A, SE 1)
- 4.d. Effectiveness of training for providers, case managers, job coaches and job developers, how that is measured, reported and modified. Based on effectiveness measures, determine if orientation and/or training curriculum need to be updated/revised.
- 4.e. Demonstrate how effectiveness of Employment Supports is measured and reported. Based on these effectiveness measures, determine if changes need to be made.

APPENDIX A. DEMOGRAPHICS

108 of the 342 class members participated in this review. This represents a sample of 32% of the class.

Gender		
Females	39	36%
Males	69	64%

Level of Care		
1	87	81%
2	20	19%
3	1	1%

Medications		
Yes	108	100%
No	0	0%

Type of Day/Employment Program		
Community Access	4	4%
Adult Habilitation	69	64%
In-Home Day Hab	0	0%
Adult Habilitation/ Community Access	7	6%
Adult Hab/Indiv. Supp. Emp.	19	18%
Individual Supp. Emp/ Community Access	4	4%
Individual Supported Emp.	3	3%
Adult Habilitation/ Group Supervised Emp.	1	1%
No Day Program (not on Waiver)	1	1%

Language		
English	68	63%
Spanish	9	8%
English/Spanish	24	22%
Navajo/English	5	5%
Karesan	1	1%

Ethnicity		
Native American	13	12%
Asian	0	0%
Black	7	6%
Caucasian	32	30%
Hispanic	55	51%
Other	1	1%

Guardian		
Yes	105	97%
No	3	3%

Guardianship Status		
Full	104	96%
Limited	1	1%
None	1	1%
CND	1	1%
N/A	1	1%

The persons in the sample were served by agencies identified below. Listed first is residential/day and then second, case management. The residential/day listing totals over 108 class members because some class members receive supports from one residential provider and day services from a different day Provider.

Residential/Day Provider Agencies	# in Sample	Residential/Day Provider Agencies	# in Sample
Achievements	1	La Vida	1
Active Solutions	2	Leaders	2
Adelante	12	LLCP	10
Adelante Pathways	1	MaxCare	1
Amor Para Todos	2	Mosaic	10
ARCA	5	New Pathways	3
CARC	1	NNMQC	1
Casa Alegre	1	Optihealth	2
CDD	2	Otero County Arc	1
Clovis HCC	1	People Centered	1
Community Options	1	Progressive	4
Connections, LLC	2	R-Way	1
Cuidando las Familias	1	RCI, Inc.	1
Door of Opportunity	1	Share Your Care	4
DSI, Inc.	2	Shield	1
Dungarvin	5	SMEM-ICF/MR	3
ENMRSH	4	Su Vida	4
Esperanza	2	Taos ARC	2
Expressions of Life	1	The New Beginnings	1
Families Plus, Inc.	1	TLC	1
Family Options	1	Tobosa	3
Goodwill	1	Tresco	11
High Desert	3	WNG Community Connections	1
Imagine	2	ZEE	1

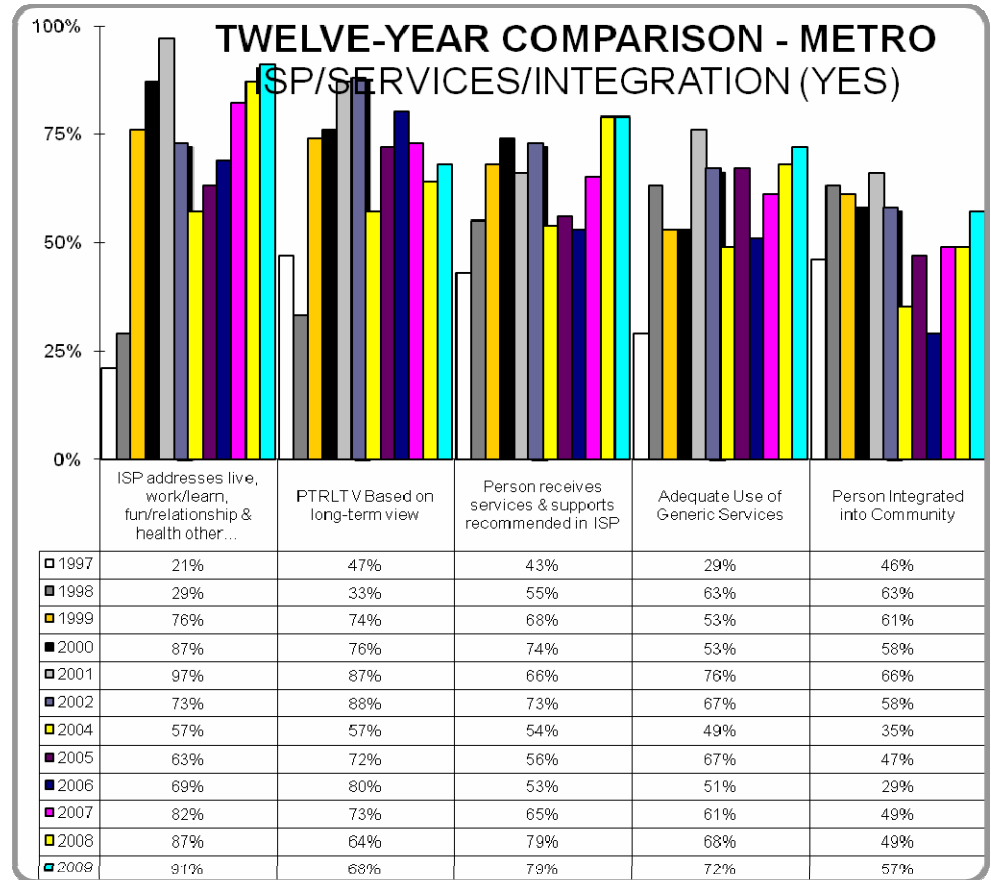
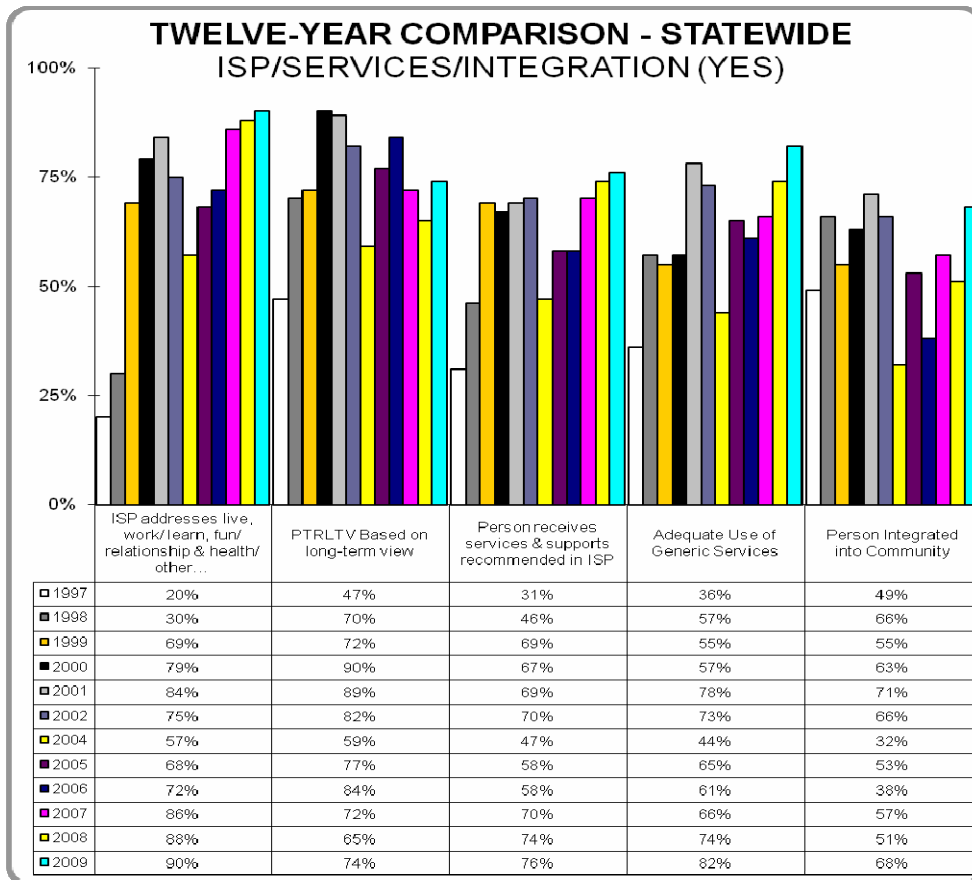
CASE MANAGEMENT Agencies	# in Sample
A New Vision	1
A Step Above	4
Amigo	4
Blue Sky	2
Carino	10
DDSD (Clovis/Reg. Offices/SMEM)	4
Excel	5
Friends Forever	1
IHAH	4
J&J	10
Keetoni	2
NMBHI	4
NMQCM	3
Peak	8
PRMC	3
Purple Cow	1
SCCM	15
Unidas	19
Visions	7

APPENDIX B. HISTORICAL DISENGAGEMENT DATA BY REGION

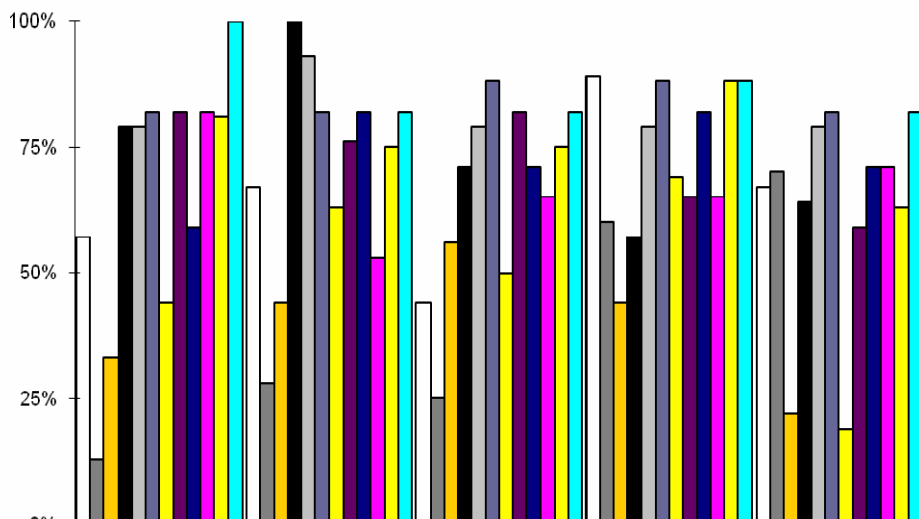
The following charts provide additional detail in the disengagement areas of:

- 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 2009.

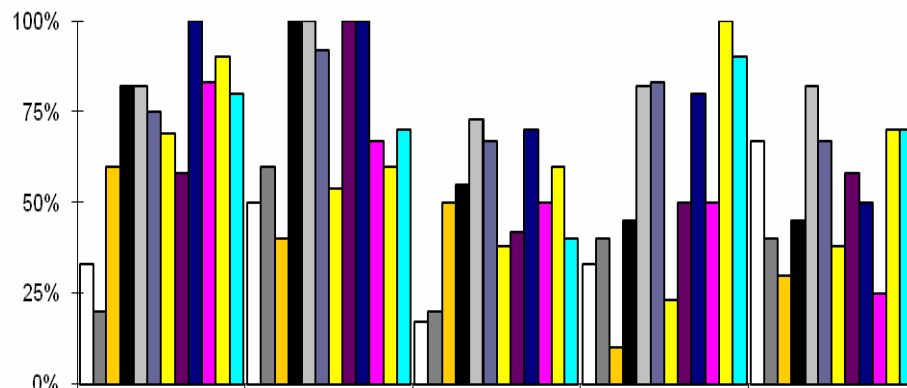


TWELVE-YEAR COMPARISON - NORTHEAST ISP/SERVICES/INTEGRATION (YES)



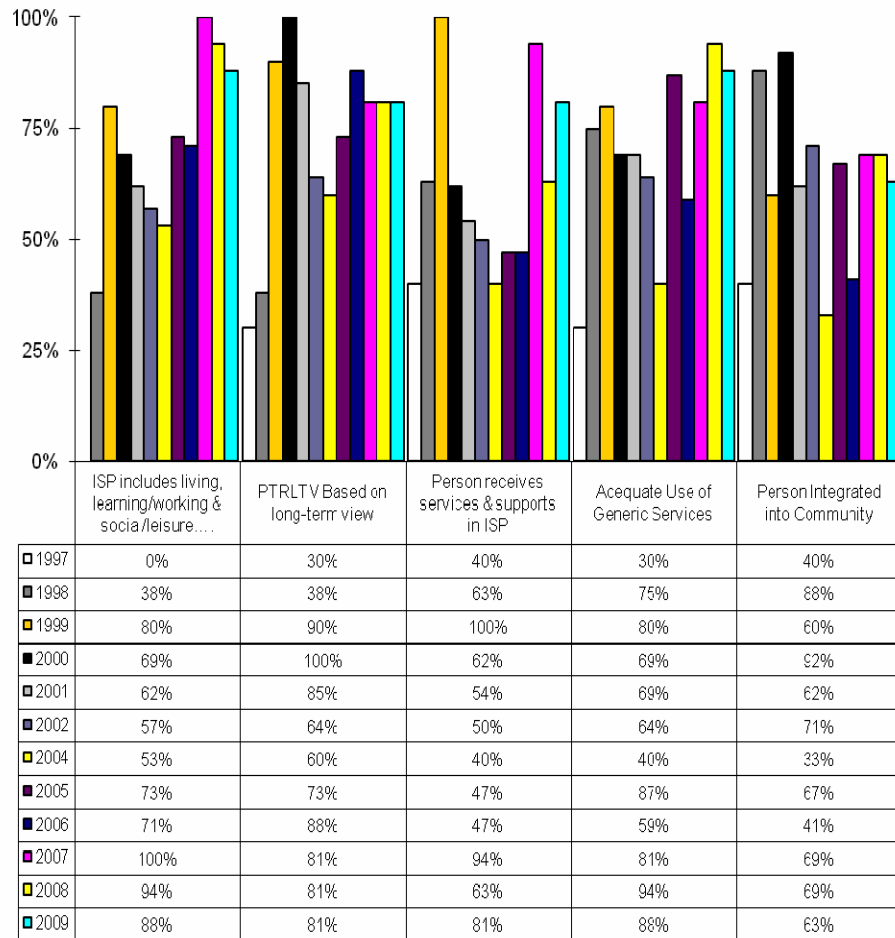
	ISP includes living, learning/working & social/leisure....	PTRLTV Based on long-term view	Person receives services & supports recommended in ISP	Adequate Use of Generic Services	Person Integrated into Community
1997	57%	67%	44%	89%	67%
1998	13%	28%	25%	60%	70%
1999	33%	44%	56%	44%	22%
2000	79%	100%	71%	57%	64%
2001	79%	93%	79%	79%	79%
2002	82%	82%	88%	88%	82%
2004	44%	63%	50%	69%	19%
2005	82%	76%	82%	65%	59%
2006	59%	82%	71%	82%	71%
2007	82%	53%	85%	65%	71%
2008	81%	75%	75%	88%	63%
2009	100%	82%	82%	88%	82%

TWELVE-YEAR COMPARISON - NORTHWEST ISP/SERVICES/INTEGRATION (YES)

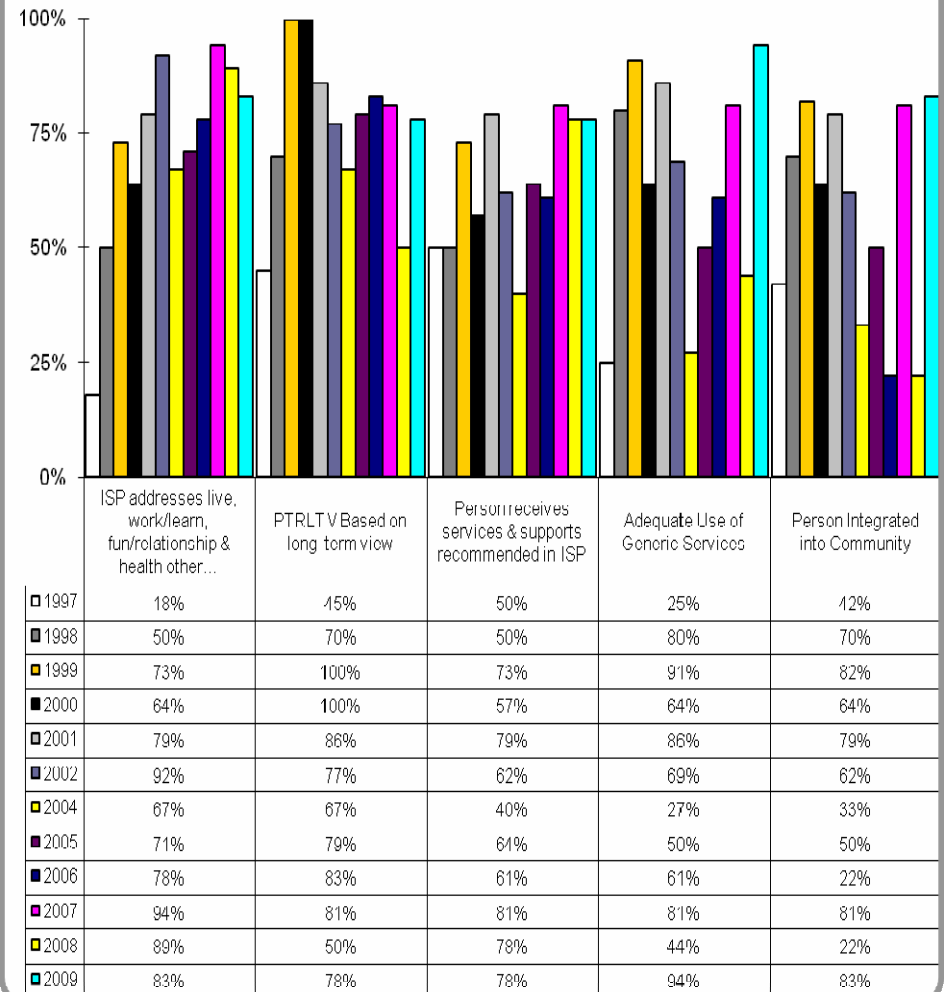


	ISP includes living, learning/working & social/leisure....	PTRLTV Based on long-term view	Person receives services & supports recommended in ISP	Adequate Use of Generic Services	Person Integrated into Community
1997	33%	50%	17%	33%	67%
1998	20%	60%	20%	40%	40%
1999	60%	40%	50%	10%	30%
2000	82%	100%	55%	45%	45%
2001	82%	100%	73%	82%	82%
2002	75%	92%	67%	83%	67%
2004	69%	54%	38%	23%	38%
2005	58%	100%	42%	50%	58%
2006	100%	100%	70%	80%	50%
2007	83%	67%	50%	50%	25%
2008	90%	60%	60%	100%	70%
2009	80%	70%	40%	90%	70%

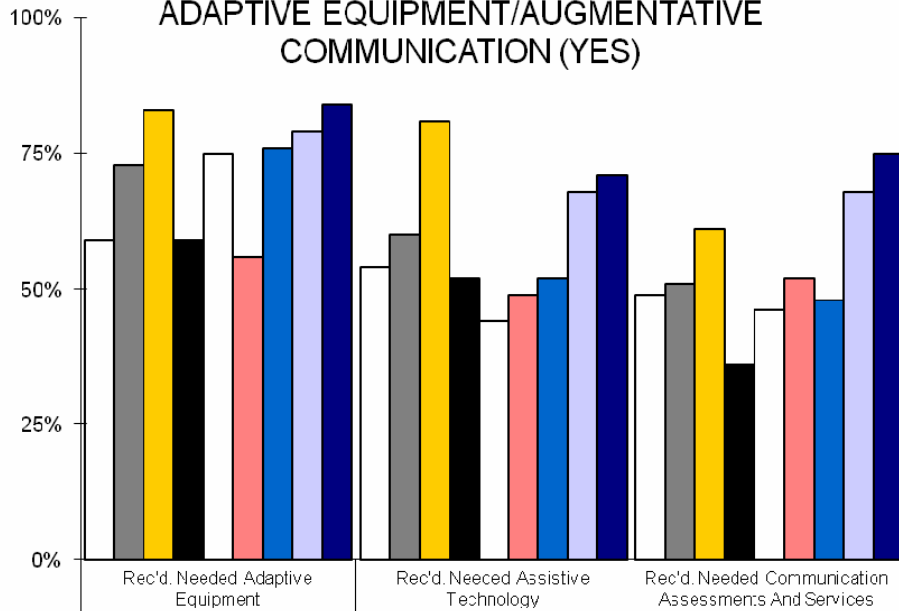
TWELVE-YEAR COMPARISON - SOUTHEAST ISP/SERVICES/INTEGRATION (YES)



TWELVE-YEAR COMPARISON - SOUTHWEST ISP/SERVICES/INTEGRATION (YES)

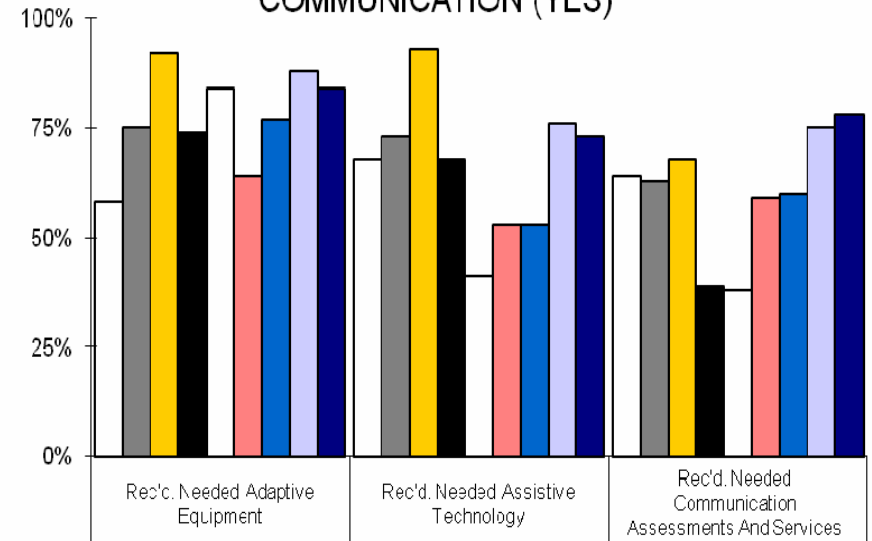


NINE-YEAR COMPARISON - STATEWIDE ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



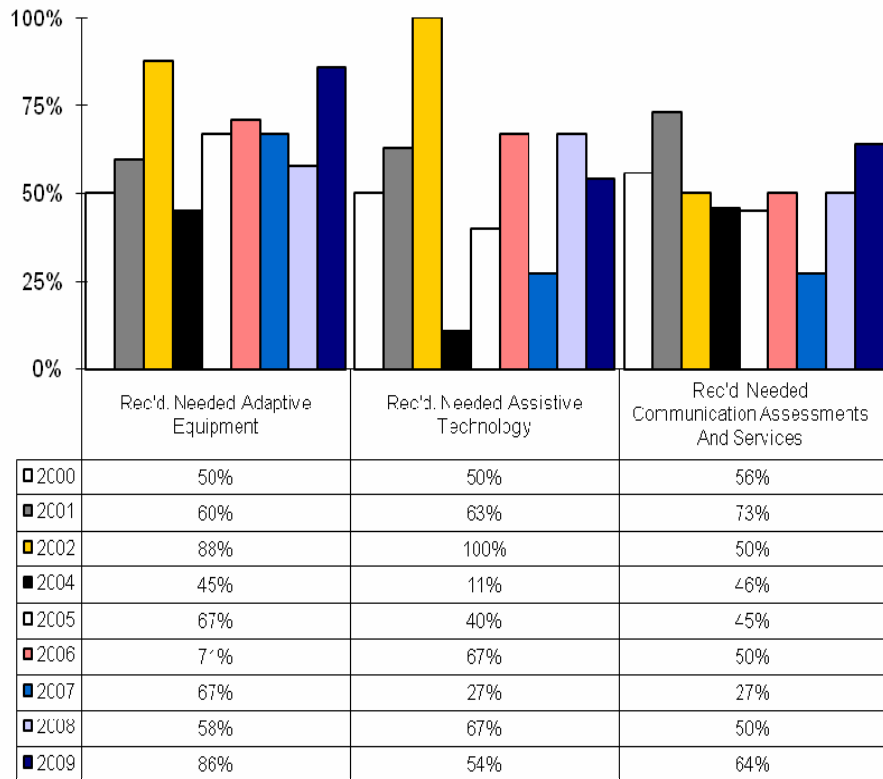
2000	59%	54%	49%
2001	73%	60%	51%
2002	83%	81%	61%
2004	59%	52%	36%
2005	75%	44%	46%
2006	56%	49%	52%
2007	76%	52%	48%
2008	79%	68%	68%
2009	84%	71%	75%

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

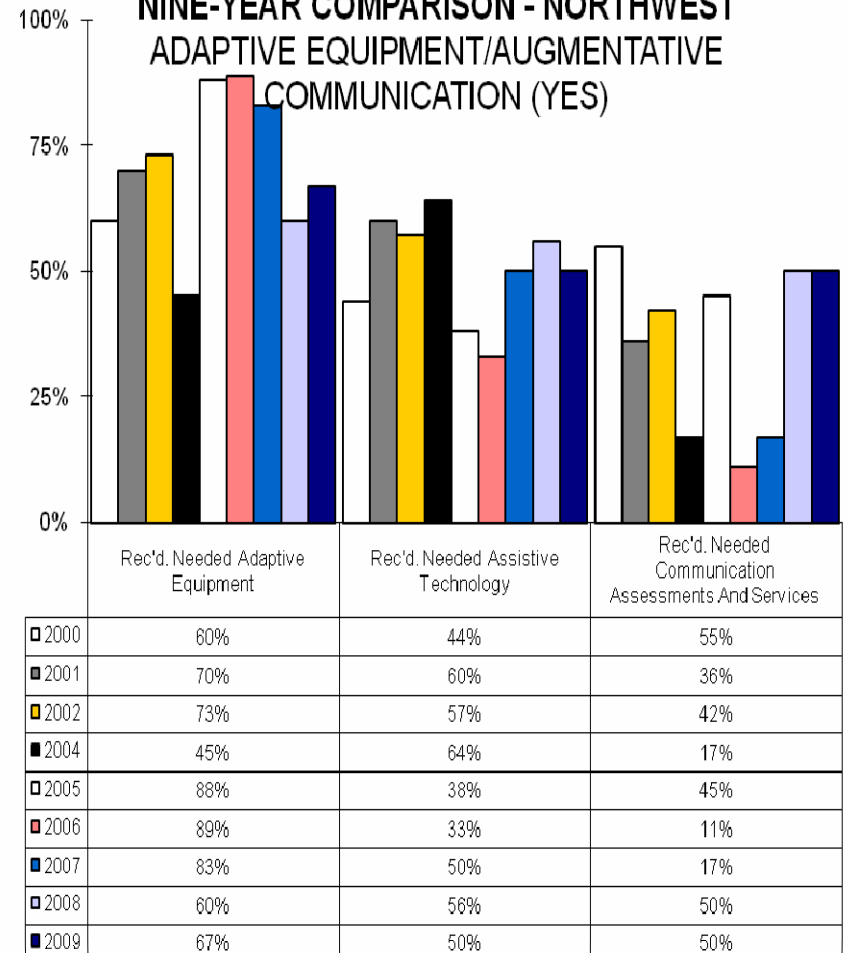


2000	58%	68%	64%
2001	75%	73%	63%
2002	92%	93%	68%
2004	74%	68%	39%
2005	84%	41%	38%
2006	64%	53%	59%
2007	77%	53%	60%
2008	88%	76%	75%
2009	84%	73%	78%

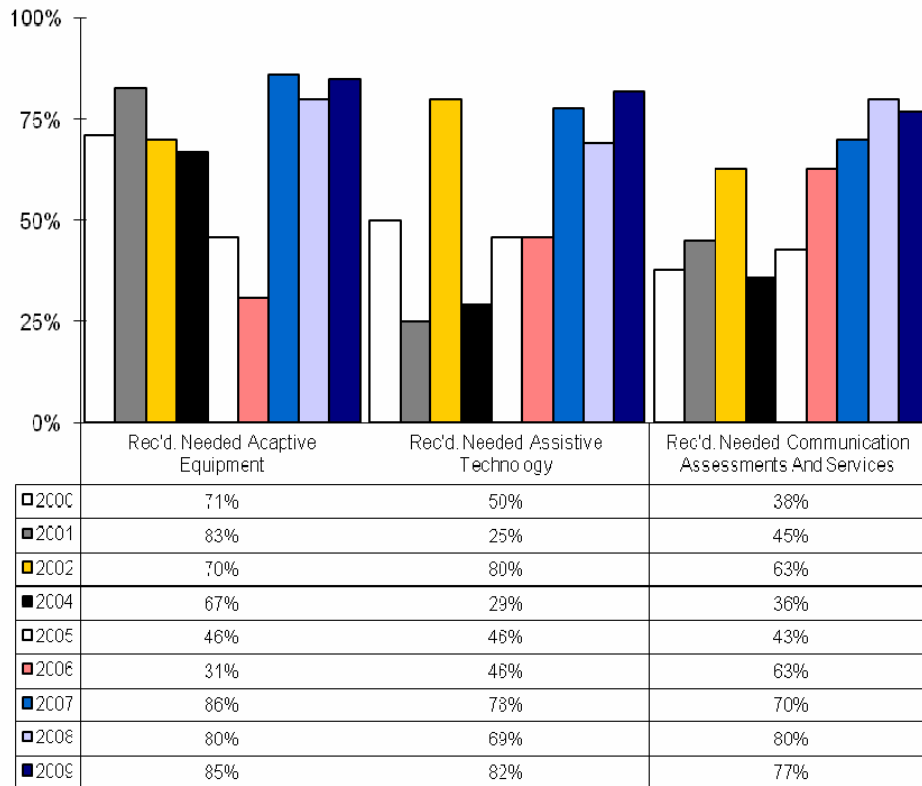
NINE-YEAR COMPARISON - NORTHEAST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



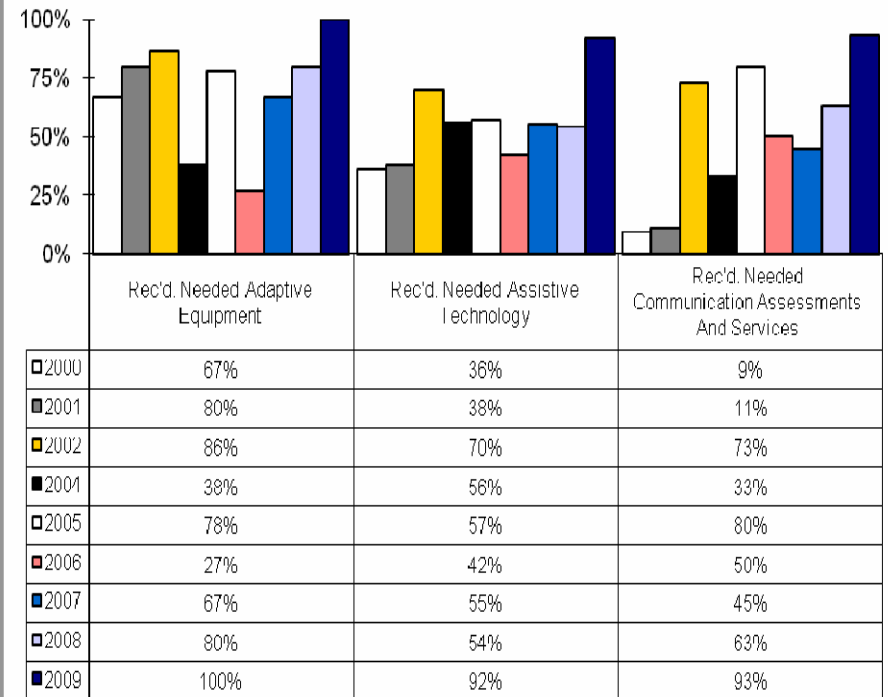
NINE-YEAR COMPARISON - NORTHWEST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



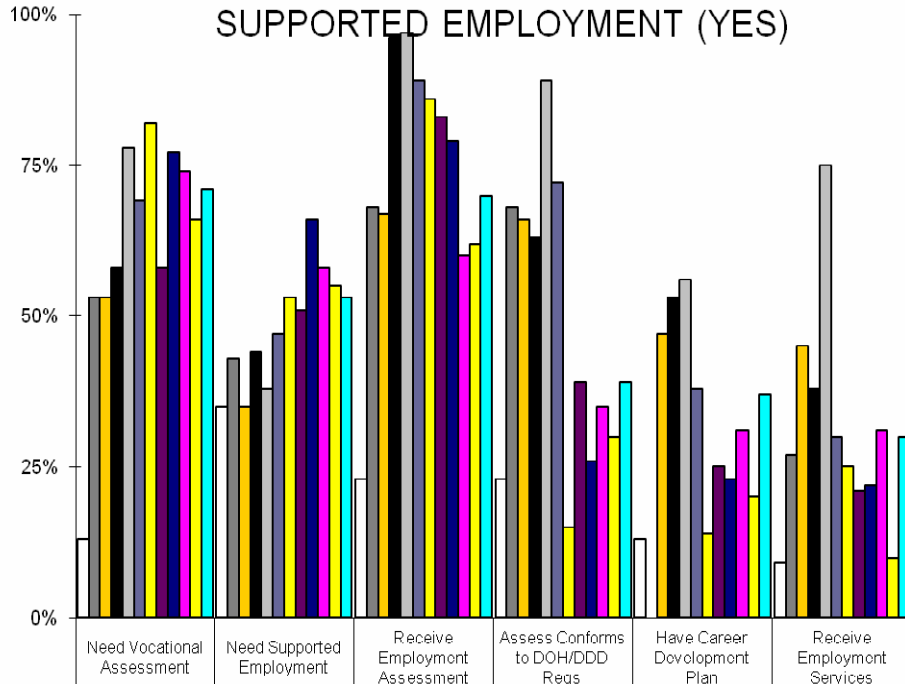
NINE-YEAR COMPARISON - SOUTHEAST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)



NINE-YEAR COMPARISON - SOUTHWEST ADAPTIVE EQUIPMENT/AUGMENTATIVE COMMUNICATION (YES)

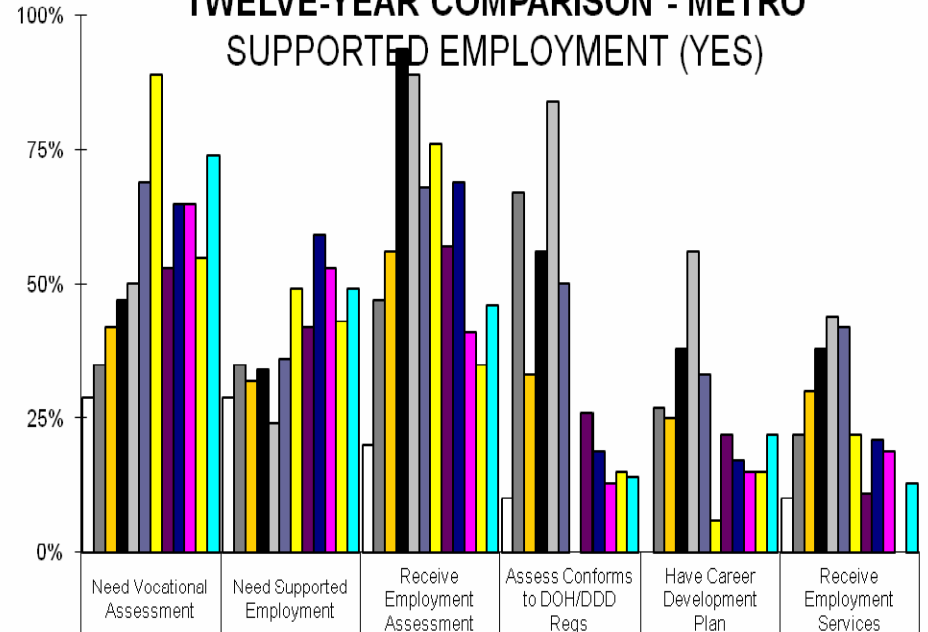


TWELVE-YEAR COMPARISON - STATEWIDE SUPPORTED EMPLOYMENT (YES)



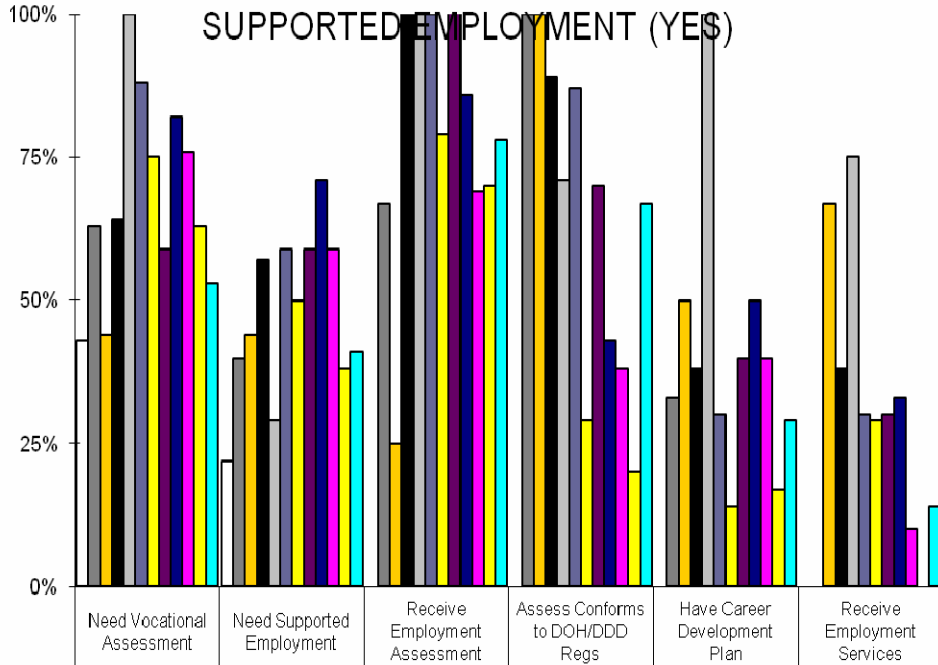
	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	13%	35%	23%	23%	13%	9%
1998	53%	43%	60%	60%	0%	27%
1999	53%	35%	67%	66%	17%	15%
2000	58%	44%	96%	63%	53%	38%
2001	78%	38%	97%	89%	56%	75%
2002	69%	47%	89%	72%	38%	30%
2004	82%	53%	86%	15%	14%	25%
2005	58%	51%	83%	30%	25%	21%
2006	77%	66%	79%	26%	23%	22%
2007	74%	58%	60%	35%	31%	31%
2008	66%	55%	62%	30%	20%	10%
2009	71%	53%	70%	39%	37%	30%

TWELVE-YEAR COMPARISON - METRO SUPPORTED EMPLOYMENT (YES)



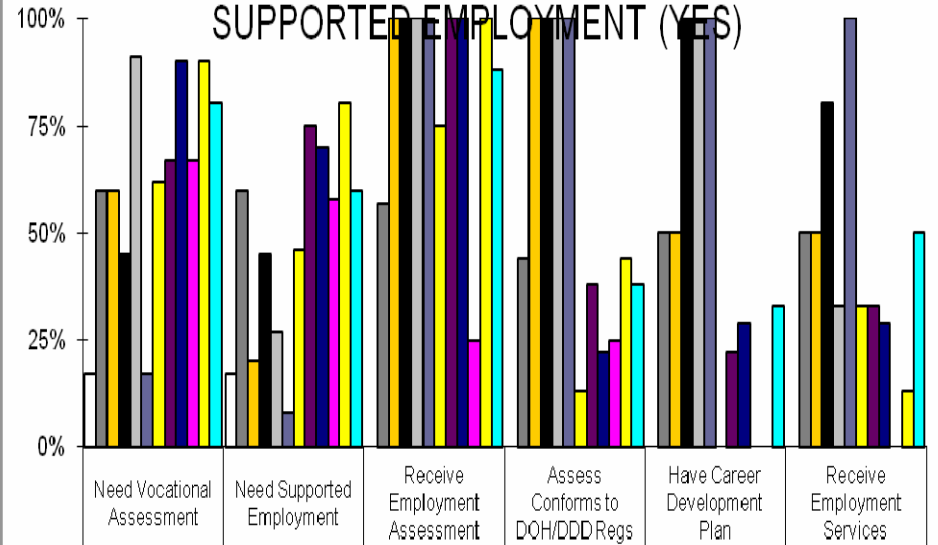
	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	29%	29%	20%	10%	0%	10%
1998	35%	35%	47%	67%	27%	22%
1999	42%	32%	56%	33%	25%	30%
2000	47%	34%	94%	56%	38%	38%
2001	50%	24%	89%	84%	56%	44%
2002	69%	36%	68%	50%	33%	42%
2004	89%	49%	76%	0%	6%	22%
2005	53%	42%	57%	26%	22%	11%
2006	65%	59%	69%	19%	17%	21%
2007	65%	53%	41%	13%	15%	19%
2008	55%	43%	35%	15%	15%	0%
2009	74%	49%	46%	14%	22%	13%

TWELVE-YEAR COMPARISON - NORTHEAST SUPPORTED EMPLOYMENT (YES)



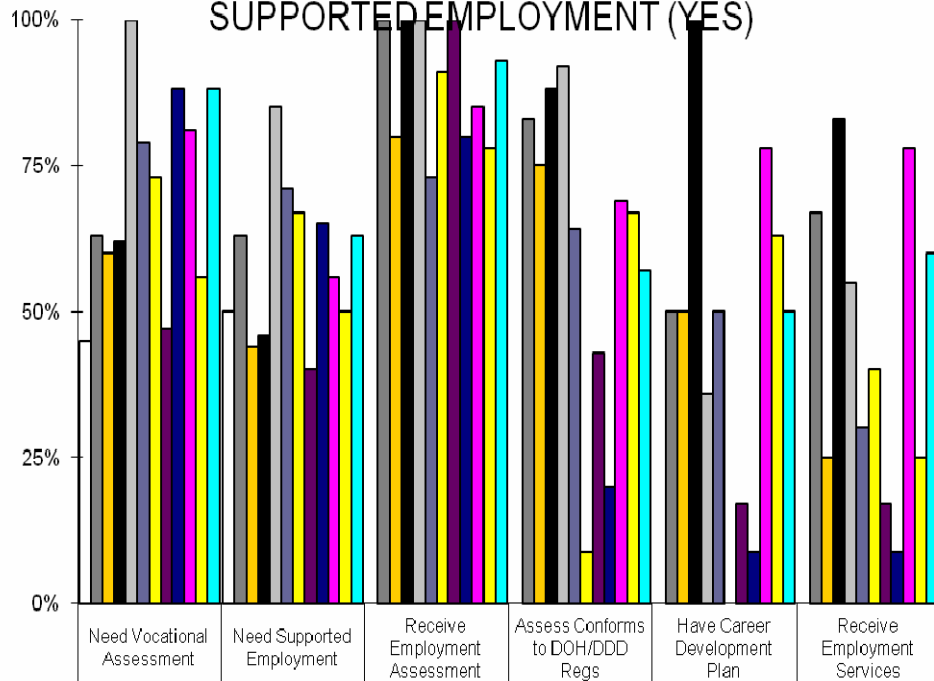
Year	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	43%	22%	0%	0%	0%	0%
1998	63%	40%	67%	100%	33%	0%
1999	44%	44%	25%	100%	50%	67%
2000	64%	57%	100%	89%	38%	38%
2001	100%	29%	100%	71%	100%	75%
2002	88%	59%	100%	87%	30%	30%
2004	75%	50%	79%	29%	14%	29%
2005	59%	59%	110%	70%	40%	30%
2006	82%	71%	86%	43%	50%	33%
2007	76%	59%	69%	38%	40%	10%
2008	63%	38%	70%	20%	17%	0%
2009	53%	41%	78%	67%	29%	14%

TWELVE-YEAR COMPARISON - NORTHWEST SUPPORTED EMPLOYMENT (YES)



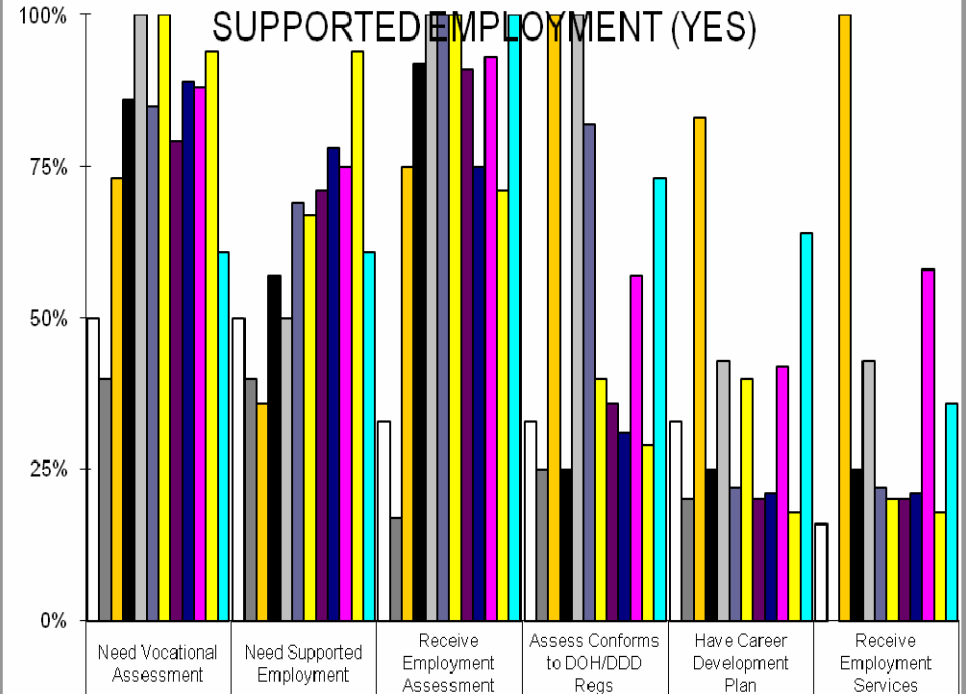
Year	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	17%	17%	0%	0%	0%	0%
1998	60%	60%	57%	44%	50%	50%
1999	60%	20%	100%	100%	50%	50%
2000	45%	45%	100%	100%	100%	80%
2001	91%	27%	100%	100%	100%	33%
2002	17%	8%	100%	100%	100%	100%
2004	62%	46%	75%	13%	0%	33%
2005	67%	75%	100%	38%	22%	33%
2006	90%	70%	100%	22%	29%	29%
2007	67%	58%	25%	25%	0%	0%
2008	90%	80%	100%	44%	0%	13%
2009	80%	60%	88%	38%	33%	50%

TWELVE-YEAR COMPARISON - SOUTHEAST SUPPORTED EMPLOYMENT (YES)



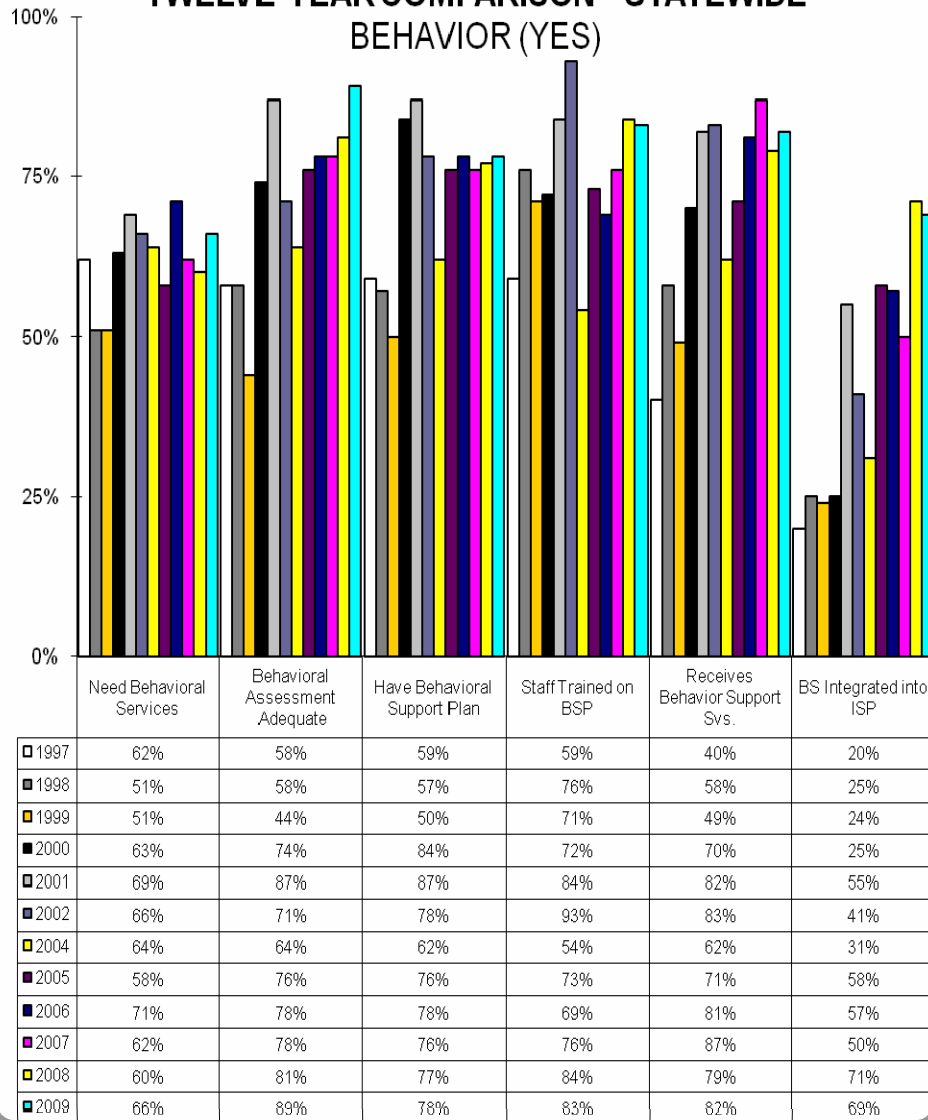
Year	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	45%	50%	0%	0%	0%	0%
1998	63%	63%	100%	83%	50%	67%
1999	60%	44%	80%	75%	50%	25%
2000	62%	46%	100%	88%	100%	83%
2001	100%	85%	100%	92%	36%	55%
2002	79%	71%	73%	64%	50%	30%
2004	73%	67%	91%	9%	0%	40%
2005	47%	40%	100%	43%	17%	17%
2006	88%	65%	80%	20%	9%	9%
2007	81%	56%	85%	69%	78%	78%
2008	56%	50%	78%	67%	63%	25%
2009	88%	63%	93%	57%	50%	60%

TWELVE-YEAR COMPARISON - SOUTHWEST SUPPORTED EMPLOYMENT (YES)

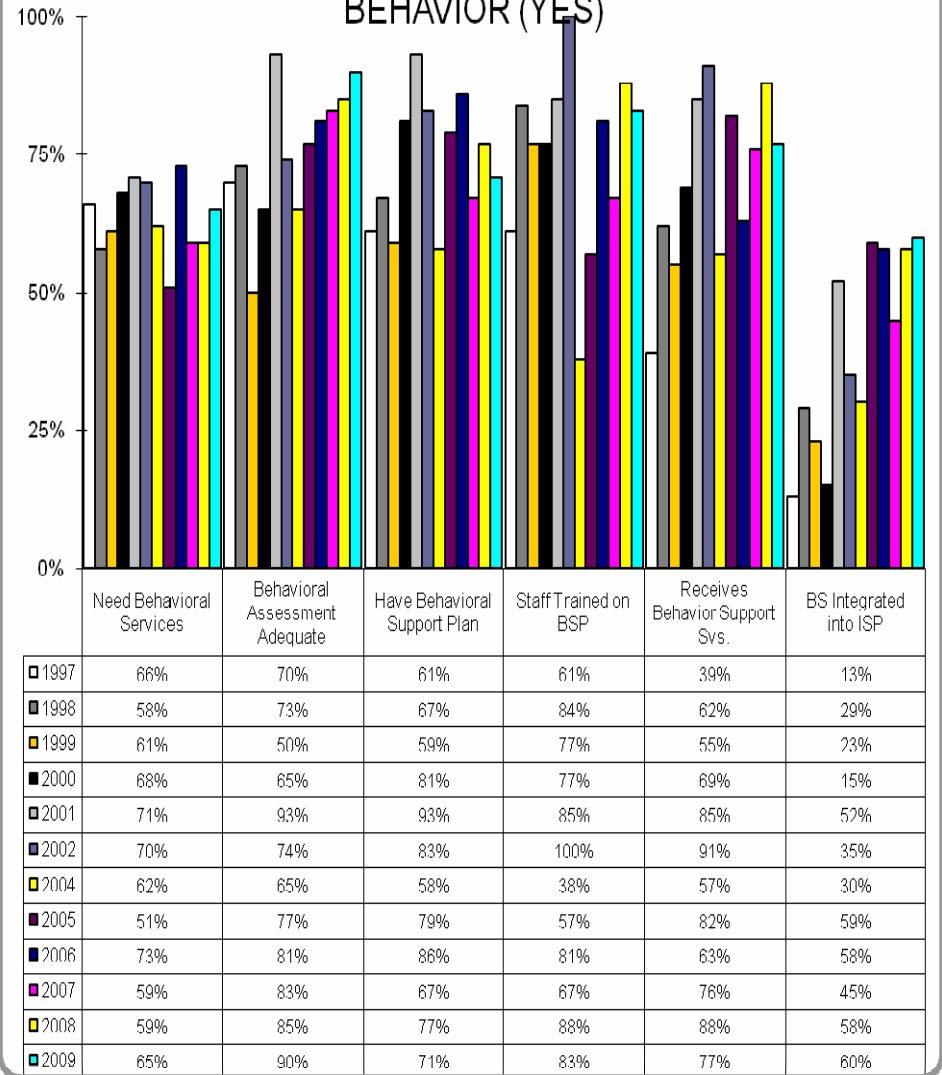


Year	Need Vocational Assessment	Need Supported Employment	Receive Employment Assessment	Assess Conforms to DOH/DDD Regs	Have Career Development Plan	Receive Employment Services
1997	50%	50%	33%	33%	33%	16%
1998	40%	40%	17%	25%	20%	0%
1999	73%	36%	75%	100%	83%	100%
2000	86%	57%	92%	25%	25%	25%
2001	100%	50%	100%	100%	43%	43%
2002	85%	69%	100%	82%	22%	22%
2004	100%	67%	100%	40%	40%	20%
2005	79%	71%	91%	36%	20%	20%
2006	89%	78%	75%	31%	21%	21%
2007	88%	75%	93%	57%	42%	58%
2008	94%	94%	71%	29%	18%	18%
2009	61%	61%	100%	73%	64%	36%

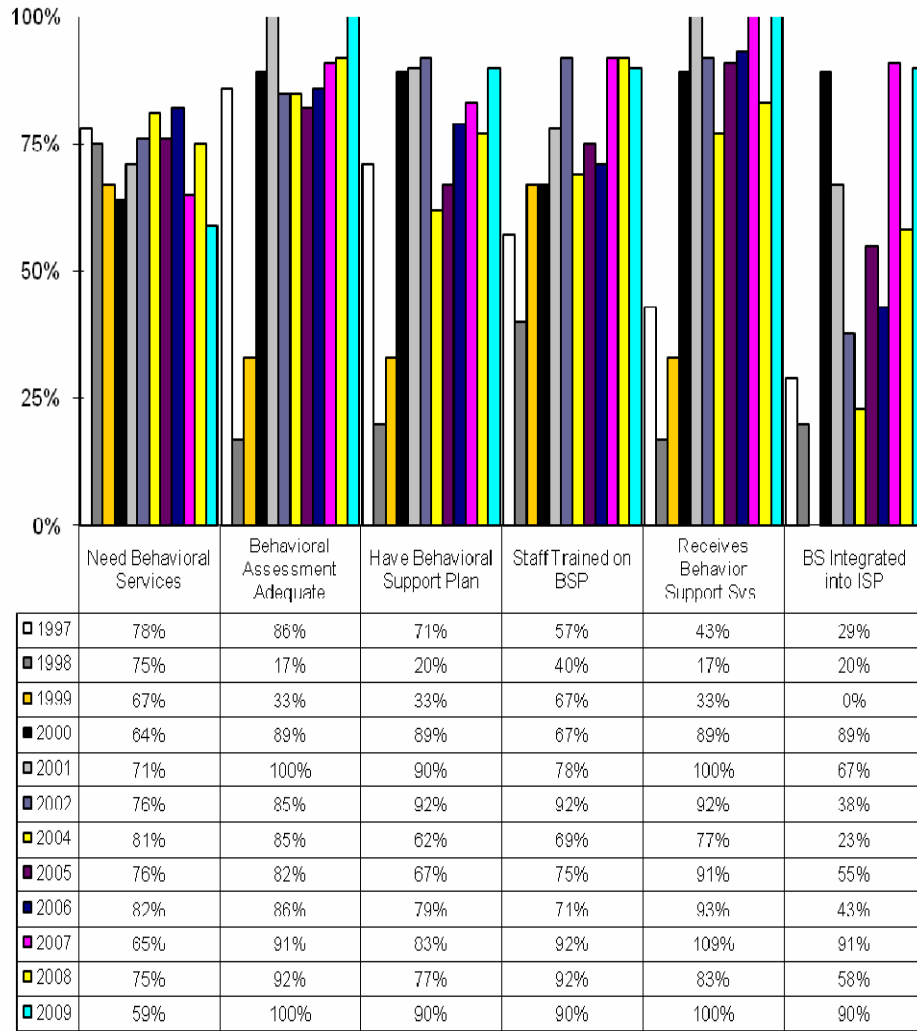
TWELVE-YEAR COMPARISON - STATEWIDE BEHAVIOR (YES)



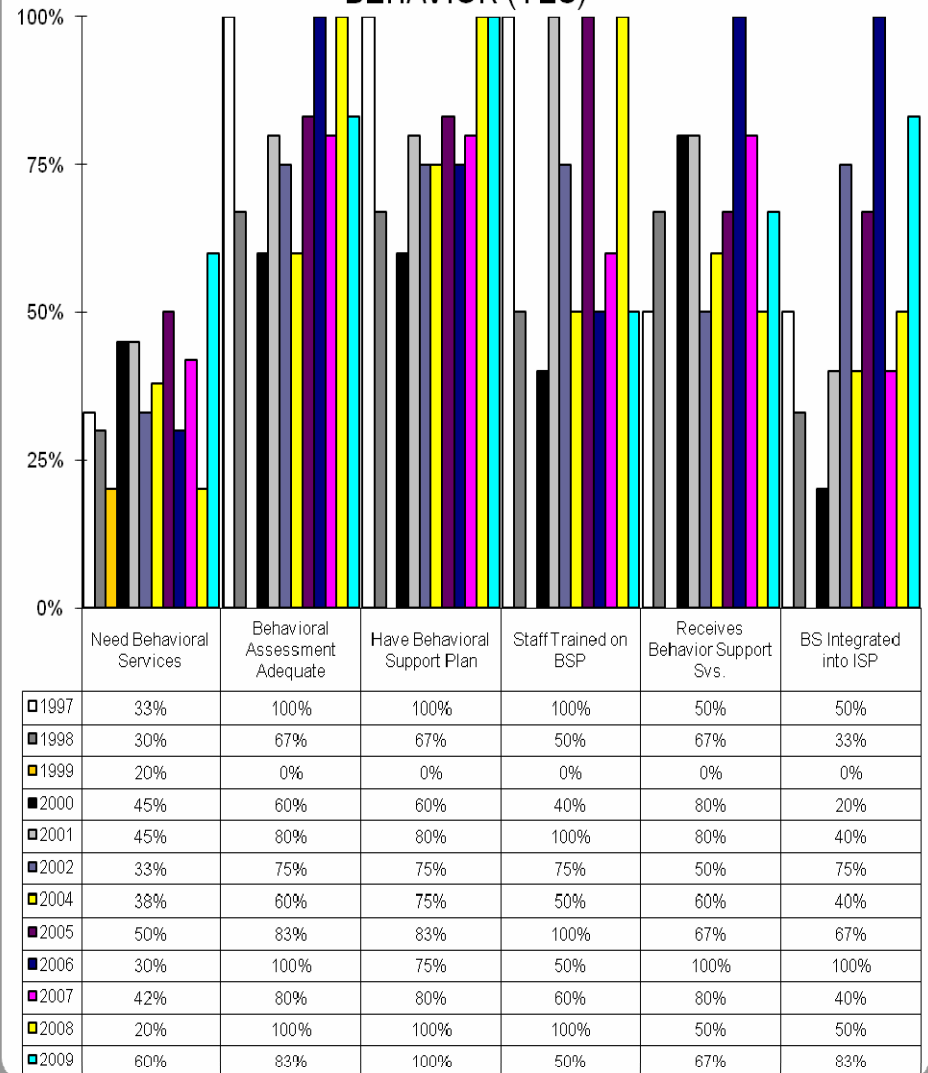
TWELVE-YEAR COMPARISON - METRO BEHAVIOR (YES)



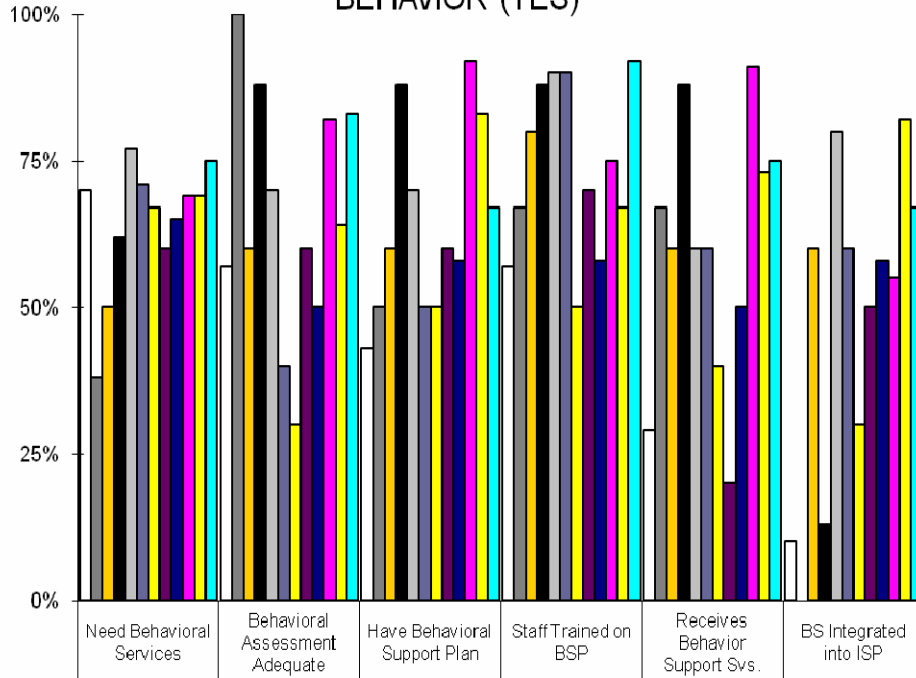
TWELVE-YEAR COMPARISON - NORTHEAST BEHAVIOR (YES)



TWELVE-YEAR COMPARISON - NORTHWEST BEHAVIOR (YES)

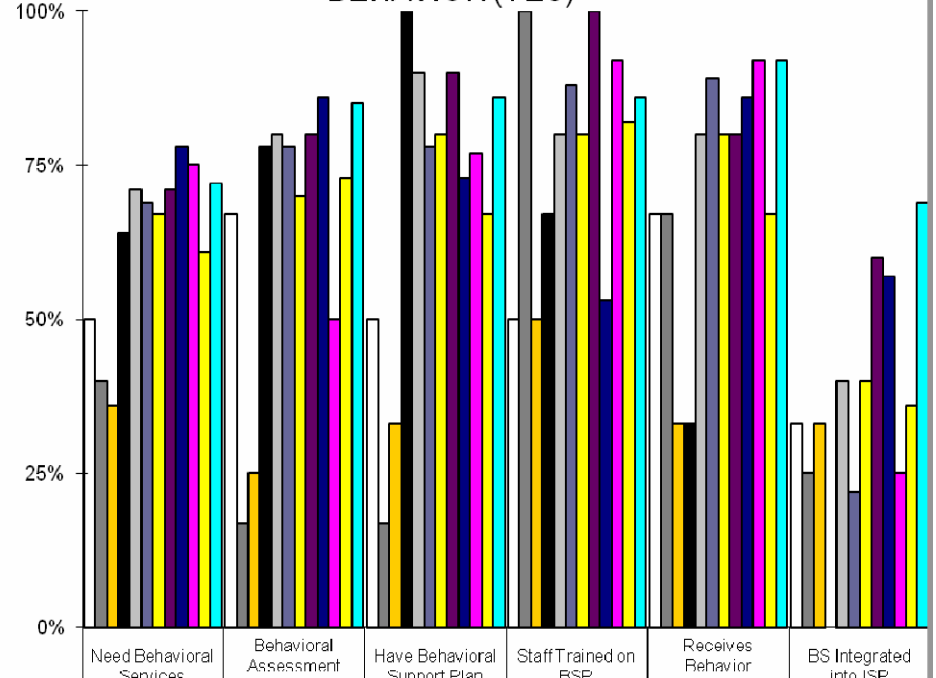


TWELVE-YEAR COMPARISON - SOUTHEAST BEHAVIOR (YES)



	Need Behavioral Services	Behavioral Assessment Adequate	Have Behavioral Support Plan	Staff Trained on BSP	Receives Behavior Support Svcs.	BS Integrated into ISP
1997	70%	57%	43%	57%	29%	10%
1998	38%	100%	50%	67%	67%	0%
1999	50%	60%	60%	80%	60%	60%
2000	62%	88%	88%	88%	88%	13%
2001	77%	70%	70%	90%	60%	80%
2002	71%	40%	50%	90%	60%	60%
2004	67%	30%	50%	50%	40%	30%
2005	60%	60%	60%	70%	20%	50%
2006	65%	50%	58%	58%	50%	58%
2007	69%	82%	92%	75%	91%	55%
2008	69%	64%	83%	67%	73%	82%
2009	75%	83%	67%	92%	75%	67%

TWELVE-YEAR COMPARISON - SOUTHWEST BEHAVIOR (YES)



	Need Behavioral Services	Behavioral Assessment Adequate	Have Behavioral Support Plan	Staff Trained on BSP	Receives Behavior Support Svcs.	BS Integrated into ISP
1997	50%	67%	50%	50%	67%	33%
1998	40%	17%	17%	100%	67%	25%
1999	36%	25%	33%	50%	33%	33%
2000	64%	70%	100%	67%	33%	0%
2001	71%	80%	90%	80%	80%	40%
2002	69%	78%	78%	88%	89%	22%
2004	67%	70%	80%	80%	80%	40%
2005	71%	80%	90%	100%	80%	60%
2006	78%	86%	73%	53%	86%	57%
2007	75%	50%	77%	92%	92%	25%
2008	61%	73%	67%	82%	67%	36%
2009	72%	85%	86%	86%	92%	69%

APPENDIX C. METHODOLOGY

A. Preparation for the 2009 Community Practice Review

In a continuing effort to help case managers, providers, Developmental Disabilities Supports Division (DDSD) staff and others prepare for the 2009 Community Practice Review, the Community Monitor sent the protocol document to DOH/DDSD and other parties the week of March 18, 2009. Everyone was invited to offer suggestions designed to clarify expectations or to improve the process by May 1, 2009. As in past years, these suggestions were reviewed and notes of clarification added in an effort to ensure that Review probes and expectations were 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 2009 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 review 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. The 2009 note additions to the Protocol were highlighted in red.

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.

The Community Practice Review State Review Coordinator for the Department of Health (DOH) and the Community Monitor provided a two-day training for potential reviewers. This training took place September 9 and 10, 2009. Requirements from previous years were incorporated into this training. New reviewers were then required to conduct an actual review during the Metro Round 1 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.

B. The Review: 108 Reviewed⁷ (32% of the Class)

As has been the case, the 2009 Community Practice Review consisted of four phases. Each phase and its focus is outlined below.

Phase I Sample Selection, Review Preparation

August 2009 to March 2010

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 37 days in advance of the Monday of the “Early Bird”⁸ 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
Metro	195	47	24%
Northeast	41	17	41%
Northwest	23	10	43%
Southeast	37	16	43%
Southwest	46	18	39%
Total	342	108	32%

The reconciled total number of class members served statewide was 342. The total number of class members selected for review was 108, or 32% 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.

⁷ One class member passed away immediately preceding his review, the Residential and Guardian interviews were not conducted.

⁸ 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.

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 2009; 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.

Reviewers and Case Judges

All reviewers were Department of Health Staff. Reviewers were assigned by the CPR State Coordinator. 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 with experience in physical and nutritional supports and/or a Speech-Language Pathologist. 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

September 2009 to April 2010

The Chart below details the dates during which the reviews took place.

EB = Early Bird Week

Region	Date of Review	Region	Date of Review
Metro Round 1	September 14-18, 2009 EB September 21-25, 2009	Metro Round 2	January 25-29, 2010 EB February 1-5, 2010
Northeast	October 19-23, 2009 EB October 26-30, 2009	Southeast	February 22-26, 2010 EB March 8-12, 2010
Southwest	Nov 30- Dec 4, 2009 EB December 7-11, 2009	Northwest	April 5-9, 2010 EB April 12-16, 2010

540+ Personal Interviews Conducted

All sample class members were visited. There were approximately 540 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.

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. This includes a detailed discussion of the findings and recommendations for everyone including those with Immediate and Special Needs. 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 four 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 DOH/DHI/DDSD 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/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 and/or a representative.
- 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 980 team members during the 2009 Community Practice Review. The State DOH CPR Coordinator and Regional DDSD representatives also attended these meetings. Like last year, Team members were invited to propose new or different recommendations if they felt they had a more effective means of addressing the finding. As needed, additional information was added or changes made to the individual recommendations after the meeting with the person and/or 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

September 2009 to May 2010

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, are sent to DOH for a 100% quality review. Clarification/notes/corrections are made as needed.

Phase IV Conclusion, Writing, Editing

September 2009 to June 2010

The information gathered as 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 END DATE	REPORT ISSUED TO DDSD, THEN THE PARTIES
Northeast	October 30, 2009	11/27/2009 11/27/2009
Southwest	December 11, 2009	1/16/2010 1/18/2010
Metro	February 5, 2010	3/15/2010 3/25/2010
Southeast	March 12, 2010	4/7/2010 4/7/2010
Northwest	April 16, 2010	5/21/2010 5/28/2010
Statewide	April 16, 2010	?/??/2010 ?/??/2010

APPENDIX D. ALL 2009 STATEWIDE COMMUNITY PRACTICE REVIEW DATA

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
EXPECTATIONS OF GROWTH & QUALITY OF LIFE						
31. Does the case manager have an appropriate expectation of growth for this person?	36% Yes (35) 56% Partial (54) 7% No (7)	60% Yes (61) 38% Partial (38) 2% No (2)	48% Yes (53) 50% Partial (55) 3% No (3)	(65%) Yes 71 (33%) Partial 36 (3%) No 3	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)
42. Does the [day services] direct service staff have an appropriate expectation of growth for this person?	52% Yes (49) 44% (42) 4% No (4) (1 not scored)	67% Yes (67) 32% Partial (32) 1% No (1) (1 not scored)	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	49% Yes (47) 47% Partial (45) 3% No (3)	68% Yes (68) 31% Partial (31) 1% No (1) (1 not scored)	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1)
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) 42% Partial (37) 2% No (2) (8 CND)	64% Yes (64) 30% Partial (30) 6% No (6) (1 CND)	56% Yes (60) 43% Partial (46) 2% No (2) (3 CND)	66% Yes (71) 32% Partial (35) 2% No (2) (2 CND)	56% Yes (58) 40% Partial (42) 4% No (4) (3 CND)	59% Yes (63) 40% Partial (43) 1% No (1) (1 CND)
85. Overall, does the IDT have an appropriate expectation of growth for this person?	25% Yes (24) 74% Partial (71) 1% No (1)	47% Yes (47) 52% Partial (53) 1% No (1)	32% Yes (35) 68% Partial (76)	51% Yes (56) 49% Partial (54)	45% Yes (48) 55% Partial (59)	45% Yes (49) 54% Partial (58) 1% No (1)
86. Was the person provided the assistance and support needed to participate meaningfully in the planning process?	70% Yes (58) 29% Partial (24) 1% No (1) (13 CND)	87% Yes (81) 10% Partial (9) 3% No (3) (8 CND)	74% Yes (80) 24% Partial (26) 2% No (2) (3 CND)	82% Yes (84) 17% Partial (17) 2% No (2) (7 CND)	73% Yes (73) 24% Partial (24) 3% No (3) (7 CND)	77% Yes (82) 21% Partial (22) 2% No (2) (2 CND)
87. Is the person offered a range of opportunities for participation in each of the life areas?	46% Yes (41) 51% Partial (46) 3% No (3) (6 CND)	60% Yes (56) 37% Partial (34) 3% No (3) (8 CND)	53% Yes (56) 42% Partial (44) 5% No (5) (6 CND)	73% Yes (72) 24% Partial (24) 2% No (2) (12 CND)	63% Yes (59) 35% Partial (33) 2% No (2) (13 CND)	82% Yes (81) 15% Partial (15) 3% No (3) (9 CND)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
88. Does the person have the opportunity to make informed choices?	68% Yes (49) 29% Partial (21) 3% No (2) (24 CND)	69% Yes (38) 27% Partial (15) 4% No (2) (46 CND)	50% Yes (29) 50% Partial (29) (53 CND)	75% Yes (27) 25% Partial (9) (74 CND)	57% Yes (26) 43% Partial (20) (61 CND)	74% Yes (39) 26% Partial (14) (55 CND)
89. About where and with whom to live?	55% Yes (36) 20% Partial (19) 15% No (10) (31 CND)	85% Yes (46) 11% Partial (6) 4% No (2) (47 CND)	67% Yes (37) 29% Partial (16) 4% No (2) (56 CND)	90% Yes (35) 10% Partial (4) (71 CND)	71% Yes (30) 19% Partial (8) 10% No (4) (65 CND)	82% Yes (37) 16% Partial (7) 2% No (1) (63 CND)
90. About where and with whom to work/spend his/her day?	60% Yes (40) 28% Partial (19) 12% No (8) (29 CND)	78% Yes (43) 18% Partial (10) 4% No (2) (46 CND)	63% Yes (36) 32% Partial (18) 5% No (3) (54 CND)	81% Yes (34) 19% Partial (8) (68 CND)	71% Yes (35) 29% Partial (14) (58 CND)	85% Yes (46) 15% Partial (8) (54 CND)
91. About where and with whom to socialize/spend leisure time?	63% Yes (40) 34% Partial (22) 3% No (2) (32 CND)	83% Yes (50) 13% Partial (8) 3% No (2) (41 CND)	65% Yes (41) 33% Partial (21) 2% No (1) (48 CND)	85% Yes (34) 15% Partial (6) (70 CND)	67% Yes (35) 29% Partial (15) 4% No (2) (55 CND)	83% Yes (49) 17% Partial (10) (49 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) 14% Partial (13) 1% No (1) (5 CND)	96% Yes (96) 3% Partial (3) 1% No (1) (1 CND)	94% Yes (104) 5% Partial (6) 1% No (1)	97% Yes (104) 3% Partial (3) (3 CND)	93% Yes (97) 7% Partial (7) (3 CND)	96% Yes (99) 3% Partial (3) 1% No (1) (5 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) 74% Partial (71) 1% No (1)	41% Yes (41) 55% Partial (56) 4% No (4)	54% Yes (60) 45% Partial (50) 1% No (1)	62% Yes (68) 38% Partial (42)	61% Yes (65) 39% Partial (42)	62% Yes (67) 38% Partial (41)
94. Does this person and/or guardian have adequate access to the available complaint processes/procedures?	57% Yes (43) 33% Partial (25) 9% No (7) (21 CND)	77% Yes (65) 15% Partial (13) 7% No (6) (17 CND)	79% Yes (79) 18% Partial (18) 3% No (3) (11 CND)	89% Yes (89) 6% Partial (6) 5% No (5) (10 CND)	90% Yes (86) 8% Partial (8) 2% No (2) (11 CND)	85% Yes 87 10% Partial (10) 5% No (5) (6 CND)
95. Does this person know his/her guardian?	93% Yes (38) 7% No (3) (6 N/A, 49 CND)	100% Yes (5 N/A, 54 CND)	94% Yes (47) 6% No (3) (1 N/A, 60 CND)	97% Yes (36) 3% No (1) (73 CND)	97% Yes (30) 3% No (1) (3 NA, 73 CND)	100% Yes (45) (2 N/A, 61 CND)
96. Does this person believe the guardian is helpful?	89% Yes (16) 11% No (2) (5 N/A, 73 CND)	75% Yes (12) 25% No (4) (5 N/A, 80 CND)	100% Yes (20) (1 N/A, 90 CND)	100% Yes (19) (91 CND)	100% Yes (7) (2 N/A, 98 CND)	100% Yes (14) (2 N/A, 92 CND)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
97. What is the level of participation of the legal guardian in this person's life and service planning?	43% Active (40) 28% Moderate (26) 27% Limited (25) 2% None (2) (3 N/A)	40% Active (38) 35% Moderate (33) 24% Limited (23) 1% None (1) (6 N/A)	33% Active (36) 42% Moderate (46) 21% Limited (23) 5% None (5) (1 N/A)	39% Active (43) 36% Moderate (40) 24% Limited (26) 1% None (1)	53% Active (56) 26% Moderate (28) 18% Limited (19) 3% None (3) (1 N/A)	39% Active (41) 48% Moderate (50) 13% Limited (14) (3 N/A)
98. In the Reviewer's opinion, does the person need a friend advocate?	17% Yes (16) 83% No (80)	5% Yes (5) 95% No (96)	14% Yes (16) 86% No (95)	9% Yes (10) 91% No (100)	8% Yes (9) 92% No (98)	6% Yes (6) 94% No (102)
99. Does the person have a friend advocate?	8% Yes (2) 92% No (22) (72 N/A)	0% Yes (0) 100% No (7) (94 N/A)	11% Yes (2) 89% No (16) (93 N/A)	17% Yes (2) 83% No (10) (98 N/A)	0% Yes 100% No (10) (97 N/A)	0% Yes 100% No (6) (102 N/A)
100. If the person is retired, does he/she have adequate opportunities to engage in activities of interest during the day?	47% Yes (7) 40% Partial (6) 13% No (2) (81 N/A)	70% Yes (14) 30% Partial (6) (80 N/A, 1 CND)	22% Yes (2) 78% Partial (7) (100 N/A, 2 CND)	82% Yes (9) 18% Partial (2) (96 N/A, 3 CND)	57% Yes (8) 43% Partial (6) (92 N/A, 1 CND)	88% Yes (14) 13% Partial (2) (91 N/A, 1 CND)
101. Does the person have daily choices/appropriate autonomy over his/her life?	57% Yes (55) 38% Partial (36) 5% No (5)	74% Yes (75) 23% Partial (23) 3% No (3)	60% Yes (67) 36% Partial (40) 4% No (4)	70% Yes (77) 27% Partial (30) 3% No (3)	65% Yes (70) 32% Partial (34) 3% No (3)	80% Yes (86) 19% Partial (20) 2% No (2)
102. Have the person's cultural preferences been accommodated?	82% Yes (68) 16% Partial (13) 2% No (2) (2 N/A, 11 CND)	96% Yes (87) 3% Partial (3) 1% No (1) (10 CND)	87% Yes (93) 13% Partial (14) (4 CND)	93% Yes (95) 6% Partial (6) 1% No (1) (8 CND)	90% Yes (90) 10% Partial (10) (7 CND)	98% Yes (99) 2% Partial (2) (7 CND)
103. Is the person treated with dignity and respect?	57% Yes (55) 40% Partial (38) 3% No (3)	75% Yes (76) 25% Partial (25)	50% Yes (56) 49% Partial (54) 1% No (1)	65% Yes (71) 35% Partial (38) 1% No (1)	64% Yes (69) 36% Partial (38)	56% Yes (60) 44% Partial (48)
SATISFACTION						
104. Overall, is the person satisfied with the current services?	51% Yes (30) 46% Partial (27) 3% No (2) (37 CND)	73% Yes (27) 27% Partial (10) (64 CND)	66% Yes (31) 34% Partial (16) (64 CND)	94% Yes (29) 6% Partial (2) (79 CND)	85% Yes (23) 15% Partial (4) (80 CND)	91% Yes (41) 9% Partial (4) (63 CND)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
105. Does the person get along with the case manager?	100% Yes (32) (64 CND)	100% Yes (27) (74 CND)	96% Yes (23) 4% Partial (1) (87 CND)	100% Yes (22) (87 CND)	100% Yes (15) (92 CND)	95% Yes (21) 5% Partial (1) (86 CND)
106. Does the person find the case manager helpful?	100 % Yes (23) (73 CND)	100% Yes (14) (87 CND)	87% Yes (13) 13% Partial (2) (96 CND)	93% Yes (13) 7% Partial (1) (95 CND)	100% Yes (7) (100 CND)	93% Yes (13) 7% Partial (1) (94 CND)
107. Does the legal guardian find the case manager helpful?	82% Yes (54) 14% Partial (9) 5% No (3) (3 N/A, 27 CND)	82% Yes (58) 11% Partial (8) 7% No (5) (7 N/A, 23 CND)	81% Yes (63) 13% Partial (10) 6% No (5) (1 N/A, 32 CND)	87% Yes (83) 6% Partial (6) 6% No (6) (14 CND)	94% Yes (78) 2% Partial (2) 4% No (3)	90% Yes (78) 9% Partial (8) 1% No (1) (1 N/A, 20 CND)
108. Does the person have adequate food and drink available?	94% Yes (78) 6% Partial (5) (13 CND)	98% Yes (87) 2% Partial (2) (12 CND)	99% Yes (99) 1% Partial (1) (11 CND)	99% Yes (102) 1% Partial (1) (7 CND)	99% Yes (91) 1% No (1) (9 CND)	98% Yes (94) 2% Partial (2) (12 CND)
109. Does the person have adequate transportation to meet his/her needs?	84% Yes (79) 13% Partial (12) 3% No (3) (2 CND)	90% Yes (90) 9% Partial (9) 1% No (1) (1 CND)	88% Yes (97) 11% Partial (12) 1% No (1) (1 CND)	91% Yes (96) 9% Partial (9) (5 CND)	86% Yes (89) 14% Partial (14) (4 CND)	87% Yes (92) 12% Partial (13) 1% No (1) (2 CND)
110. Does the person have sufficient personal money?	83% Yes (60) 15% Partial (11) 1% No (1) (24 CND)	88% Yes (75) 12% Partial (10) (16 CND)	86% Yes (89) 14% Partial (14) (8 CND)	91% Yes (92) 9% Partial (9) (9 CND)	91% Yes (86) 8% Partial (8) 1% No (1) (21 CND)	89% Yes (86) 11% Partial (11) (11 CND)
111. Does the person get along with their day program/employment staff?	94% Yes (61) 6% Partial (4) (1 N/A, 30 CND)	96% Yes (65) 4% Partial (3) (2 N/A, 31 CND)	98% Yes (79) 2% Partial (2) (2 N/A, 28 CND)	100% Yes (65) (45 CND)	97% Yes (63) 3% Partial (2) (1 N/A, 41 CND)	99% Yes (70) 1% Partial (1) (1 N/A, 36 CND)
112. Does the person get along with the residential provider staff?	95% Yes (72) 5% Partial (4) (1 N/A, 19 CND)	99% Yes (83) 1% Partial (1) (1 N/A, 16 CND)	98% Yes (88) 2% Partial (2) (21 CND)	100% Yes (76) (34 CND)	100% Yes (73) (34 CND)	99% Yes (78) 1% Partial (1) (29 CND)
ASSESSMENTS						
57. Did the team consider what assessments the person needs and would be relevant to the team's planning efforts?	42% Yes (40) 55% Partial (53) 3% No (3)	54% Yes (55) 44% Partial (44) 2% No (2)	44% Yes (49) 55% Partial (61) 1% No (1)	64% Yes (70) 35% Partial (39) 1% No (1)	63% Yes (67) 36% Partial (39) 1% No (1)	65% Yes (70) 35% Partial (38)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
58. Did the team arrange for and obtain the needed, relevant assessments?	18% Yes (17) 76% Partial (73) 6% No (6)	33% Yes (33) 66% Partial (67) 1% No (1)	22% Yes (24) 77% Partial (86) 1% No (1)	41% Yes (45) 57% Partial (63) 2% No (2)	39% Yes (42) 60% Partial (64) 1% No (1)	47% Yes (51) 53% Partial (57)
59. Are the assessments adequate for planning?	24% Yes (23) 70% Partial (67) 6% No (6)	53% Yes (54) 45% Partial (45) 2% No (2)	46% Yes (51) 52% Partial (58) 2% No (2)	55% Yes (61) 43% Partial (47) 2% No (2)	64% Yes (68) 36% Partial (39)	64% Yes (69) 36% Partial (39)
60. Were the recommendations from assessments used in planning?	22% Yes (21) 68% Partial (65) 10% No (10)	54% Yes (55) 43% Partial (43) 3% No (3)	40% Yes (44) 59% Partial (66) 1% No (1)	37% Yes (41) 56% Partial (62) 6% No (7)	47% Yes (50) 47% Partial (50) 7% No (7)	47% Yes (51) 50% Partial (54) 3% No (3)
ADEQUACY OF PLANNING AND ADEQUACY OF SERVICES						
61. Is there a document called an Individual Service Plan (ISP) that was developed within the last year?	100% Yes (96)	99% Yes (100) 1% No (1)	99% Yes (110) 1% No (1)	99% Yes (109) 1% No (1)	100% Yes (107)	99% Yes (107) 1% No (1)
62. Was the ISP developed by an appropriately constituted IDT?	35% Yes (34) 61% Partial (59) 3% No (3)	56% Yes (56) 44% Partial (44) (1 N/A)	45% Yes (49) 55% Partial (60) 1% No (1) (1 N/A)	51% Yes (56) 48% Partial (53) 1% No (1)	50% Yes (53) 50% Partial (54)	55% Yes (59) 45% Partial (48) (1 N/A)
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) 34% Partial (26) 36% No (27) (20 CND)	39% Yes (24) 39% Partial (24) 23% No (14) (39 N/A)	38% Yes (31) 35% Partial (28) 27% No (22) (30 N/A)	35% Yes (29) 40% Partial (33) 24% No (20) (28 N/A)	36% Yes (28) 36% Partial (28) 28% No (22) (29 CND)	53% Yes (44) 28% Partial (23) 19% Yes (16) (25 N/A)
64. Overall, is the long-term vision adequate?	24% Yes (23) 64% Partial (61) 13% No (12)	51% Yes (51) 48% Partial (48) 1% No (1) (1 N/A)	41% No (45) 54% Partial (59) 5% No (6) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5)	50% Yes (54) 39% Partial (42) 10% No (11)	58% Yes (62) 41% Partial (44) 1% No (1) (1 N/A)
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) 52% Partial (50) 17% No (16)	62% Yes (62) 36% Partial (36) 2% No (2) (1 N/A)	50% Yes (55) 45% Partial (50) 5% No (5) (1 N/A)	56% Yes (62) 42% Partial (46) 2% No (2)	60% Yes (64) 37% Partial (40) 3% No (3)	72% Yes (77) 28% Partial (30) (1 N/A)
66*. Overall, is Vision Section of the ISP used as the basis for outcome development?	32% Yes (31) 49% Partial (47) 19% No (18)	59% Yes (59) 33% Partial (33) 8% No 8	57% Yes (63) 35% Partial (39) 7% No (8)	55% Yes (60) 43% Partial (47) 3% No (3)	77% Yes (82) 21% Partial (23) 2% No (2)	86% Yes (92) 14% Partial (15)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
		(1 N/A)	(1 N/A)			(1 N/A)
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) 51% Partial (49) 38% No (36)	45% Yes (45) 44% Partial (44) 11% No (11) (1 N/A)	35% Yes (39) 55% Partial (60) 10% No (11) (1 N/A)	38% Yes (42) 54% Partial (59) 8% No (9)	33% Yes (35) 47% Partial (50) 21% No (22)	51% Yes (55) 44% Partial (47) 5% No (5) (1 N/A)
68*. Overall, are the ISP outcomes related to achieving the person's long-term vision?	31% Yes (30) 48% Partial (46) 21% No (20)	61% Yes (61) 35% Partial (35) 4% No (4) (1 N/A)	50% Yes (55) 46% Partial (51) 4% No (4) (1 N/A)	72% Yes (79) 27% Partial (30) 1% No (1)	75% Yes (80) 22% Partial (24) 3% No (3)	87% Yes (93) 13% Partial (14) (1 N/A)
69*. Overall, do the ISP outcomes address the person's major needs?	24% Yes (23) 58% Partial (56) 18% No (17)	52% Yes (52) 47% Partial (47) 1% No (1) (1 N/A)	47% Yes (52) 49% Partial (54) 4% No (4) (1 N/A)	50% Yes (55) 47% Partial (52) 3% No (3)	41% Yes (44) 50% Partial (54) 8% No (9)	60% Yes (64) 40% Partial (43) (1 N/A)
70*. Overall, are the Action Plans specific and relevant to assisting the person in achieving his/her outcomes?	18% Yes (17) 46% Partial (44) 36% No (35)	43% Yes (43) 42% Partial (42) 15% No (15) (1 N/A)	39% Yes (43) 53% Partial (58) 8% No (9) (1 N/A)	49% Yes (54) 46% Partial (51) 5% No (5)	46% Yes (49) 50% Partial (54) 4% No (4)	64% Yes (68) 34% Partial (37) 2% No (2) (1 N/A)
71*. Overall, are the Teaching and Support strategies sufficient to ensure consistent implementation of the services provided?	21% Yes (20) 47% Partial (45) 32% No (31)	45% Yes (45) 44% Partial (44) 11% No (11) (1 N/A)	39% Yes (43) 48% Partial (53) 13% No (14) (1 N/A)	42% Yes (45) 40% Partial (43) 18% No (19) (3 N/A)	43% Yes (45) 41% Partial (43) 16% No (17) (2 N/A)	53% Yes (56) 37% Partial (39) 10% No (11) (2 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) 56% Partial (52) 32% No (30) (3 N/A)	44% Yes (42) 42% Partial (40) 14% No (13) (6 N/A)	36% Yes (38) 51% Partial (55) 13% No (14) (4 N/A)	28% Yes (30) 55% Partial (58) 17% No (18) (4 N/A)	38% Yes (40) 43% Partial (45) 18% No (19) (3 N/A)	48% Yes (51) 45% Partial (48) 7% No (7) (2 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) 42% Partial (38) 30% No (27) (6 N/A)	62% Yes (56) 30% Partial (27) 9% No (8) (10 N/A)	56% Yes (59) 38% Partial (40) 6% No (6) (6 N/A)	75% Yes (77) 21% Partial (22) 4% No (4) (7 N/A)	63% Yes (64) 30% Partial (31) 7% No (7) (5 N/A)	54% Yes (56) 43% Partial (45) 3% No (3) (4 N/A)
74*. Does the ISP contain information regarding primary health (medical) care?	48% Yes (46) 47% Partial (45) 5% No (5)	74% Yes (74) 25% Partial (25) 1% No (1)	73% Yes (80) 26% Partial (29) 1% No (1)	74% Yes (81) 26% Partial (29)	82% Yes (88) 18% Partial (19)	87% Yes (93) 13% Partial (14)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
		(1 N/A)	(1 N/A)			(1 N/A)
74a*. Does the ISP face sheet contain contact information for the PCP?				84% Yes (92) 6% Partial (7) 10% No (11)	87% Yes (93%) 10% Partial (11) 3% No (3)	93% Yes (99) 7% Partial (7) 1% No (1) (1 N/A)
74b*. Is the Healthcare Coordinator's name and contact information listed in the ISP?				92% Yes (95) 8% Partial (8) (7 N/A)	96% Yes (103) 3% Partial (3) 1% No (1)	93% Yes (100) 4% Partial (4) 3% No (3) (1 N/A)
74c*. Was the ISP (the most current Annual) developed using the new ISP format?				93% Yes (102) 7% No (8)	Removed in 2008	
75. Does the ISP reflect how the person will get to work/day activities, shopping, social activities?	68% Yes (65) 22% Partial (21) 10% No (10)	78% Yes (77) 16% Partial (16) 6% No (6) (2 N/A)	78% Yes (86) 18% Partial (20) 4% No (4) (1 N/A)	57% Yes (63) 28% Partial (31) 15% No (16)	49% Yes (52) 27% Partial (29) 24% No (25)	74% Yes (57) 14% Partial (11) 12% No (9) (31 N/A)
76. Does the ISP reflect how the person will obtain prescribed medications?	42% Yes (40) 28% Partial (27) 30% No (29)	60% Yes (58) 26% Partial (25) 14% No (14) (4 N/A)	56% Yes (61) 33% Partial (36) 11% No (12) (2 N/A)	66% Yes (72) 30% Partial (33) 4% No (4) (1 N/A)	82% Yes (88) 15% Partial (16) 3% No (3)	89% Yes (95) 10% Partial (11) 1% No (1) (1 N/A)
77. Does the ISP contain a list of adaptive equipment needed and who will provide it?	41% Yes (29) 38% Partial (27) 21% No (15) (25 N/A)	57% Yes (44) 39% Partial (30) 4% No (3) (24 N/A)	38% Yes (37) 45% Partial (44) 17% No (17) (13 N/A)	30% Yes (28) 47% Partial (44) 23% No (21) (17 N/A)	34% Yes (32) 53% Partial (49) 13% No (12) (14 N/A)	42% Yes (37) 45% Partial (40) 13% No (12) (19 N/A)
78. Overall, is the ISP adequate to meet the person's needs?	3% Yes (3) 81% Partial (78) 16% No (15)	20% Yes (20) 78% Partial (78) 2% No (2) (1 N/A)	6% Yes (7) 94% Partial (103) (1 N/A)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 74% Partial (79) (1 N/A)
79. If #78 is rated "2", is the ISP being implemented?	50% Yes (2) 50% Partial (2) (92 N/A)	67% Yes (14) 33% Partial (7) (80 N/A)	57% Yes (4) 43% Partial (3) (104 N/A)	93% Yes (13) 7% Partial (1) (96 N/A)	44% Yes (8) 50% Partial (9) 6% No (1) (89 N/A)	64% Yes (18) 36% Partial (10) (80 N/A)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
80a. If there no ISP or if #78 is rated "0" or "1" or "n/a", is the ISP being implemented?						41% Yes (33) 59% Partial (47) (28 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) 83% Partial (77) 5% No (5) (3 N/A)	24% Yes (19) 75% Partial (60) 1% No (1) (21 N/A)	19% Yes (20) 81% Partial (84) (7 N/A)	33% Yes (32) 67% Partial (64) (14 N/A)	34% Yes (30) 66% Partial (59) (18 N/A)	39% Yes (31) 51% Partial (41) 10% No (8) (28 N/A)
81. Overall, were the direct service staff trained on the implementation of the ISP?	51% Yes (49) 44% Partial (42) 5% No (5)	67% Yes (68) 32% Partial (32) 1% No (1)	55% Yes (61) 44% Partial (49) 1% No (1)	59% Yes (65) 41% Partial (45)	60% Yes (64) 40% Partial (43)	64% Yes (69) 36% Partial (39)
82. Overall, were the direct service staff able to describe their responsibilities in providing daily care/support to the person?	67% Yes (64) 32% Partial (31) 1% No (1)	77% Yes (78) 23% Partial (23)	51% Yes (57) 49% Partial (54)	55% Yes (60) 45% Partial (50)	51% Yes (55) 49% Partial (53)	56% Yes (61) 44% Partial (47)
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) 65% Partial (62) 7% No (7)	47% Yes (47) 50% Partial (51) 3% No (3)	20% Yes (22) 73% Partial (81) 7% No (8)	32% Yes (35) 61% Partial (67) 7% No (8)	29% Yes (31) 65% Partial (70) 6% No (6)	39% Yes (42) 56% Partial (60) 6% No (6)
INDIVIDUAL SERVICE PLANNING & SUMMARY						
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) 38% Partial (36) 5% No (5)	68% Yes (69) 29% Partial (29) 3% No (3)	72% Yes (80) 27% Partial (30) 1% No (1)	86% Yes (95) 14% Partial (15)	88% Yes (94) 12% Partial (13)	90% Yes (97) 9% Partial (10) 1% No (1)
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) 34% Partial (33) 6% No (6)	77% Yes (78) 19% Partial (19) 4% No (4)	84% Yes (93) 14% Partial (15) 3% No (3)	72% Yes (79) 25% Partial (27) 4% No (4)	65% Yes (70) 31% Partial (33) 4% No (4)	74% Yes (80) 22% Partial (24) 4% No (4)
143. Does the person receive services and supports recommended in the ISP?	47% Yes (45) 48% Partial (46) 5% No (5)	58% Yes (59) 41% Partial (41) 1% No (1)	58% Yes (64) 41% Partial (46) 1% No (1)	70% Yes (77) 30% Partial (33)	74% Yes (79) 26% Partial (26)	76% Yes (82) 23% Partial (25) 1% No (1)
144. Does the person have adequate access to and use of generic services and natural supports?	44% Yes (42) 52% Partial (50) 4% No (4)	65% Yes (66) 34% Partial (34) 1% No (1)	61% Yes (68) 38% Partial (42) 1% No (1)	66% Yes (73) 34% Partial (37)	74% Yes (79) 25% Partial (27) 1% No (1)	82% Yes (89) 17% Partial (18) 1% No (1)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
145. Is the person adequately integrated into the community?	32% Yes (31) 60% Partial (58) 7% No (7)	53% Yes (54) 39% Partial (39) 8% No (8)	38% Yes (42) 59% Partial (65) 4% No (4)	57% Yes (63) 39% Partial (43) 4% No (4)	51% Yes (55) 45% Partial (48) 4% No (4)	68% Yes (73) 31% Partial (34) 1% No (1)
146. Overall, is the ISP adequate to meet the person's needs?	5% Yes (5) 81% Partial (78) 14% No (13)	21% Yes (21) 76% Partial (77) 3% No (3)	6% Yes (7) 93% Partial (103) 1% No (1)	13% Yes (14) 87% Partial (96)	17% Yes (18) 81% Partial (87) 2% No (2)	26% Yes (28) 73% Partial (79) 1% No (1)
147. Is the program of the level of intensity adequate to meet this person's needs?	18% Yes (17) 77% Partial (74) 5% No (5)	29% Yes (29) 70% Partial (71) 1% No (1)	19% Yes (21) 79% Partial (88) 2% No (2)	35% Yes (38) 85% Partial (72)	32% Yes (34) 67% Partial (72) 1% No (1)	31% Yes (33) 69% Partial (75)
TEAM PROCESS						
113. Is there evidence that the ISP was reviewed by the IDT within the last six months?	100% Yes (76) (20 N/A)	98% Yes (91) 2% No (2) (8 N/A)	95% Yes (94) 5% No (5) (12 N/A)	Question Removed		
114. Are the individual members of the IDT following up on their responsibilities?	25% Yes (24) 71% Partial (68) 4% No (4)	34% Yes (34) 65% Partial (66) 1% No (1)	21% Yes (23) 76% Partial (84) 4% No (4)	32% Yes (35) 68% Partial (75)	28% Yes (30) 71% Partial (76) 1% No (1)	31% Yes (33) 69% Partial (74) 1% No (1)
115. If there is evidence of team conflict, has the team made efforts to build consensus?	50% Yes (16) 38% Partial (12) 13% No (4) (64 N/A)	55% Yes (11) 45% Partial (9) (81 N/A)	57% Yes (20) 43% Partial (15) (76 N/A)	58% Yes (14) 38% Partial (9) 4% No (1) (86 N/A)	67% Yes (16) 29% Partial (7) 4% No (1) (83 N/A)	72% Yes (23) 25% Partial (8) 3% No (1) (76 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) 49% No (39) (13 N/A, 4 CND)	76% Yes (62) 24% No (20) (19 N/A)	73% Yes (77) 27% No (28) (6 N/A)	78% Yes (72) 22% No (20) (17 N/A, 1 CND)	78% Yes (74) 22% No (21) (11 N/A, 1 CND)	72% Yes (76) 28% No (29) (2 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) 46% Partial (44) 3% No (3)	71% Yes (72) 29% Partial (29)	64% Yes (71) 33% Partial (37) 3% No (3)	73% Yes (80) 26% Partial (29) 1% No (1)	70% Yes (75) 30% Partial (32)	81% Yes (87) 19% Partial (20) 1% No (1)
118. Do you recommended Team Process Training for this IDT?	14% Yes (13) 86% No (83)	8% Yes (8) 92% No (93)	11% Yes (12) 89% No (99)	6% Yes (7) 94% No (103)	7% Yes (7) 93% No (100)	10% Yes (11) 90%No (97)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
119. Is there evidence or documentation of physical regression in the last year?	29% Yes (26) 71% No (64) (6 CND)	28% Yes (28) 72% No (71) (2 CND)	32% Yes (35) 68% No (75) (1 CND)	25% Yes (27) 75% No (80) (3 CND)	38% Yes (40) 62% No (66) (1 CND)	36% Yes (39) 64% No (69)
120. Is there evidence or documentation of behavioral or functional regression in the last year?	32% Yes (29) 68% No (63) (4 CND)	18% Yes (18) 82% No (83)	23% Yes (25) 77% No (85) (1 CND)	16% Yes (17) 84% No (91) (2 CND)	23% Yes (24) 77% No (81) (2 CND)	24% Yes (26) 76% No (82)
121. If #119 or 120 is Yes, is the IDT adequately addressing the regression?	19% Yes (8) 49% Partial (21) 33% No (14) (53 N/A)	67% Yes (24) 31% Partial (11) 3% No (1) (65 N/A)	38% Yes (16) 55% Partial (23) 7% No (3) (69 N/A)	72% Yes (23) 22% Partial (7) 6% No (2) (78 N/A)	61% Yes (30) 33% Partial (16) 6% No (3) (58 N/A)	67% Yes (33) 29% Partial (14) 4% No (2) (59 N/A)
122. Has the person changed residential/day services in the last year? If Yes, was the change:	32% Yes (31) 68% No (65)	25% Yes (25) 75% No (76)	30% Yes (33) 70% No (78)	19% Yes (21) 81% No (89)	17% Yes (18) 83% No (89)	19% Yes (21) 81% No (87)
122a. Planned by the IDT?	43% Yes (13) 23% Partial (7) 33% No (10) (66 N/A)	84% Yes (21) 12% Partial (3) 4% No (1) (76 N/A)	76% Yes (25) 18% Partial (6) 6% No (2) (78 N/A)	76% Yes (16) 19% Partial (4) 5% No (1) (89 N/A)	72% Yes (13) 22% Partial (4) 6% No (1) (89 N/A)	68% Yes (15) 23% Partial (5) 9% No (2) (86 N/A)
122b. Appropriate to meet needs?	55% Yes (16) 31% Partial (9) 14% No (4) (67% N/A)	80% Yes (20) 16% Partial (4) 4% No (1) (76 N/A)	79% Yes (26) 21% Partial (7) (78 N/A)	81% Yes (17) 10% Partial (2) 10% No (2) (89 N/A)	78% Yes (14) 17% Partial (3) 6% No (1) (89 N/A)	90% Yes (19) 10% Partial (2) (85 N/A) (1 not scored)
123. Has the IDT process been adequate for assessing, planning, implementing and monitoring of services for this person?	19% Yes (18) 73% Partial (70) 8% No (8)	17% Yes (17) 82% Partial (83) 1% No (1)	24% Yes (27) 74% Partial (82) 2% No (2)	40% Yes (44) 59% Partial (65) 1% No (1)	31% Yes (33) 64% Partial (69) 5% No (5)	39% Yes (42) 57% Partial (62) 4% No (4)
HEALTH						
30. Was the case manager able to describe the person's health related needs?	44% Yes (42) 56% No (54)	50% Yes (50) 48% Partial (48) 3% No (3)	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)
38. Was the [day/employment] direct service staff able to describe the person's health related needs?	46% Yes (44) 46% Partial (44) 7% No (7)	60% Yes (60) 37% Partial (37) 3% No (3)	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 3% No (3)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
48. Was the residential service staff able to describe the person's health related needs?	55% Yes (52) 44% Partial (42) 1% No (1)	63% Yes (63) 35% Partial (35) 2% No (2)	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2)
54. Overall, were the team members interviewed able to describe the person's health-related needs?	29% Yes (28) 71% Partial (68)	31% Yes (31) 67% Partial (68) 2% No (2)	27% Yes (30) 73% Partial (81)	30% Yes (33) 70% Partial (77)	27% Yes (29) 73% Partial (78)	32% Yes (35) 68% Partial (73)
55. Is there evidence that the IDT discussed the person's health-related issues?	49% Yes (47) 44% Partial (42) 7% No (7)	73% Yes (74) 26% Partial (26) 1% No (1)	61% Yes (68) 38% Partial (42) 1% No (1)	63% Yes (69) 36% Partial (40) 1% No (1)	57% Yes (61) 42% Partial (45) 1% No (1)	63% Yes (68) 35% Partial (38) 2% No (2)
56. In the opinion of the reviewer, are the person's health supports/needs being adequately addressed?	20% Yes (19) 67% Partial (64) 14% No (13)	31% Yes (31) 66% Partial (67) 3% No (3)	24% Yes (27) 75% Partial (83) 1% No (1)	40% Yes (44) 60% Partial (66)	31% Yes (33) 65% Partial (70) 4% No (4)	26% Yes (28) 72% Partial (78) 2% No (2)
SUPPORTED EMPLOYMENT						
124. Has the IDT, or the reviewer recommended a supported employment assessment for the person?	82% Yes (79) 18% No (17)	58% Yes (59) 42% No (42)	77% Yes (86) 23% No (25)	74% Yes (81) 26% No (29)	66% Yes (71) 34% No (36)	71% Yes (77) 29% No (31)
125. In the opinion of the IDT or the reviewer, does the person need supported employment?	53% Yes (51) 47% No (45)	51% Yes (52) 49% No (49)	66% Yes (73) 34% No (38)	58% Yes (64) 42% No (46)	55% Yes (59) 45% No (48)	53% Yes (57) 47% No (51)
126. Did the person receive a supported employment assessment?	87% Yes (68) 13% No (10) (18 N/A)	78% Yes (49) 22% No (14) (38 N/A)	76% Yes (68) 24% No (21) (22 N/A)	60% Yes (49) 40% No (32) (29 N/A)	62% Yes (44) 38% No (27) (36 N/A)	68% Yes (54) 32% No (25) (29 N/A)
127. Does the supported employment assessment conform to the DOH regulations?	16% Yes (12) 74% Partial (55) 9% No (7) (22 N/A)	38% Yes (23) 33% Partial (20) 28% No (17) (41 N/A)	25% Yes (22) 44% Partial (38) 31% No (27) (24 N/A)	35% Yes (28) 20% Partial (16) 46% No (37) (29 N/A)	30% Yes (21) 19% Partial (13) 51% No (35) (38 N/A)	40% Yes (30) 19% Partial (14) 41% No (31) (33 N/A)
128. Does the person have a career development plan (based on assessments) that meets the person's needs?	12% Yes (7) 67% Partial (38) 21% No (12) (39 N/A)	24% Yes (13) 37% Partial (20) 39% No (21) (47 N/A)	23% Yes (17) 44% Partial (32) 33% No (24) (38 N/A)	29% Yes (20) 35% Partial (24) 35% No (24) (42 N/A)	20% Yes (12) 28% Partial (17) 52% No (32) (46 N/A)	33% Yes (21) 24% Partial (15) 43% No (27) (45 N/A)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
129. Is the person engaged in supported employment?	44% Yes (25) 56% No (32) (39 N/A)	39% Yes (22) 61% No (34) (45 N/A)	35% Yes (25) 65% No (47) (39 N/A)	47% Yes (31) 53% No (35) (44 N/A)	28% Yes (17) 72% No (44) (46 N/A)	51% Yes (30) 49% No (29) (49 N/A)
130. Is the supported work provided in accordance with the following?	27% Yes (13) 21% Partial (10) 52% No (25) (48 N/A)	22% Yes (11) 24% Partial (12) 55% No (28) (50 N/A)	22% Yes (16) 19% Partial (14) 58% No (42) (39 N/A)	30% Yes (20) 17% Partial (11) 53% No (35) (44 N/A)	10% Yes (6) 18% Partial (11) 72% No (43) (47 N/A)	30% Yes (17) 18% Partial(10) 52% No (29) (52 N/A)
130a. At least a 10-hour work week?	33% Yes (16) 67% No (32) (48 N/A)	27% Yes (14) 73% No (37) (50 N/A)	24% Yes (17) 76% No (55) (39 N/A)	33% Yes (22) 67% No (44) (44 N/A)	13% Yes 98) 87% No (52) (47 N/A)	32% Yes (18) 68% No (38) (52 N/A)
130b. Person earns at least ½ of minimum wage?	42% Yes (20) 58% No (28) (48 N/A)	35% Yes (18) 65% No (33) (50 N/A)	42% Yes (30) 58% No (42) (39 N/A)	41% Yes (27) 59% No (39) (44 N/A)	22% Yes (13) 78% No (46) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)
130c. Work setting is at least 50% non-handicapped co-workers?	48% Yes (23) 52% No (25) (48 N/A)	43% Yes (22) 57% No (29) (50 N/A)	33% Yes (24) 67% No (48) (39 N/A)	44% Yes (29) 56% No (37) (44 N/A)	24% Yes (14) 76% No (45) (48 N/A)	43% Yes (24) 56% No (31) (53 N/A)
130d. There is a reasonable expectation that the job will continue?	50% Yes (24) 50% No (24) (48 N/A)	47% Yes (24) 53% No (27) (50 N/A)	44% Yes (32) 56% No (40) (39 N/A)	45% Yes (30) 55% No (36) (44 N/A)	25% Yes (15) 75% No (44) (48 N/A)	48% Yes (27) 52% No (29) (52 N/A)
DAY/EMPLOYMENT						
35. Does the day/employment direct services "know" the person?	74% Yes (70) 25% Partial (24) 1% No (1)	78% Yes (78) 22% No (22)	80% Yes (89) 19% Partial (21) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	87% Yes (93) 12% Partial (13) 1% No (1)	90% Yes (97) 10% Partial (11)
36. Does the direct service staff have adequate input into the person's ISP?	46% Yes (44) 41% Partial (39) 13% No (12)	65% Yes (65) 23% Partial (23) 12% No (12)	62% Yes (69) 32% Partial (36) 5% No (6)	67% Yes (74) 27% Partial (30) 5% No (6)	65% Yes (70) 29% Partial (31) 6% No (6)	65% Yes (70) 31% Partial (33) 5% No (5)
37. Did the direct service staff receive training on implementing this person's ISP?	58% Yes (55) 36% Partial (34) 6% No (6)	75% Yes (75) 23% Partial (23) 2% No (2)	64% Yes (71) 32% Partial (36) 4% No (4)	75% Yes (83) 23% Partial (25) 2% No (2)	77% Yes (82) 21% Partial (23) 2% No (2)	76% Yes (82) 24% Partial (26)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
38. Was the direct service staff able to describe this person's health related needs?	46% Yes (44) 46% Partial (44) 7% No (7)	60% Yes (60) 37% Partial (37) 3% No (3)	51% Yes (57) 45% Partial (50) 4% No (4)	53% Yes (58) 45% Partial (49) 3% No (3)	60% Yes (64) 37% Partial (40) 3% No (3)	51% Yes (55) 46% Partial (50) 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) 23% Partial (22) 1% No (1)	86% Yes (86) 14% Partial (14)	64% Yes (71) 34% Partial (38) 2% No (2)	73% Yes (80) 26% Partial (29) 1% No (1)	65% Yes (70) 34% Partial (36) 1% No (1)	72% Yes (78) 28% Partial (30)
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) 15% Partial (17) 1% No (1)	92% Yes (101) 6% Partial (7) 2% No (2)	92% Yes (98) 7% Partial (8) 1% No (1)	93% Yes (100) 6% Partial (6) 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) 27% Partial (30) 5% No (5)	75% Yes (83) 19% Partial (21) 5% No (6)	67% Yes (72) 29% Partial (31) 4% No (4)	70% Yes (76) 27% Partial (29) 3% No (3)
40. Did the direct service staff have training in the ISP process?	60% Yes (57) 27% Partial (26) 13% No (12)	80% Yes (80) 18% Partial (18) 2% No (2)	59% Yes (66) 32% Partial (36) 8% No (9)	64% Yes (70) 32% Partial (35) 5% No (5)	57% Yes (61) 33% Partial (35) 10% No (11)	68% Yes (73) 30% Partial (32) 3% No (3)
41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	39% Yes (37) 56% Partial (53) 5% No (5)	47% Yes (47) 45% Partial (45) 8% No (8)	63% Yes (70) 35% Partial (39) 2% No (2)	75% Yes (82) 24% Partial (26) 2% No (2)	80% Yes (86) 18% Partial (19) 2% No (2)	76% Yes (82) 22% Partial (24) 2% No (2)
41.a. Have training on the provider's complaint process?		61% Yes (61) 15% Partial (15) 24% No (24)	72% Yes (80) 21% Partial (23) 7% No (8)	83% Yes (91) 10% Partial (11) 7% No (8)	89% Yes (95) 6% Partial (6) 6% No (6)	84% Yes (91) 9% Partial (10) 6% No (7)
41.b. Have training on how and to whom to report abuse, neglect and exploitation?		61% Yes (61) 32% Partial (32) 7% No (7)	77% Yes (85) 20% Partial (22) 4% No (4)	85% Yes (94) 12% Partial (13) 3% No (3)	87% Yes (93) 8% Partial (9) 5% No (5)	84% Yes (91) 13% Partial (14) 3% No (3)
42. Does the direct service staff have an appropriate expectation of growth for this person?	52% Yes (49) 44% Partial (42) 4% No (4)	67% Yes (67) 32% Partial (32) 1% No (1)	59% Yes (66) 38% Partial (42) 3% No (3)	75% Yes (83) 19% Partial (21) 5% No (6)	68% Yes (73) 26% Partial (28) 6% No (6)	80% Yes (86) 17% Partial (18) 4% No (4)
43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended?	71% Yes(48) 26% Partial (18) 3% No (2) (15 N/A, 12 CND)	89% Yes (73) 11% Partial (9) (14 N/A, 4 CND)	85% Yes (80) 14% Partial (13) 1% No (1) (4 N/A, 13 CND)	92% Yes (85) 8% Partial (7) (11 N/A, 7 CND)	91% Yes (79) 8% Partial (7) 1% No (1) (12 N/A, 8 CND)	93% Yes (81) 7% Partial (6) (15 N/A, 6 CND)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
RESIDENTIAL						
44. Does the residential direct services staff "know" the person?	83% Yes (79) 17% Partial (16)	89% Yes (89) 11% Partial (11)	86% Yes (95) 14% Partial (16)	89% Yes (98) 11% Partial (12)	84% Yes (90) 16% Partial (17)	89% Yes (95) 11% Partial (12) (1 not scored)
45. Does the direct service staff have adequate input into the person's ISP?	67% Yes (64) 20% Partial (19) 13% No (12)	78% Yes (78) 17% Partial (17) 5% No (5)	68% Yes (76) 25% Partial (28) 6% No (7)	72% Yes (79) 22% Partial (24) 6% No (7)	65% Yes (70) 28% Partial (30) 7% No (7)	69% Yes (74) 24% Partial (26) 7% No (7) (1 not scored)
46. Did the direct service staff receive training on the implementing this person's ISP?	73% Yes (69) 18% Partial (17) 9% No (9)	84% Yes (84) 15% Partial (15) 1% No (1)	76% Yes (84) 23% Partial (26) 1% No (1)	75% Yes (82) 24% Partial (26) 2% No (2)	73% Yes (78) 24% Partial (26) 3% No (3)	73% Yes (78) 26% Partial (28) 1% No (1) (1 not scored)
47. Is the residence safe for individuals (void of hazards)?	88% Yes (83) 12% No (11)	90% Yes (89) 10% No (10) (1 CND)	91% Yes (101) 9% No (10)	95% Yes (104) 5% No (6)	95% Yes (102) 5% No (5)	92% Yes (98) 8% No (8) (2 not scored)
48. Was the residential direct service staff able to describe this person's health-related needs?	55% Yes (52) 44% Partial (42) 1% No (1)	63% Yes (63) 35% Partial (35) 2% No (2)	66% Yes (73) 33% Partial (37) 1% No (1)	55% Yes (60) 45% Partial (49) 1% No (1)	60% Yes (64) 39% Partial (42) 1% No (1)	50% Yes (54) 48% Partial (51) 2% No (2) (1 not scored)
49. Was the residential direct service staff able to describe his/her responsibilities in providing daily care/supports to the person?	79% Yes (75) 21% Partial (20)	88% Yes (88) 12% Partial (12)	67% Yes (74) 32% Partial (35) 1 No (1)	68% Yes (75) 31% Partial (34) 1% No (1)	72% Yes (77) 28% Partial (30)	71% Yes (76) 29% Partial (31)
49.a. Was the staff able to provide specific information regarding the person's daily activities?			92% Yes (101) 7% Partial (8) 1% No (1)	90% Yes (99) 9% Partial (10) 1% No (1)	96% Yes (103) 4% Partial (4)	91% Yes (97) 9% Partial (10)
49.b. Can the direct service staff describe his/her responsibilities in implementing the person's ISP goals & objectives?			71% Yes (78) 24% Partial (26) 5% No (6)	71% Yes (78) 25% Partial (27) 5% No (5)	74% Yes (79) 18% Partial (19) 8% No (49)	76% Yes (81) 21% Partial (23) 3% No (3)
50. Did the residential direct service staff have training in the ISP process?	60% Yes (57) 26% Partial (25) 14% No (13)	81% Yes (81) 17% Partial (17) 2% No (2)	65% Yes (72) 26% Partial (29) 8% No (9)	72% Yes (79) 21% Partial (23) 7% No (8)	58% Yes (62) 34% Partial (36) 8% No (9)	68% Yes (73) 29% Partial (31) 3% No (3)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
51. Did the residential direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?	40% Yes (38) 55% Partial (52) 5% No (5)	58% Yes (58) 38% Partial (38) 4% No (4)	71% Yes (79) 27% Partial (30) 2% No (2)	75% Yes (83) 25% Partial (27)	71% Yes (76) 28% Partial (30) 1% No (1)	80% Yes (86) 20% Partial (21)
51.a. Have training on the provider's complaint process?		72% Yes (72) 14% Partial (14) 14% No (14)	84% Yes (93) 12% Partial (13) 5% No (5)	83% Yes (91) 13% Partial (14) 5% No (5)	82% Yes (88) 12% Partial (13) 6% No (6)	87% Yes (93) 7% Partial (7) 7% No (7)
51.b. Have training on how and to whom to report abuse, neglect and exploitation?		76% Yes (76) 20% Partial (20) 4% No (4)	79% Yes (88) 18% Partial (20) 3% No (3)	89% Yes (98) 9% Partial (10) 2% No (2)	79% Yes (84) 16% Partial (17) 6% No (6)	89% Yes (95) 10% Partial (11) 1% No (1)
52. Does the residential direct service staff have an appropriate expectation of growth for this person?	49% Yes (47) 47% Partial (45) 3% No (3)	68% Yes (68) 31% Partial (31) 1% No (1)	63% Yes (70) 37% Partial (41)	68% Yes (75) 31% Partial (34) 1% No (1)	65% Yes (70) 29% Partial (31) 6% No (6)	71% Yes (76) 28% Partial (30) 1% No (1) (1 not scored)
53. Does the person's residential environment offer a minimal level of quality of life?	82% Yes (77) 18% Partial (17)	84% Yes (83) 15% Partial (15) 1% No (1) (1 CND)	79% Yes (88) 21% Partial (23)	94% Yes (103) 6% Partial (7)	90% Yes (96) 10% Partial (11)	93% Yes (99) 7% Partial (8) (1 not scored)
CASE MANAGEMENT						
26. Does the case manager "know" the person?	70% Yes (67) 30% Partial (29)	84% Yes (85) 14% Partial (14) 2% No (2)	70% Yes (78) 29% Partial (32) 1% No (1)	88% Yes (97) 12% Partial (13)	88% Yes (94) 12% Partial (13)	93% Yes (100) 7% Partial (8)
27. Does the case manager understand his/her role/job?	72% Yes (69) 27% Partial (26) 1% No (1)	84% Yes (85) 14% Partial (14) 2% No (2)	58% Yes (64) 40% Partial (44) 2% No (2)	74% Yes (81) 25% Partial (27) 1% No (1)	66% Yes (71) 32% Partial (34) 2% No (2)	60% Yes (65) 39% Partial (42) 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) 30% Partial (29) 2% No (2)	90% Yes (91) 8% Partial (8) 2% No (2)	64% Yes (71) 33% Partial (37) 3% No (3)	78% Yes (85) 22% Partial (24)	78% Yes (83) 21% Partial (23) 1% No (1)	87% Yes (94) 13% Partial (14)
29. Is the case manager available to the person?	78% Yes (75) 22% Partial (21)	83% Yes (84) 16% Partial (16) 1% No (1)	67% Yes (74) 33% Partial (36)	90% Yes (99) 10% Partial (11)	87% Yes (93) 13% Partial (14)	81% Yes (87) 19% Partial (21)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
30. Was the case manager able to describe the person's health related needs?	44% Yes (42) 56% Partial (54)	50% Yes (50) 48% Partial (48) 3% No (3)	50% Yes (56) 47% Partial (52) 3% No (3)	59% Yes (65) 41% Partial (45)	54% Yes (58) 45% Partial (48) 1% No (1)	61% Yes (66) 38% Partial (41) 1% No (1)
31. Does the case manager have an appropriate expectation of growth for this person?	36% Yes (35) 56% Partial (54) 7% No (7)	60% Yes (61) 38% Partial (38) 2% No (2)	48% Yes (53) 50% Partial (55) 3% No (3)	65% Yes (71) 33% Partial (36) 3% No (3)	61% Yes (65) 35% Partial (37) 5% No (5)	62% Yes (67) 32% Partial (35) 6% No (6)
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) 57% Partial (55) 4% No (4)	61% Yes (62) 37% Partial (37) 2% No (2)	34% Yes (37) 63% Partial (69) 4% No (4)	57% Yes (63) 42% Partial (46) 1% No (1)	49% Yes (52) 49% Partial (52) 3% No (3)	44% Yes (47) 54% Partial (58) 3% No (3)
33. Does the case manager provide case management services at the level needed by this person?	34% Yes (33) 59% Partial (57) 6% No (6)	46% Yes (46) 51% Partial (52) 3% No (3)	35% Yes (38) 63% Partial (69) 3% No (3)	50% Yes (55) 50% Partial (54)	44% Yes (47) 52% Partial (56) 4% No (4)	49% Yes (53) 47% Partial (51) 4% No (4)
34. Does the case manager receive the type and level of support needed to do his/her job?	80% Yes (77) 20% Partial (19)	81% Yes (82) 17% Partial (17) 2% No (2)	76% Yes (84) 23% Partial (25) 1% No (1)	86% Yes (94) 14% Partial (15)	86% Yes (92) 12% Partial (13) 2% No (2)	91% Yes (98) 9% Partial (10)
BEHAVIOR						
131. Is the person considered by the IDT to need behavior services now?	61% Yes (58) 39% No (37) (1 N/A)	62% Yes (61) 38% No (38) (2 N/A)	74% Yes (80) 26% No (28) (3 N/A)	65% Yes (71) 35% No (39)	61% Yes (63) 39% No (40) (4 N/A)	68% Yes (73) 32% No (34) (1 N/A)
132. In the opinion of the reviewer, does the person need behavior services?	64% Yes (61) 36% No (34) (1 N/A)	60% Yes (59) 40% No (40) (2 N/A)	73% Yes (79) 27% No (29) (3 N/A)	62% Yes (68) 38% No (41) (1 N/A)	60% Yes (62) 40% No (42) (3 N/A)	66% Yes (71) 34% No (36) (1 N/A)
133. Have adequate behavioral assessments been completed?	64% Yes (39) 30% Partial (18) 7% No (4) (35 N/A)	73% Yes (45) 18% Partial (11) 10% No (6) (39 N/A)	77% Yes (62) 15% Partial (12) 9% No (7) (30 N/A)	74% Yes (53) 18% Partial (13) 8% No (6) (38 N/A)	78% Yes (50) 16% Partial (10) 6% No (4) (43 N/A)	86% Yes (63) 12% Partial (9) 1% No (1) (35 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) 26% Partial (16) 11% No (7) (35 N/A)	78% Yes (47) 13% Partial (8) 8% No (5) (41 N/A)	78% Yes (63) 19% Partial (15) 4% No (3) (30 N/A)	76% Yes (55) 19% Partial (14) 4% No (3) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	79% Yes (57) 21% Partial (15) (36 N/A)

Question	2004 (sample=96)	2005 (sample=101)	2006 (sample=111)	2007 (sample=110)	2008 (sample=107)	2009 (sample=108)
135. Have the staff been trained on the behavior support plan?	56% Yes (33) 36% Partial (21) 8% No (5) (37 N/A)	75% Yes (44) 19% Partial (11) 7% No (4) (42 N/A)	70% Yes (56) 24% Partial (19) 6% No (5) (31 N/A)	76% Yes (55) 21% Partial (15) 3% No (2) (38 N/A)	86% Yes (54) 13% Partial (8) 2% No (1) (44 N/A)	83% Yes (60) 15% Partial (11) 1% No (10) (36 N/A)
136. Does the person receive behavioral services consistent with his/her needs?	63% Yes (38) 25% Partial (15) 12% No (7) (36 N/A)	70% Yes (42) 20% Partial (12) 10% No (6) (41 N/A)	79% Yes (64) 17% Partial (14) 4% No (3) (30 N/A)	82% Yes (59) 15% Partial (11) 3% No (2) (38 N/A)	77% Yes (49) 17% Partial (11) 6% No (4) (43 N/A)	81% Yes (58) 17% Partial (12) 3% No (2) (36 N/A)
137. Are behavior support services integrated into the ISP?	32% Yes (19) 39% Partial (23) 29% No (17) (37 N/A)	57% Yes (34) 30% Partial (18) 13% No (8) (41 N/A)	56% Yes (45%) 39% Partial (31) 5% No (4) (31 N/A)	48% Yes (34) 35% Partial (25) 17% No (12) (39 N/A)	57% Yes (36) 29% Partial (18) 14% No (9) (44 N/A)	68% Yes (49) 25% Partial (18) 7% No (5) (36 N/A)
ADAPTIVE EQUIPMENT/AUGMENTIVE COMMUNICATION						
138. Has the person received all adaptive equipment needed?	59% Yes (39) 36% Partial (24) 5% No (3) (30 N/A)	75% Yes (57) 22% Partial (17) 3% No (2) (25 N/A)	56% Yes (54) 43% Partial (41) 1% No (1) (15 N/A)	76% Yes (71) 24% Partial (22) (17 N/A)	79% Yes (70) 21% Partial (19) (18 N/A)	84% Yes (68) 16% Partial (13) (27 N/A)
139. Has the person received all assistive technology needed?	52% Yes (32) 28% Partial (17) 20% No (12) (35 N/A)	44% Yes (27) 41% Partial (25) 15% No (9) (40 N/A)	49% Yes (35) 46% Partial (33) 6% No (4) (39 N/A)	52% Yes (38) 42% Partial (31) 5% No (4) (37 N/A)	68% Yes (53) 26% Partial (20) 6% No (5) (29 N/A)	71% Yes (55) 25% Partial (19) 4% No (3) (31 N/A)
140. Has the person received all communication assessments and services?	36% Yes (27) 41% Partial (31) 24% No (18) (20 N/A)	46% Yes (39) 44% Partial (37) 10% No (8) (17 N/A)	52% Yes (46) 39% Partial (34) 9% No (8) (23 N/A)	48% Yes (44) 44% Partial (40) 8% No (7) (19 N/A)	68% Yes (65) 22% Partial (21) 9% No (9) (12 N/A)	75% Yes (69) 24% Partial (22) 1% No (1) (16 N/A)