

**A REPORT OF THE OUTCOMES OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
EARLY INTERVENTION/INFANT LEARNING PROGRAM SUPPORTS AND SERVICES**

**SUMMARIZING THE FINDINGS OF THE INTEGRATED QUALITY ASSURANCE SITE REVIEW
PROCESS FOR THE FISCAL YEAR 2001**

**PREPARED BY
NORTHERN COMMUNITY RESOURCES**

AUGUST 2001

Integrated Quality Assurance Site Reviews FY01

Executive Summary

The Alaska Department of Health and Social Services provides funding to community agencies to provide Mental Health, Developmental Disability and Early Intervention/Infant Learning services. In order to assure that the services provided are of the highest quality and consumer-centered, the state contracts with Northern Community Resources (NCR) to conduct external reviews of the programs.

Reviews are conducted every two years for Mental Health and Developmental Disabilities programs and every four years for Early Intervention/Infant Learning programs. Review teams can include one or more NCR facilitators, peer reviewers, consumers, community members and Infant Learning Technical Assistants. The focus is creation of local community teams that conduct interviews with consumers, their families and their guardians; complete an administrative review of the program's policies and procedures; interview program staff and agency board members; and interview staff of other human service organizations with which services are coordinated.

The review process is values-based and focuses on the quality of life of consumers and their families. Adapted from national models of personal outcomes measures, the "life domains" evaluated are: Choice and Self-Determination; Dignity, Respect and Rights; Health, Safety and Security; Relationships; Community Participation.

FY01 REVIEWS

Northern Community Resources conducted 28 consumer-focused community-based reviews during FY01. The teams conducting these reviews included 58 local community members and self-advocates, 35 peer reviewers, 2 EI/ILP Technical Assistants, 2 adjunct team members (the president of Northern Community Resources' Board and the DMHDD Mental Health Consumer Liaison) and six facilitators.

The 28 teams conducted a total of 1,202 interviews: 471 with randomly selected consumers of services or their families; 328 staff of related agencies or involved community members; 232 staff members of the agencies being reviewed; 51 board members of the agencies being reviewed; 76 participants in the Open Forums provided during each review; and 44 consumers or family members who requested interviews. Of the interviews conducted, 42.9% were with consumers of services or their families.

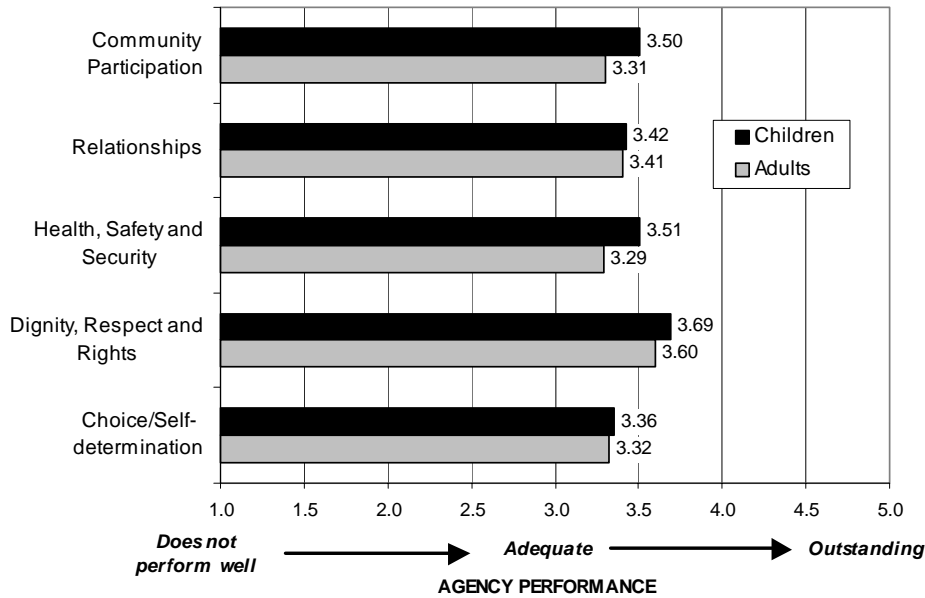
Reviews were conducted on 12 single service Mental Health agencies, 6 single service Developmental Disabilities agencies and 2 single service Early Intervention/Infant Learning Program services. Two or three services were reviewed in each of eight Combined Services agencies.

MENTAL HEALTH SERVICES

FY01 was the third year that Mental Health programs were reviewed by Northern Community Resources. The following is a synopsis of the findings for this year:

Measures of Satisfaction: Mental Health consumers rated providers better than adequate (1 = does not perform well, 3 = adequate and 5 = outstanding) in all five life domains. Minors and families of children receiving Mental Health services rated providers slightly higher than adults receiving services. In general, agencies were rated highest in promoting the dignity, respect and rights of consumers (3.69 for children and 3.60 for adults). The scores for the other four domains were only slightly lower and fairly similar.

**FY2001 Integrated Quality Assurance Site Reviews
Measures of Satisfaction: Mental Health Programs**



Related agencies were also asked about their interaction with the agencies being reviewed. More than seventy five percent (75.6%) said that the Mental Health agencies cooperate or collaborate with them. Related agencies also reported that Mental Health programs follow-up when a referral is made (64.6%), contribute to positive outcomes for the clients (70.7%), provide good communication on mutual cases (70.1%), follow through on agreements or plans to serve mutual clients (69.5%), and provide closure on casework (43.3%).

Measures of Compliance: Part of each program evaluation is a review of the agency's administrative and personnel standards. In FY01, 100% of the Mental Health reviewed had:

- a copy of a current external audit
- governing bodies
- services and information provided on a year-round basis
- required data collected and submitted to the appropriate state agency
- job descriptions that specified minimum qualifications and responsibilities for all staff
- maintained written procedures for employee grievances

Only a third (33%) of the agencies reviewed had the following:

- consumer and family input solicited and utilized in agency policy setting/program delivery
- annual goals and objectives developed in response to consumer, community and self-evaluation activities
- a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer

Only 25% of Mental Health programs provide new staff with a timely and complete orientation/training or systematically involve consumers, staff and community in annual agency planning and evaluation of programs.

After each review, agencies receive a report that includes the areas or standards identified as needing improvement. The Mental Health programs reviewed in FY01 were initially reviewed in FY99 at which time a total of 120 areas were noted by review teams as needing improvement. In FY01, review team's determined that these agencies had 112 areas that needed improvement.

DEVELOPMENTAL DISABILITY SERVICES

Developmental Disabilities programs were the first to be reviewed using the consumer-focused, community-based review process developed by Northern Community Resources. The first reviews took place in FY92.

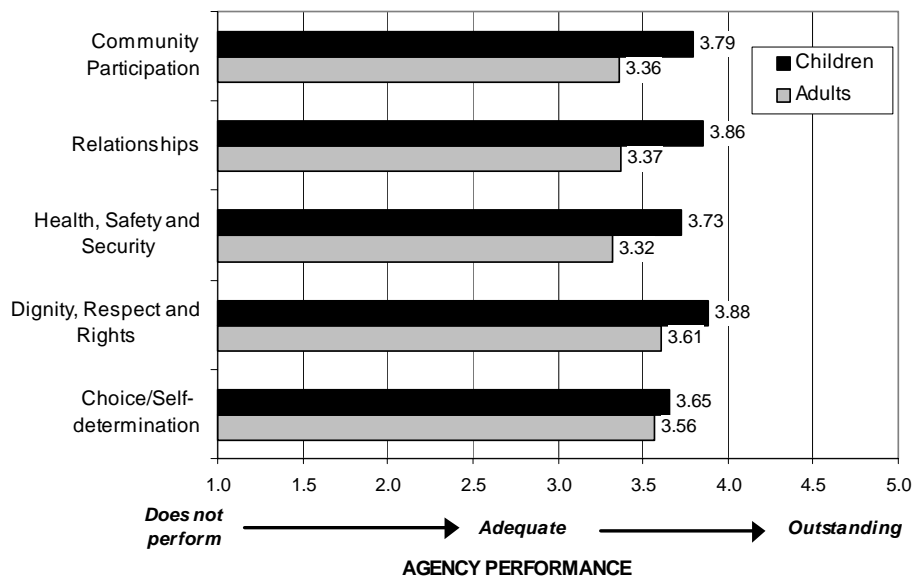
In FY01, review teams reported the following:

Measures of Satisfaction: Developmental Disability consumers rated providers better than adequate (1 = does not perform well, 3 = adequate and 5 = outstanding) in all five life domains. Families of children receiving Developmental Disability services rated providers higher than adults receiving services.

In general, agencies were rated highest in promoting the dignity, respect and rights of consumers (3.88 for children and 3.61 for adults). The scores for the other four domains were only slightly lower and fairly similar. Programs were rated the lowest in providing choice/self-determination (3.56 for adults and 3.65 for children).

More than 90% of Developmental Disability programs provide good communication on mutual cases. Related agencies also reported that Developmental Disability programs cooperate/collaborate on cases (85.4%), contribute to positive outcomes for the clients (82.9%), follow through on agreements or plans to serve mutual clients (80.5%), follow-up when a referral is made (78.1%), and provide closure on casework (46.3%).

**FY2001 Integrated Quality Assurance Site Reviews
Measures of Satisfaction: Developmental Disability**



Measures of Compliance: In FY01, 100% of the Developmental Disability programs reviewed had:

- a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families
- a copy of a current external audit
- budget controls, record keeping and staff training that support good business practices and conform to state requirements
- policies and procedures for preventing and correcting conflicts of interest
- services and information provided on a year-round basis

- agency publications, advertisements, brochures and articles that reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities
- collected required data and submitted it to the appropriate state agency
- a system for review and revision of all job descriptions
- job descriptions that specify minimum qualifications and responsibilities for all staff
- a personnel system that complies with all applicable laws, statutes, regulations and equal employment opportunity mandates
- written personnel policies for disciplinary action
- written procedures for employee grievances

Only a third (33.3%) of the programs reviewed had the following:

- involvement of consumers, staff and community in annual agency planning and evaluation of programs
- annual goals and objectives developed in response to consumer, community and self-evaluation activities
- staff who are employed by, contract with, or volunteer have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements
- available resources identified to meet the assessed training needs of staff

The Developmental Disability programs reviewed in FY01 were previously reviewed in FY99 at which time a total of 61 areas were noted by review teams as needing improvement. In FY01, review team's determined that these agencies had 123 areas that needed improvement.

EARLY INTERVENTION/INFANT LEARNING SERVICES

Early Intervention/Infant Learning programs were first reviewed using the consumer-focused, community-based review process developed by Northern Community Resources in FY96.

In FY01, review teams reported the following:

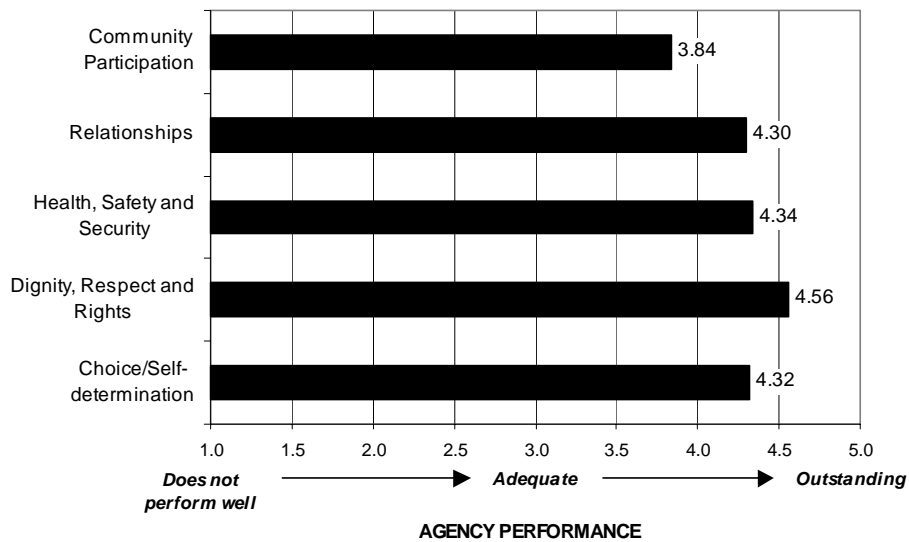
Measures of Satisfaction: Early Intervention/Infant Learning families rated providers better than adequate (1 = does not perform well, 3 = adequate and 5 = outstanding) in all five life domains. Early Intervention/Infant Learning Programs received the highest ratings of the programs reviewed during FY01.

In general, agencies were rated highest in promoting the dignity, respect and rights of consumers (4.56). The scores for three other domains averaged above 4.0, including

health, safety and security (4.34), choice/self-determination (4.32), and relationships (4.30). Ratings averaged 3.84 for community participation.

Related agencies reported that Early Intervention/Infant Learning programs collaborate and contribute to the positive outcomes for clients (81.0%), cooperate/collaborate on cases (76.2%), follow-up when a referral is made (72.6%), provide good communication on mutual cases (67.9%), follow through on agreements/plans for mutual clients (66.7%), and provide closure on case work (51.2%).

**FY2001 Integrated Quality Assurance Site Reviews
Measures of Satisfaction: Early Intervention/Infant Learning**



Measures of Compliance: In FY01, 100% of the Early Intervention/Infant Learning programs reviewed had:

- a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families
- agency-wide education and orientation about mission, philosophy and values
- a copy of a current external audit
- Budget controls, record keeping and staff training support
- an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served
- a governing body that oversees the agency budget and ensures program quality
- a governing body that oversees selection and evaluation of the agency director/chief executive officer
- policies and procedures for preventing and correcting conflicts of interest

- agency publications, advertisements, brochures and articles that reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities
- active participation with other agencies in the community to maximize resource availability and service delivery
- a system for review and revision of all job descriptions
- job descriptions that specify minimum qualifications and responsibilities for all staff
- a personnel system that complies with all applicable laws, statutes, regulations and equal employment opportunity mandates
- a hiring process that includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references
- timely orientation/training according to a written plan
- written personnel policies for disciplinary action
- a written procedure for employee grievances
- a method of prioritizing service delivery to eligible children when funding is not available to meet the needs of all children and their families
- networks with other agencies and individuals providing services to families and young children in the community

More than 70% of Early Intervention/Infant Learning programs met all of the administrative and personnel standards except in the areas of utilizing consumer choice in hiring and evaluation of direct service providers (57.0%) and having policies for developing non-paid relationships between consumers and other community members (57.1%).

The Early Intervention/Infant Learning programs reviewed in FY98 had a total of 21 areas noted by review teams as needing improvement. In FY01, review teams determined that these agencies had 20 areas that needed improvement.

MEASURES OF NEED: SYSTEMS ISSUES

Systems Level Issues: During FY01, review teams identified systems issues that affect the delivery of services across programs.

Choice and Self Determination

- As Developmental Disabilities, Mental Health and Early Intervention/Infant Learning Program services continue to collaborate in integrating their systems, the relative lack of integration in other areas of human services has become more evident and is clearly a limitation on the choices of consumers. The lack of integration diminishes

the continuity of care and, in some cases, also impinges on issues of health, safety and security.

- Limitations on specialized or adjunct services, almost entirely in rural areas, diminish the choices available to consumers should they wish to remain in their home communities. Some of these services are not available due to regulations of other State systems.
- Many review teams cited inadequate funding and noted the funding and the impact of inadequate funding on consumers.

Dignity, Respect and Rights

- Review teams noted that locally based services and advocacy groups were not available in many communities.
- Access to Mental Health, Developmental Disabilities or Early Intervention/Infant Learning Program services largely depends on the area in which the consumer lives.

Health, Safety and Security

- Review teams noted that many consumers do not have adequate health care, personal safety or security, including adult dental care, adult vision care, psychiatric care for some rural residents, weather appropriate housing, foster care options, crisis beds in rural areas, shelters for victims of domestic violence, anger management training for adults and children, and delays in services due to waiting lists.
- Staff turnover in Mental Health, Developmental Disabilities and Early Intervention/Infant Learning Program services erodes the sense of security needed by consumers of these services and their families.

Relationships

- Failure to retain, train, and maintain morale of direct service providers results in high turnover of providers, causing a discontinuity of services when direct care providers change. Consumers are affected by the low morale of direct service providers.
- Families are negatively impacted by the limitations on services to children in general and specifically by the lack of anger management training and the lack of education regarding Attention Deficit Hyperactivity Disorder, Fetal Alcohol Syndrome and Fetal Alcohol Effects.
- Families are negatively impacted by legal restrictions placed on their participation in their children's treatment once their child is not a minor.

Community Participation

- Review teams noted that many communities remain inaccessible to people with disabilities. Some of the inaccessible areas reported are schools, transportation, vocational choices and community activities.

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Introduction to the FY01 Integrated Quality Assurance Review Report

Northern Community Resources (NCR) is an Alaskan non-profit (501c(3)) organization incorporated on September 17, 1991. NCR's mission, as stated in its bylaws, is to "provide innovative solutions to the health and human service and education problems experienced by northern communities through projects designed to strengthen community control over, identification of and resolution to local issues."

Since 1991, NCR has performed site reviews for Alaska's publicly funded Developmental Disabilities (DD) Services, in 1995 added site reviews of Early Intervention/Early Learning Programs (ILP), and in 1999 added site reviews of Mental Health services as well. These reviews are community-based and consumer-centered reviews. As such, they focus on the creation of a local community team assisted by a peer reviewer and a facilitator. These teams conduct interviews with consumers, their families and their guardians; complete an administrative review of the program's policies and procedures; interview program staff and agency board members; and interview staff of other human service organizations with which services are coordinated.

The NCR process was created as, and continues to be, a values-based project. NCR's focus is the **quality of life** of consumers of services and their families. This value is articulated in the Five Life Domains. Adapted from national models of personal outcomes measures, the Domains are: Choice and Self-Determination; Dignity, Respect and Rights; Health, Safety and Security; Relationships; Community Participation. Reporting on the quality of these life areas is the core of NCR's site review reports.

The expansion of the community-based, consumer-centered review process paralleled the revision of the Administrative and Personnel Standards Checklist that is found throughout this document. These standards focused not only on the management aspects of programs, but assured a review of the degree to which the program, its policies and its staff were consumer-centered.

In this fiscal year a Consumer Satisfaction Score Sheet was created to replace the former "report card" format. The Consumer Satisfaction Score Sheet is completed by averaging the scores given by each team member based on the interviews they have conducted. The scores reflect the degree of satisfaction of consumers in each of the Five Domains.

A quantifiable measure of the satisfaction of other human services agencies with the program under review focuses on the degree of cooperation, clear communication and collaboration the program demonstrates. As higher degrees of cooperation and collaboration ultimately benefit consumers, this measure is also a vital one in the review process.

The Quality Assurance Section of the Division of Mental Health and Developmental Disabilities conducts clinical chart reviews for each program reviewed by NCR's community teams. The focus of the QA portion of the programs' reviews is the proper documentation of medical necessity and

adherence to good practice. The QA findings provide another dimension to the overall picture of a program's efficacy.

The Quality Assurance Steering Committee, representing all of the partners-at-interest, has as its goal the continued integration and improvement of the site review system in an appropriate and cost effective manner. It provides guidance to system development throughout the year and, through its subcommittees, continues to provide refinement of the process.

In January of 2001, the Steering Committee approved a definition of Best Practices that was used for the second half of the fiscal year. Best Practices supplants the prior "Model Practices" designation. Those agencies cited for Best Practices are asked to provide the Steering Committee with documentation of these practices.

Integrated Quality Assurance Site Reviews of twenty-eight agencies were conducted in FY01 by Northern Community Resources' consumer-focused community-based review process. The twenty-eight teams conducting these reviews included 58 local community members and self-advocates, 35 peer reviewers, 2 EI/ILP Technical Assistants, 2 adjunct team members (the President of Northern Community Resources' Board and the DMHDD Mental Health consumer liaison) and six facilitators.

The twenty-eight teams conducted a total of 1,202 interviews: 471 with randomly selected consumers of services or their families; 328 staff of related agencies or involved community members; 232 staff members of the agencies being reviewed; 51 board members of the agencies being reviewed; 76 participants in the Open Forum; and 44 consumers or family members who requested interviews. Of the interviews conducted, 42.85% were with consumers of services or their families.

Integrated Quality Assurance Site Reviews were conducted in FY01 of 12 single service Mental Health agencies, 6 single service Developmental Disabilities agencies and 2 single service Early Intervention/Infant Learning Program services. Two or three services were reviewed in each of eight Combined Services agencies.

This report provides the findings of these reviews divided into **Measures of Excellence** (Best Practices and Areas of Excellence), **Measures of Satisfaction** (Consumer Satisfaction Score Sheets and Related Agency Satisfaction), **Measures of Compliance** (Administrative and Personnel Standards) and **Measures of Need** (Systems Level Needs and Agency Level Needs). Comparisons are made where applicable with the FY99, FY00 and FY01 data. All agencies providing Mental Health, Developmental Disabilities and Combined Services reviewed in FY99 were reviewed again in FY01, offering a basis for comparison.

The Integrated Quality Assurance Review process continues as the result of the extensive, ongoing collaboration of several parties-at-interest: the Alaska Mental Health Lands Trust, the Governor's Council for Disabilities and Special Education, the Alaska Mental Health Board, the Quality Assurance Steering Committee, the Alaska branches of the National Alliance of the Mentally Ill, the Alaska State Department of Health and Social Services and the dozens of volunteer site review team members from every community.

On behalf of the consumers of services and their families who have participated with enthusiasm in this process, Northern Community Resources is pleased to provide the results of this year's site review process in the hope that it will provide data for and direction to planning, program design and program evaluation for human services throughout the State.

**INTEGRATED QUALITY ASSURANCE REVIEWS
FISCAL YEAR 2001
CHRONOLOGICAL LIST**

Kuskokwim Native Association Community Counseling Center	9/13/00 – 9/15/00	Mental Health Services
Central Peninsula Counseling Services	9/26/00 – 9/29/00	Mental Health Services
Seaview Community Services	10/2/00 – 10/5/00	Mental Health Services Developmental Disabilities Services Early Intervention/Infant Learning Program Services
Kenai Community Care Center	10/16/00 – 10/18/00	Mental Health Services
Islands Counseling Services	10/30/00 – 11/1/00	Mental Health Services
Sound Alternatives	11/6/00 – 11/8/00	Mental Health Services Developmental Disabilities Services
South Peninsula Community Mental Health Center	11/13/00 – 11/16/00	Mental Health Services Developmental Disabilities Services
REACH, Inc.	11/27/00 – 11/30/00	Mental Health Services Developmental Disabilities Services Early Intervention/Infant Learning Program Services
Center for Community	12/12/00 – 12/14/00	Developmental Disabilities Services

Mat-Su Services for Children and Adults 12/12/00 – 12/15/00	Developmental Disabilities Services Early Intervention/Infant Learning Program Services
Bristol Bay Area Health Corporation 1/16/01 – 1/18/01	Mental Health Services Early Intervention/Infant Learning Program Services
Juneau Youth Services, Inc. 1/22/01 – 1/25/01	Mental Health Services
Frontier Community Services 1/23/01 – 1/25/01	Developmental Disabilities Services
Hope Community Resources – Kodiak 2/21/01 – 2/23/01	Developmental Disabilities Services
Kodiak Area Native Association Infant Learning Program 2/26/01 – 2/28/01	Early Intervention/Infant Learning Program Services
Wrangell Community Services 3/19/01 – 3/21/01	Mental Health Services Developmental Disabilities Services
North Slope Borough Health Department 3/26/01 – 3/29/01	Mental Health Services Developmental Disabilities Services Early Intervention/Infant Learning Program Services
Hope Community Resources, Dillingham 4/17/01 – 4/19/01	Developmental Disabilities Services
Life Quest 4/23/01 – 4/26/01	Mental Health Services

Tok Area Counseling Center 4/25/01 – 4/27/01	Mental Health Services
Copper River Community Mental Health Center 4/30/01 – 5/2/01	Mental Health Services
Railbelt Mental Health and Addictions 5/1/01 – 5/3/01	Mental Health Services
Providence Kodiak Island Mental Health Center 5/21/01 – 5/23/01	Mental Health Services
Access Alaska Southcentral Region 5/22/01 – 5/24/01	Developmental Disabilities Services
Homer Children's Services' Infant Learning Program 5/22/01 – 5/24/01	Early Intervention/Infant Learning Program Services
Hope Community Resources, Juneau 6/5/01 – 6/7/01	Developmental Disabilities Services
Yukon Koyukuk Mental Health Program 6/11/01 – 6/13/01	Mental Health Services
Juneau Alliance for Mental Health, Inc. 6/18/01 – 6/21/01	Mental Health Services

MEASURES OF EXCELLENCE

MEASURES OF EXCELLENCE

Model Practices/ Best Practices

This fiscal year teams were asked to identify Model Practices, ones worthy of being adopted by other agencies. In January, the Quality Assurance Steering Committee provided a detailed definition of these practices and the new designation of "Best Practices." Agencies were asked to self-nominate programs for this distinction. The review teams considered the material presented by the agency in conjunction with their impressions of the programs based on interviews. This year's site review teams recommend the following practices for this designation.

Kuskokwim Native Association Community Counseling Center

The team recommends for consideration as a model practice **the inclusion of the benefits coordinator within the counseling center**. This staff member aids with general assistance, public assistance, social security benefits, location of birth certificates, burial assistance, and acts as a fee agent. In effect, this staff member provides case management on a broad scale. This facilitates the normal flow of people in and out of the center, diminishing the stigma of going to the center for treatment services and incorporates practical helping into the therapeutic environment. This model could be used by other rural programs unable to fund a formal care management position.

Sound Alternatives

The team recommends for consideration as a model practice the **high level of communication** among Sound Alternatives' staff regarding mutual cases and with other human service agencies to maximize the continuity of care.

Juneau Youth Services, Inc.

Wilderness Experience This program has been operated by JYS since 1986 and features expeditions into wilderness areas of the state. The agency's brochure describes this program as "an intense adventure-based therapeutic/educational approach." The team is convinced that this approach can be effective for many youth including those who are generally considered to be difficult to reach. Further, the team believes that the skills acquired during this experience are transferable to other life challenges.

Eclipse This relatively new program is a joint effort between JYS and Tlingit and Haida Head Start. It provides for the assessment and treatment of child mental health issues for youngsters ages three to five. This program has a strong focus on family. Eclipse is currently transitioning from an outpatient program to what is expected to be a day treatment model. Both the bicultural aspect and the prevention aspect of this endeavor are worthy of consideration.

B.A.S.E. This program provides day treatment within the schools. Faculty members, JYS staff and parents collaborate on this effort. This program receives high praise for being inclusionary, for its utilization of natural supports and for its informal role in mediation.

Copper River Community Mental Health Center

The Copper River Native Association (CRNA) has developed an **Integrated Behavioral Health Services Plan** since their last site review. This plan was developed in conjunction with the Institute for Circumpolar Health Studies and the Center for Alcohol and Addiction Studies at the University of Alaska Anchorage. The purpose of this plan is to identify the behavioral health needs of those who may potentially utilize the services of CRNA, inventory current services, identify the gaps between needs and services, guide the integration of services and identify facility needs related to those services.

In the opinion of the team, this plan for integrated services should be viewed as a best practice, although the plan has not been in place sufficient time to ascertain two requirements; outcomes and cost effectiveness. Documentation will be provided to the Quality Assurance Steering Committee for their review.

CRNA has also submitted a proposal for a **Comprehensive Service Plan for Families at Risk for Fetal Alcohol Syndrome in the Copper River Basin**. This plan was developed in conjunction with the Center for Alcohol and Addiction Studies at the University of Alaska Anchorage. The purpose of this plan is to build on the existing Multi-Disciplinary Developmental Disabilities team and provide training to families, community members and service professionals; provide ongoing screening and diagnostic services for at-risk families; provide prevention and intervention; provide direct care services; conduct ongoing research and evaluation.

In the opinion of the team, this plan for intense services should be viewed as a best practice, although the plan has not been in place sufficient time to ascertain two requirements: outcomes and cost effectiveness. Of particular import is the provision of treatment services stressed in the plan. This is not a plan that contents itself with identification and labeling. Documentation will be provided to the Quality Assurance Steering Committee for their review.

In the opinion of the team these two programs are innovative to the extent that they view people as whole beings and provide for fluid interaction among substance abuse, domestic violence, mental health and social services. These programs utilize a prevention model: primary, secondary and tertiary and a continuum of services from prevention to rehabilitation. Further, these programs are a fine example of the bio-socio-cultural-psychological model in which respect for culture is preeminent. The team applauds this holistic approach to services and feels that other agencies would profit from examining the work of CRCMHC and duplicating it.

Juneau Alliance for Mental Health, Inc.

The continuum of residential services (that includes a crisis/respite facility next door to Green Doors, a residence offering intensive services, semi-supervised housing and independent housing alternatives) is exemplary. JAMHI has created 41 owned and operated housing alternatives for consumers. Not only are these alternatives provided, but also this housing is safe, secure, accessible and of high quality. This is housing that anyone would be proud to call home.

JAMHI has attracted a **superb coterie of local volunteers, paraprofessionals and temporary staff members of unique talents**. These individuals contribute immeasurably to the milieu and aid in the de-stigmatizing of consumers of services. These caring, energetic, optimistic people "capture the essence of meeting people where they are." JAMHI is to be commended for its ability

to attract and support these fine workers and allow them the flexibility to connect with consumers in lively, improvisational and humane ways.

MEASURES OF EXCELLENCE

Areas of Excellence

This year seventeen agencies were spotlighted for the areas of excellence they exhibit.

Kuskokwim Native Association Community Counseling Center

1. Mental health and substance abuse treatment services are offered within an integrated system, maximizing services to the dually diagnosed.
2. The center has a fine working relationship with local law enforcement, school and health clinic, facilitating crisis response.
3. Confidentiality is absolutely maintained. Many consumers and other residents commented on this and expressed their increased trust in the agency due to this careful observation of client rights and dignity.
4. Despite the difficulties of regional travel, the agency does provide outreach services to the adult, chronically mentally ill population.

Central Peninsula Counseling Services

1. School-Based Services Program - Many of the people we interviewed identified the school-based children's services as being invaluable to the community. Both parents and school district staff expressed their sincere appreciation for the support they receive from school-based counselors. The services clearly help to keep children in school who would otherwise not be able to maintain in the school setting. One school district principal commented "I can't imagine how we could operate without the services" and a parent commented that "the school-based system is working" and that the services along with the home-based services have helped her family a great deal.
2. The Housing Program – The agency has an extensive housing program that offers a range of housing options including support with home ownership. It was reported that in the last year the agency has been instrumental in supporting four people in building or buying their own home.

Seaview Community Services

1. Two thirds of the governing board membership are or have been consumers or are parents of consumers of services. This is an extraordinary achievement and exhibits a true devotion to consumer-centered services.
2. Seaview has collaborated to develop the Baby Welcome Wagon, which has served 111 infants and their families. EI/ILP includes the extensive use of Ages and Stages, which has resulted in follow-up with 70 children. A quilt created by community members and consumers accompanies the information given to new parents.
3. Other human service agencies in the area extol Seaview's interaction with them and with the community.
4. The progress in the development of policies and procedures since the last review evidences an extraordinary effort and a successful one.
5. The umbrella concept of services allows for providing services to the widest possible range of age groups and special needs.

Kenai Peninsula Community Care Center

1. All related agencies report a superb relationship with KPCCC and great admiration for their work.
2. KPCCC has a well-organized and consistent system for the collection of information including regular, frequent surveys of consumer opinion, daily school reports of consumer behavior and ARORA MIS reporting.
3. The employees of KPCCC are uniquely committed to their work, the agency and its philosophy.
4. KPCCC has created a calm and home-like atmosphere at their central complex.
5. KPCCC facilities are remarkably well maintained, neat and clean despite high use and limited space.
6. The youngsters served by KPCCC are surveyed quarterly (or more frequently as needed) as to their satisfaction with services, their concerns and their requests for changes or additions. This information is utilized in evaluating staff, in agency planning and in program and policy development.
7. Staff are evaluated regularly with forms submitted by administration, staff, community members and consumers.

Islands Counseling Services

1. In-School Support – Several people interviewed, both clients and agency representatives, indicated that the support ICS provides children in the school is invaluable. It was noted that behavioral supports to the children are positive rather than punitive (in contrast to the school). A guardian indicated that since ICS got involved in supporting the child, improvement has been like “night and day.” A school principal indicated “there is always improvement when ICS is involved in the case.”

Sound Alternatives

1. Two thirds of the members of the advisory board are consumers and are highly involved board members. The board's stability and commitment is vital to the continuity of services.
2. The agency environment is especially warm, welcoming and home-like.
3. Consumers express a high level of satisfaction with services.
4. The flexibility of Sound Alternatives staff is exceptional: services are offered where needed, including in the home; any staff member is poised to respond as needed including in a crisis; staff adapt to the needs of consumers.

South Peninsula Community Mental Health Center

1. **Bayside Services** provides model collaboration with the Alaska Native service organization Chugachmuit. The exquisite outreach and commitment of providers in the villages “across the bay” is a significant asset to the SPCMHC service area. This fiscally viable model has made considerable progress in extending culturally competent mental health services to children and adults in rural Alaska.
2. **Kachemak Quest Program** is an exemplary summer opportunity for youth and their families to learn positive mental health skills in a wilderness setting and explore new areas of Alaska while experiencing cultural diversity. It provides real life experience in problem solving, relationship, and group cooperation. The program offers short-term interventions, assessments and counseling amid the splendor of Alaska.

3. **DD/SED Provider Jim Kucera** initiates the first known service by a mental health clinic in the state to dually diagnosed youth and adults.
4. **STEPS (Specialist and Teachers Engaged in Partnership with Students)** program is providing a bridge between children, families and school to assist children in being more successful within the school environment, skill-building services are provided in a school setting.

REACH, Inc.

Both Juneau Works and Infant Learning are exemplary programs at REACH. Strong service delivery models and strong staff characterize both. Both programs are meeting the needs of the people they serve. "They are crown jewels of the agency" in the words of a related service agency.

1. The Infant Learning Program has well-trained, caring staff who have been with the agency for many years. The high level of program continuity contributes to quality programming and family satisfaction
2. Juneau Works exemplifies empowerment and growth of individual consumers. The program offers individualized jobs that provide freedom, enhance skills and independence, and include vocational future planning, career exploration and job development. REACH received a grant to provide benefits counseling training region-wide for REACH and other agencies. They have been working closely with employers, the Juneau School District and other agencies. The philosophy of Juneau Works moves people toward inclusionary settings.

Mat-Su Services for Children and Adults

1. MSSCA is widely recognized in the Mat-Su Borough as an agency that provides excellent services.
2. MSSCA and the people it employs exhibit true commitment to serving the needs of people receiving services. The agency employs talented people who work within a nurturing atmosphere; many people mention a feeling of family. Stable, dedicated management and strong, trusting relationships with staff enhance the positive environment.
3. The Infant Learning Program is particularly strong, and has excellent leadership; parents have a central role in the service plans, and report very high satisfaction with services. "We know this works," stated a related agency. Natural family supports are encouraged, providing a strong safety net for children.

Juneau Youth Services, Inc.

1. The dedication of direct service staff has been repeatedly made evident to the site review team. The sincerity, optimism and energy level of the staff, especially those working with the BASE program, are commendable.
2. The agency's response to change has been characterized by flexibility, tolerance and a "can-do" attitude. While the team has been impressed by the enormous increase in case load experienced by JYS in the last six months, no one at JYS complained of this challenge, but rather, strove to meet it.

Frontier Community Services

1. The dedicated staff at FCS are passionate about their work.
2. Frontier Community Services has excellent interaction with other agencies. The staff use a collaborative approach to building support for people across the many organizations in the area.
3. FCS has been willing to take on new unmet needs in the region. This has brought growth-related stresses to the agency. The staff is actively working to establish systems and infrastructure that will provide for smoother operations, improvements in personnel management and efficient paperwork.

North Slope Borough Health Department

1. **Mental Health Counseling** Many consumers indicate that they are very satisfied with the outpatient counseling services provided by the mental health program. Others, including related community agencies, express appreciation of the agency's crisis response system. People repeatedly cited examples of counselors going out of their way to support them. One client said, "They always talk to me when I need help (and they) always follow up. If I don't call them, they call me and ask me how I'm doing." Several commented on the flexibility of support, saying that the "door is always open." The team noted that the counseling staff are very skilled and caring people who are good at their jobs.
2. **Administrative and Personnel Standards Tool** The agency has developed a comprehensive notebook that outlines the process by which the agency's policies and procedures meet the DMHDD and EIL/ILP Administrative and Personnel Standards. The team was impressed with the amount of work the agency put into developing this tool. As the agency continues to embark on its program development efforts, it is clear this tool can be used as a guide to help the program focus on consumer-centered services within the guidelines of the QA process.
3. **The approach taken by the current EI/ILP Specialist** gives particular attention to visiting villages and ensuring village services. The EI/ILP Specialist goes to extra lengths to be involved in the activities of each village. There appears to be an exceptionally high trust level between community members and the ILP Specialist. With more resources and staff under the direction of this specialist, these services can be enhanced and expanded. Examples of enhanced practice include the creation of a partnership with the EI/ILP program and the local day care program, instituting enhanced duties for the village counselors to include EI/ILP services and hiring two village-based teacher-consultants to provide EI/ILP services in the school.

Tok Area Counseling Center

1. TACC has a clear commitment to outreach and has developed excellent relationships between the TACC team and many of the communities in the service area.
2. Without exception, TACC staff treat consumers as fellow human beings, worthy neighbors and valued members of the community.
3. Both consumers and related agency professionals note the empathetic connection between TACC staff and those they serve.
4. TACC staff go above and beyond duty in providing 24 hours a day/seven day a week emergency services, coordinating with the DMHDD regional coordinator and the hospital and personally transporting consumers to Fairbanks when necessary.

5. The composition of the governing board includes a variety of strengths, interests, backgrounds and tenure including having two consumers and one family member of a consumer on the five-person board.
6. TACC provides regular psychiatric services, fine medication education and management in collaboration with local medical personnel and has arranged access to local dispensary services.

Copper River Community Mental Health Center

1. While not funded by DMHDD, CRCMHC provides fine, comprehensive case management services to MH consumers. This is not the norm in rural Alaskan MH programs. Cheryl Smith, case manager, represents the best of providers, one who generously presents a broad array of personalized support, information and guidance delivered in a respectful and compassionate manner.
2. Ed Krause, Director of Behavioral Health Services and clinician, "lives the values he believes in" and has developed a program based on his philosophy of respect for the individual in their cultural context. Ed is neither confused nor deterred by shifting enthusiasms, shifting funding or shifting theories. He perseveres. And his staff and those they serve are the richer for it.
3. The enthusiasm, involvement and pragmatic approach of the Advisory Board is exemplary. The Advisory Board serves to "train the agency" in the cultural and personal needs of consumers. The core members of the Advisory Board are all consumers, family members of consumers or elders, all uniquely capable of guiding the development of Behavioral Health Services. The Board enjoys direct contact with the Director and freely provides him with direction. The Advisory Board provides constant, current evaluation of the agency's programs. The Advisory Board is involved in future planning, is committed to self-education, to review of current treatment literature and to increasing community involvement. A long-time consumer and Board member states that the Board is "very organized, very steady."
4. The team is impressed by the high degree of consumer satisfaction expressed by every consumer interviewed, whether volunteers or randomly selected consumers, despite their age, the type of service received, diagnosis or other variables. Certainly, the variety of services and modalities provided enhances consumers' experience with the program. The ingenuity, creativity and reality-based approach of clinician Adele Valenti should also be noted in this regard.

Railbelt Mental Health and Addictions

1. Community awareness efforts including the initiation of a RMHA web site and quarterly newsletters, with a reported circulation of 800, are impressive.
2. The "Nenana Explorers," a summer youth activity program with supportive funding by the Nenana Ice Classic has received outstanding reviews from community members.
3. Efforts to reach an extensive geographical area through school-based services in the Denali Borough School District have been identified as a strength by citizens, consumers and related agencies of the Denali Borough.
4. It is commendable that RMHA currently maintains positively regarded services with only one FTE mental health clinician, who is consistently described as professional and helpful. The agency's effort to hire a Clinical Supervisor appears critical to continuing the high quality of the clinician's services.

Access Alaska Southcentral Region

1. Consumers nearly universally report how much they like Access staff and how much they appreciate the extent to which they work to assist them in their lives. There is little doubt that the staff very much care for and respect the people they support. This demonstrates the passion they have for the work they do.
2. Seventy five percent of the Board of Directors of Access Alaska are people with disabilities of their family members.
3. The value of consumer-directed services is also demonstrated in Access' strong commitment to employing people with disabilities.
4. Access Alaska's willingness to accept the responsibility required to support consumer-directed personal care places this agency in an excellent position to lead the way for consumer-directed Medicaid services.

Yukon Koyukuk Mental Health Program

1. The new director is to be commended for the amazing progress she has made in administrative matters in just four months' time while also providing intense, crisis intervention services throughout the region. It is clear that the director is held in high regard by one and all. She is particularly complimented in these interviews for her cultural sensitivity, her team approach to services and her ability to work with the community and at the speed with which the community is comfortable. "Diana's approach is more of a community approach. She will wait until people are ready."
2. Despite the intensity of recent casework, the staff morale is high and staff express optimism regarding the future of MH service in this region.
3. The Village Based Counselor (VBC) program is the oldest such system in the Interior. The four current VBC's include two graduates of the Rural Human Services program at UAF with many years of experience in their positions. One VBC holds a Master's degree from Harvard University and is a former clinical supervisor of the VBC program. The fourth VBC is about to begin the Rural Human Service certificate program in the fall.

Juneau Alliance for Mental Health, Inc.

1. Green Doors is a welcoming, accepting, comfortable and comforting location where consumers of services have easy access to activities, meals, prevocational opportunities, social contact and recreation.
2. JAMHI's case managers are repeatedly praised by consumers, family members and related agency professionals for their knowledge, energy, support, inventiveness and active participation in consumers' lives. Many case managers were singled out by name in our interviews as people who have made all the difference in the lives of those they are pledged to serve. "They have worked their hearts out." – colleague
3. JAMHI's approach to medication management speaks well of their concern with the dignity, health and safety of consumers. Consumers are well educated regarding their medications. Consumers are respected as adults and as such can exercise choice regarding initiating, modifying or stopping medication. Medication is carefully and safely monitored. The nursing and psychiatric offices are homey and congenial. The medical staff are easy to approach and inspire trust.
4. JAMHI maximizes the use of its facilities by coordinating events at Green Doors with those at the transitional housing next door.

5. JAMHI employees express a high degree of loyalty to their agency and this is exhibited in the relatively low level of staff turnover. JAMHI employees are supported in working their way up to positions of increased responsibility and training is provided on site to assist this process.
6. JAMHI's governing board expresses a high degree of loyalty to their agency and is open to consumers and focused on their welfare and empowerment. As with employees, board members "catch the JAMHI spirit," give generously of their time and talents and aid in creating a better place in the world for consumers of MH services.

MEASURES OF EXCELLENCE

Compared by Service, Region and Population

Service

<u>Excellence</u> <u>(7)*</u>	<u>MH (12)*</u>	<u>DD (6)*</u>	<u>Combined (8)*</u>	<u>EI/ILP</u>
Best Practices	8	0	1	0
Areas of Excellence	39	7	21	3

Region

<u>Excellence</u>	<u>North (5)*</u>	<u>SC (13)*</u>	<u>SE (7)*</u>	<u>SW (2)*</u>	<u>Anchorage (1)*</u>
Best Practices	1	3	5	0	0
Areas of Excellence	20	32	11	0	4

Population

<u>Best Practices</u>	<u>Rural (24)*</u>	<u>Urban (4)*</u>
	4	5
Areas of Excellence	53	14

*Numbers in () are the number of FY01 reviews in the category.

MEASURES OF SATISFACTION

Measures of Satisfaction: Adults receiving Developmental Disabilities services based on 90 interviews

Date: FY01

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL	SEVERAL CONCERNS NOTED RE: AGENCY	AGENCY PERFORMS ADEQUATELY	AGENCY SHOWS SOME STRENGTHS	AGENCY VERY STRONG IN THIS AREA
	1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00
Choice/Self-Determination			3.564	Range of 1.58 – 4.63	
Dignity, Respect and Rights			3.610	Range of 2.0 – 4.8	
Health, Safety and Security			3.324	Range of 1.83 – 4.25	
Relationships			3.372	Range of 1.5 – 4.25	
Community Participation			3.363	Range 1.25 – 4.88	

The Score Sheet was developed for reviews completed in FY01. In FY00 (225 interviews) and in FY99 (173 interviews) a different measure of consumer satisfaction was used. No differentiation by age was made. The percentage of all consumers of Developmental Disabilities in FY00 and FY99 who expressed full satisfaction is indicated below.

<u>Measures of Satisfaction</u>	<u>FY00</u>	<u>FY99</u>
<u>Choice/Self-Determination</u>	87.55%	75.7%
<u>Dignity, Respect and Rights</u>	86.3%	76.37%
<u>Health, Safety and Security</u>	82.53%	80.44%
<u>Relationships</u>	81.6%	75.10%
<u>Community Participation</u>	85.85%	75.50%

Measures of Satisfaction: Youth Receiving Developmental Disabilities Services based on 68 interviews

DATE: FY01

Enter average of team member score sheets

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL	SEVERAL CONCERNS NOTED RE: AGENCY	AGENCY PERFORMS ADEQUATELY	AGENCY SHOWS SOME STRENGTHS	AGENCY VERY STRONG IN THIS AREA
	1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00
Choice/Self-Determination			3.653	Range 1.58 – 4.75	
Dignity, Respect and Rights			3.882	Range 2.0 – 4.75	
Health, Safety and Security			3.728	Range 1.85 – 4.5	
Relationships			3.859	Range 1.5 – 4.25	
Community Participation			3.791	Range 1.25 – 4.75	

The Score Sheet was developed for reviews completed in FY01. In FY00 (225 interviews) and in FY99 (173 interviews) a different measure of consumer satisfaction was used. No differentiation by age was made. The percentage of all consumers of Developmental Disabilities services in FY00 and FY99 who expressed full satisfaction is indicated below.

Measures of Satisfaction	FY00	FY99
Choice/Self-Determination	87.55%	75.7%
Dignity, Respect and Rights	86.3%	76.37%
Health, Safety and Security	82.53%	80.44%
Relationships	81.6%	75.10%
Community Participation	85.85%	75.50%

Measures of Satisfaction: Adults Receiving Mental Health Services based on 209 interviews
DATE: FY01

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL	SEVERAL CONCERNS NOTED RE: AGENCY	AGENCY PERFORMS ADEQUATELY	AGENCY SHOWS SOME STRENGTHS	AGENCY VERY STRONG IN THIS AREA
	1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00
Choice/Self-Determination			3.319	Range 2.2 – 4.67	
Dignity, Respect and Rights			3.603	Range 2.875 – 4.95	
Health, Safety and Security			3.289	Range 2.41 – 4.35	
Relationships			3.406	Range 2.5 – 4.08	
Community Participation			3.306	Range 2.0 – 4.66	

The Score Sheet was developed for reviews completed in FY01. In FY00 (254 interviews) and FY99 (82 interviews) a different measure of consumer satisfaction was used. No differentiation by age was made. The percentage of all consumers of Mental Health services in FY00 and FY99 who expressed full satisfaction is indicated below.

Measures of Satisfaction	FY00	FY99
Choice/Self-Determination	66.7%	69.07%
Dignity, Respect and Rights	71.25%	79.67%
Health, Safety, Security	76.175%	77.22%
Relationships	67.15%	71.86%
Community Participation	70.925%	70.72%

Measures of Satisfaction: Youth Receiving Mental Health Services based on 80 interviews

DATE: FY01

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL	SEVERAL CONCERNS NOTED RE: AGENCY	AGENCY PERFORMS ADEQUATELY	AGENCY SHOWS SOME STRENGTHS	AGENCY VERY STRONG IN THIS AREA
	1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00
Choice/Self-Determination			3.358	Range 2.375 – 4.67	
Dignity, Respect and Rights			3.694	Range 2.333 – 4.95	
Health, Safety and Security			3.511	Range 2.875 – 4.35	
Relationships			3.423	Range 2.25 – 4.0	
Community Participation			3.504	Range 2.0 – 4.66	

The Score Sheet was developed for reviews completed in FY01. In FY00 (254 interviews) and FY99 (82 interviews) a different measure of consumer satisfaction was used. No differentiation by age was made. The percentage of all consumers of Mental Health services in FY00 and FY99 who expressed full satisfaction is indicated below.

Measures of Satisfaction	FY00	FY99
Choice/Self-Determination	66.7%	69.07%
Dignity, Respect and Rights	71.25%	79.67%
Health, Safety, Security	76.175%	77.22%
Relationships	67.15%	71.86%
Community Participation	70.925%	70.72%

Measures of Satisfaction: Families Receiving Early Intervention/Infant Learning Program Services based on 77 interviews DATE: FY01

Enter average of team member score sheets

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL 1.00-1.99	SEVERAL CONCERNS NOTED RE: AGENCY 2.00-2.99	AGENCY PERFORMS ADEQUATELY 3.00-3.99	AGENCY SHOWS SOME STRENGTHS 4.00-4.99	AGENCY VERY STRONG IN THIS AREA 5.00
Choice/Self-Determination				4.323	Range 3.75 – 5.0
Dignity, Respect and Rights				4.561	Range 4.0 – 5.0
Health, Safety and Security				4.339	Range 3.4 – 5.0
Relationships				4.296	Range 3.8 – 5.0
Community Participation			3.837		Range 3.05 – 4.75

In FY99 EI/ILP services were not part of the Integrated Quality Assurance Review process.
The Measures of Satisfaction used in FY 00 did not provide sufficient data to offer comparisons.

Measures of Satisfaction: For All Reviews Conducted

DATE: FY01

I. LIFE DOMAINS	AGENCY DOES NOT PERFORM WELL	SEVERAL CONCERNS NOTED RE: AGENCY	AGENCY PERFORMS ADEQUATELY	AGENCY SHOWS SOME STRENGTHS	AGENCY VERY STRONG IN THIS AREA
	1.00-1.99	2.00-2.99	3.00-3.99	4.00-4.99	5.00
Choice/Self-Determination			3.643		
Dignity, Respect and Rights			3.87		
Health, Safety and Security			3.64		
Relationships			3.67		
Community Participation			3.56		

Measures of Satisfaction for All Programs **FY00** **FY99**

<u>Choice/Self-Determination</u>	<u>74%</u>	<u>72.39%</u>
<u>Dignity, Respect and Rights</u>	<u>76.25%</u>	<u>78.02%</u>
<u>Health, Safety, Security</u>	<u>77.5%</u>	<u>78.83%</u>
<u>Relationships</u>	<u>71.5%</u>	<u>73.48%</u>
<u>Community Participation</u>	<u>75%</u>	<u>73.11%</u>

Measures of Satisfaction of Related Agencies

All DD Reviews in FY01 by number and **percentage**

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	32 78.05	3 7.32	0	6 14.63
2. Does the agency cooperate/collaborate with you on cases?	35 85.36	3 7.32	0	3 7.32
3. Does that collaboration contribute to positive outcomes for the clients?	34 82.92	5 12.20	0	2 4.88
4. Does the agency provide good communication to you on mutual cases?	37 90.24	2 4.88	0	2 4.88
5. Does the agency follow through on agreements/plans to serve mutual clients?	33 80.48	3 7.32	1 2.44	4 9.76
6. Does the agency provide closure with you on casework?	19 46.34	1 2.44	1 2.44	20 48.78

Measures of Satisfaction of Related Agencies

Developmental Disabilities Services Results of FY99, FY00 and FY01 compared by **percentage**

		Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	FY99	67.6	13.5	0	18.9
	FY00	97.0	0	0	3.0
	FY01	78.1	7.3	0	14.6
2. Does the agency cooperate/collaborate with you on cases?	FY99	83.8	8.1	8.1	0
	FY00	100	0	0	0
	FY01	85.4	7.3.0	0	7.3.0
3. Does that collaboration contribute to positive outcomes for the clients?	FY99	73.0	16.0	11.0	0
	FY00	100	0	0	0
	FY01	82.9	12.2	0	4.9
4. Does the agency provide good communication to you on mutual cases?	FY99	73.0	18.9	8.1	0
	FY00	85.3	11.7	0	3.0
	FY01	90.2	4.9	0	4.9
5. Does the agency follow through on agreements/plans to serve mutual clients?	FY99	73.0	18.9	2.7	5.4
	FY00	100	0	0	0
	FY01	80.5	7.3	2.4	9.8
6. Does the agency provide closure with you on casework?	FY99	51.2	10.8	14.0	24.0
	FY00	38.2	0	0	61.8
	FY01	46.4	2.4	2.4	48.8

Measures of Satisfaction of Related Agencies

All MH Reviews in FY01 by number and **percentage**

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	106 64.63	22 13.42	9 5.49	27 16.46
2. Does the agency cooperate/collaborate with you on cases?	124 75.61	24 14.63	8 4.88	8 4.88
3. Does that collaboration contribute to positive outcomes for the clients?	116 70.73	21 12.80	9 5.49	18 10.98
4. Does the agency provide good communication to you on mutual cases?	115 70.12	26 15.85	11 6.71	12 7.32
5. Does the agency follow through on agreements/plans to serve mutual clients?	114 69.51	20 12.20	9 5.49	21 12.80
6. Does the agency provide closure with you on casework?	71 43.29	16 9.76	22 13.41	55 33.54

Measures of Satisfaction of Related Agencies

Mental Health Services Results of FY99, FY00 and FY01 compared by **percentage**

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	FY99 71.7	18.9	0	9.4
	FY00 73.0	15.0	5.0	7.0
	FY01 64.6	13.4	5.5	16.5
2. Does the agency cooperate/collaborate with you on cases?	FY99 79.2	17.0	1.9	1.9
	FY00 78.0	11.0	7.0	4.0
	FY01 75.6	14.6	4.9	4.9
3. Does that collaboration contribute to positive outcomes for the clients?	FY99 64.2	22.6	1.9	11.3
	FY00 82.0	8.0	4.0	6.0
	FY01 70.7	12.8	5.5	11.0
4. Does the agency provide good communication to you on mutual cases?	FY99 77.4	13.2	5.7	3.7
	FY00 72.0	15.0	7.0	6.0
	FY01 70.1	15.9	6.7	7.3
5. Does the agency follow through on agreements/plans to serve mutual clients?	FY99 61.8	20.0	7.3	10.9
	FY00 70.0	13.0	2.0	15.0
	FY01 69.5	12.2	5.5	12.8
6. Does the agency provide closure with you on casework?	FY99 49.1	15.1	15	20.8
	FY00 41.0	8.0	9.0	42.0
	FY01 43.3	9.8	13.4	33.5

Measures of Satisfaction of Related Agencies

All Combined Service Agencies in FY01 by number and percentage

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	77 77.78	13 13.13	2 2.02	7 7.07
2. Does the agency cooperate/collaborate with you on cases?	81 81.82	12 12.12	2 2.02	4 4.04
3. Does that collaboration contribute to positive outcomes for the clients?	77 77.78	13 13.13	1 1.01	8 8.08
4. Does the agency provide good communication to you on mutual cases?	73 73.74	17 17.17	3 3.03	6 6.06
5. Does the agency follow through on agreements/plans to serve mutual clients?	74 74.75	13 13.13	1 1.01	11 11.11
6. Does the agency provide closure with you on casework?	46 46.47	13 13.13	7 7.07	33 33.33

Measures of Satisfaction of Related Agencies

Agencies Offering Combined Services

Results compared for FY00* and FY01 by percentage

	Yes	Part	No	NA	
1. Does agency follow-up when you make a referral?					
	FY00	76	8	5	11
	FY01	78	13	2	7
2. Does the agency cooperate/collaborate with you on cases?					
	FY00	82	9	8	1
	FY01	82	12	2	4
3. Does that collaboration contribute to positive outcomes for the clients?					
	FY00	84	6	6	4
	FY01	78	13	1	8
4. Does the agency provide good communication to you on mutual cases?					
	FY00	78	14	6	2
	FY01	74	17	3	6
5. Does the agency follow through on agreements/plans to serve mutual clients?					
	FY00	78	11	6	5
	FY01	75	13	1	11
6. Does the agency provide closure with you on casework?					
	FY00	39	6	7	48
	FY01	47	13	7	33

* There is no comparable data for FY99

Measures of Satisfaction of Related Agencies

*All Agencies Offering EI/ILP Services in FY01 by number and **percentage**

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	61 72.62	11 13.10	3 3.57	9 10.71
2. Does the agency cooperate/collaborate with you on cases?	64 76.19	14 16.67	4 4.76	2 2.38
3. Does that collaboration contribute to positive outcomes for the clients?	68 80.96	10 11.90	1 1.19	5 5.95
4. Does the agency provide good communication to you on mutual cases?	57 67.86	17 20.24	4 4.76	6 7.14
5. Does the agency follow through on agreements/plans to serve mutual clients?	56 66.67	13 15.48	3 3.57	12 14.28
6. Does the agency provide closure with you on casework?	43 51.19	11 13.10	10 11.9	20 23.81

Measures of Satisfaction of Related Agencies

*All Agencies Offering EI/ILP: Results of FY00 (top number) and FY01(bottom number)** by %

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	67.7 72.6	9.6 13.1	0 3.6	22.6 10.7
2. Does the agency cooperate/collaborate with you on cases?	90.3 76.2	6.45 16.7	3.2 4.8	0 2.4
3. Does that collaboration contribute to positive outcomes for the clients?	83.9 81.0	12.9 12.0	0 1.2	3.2 6.0
4. Does the agency provide good communication to you on mutual cases?	83.9 67.9	9.7 20.2	6.5 4.8	0 7.1
5. Does the agency follow through on agreements/plans to serve mutual clients?	80.6 66.7	12.9 15.5	0 3.6	6.5 14.3
6. Does the agency provide closure with you on casework?	48.4 51.2	12.9 13.1	3.2 12	35.5 23.8

* Included are Combined Service Agencies whose EI/ILP services were reviewed during these fiscal years.

** No Integrated Quality Assurance Reviews of EI/ILP services in FY99 used this format.

Measures of Satisfaction of Related Agencies

All Agencies Reviewed in FY01 by number and percentage

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	230 71.21	38 11.76	12 3.72	43 13.31
2. Does the agency cooperate/collaborate with you on cases?	255 78.95	41 12.69	12 3.72	15 4.64
3. Does that collaboration contribute to positive outcomes for the clients?	244 75.54	40 12.38	10 3.10	29 8.98
4. Does the agency provide good communication to you on mutual cases?	236 73.07	49 15.17	16 4.95	22 6.81
5. Does the agency follow through on agreements/plans to serve mutual clients?	232 71.83	39 12.07	13 4.02	39 12.07
6. Does the agency provide closure with you on casework?	147 45.51	32 9.91	35 10.83	109 33.75

Measures of Satisfaction of Related Agencies

All Agencies Reviewed in FY99 (top number), FY00 (mid number) and FY01 (bottom number) by %

	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	72 77 71	14 11 12	0 4 4	14 8 13
2. Does the agency cooperate/collaborate with you on cases?	83 82 79	12 9 13	4 6 4	1 3 4
3. Does that collaboration contribute to positive outcomes for the clients?	74 85 76	15 6 12	5.5 4 3	5.5 5 9
4. Does the agency provide good communication to you on mutual cases?	82 75 73	11 15 15	4 6 5	3 4 7
5. Does the agency follow through on agreements/plans to serve mutual clients?	70 76 72	16 11 12	5 3 4	9 10 12
6. Does the agency provide closure with you on casework?	51 40 45	10 6 10	11 8 11	28 46 34

Average: FY99 72.0 13.0 4.9 10.1
 FY00 72.5 9.7 5.2 12.7
 FY01 69.3 12.3 5.2 13.2

MEASURES OF COMPLIANCE

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning ProgramsAll DD Agencies Reviewed in FY01 by number and **percentage**

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	6 100	0	0	0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	5 83.33	1 16.67	0	0
3. The agency has a copy of a current external audit performed according to regulation.	6 100	0	0	0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	6 100	0	0	0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	5 83.33	0	1 16.67	0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	3 50.0	0	3 50.0	0
7. The governing body oversees the agency budget and ensures program quality.	5 83.33	0	1 16.67	0
8. Governing body meetings are open to the public.	5 83.33	0	1 16.67	0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	4 66.67	0	2 33.33	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	6 100	0	0	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	5 83.33	0	1 16.67	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	3 50.0	0	3 50.0	0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	2 33.33	3 50.0	1 16.67	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	2 33.33	3 50	1 16.67	0
15. Programs provide services and information on a year-round basis.	6 100	0	0	0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	6 100	0	0	0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	5 83.33	0	1 16.67	0

18. The agency collects required data and submits it to the appropriate state agency.	6 100	0	0	0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	2 33.33	0	4 66.67	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	6 100	0	0	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	6 100	0	0	0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	4 66.66	1 16.67	1 16.67	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	6 100	0	0	0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	5 83.33	1 16.67	0	0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	5 83.33	0	1 16.67	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	4 66.66	1 16.67	1 16.67	0
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	4 66.67	0	2 33.33	0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	4 66.66	1 16.67	1 16.67	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	4 66.67	2 33.33	0	0
30. The agency identifies available resources to meet the assessed training needs of staff.	2 33.33	1 16.67	3 50.0	

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	4 66.67	2 16.67	0	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	4 66.66	1 16.67	1 16.67	0
33. The agency maintains written personnel policies for disciplinary action.	6 100	0	0	0
34. The agency maintains a written procedure for employee grievances.	6 100	0	0	0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Measures of Compliance: Developmental Disabilities Services FY99 (top #), FY00 (mid #) and FY01 (bottom #) by %

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	75.0 100 100	0 0 0	0 0 0	25.0 0 0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	0 100 83.33	87.5 0 16.67	0 0 0	12.5 0 0
3. The agency has a copy of a current external audit performed according to regulation.	100 57.0 100	0 0 0	0 0 0	0 43.0 0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	100 86.0 100	0 0 0	0 14.0 0	0 0 0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	100 100 83.33	0 0 0	0 0 16.67	0 0 0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	100 43.0 50.0	0 43.0 0	0 14.0 50.0	0 0 0
7. The governing body oversees the agency budget and ensures program quality.	100 100 83.33	0 0 0	0 0 16.67	0 0 0
8. Governing body meetings are open to the public.	75.0 100 83.33	25.0 0 0	0 0 16.67	0 0 0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	87.5 86.0 66.67	0 0 0	0 14.0 33.33	12.5 0 0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	100 57.0 100	0 15.0 0	0 28.0 0	0 0 0
11. All facilities and programs operated by the agency provide equal access to all individuals.	87.5 72.0 83.33	12.5 14.0 0	0 14.0 16.67	0 0 0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	100 86.0 50.0	0 0 0	0 14.0 50.0	0 0 0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	87.5 72.0 33.33	12.5 0 50.0	0 28.0 16.67	0 0 0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	87.5 72.0 33.33	12.5 0 50.0	0 28.0 16.67	0 0 0
15. Programs provide services and information on a year-round basis.	100 100 100	0 0 0	0 0 0	0 0 0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	100 100 100	0 0 0	0 0 0	0 0 0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	62.5 100 83.33	37.5 0 0	0 0 16.67	0 0 0
18. The agency collects required data and submits it to the appropriate state agency.	100 100 100	0 0 0	0 0 0	0 0 0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	62.5 86.0 33.33	37.5 0 0	0 14.0 66.67	0 0 0
20. The agency implements and maintains a system for review and revision of all job descriptions.	100 100 100	0 0 0	0 0 0	0 0 0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	87.5 100 100	12.5 0 0	0 0 0	0 0 0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	87.5 72.0 66.66	12.5 0 16.67	0 28.0 16.67	0 0 0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	87.5 100 100	12.5 0 0	0 0 0	0 0 0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	100 100 83.33	0 0 16.67	0 0 0	0 0 0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	62.5 86.0 83.33	0 0 0	37.5 14.0 16.67	0 0 0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	87.5 100 66.66	0 0 16.67	0 0 16.67	12.5 0 0
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	75.0 86.0 66.67	12.5 0 0	0 14.0 33.33	12.5 0 0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	50.0 100 66.66	50.0 0 16.67	0 0 16.67	0 0 0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	25.0 57.0 66.67	75.0 0 33.33	0 43.0 0	0 0 0
30. The agency identifies available resources to meet the assessed training needs of staff.	87.5 86.0 33.33	12.5 0 16.67	0 14.0 50.0	0 0 0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	62.5 72.0 66.67	37.5 0 33.33	0 28.0 0	0 0 0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	62.5 100 66.66	37.5 0 16.67	0 0 16.67	0 0 0
33. The agency maintains written personnel policies for disciplinary action.	100 100 100	0 0 0	0 0 0	0 0 0
34. The agency maintains a written procedure for employee grievances.	100 100 100	0 0 0	0 0 0	0 0 0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				

Average FY99	82.35	14.34	1.1	2.21
FY00	87.53	2.12	9.09	1.26
FY01	77.45	8.33	14.22	0

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning ProgramsAll MH Agencies Reviewed in FY01 by number and **percentage**

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	10 83.33	0	2 16.67	0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	10 83.33	1 8.33	1 8.33	0
3. The agency has a copy of a current external audit performed according to regulation.	12 100			
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	11 91.67	0	1 8.33	0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	12 100	0	0	0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	8 66.67	2 16.67	2 16.67	0
7. The governing body oversees the agency budget and ensures program quality.	11 91.67	1 8.33	0	0
8. Governing body meetings are open to the public.	11 91.67	0	1 8.33	0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	11 91.67	0	1 8.33	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	9 75.0	1 8.33	2 16.67	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	9 75.0	1 8.33	2 16.67	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	4 33.33	3 25.0	5 41.67	0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	3 25.0	4 33.33	5 41.67	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	4 33.33	2 16.67	6 50.0	0
15. Programs provide services and information on a year-round basis.	12 100	0	0	0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	11 91.67	0	1 8.33	0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				

17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	8 66.67	0	4 33.33	0
18. The agency collects required data and submits it to the appropriate state agency.	12 100	0	0	0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	10 83.33	0	2 16.67	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	10 83.33	1 8.33	1 8.33	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	12 100	0	0	0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	4 33.33	3 25.0	5 41.67	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	11 91.67	0	1 8.33	0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	6 50.0	0	6 50.0	0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	3 25.0	0	9 75.0	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	10 83.33	0	2 16.67	0
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	12 100			
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	11 91.67	0	1 8.33	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	7 58.33	2 16.67	3 25.0	
30. The agency identifies available resources to meet the assessed training needs of staff.	11 91.67	0	1 8.33	0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	7 58.33	0	5 41.67	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	7 58.33	3 25.0	2 16.67	0
33. The agency maintains written personnel policies for disciplinary action.	11 91.67	1 8.33	0	0
34. The agency maintains a written procedure for employee grievances.	12 100			

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Measures of Compliance of Agencies: Mental Health Services FY99 (top #), FY00 (mid #) and FY01 (bottom #) by %

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	44.45 100 83.33	33.33 0 0	22.22 0 16.67	0 0 0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	33.33 100 83.33	22.22 0 8.33	44.45 0 8.33	0 0 0
3. The agency has a copy of a current external audit performed according to regulation.	88.89 100 100	11.11 0 0	0 0 0	0 0 0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	88.89 93.0 91.67	0 0 0	11.11 7.0 8.33	0 0 0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	77.78 93.0 100	11.11 0 0	11.11 7.0 0	0 0 0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	55.56 60.0 66.67	11.11 13.0 16.67	33.33 27.0 16.67	0 0 0
7. The governing body oversees the agency budget and ensures program quality.	66.67 100 91.67	22.22 0 8.33	11.11 0 0	0 0 0
8. Governing body meetings are open to the public.	77.78 80.0 91.67	0 7.0 0	22.22 13.0 8.33	0 0 0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	66.67 100 91.67	33.33 0 0	0 0 8.33	0 0 0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	77.78 87.0 75.0	11.11 0 0	11.11 13.0 16.67	0 0 0
11. All facilities and programs operated by the agency provide equal access to all individuals.	22.22 60.0 75.0	33.33 20.0 8.33	44.45 20.0 16.67	0 0 0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	22.22 40.0 33.33	1.11 13.0 25.0	66.67 47.0 41.67	0 0 0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	11.11 47.0 25.0	55.56 0 33.33	33.33 53.0 41.67	0 0 0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	11.11 47.0 33.33	33.33 13.0 16.67	44.45 40.0 50.0	11.11 0 0
15. Programs provide services and information on a year-round basis.	100 100 100	0 0 0	0 0 0	0 0 0

16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	55.56 100 91.67	22.22 0 0	22.22 0 8.33	0 0 0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	55.56 80.0 66.67	0 0 0	44.44 20.0 33.33	0 0 0
18. The agency collects required data and submits it to the appropriate state agency.	88.89 87.0 100	11.11 0 0	0 13.0 0	0 0 0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	66.67 87.0 83.33	11.11 0 0	22.22 13.0 16.67	0 0 0
20. The agency implements and maintains a system for review and revision of all job descriptions.	44.45 93.0 83.33	33.33 0 8.33	22.22 7.0 8.33	0 0 0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	88.89 100 100	0 0 0	11.11 0 0	0 0 0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	22.23 27.0 33.33	33.33 27.0 25.0	44.44 46.0 41.67	0 0 0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	100 100 91.67	0 0 0	0 0 8.33	0 0 0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	66.67 80.0 50.0	11.11 0 0	22.22 20.0 50.0	0 0 0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	77.78 73.0 25.0	11.11 0 0	11.11 27.0 75.0	0 0 0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	22.23 93.0 83.33	44.44 0 0	33.33 7.0 16.67	0 0 0
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	66.67 93.0 100	0 0 0	22.22 7.0 0	11.11 0 0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	66.67 87.0 91.67	0 0 0	33.33 13.0 8.33	0 0 0
29. A staff development plan is written annually for each professional	44.45 40.0	11.11 7.0	44.44 53.0	0 0

and paraprofessional staff person.	58.33	16.67	25.0	0
30. The agency identifies available resources to meet the assessed training needs of staff.	77.78	11.11	11.11	0
	73.0	0	27.0	0
	91.67	0	8.33	0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	55.56	11.11	33.33	0
	60.0	0	40.0	0
	58.33	0	41.67	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	44.44	11.11	44.44	0
	53.0	20.0	27.0	0
	58.33	25.0	16.67	0
33. The agency maintains written personnel policies for disciplinary action.	77.78	22.22	0	0
	100	0	0	0
	91.67	8.33	0	0
34. The agency maintains a written procedure for employee grievances.	100	0	0	0
	100	0	0	0
	100	0	0	0
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				

Average	FY99	61.0	15.0	23.0	1.0
	FY00	80.38	3.53	16.09	0
	FY01	76.0	6.0	18.0	0

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Measures of Compliance Early Intervention/Infant Learning Program Services FY01

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	7 100%			
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	7 100%			
3. The agency has a copy of a current external audit performed according to regulation.	7 100%			
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	7 100%			
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	7 100%			
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	6 85.7%	1 14.3%		
7. The governing body oversees the agency budget and ensures program quality.	7 100%			
8. Governing body meetings are open to the public.	5 71.4%		2 28.6%	
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	7 100%			
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	7 100%			
11. All facilities and programs operated by the agency provide equal access to all individuals.	5 71.4%	1 14.3%	1 14.3%	
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	6 85.7%		1 14.3%	
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	6 85.7%	1 14.3%		
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	6 85.7%	1 14.3%		
15. Programs provide services and information on a year-round basis.	6 85.7%		1 14.3%	
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	7 100%			

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	7 100%			
18. The agency collects required data and submits it to the appropriate state agency.	6 85.7%		1 14.3%	
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	6 85.7%		1 14.3%	
20. The agency implements and maintains a system for review and revision of all job descriptions.	7 100%			
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	7 100%			
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	4 57.0%	2 29.0%	1 14.0%	
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	7 100%			
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	7 100%			
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	7 100%			
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	4 57.1%	1 14.3%	1 14.3%	1 14.3%
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	6 86.0%		1 14.0%	
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	5 71.4%		2 28.6%	
29. A staff development plan is written annually for each professional and paraprofessional staff person.	6 86.0%	1 14.0%		
30. The agency identifies available resources to meet the assessed training needs of staff.	6 86.0%		1 14.0%	

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	5 71.4%	1 14.3%	1 14.3%	
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	6 86.0%	1 14.0%		
33. The agency maintains written personnel policies for disciplinary action.	7 100%			
34. The agency maintains a written procedure for employee grievances.	7 100%			
ADDITIONAL STANDARDS FOR ILP PROGRAMS				
35. If funding is not available to meet the needs of all eligible children and their families, services will be prioritized in an identified order.	7 100%			
36. If the agency director and early intervention/infant learning coordinator are not the same, the EI/ILP coordinator is involved in directing agency policy for early intervention/infant learning services.	5 71.4%			2 28.6%
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	7 100%			
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	6 86.0%			1 14.0%
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	6 86.0%	1 14.0%		
40. For center-based services, staff develop a program plan of activities and objectives for each session.	5 71.4%			2 28.6%
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	5 71.4%	2 28.6%		
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	5 71.4%			2 28.6%
43. The adult-child ratio for center-based or community group activities for children from 18 to 36 months old is three children per participating adult.	5 71.4%			2 28.6%

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Early Intervention/Infant Learning Program Services for FY00 (top #) and FY01 (bottom #) compared by %

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	100 100	0 0	0 0	0 0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	100 100	0 0	0 0	0 0
3. The agency has a copy of a current external audit performed according to regulation.	100 100	0 0	0 0	0 0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	50.0 100	0 0	50.0 0	0 0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	100 100	0 0	0 0	0 0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	50.0 85.7	50.0 14.3	0 0	0 0
7. The governing body oversees the agency budget and ensures program quality.	100 100	0 0	0 0	0 0
8. Governing body meetings are open to the public.	100 71.4	0 0	0 28.6	0 0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	100 100	0 0	0 0	0 0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	100 100	0 0	0 0	0 0
11. All facilities and programs operated by the agency provide equal access to all individuals.	100 71.4	0 14.3	0 14.3	0 0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	50.0 85.7	0 0	50.0 14.3	0 0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	100 85.7	0 14.3	0 0	0 0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	50.0 85.7	0 14.3	50.0 0	0 0
15. Programs provide services and information on a year-round basis.	100 85.7	0 0	0 14.3	0 0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	100 100	0 0	0 0	0 0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				

17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	100 100	0 0	0 0	0 0
18. The agency collects required data and submits it to the appropriate state agency.	100 85.7	0 0	0 14.3	0 0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	100 85.7	0 0	0 14.3	0 0
20. The agency implements and maintains a system for review and revision of all job descriptions.	50.0 100	0 0	50.0 0	0 0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	100 100	0 0	0 0	0 0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	50.0 57.0	0 29.0	50.0 14.0	0 0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	100 100	0 0	0 0	0 0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	100 100	0 0	0 0	0 0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	100 100	0 0	0 0	0 0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	50.0 57.1	0 14.3	0 14.3	50.0 14.3
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	100 86.0	0 0	0 14.0	0 0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	50.0 71.4	0 0	50.0 28.6	0 0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	50.0 86.0	0 0	50.0 14.0	0 0
30. The agency identifies available resources to meet the assessed training needs of staff.	50.0 86.0	0 0	50.0 14.0	0 0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	50.0 71.4	0 14.3	50.0 14.3	0 0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	50.0 86.0	0 14.0	50.0 0	0 0
33. The agency maintains written personnel policies for disciplinary action.	100 100	0 0	0 0	0 0

34. The agency maintains a written procedure for employee grievances.	100 100	0 0	0 0	0 0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				
35. If funding is not available to meet the needs of all eligible children and their families, services will be prioritized in an identified order.	100 100	0 0	0 0	0 0
36. If the agency director and early intervention/infant learning coordinator are not the same, the EI/ILP coordinator is involved in directing agency policy for early intervention/infant learning services.	100 71.4	0 0	0 0	0 28.6
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	100 100	0 0	0 0	0 0
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	50.0 86.0	0 0	0 0	50.0 14.0
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	0 86.0	50.0 14.0	50.0 0	0 0
40. For center-based services, staff develop a program plan of activities and objectives for each session.	50.0 71.4	0 0	0 0	50.0 28.6
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	50.0 71.4	0 28.6	50.0 0	0 0
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	50.0 71.4	0 0	0 0	50.0 28.6
43. The adult-child ratio for center-based or community group activities for children from 18 to 36 months old is three children per participating adult.	50.0 71.4	0 0	0 0	50.0 28.6

Average: FY00 77.91 2.33 13.95 5.81
FY01 87.74 3.99 4.96 3.31

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning ProgramsAll Combined Services Agencies FY01 by number and **percentage**

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	7 87.5	0	1 12.5	0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	7 87.5	0	1 12.5	0
3. The agency has a copy of a current external audit performed according to regulation.	7 87.5	1 12.5	0	0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	6 75.0	0	2 25.0	0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	7 87.5	0	1 12.5	0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	8 100	0	0	0
7. The governing body oversees the agency budget and ensures program quality.	8 100	0	0	0
8. Governing body meetings are open to the public.	6 75.0	0	2 25.0	0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	8 100	0	0	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	8 100	0	0	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	5 62.5	1 12.5	2 25.0	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	4 50.0	0	4 50.0	0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	4 50.0	1 12.5	3 37.5	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	5 62.5	1 12.5	2 25.0	0
15. Programs provide services and information on a year-round basis.	8 100	0	0	0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	8 100	0	0	0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	8 100	0	0	0
18. The agency collects required data and submits it to the appropriate state agency.	7 87.5	0	1 12.5	0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	6 75.0	0	2 25.0	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	8 100	0	0	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	8 100	0	0	0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	5 62.5	1 12.5	2 25.0	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	8 100	0	0	0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	7 87.5	0	1 12.5	0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	6 75.0	0	2 25.0	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	5 62.5	0	2 25.0	1 12.5
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	6 75.0	0	2 25.0	0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	4 50.0	0	4 50.0	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	5 62.5	3 37.5	0	0
30. The agency identifies available resources to meet the assessed training needs of staff.	7 87.5	0	1 12.5	0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	4 50.0	1 12.5	3 37.5	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	5 62.5	1 12.5	2 25.0	0
33. The agency maintains written personnel policies for disciplinary action.	8 100	0	0	0
34. The agency maintains a written procedure for employee grievances.	8 100	0	0	0

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Measures of Compliance: Combined Service Agencies in FY99 (top #), FY00 (mid #), FY01 (bottom #) by %

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	40.0 88.0 87.5	0 12.0 0	60.0 0 12.5	0 0 0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	80.0 88.0 87.5	20.0 12.0 0	0 0 12.5	0 0 0
3. The agency has a copy of a current external audit performed according to regulation.	100 100 87.5	0 0 12.5	0 0 0	0 0 0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	60.0 63.0 75.0	0 0 0	40.0 37.0 25.0	0 0 0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	100 100 87.5	0 0 0	0 0 12.5	0 0 0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	40.0 63.0 100	20.0 12.0 0	40.0 25.0 0	0 0 0
7. The governing body oversees the agency budget and ensures program quality.	100 100 100	0 0 0	0 0 0	0 0 0
8. Governing body meetings are open to the public.	80.0 88.0 75.0	0 0 0	20.0 12.0 25.0	0 0 0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	80.0 100 100	0 0 0	20.0 0 0	0 0 0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	100 88.0 100	0 12.0 0	0 0 0	0 0 0
11. All facilities and programs operated by the agency provide equal access to all individuals.	80.0 88.0 62.5	0 0 12.5	20.0 12.0 25.0	0 0 0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	60.0 50.0 50.0	0 25.0 0	40.0 25.0 50.0	0 0 0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	20.0 50.0 50.0	20.0 25.0 12.5	60.0 25.0 37.5	0 0 0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	80.0 50.0 62.5	0 25.0 12.5	20.0 25.0 25.0	0 0 0
15. Programs provide services and information on a year-round basis.	100 100 100	0 0 0	0 0 0	0 0 0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	80.0 88.0 100	0 0 0	20.0 12.0 0	0 0 0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	80.0 63.0 100	0 0 0	20.0 37.0 0	0 0 0
18. The agency collects required data and submits it to the appropriate state agency.	80.0 63.0 87.5	0 0 0	20.0 37.0 12.5	0 0 0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	60.0 88.0 75.0	0 0 0	40.0 12.0 25.0	0 0 0
20. The agency implements and maintains a system for review and revision of all job descriptions.	60.0 88.0 100	0 0 0	40.0 12.0 0	0 0 0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	100 100 100	0 0 0	0 0 0	0 0 0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	20.0 12.0 62.5	0 0 12.5	80.0 88.0 25.0	0 0 0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	100 100 100	0 0 0	0 0 0	0 0 0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	60.0 88.0 87.5	0 0 0	40.0 12.0 12.5	0 0 0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	60.0 50.0 75.0	0 12.0 0	40.0 38.0 25.0	0 0 0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	40.0 50.0 62.5	40.0 12.0 0	20.0 12.0 25.0	0 26.0 12.5
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	80.0 88.0 75.0	0 0 0	20.0 12.0 25.0	0 0 0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	60.0 50.0 50.0	0 0 0	40.0 50.0 50.0	0 0 0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	40.0 25.0 62.5	20.0 12.0 37.5	40.0 63.0 0	0 0 0
30. The agency identifies available resources to meet the assessed training needs of staff.	80.0 50.0 87.5	0 12.0 0	20.0 38.0 12.5	0 0 0
Administrative and Personnel Standards	Yes	No	Partial	N/A

STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	60.0	0	40.0	0
	50.0	12.0	38.0	0
	50.0	12.5	37.5	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	80.0	0	20.0	0
	63.0	0	37.0	0
	62.5	12.5	25.0	0
33. The agency maintains written personnel policies for disciplinary action.	100	0	0	0
	88.0	12.0	0	0
	100	0	0	0
34. The agency maintains a written procedure for employee grievances.	100	0	0	0
	100	0	0	0
	100	0	0	0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				
35. If funding is not available to meet the needs of all eligible children and their families, services will be prioritized in an identified order.	X	X	X	X
	100	0	0	0
	100	0	0	0
36. If the agency director and early intervention/infant learning coordinator are not the same, the EI/ILP coordinator is involved in directing agency policy for early intervention/infant learning services.	X	X	X	X
	100	0	0	0
	80.0	0	0	20.0
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	X	X	X	X
	100	0	0	0
	100	0	0	0
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	X	X	X	X
	50.0	0	0	50.0
	100	0	0	0
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	X	X	X	X
	0	50.0	50.0	0
	80.0	20.0	0	0
40. For center-based services, staff develop a program plan of activities and objectives for each session.	X	X	X	X
	50.0	0	0	50.0
	60.0	0	0	40.0
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	X	X	X	X
	50.0	0	50.0	0
	60.0	40.0	0	0
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	X	X	X	X
	50.0	0	0	50.0
	60.0	0	0	40.0
43. The adult-child ratio for center-based or community group activities for children from 18 to 36 months old is three children per participating adult.	X	X	X	X
	50.0	0	0	50.0
	60.0	0	0	40.0

Average	FY99	72.35	3.53	24.12	0
	FY00	71.40	5.70	17.65	5.25
	FY01	80.52	4.30	11.63	3.55

Administrative and Personnel Standards Checklist
Developmental Disabilities / Mental Health / Infant Learning Programs

All FY01 Reviews by number and **percentage**

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	25 89.29	0	3 10.71	0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	24 85.72	2 7.14	2 7.14	0
3. The agency has a copy of a current external audit performed according to regulation.	27 96.43	1 3.57	0	0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	25 89.29	0	3 10.71	0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	26 92.86	0	2 7.14	0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	20 71.43	3 10.71	5 17.86	0
7. The governing body oversees the agency budget and ensures program quality.	26 92.86	1 3.57	1 3.57	0
8. Governing body meetings are open to the public.	24 85.71	0	4 14.29	0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	25 89.29	0	3 10.71	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	25 89.29	1 3.57	2 7.14	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	21 75.0	2 7.14	5 17.86	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	13 46.43	3 10.71	12 42.86	0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	11 39.29	8 28.57	9 32.14	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	13 46.43	6 21.43	9 32.14	0
15. Programs provide services and information on a year-round basis.	27 96.43	0	1 3.57	0
16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	27 96.43	0	1 3.57	0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	23 82.14	0	5 17.86	0
18. The agency collects required data and submits it to the appropriate state agency.	27 96.43	0	1 3.57	0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	20 71.43	0	8 28.57	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	26 92.86	1 3.57	1 3.57	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	28 100	0	0	0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	14 50.0	6 21.43	8 28.57	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	27 96.43	0	1 3.57	0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	20 71.43	1 3.57	7 25.0	0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	16 57.14	0	12 42.86	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	20 71.43	2 7.14	5 17.86	1 3.57
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	24 85.71	0	4 14.29	0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	21 75.0	1 3.57	6 21.43	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	18 64.29	7 25.0	3 10.71	0
30. The agency identifies available resources to meet the assessed training needs of staff.	22 78.57	1 3.57	5 17.86	0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	17 60.72	3 10.71	8 28.57	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	18 64.28	5 17.86	5 17.86	0
33. The agency maintains written personnel policies for disciplinary action.	27 96.43	1 3.57	0	0
34. The agency maintains a written procedure for employee grievances.	28 100	0	0	0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				
35. If funding is not available to meet the needs of all eligible children and their families, services will be prioritized in an identified order.	7 100	0	0	0
36. If the agency director and early intervention/infant learning coordinator are not the same, the EI/ILP coordinator is involved in directing agency policy for early intervention/infant learning services.	5 71.43	0	0	2 28.57
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	7 100	0	0	0
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	6 85.71	0	0	1 14.29
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	6 85.71	1 14.29	0	0
40. For center-based services, staff develop a program plan of activities and objectives for each session.	5 71.43	0	0	2 28.57
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	5 71.43	2 28.57	0	0
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	5 71.43	0	0	2 28.57
43. The adult-child ratio for center-based or community group activities for children from 18 to 36 months old is three children per participating adult.	5 71.43	0	0	2 28.57

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

Measures of Compliance of All Agencies Reviewed in FY99 (top #), FY00 (mid #) and FY01 (bottom #) by %

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS				
1. The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.	21.0 97.0 89.29	11.0 3.0 0	56.0 0 10.71	12.0 0 0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	25.0 97.0 85.72	10.0 3.0 7.14	59.0 0 7.14	6.0 0 0
3. The agency has a copy of a current external audit performed according to regulation.	96.5 90.0 96.43	3.5 0 3.57	0 0 0	0 10.0 0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	90.0 83.0 89.29	0 0 0	10.0 17.0 10.71	0 0 0
5. The agency has an identified governing body that establishes policies about the operation of the agency and the welfare and rights of all individuals served.	93.0 97.0 92.86	3.5 0 0	3.5 3.0 7.14	0 0 0
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	75.0 57.0 71.43	7.0 20.0 10.71	22.73 23.0 17.86	0 0 0
7. The governing body oversees the agency budget and ensures program quality.	90.0 100 92.86	7.0 0 3.57	3.0 0 3.57	0 0 0
8. Governing body meetings are open to the public.	77.0 87.0 85.71	12.5 3.0 0	10.5 10.0 14.29	0 0 0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	80.0 97.0 89.29	11.0 0 0	3.0 3.0 10.71	6.0 0 0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	93.0 80.0 89.29	3.5 7.0 3.57	3.5 13.0 7.14	0 0 0
11. All facilities and programs operated by the agency provide equal access to all individuals.	66.0 70.0 75.0	10.0 13.0 7.14	24.0 17.0 17.86	0 0 0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	68.0 53.0 46.43	3.5 13.0 10.71	25.0 34.0 42.86	3.5 0 0
13. The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.	51.0 53.0 39.29	21.0 7.0 28.57	24.0 4.00 32.14	4.0 0 0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	64.0 53.0 46.43	11.0 13.0 21.43	22.0 34.0 32.14	3.0 0 0
15. Programs provide services and information on a year-round basis.	100 100 96.43	0 0 0	0 0 3.57	0 0 0

16. All agency publications, advertisements, brochures and articles reflect the philosophy of a consumer-driven system, support the service principles, and foster a positive and respectful portrayal of people who experience disabilities.	82.0 93.0 96.43	7.0 0 0	11.0 7.0 3.56	0 0 0
Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
17. The agency actively participates with other agencies in its community to maximize resource availability and service delivery.	64.0 80.0 82.14	0 0 0	36.0 20.0 17.86	0 0 0
18. The agency collects required data and submits it to the appropriate state agency.	93.0 83.0 96.43	3.5 0 0	3.5 17.0 3.57	0 0 0
19. Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.	64.0 87.0 71.43	3.0 0 0	33.0 33.0 28.57	0 0 0
20. The agency implements and maintains a system for review and revision of all job descriptions.	75.0 90.0 92.86	10.0 0 3.57	15.0 10.0 3.57	0 0 0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	91.0 100 100	0 0 0	9.0 0 0	0 0 0
22. The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.	55.0 34.0 50.0	10.0 13.0 21.43	35.0 53.0 28.57	0 0 0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	94.0 100 96.43	0 0 0	6.0 0 3.57	0 0 0
24. The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references.	82.0 87.0 71.43	3.0 0 3.57	15.0 13.0 25.0	0 0 0
25. The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.	68.0 70.0 57.14	3.0 3.0 0	29.0 27.0 42.86	
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	58.0 77.0 71.43	22.0 3.0 7.14	14.0 10.0 17.86	6.0 10.0 3.57
27. The program obtains and documents informed consent from consumers (or ILP family members) before services are initiated and when services are changed or modified.	74.0 87.0 85.71	0 0 0	16.0 13.0 14.29	10.0 0 0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	57.0 80.0 75.0	0 0 3.57	43.0 20.0 21.43	0 0 0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	34.0 40.0 64.29	7.0 7.0 25.0	59.0 53.0 10.71	0 0 0
30. The agency identifies available resources to meet the assessed training needs of staff.	74.0 70.0 78.57	3.0 3.0 3.57	13.0 27.0 17.86	0 0 0

Administrative and Personnel Standards	Yes	No	Partial	N/A
STANDARDS FOR ALL PROGRAMS (cont.)				
31. The performance appraisal system adheres to reasonably established timelines.	60.0 60.0 60.71	3.0 3.0 10.71	37.0 37.0 28.57	0 0 0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	59.0 97.0 64.28	4.0 3.0 17.86	37.0 0 17.86	0 0 0
33. The agency maintains written personnel policies for disciplinary action.	97.0 97.0 96.43	3.0 3.0 3.57	0 0 0	0 0 0
34. The agency maintains a written procedure for employee grievances.	100 100 100	0 0 0	0 0 0	0 0 0
ADDITIONAL STANDARDS FOR ILP PROGRAMS				
35. If funding is not available to meet the needs of all eligible children and their families, services will be prioritized in an identified order.	X 100 100	X 0 0	X 0 0	X 0 0
36. If the agency director and early intervention/infant learning coordinator are not the same, the EI/ILP coordinator is involved in directing agency policy for early intervention/infant learning services.	X 100 71.43	X 0 0	X 0 0	X X 28.57
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	X 100 100	X 0 0	X 0 0	X 0 0
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	X 50.0 85.71	X 0 0	X 0 0	X 50.0 14.29
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	X 0 85.71	X 50.0 14.29	X 50.0 0	X 0 0
40. For center-based services, staff develop a program plan of activities and objectives for each session.	X 50.0 71.43	X 0 0	X 0 0	X 50.0 28.57
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	X 50.0 71.43	X 0 28.57	X 50.0 0	X 0 0
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	X 50.0 71.43	X 0 0	X 0 0	X 50.0 28.57
43. The adult-child ratio for center-based or community group activities for children from 18 to 36 months old is three children per participating adult.	X 50.0 71.43	X 0 0	X 0 0	X 50.0 28.57

X indicates that there were no EI/ILP reviews in FY99

Average	FY99	73	6	19	2
	FY00	77	4	14	5
	FY01	76	6	14	4

MEASURES OF COMPLIANCE

Response to Prior Requirements and Current Areas Requiring Response*

Agency	Prior Requirements	Met	Partial	Unmet	N/A	Current Requirements
KNACC	22	15	7	0	0	14
CPCS	N/A	0	0	0	0	9
Sea View	11	9	2	0	0	6
KPCCC	N/A	0	0	0	0	9
Islands	N/A	0	0	0	0	4
Sound Alt.	7	5	0	2	0	7
SPMHC	14 (DD)	2	9	2	1	17 (MH/DD)
Reach DD	11	8	2	1	0	12
Reach ILP	11	8	2	1	0	11
CFC	12	9	0	3	0	10
Mat-Su SELS	10	4	3	3	0	10
Bristol Bay	12	9	0	3	0	9
JYS	7	6	0	0	1	9
Frontier	5	1	1	3	0	23
Hope K	10	3	1	6	0	15
KANA	EI/ILP file issues only; all met					2
Wrangell	6	5	1	0	0	8
North Slope	16	13	3	0	0	13
Hope D	3	0	2	1	0	8
Life Quest	21	13	4	3	0	11
Tok AMHC	6	4	0	2	0	17
Copper River	17	9	1	1	6	7
Railbelt MH	10	4	5	1	0	18
Kodiak MH	15	10	2	3	0	8
Access	5	2	0	3	0	27
Homer ILP	10	6	3	1	0	9
Hope J	5	4	1	0	0	8
YKMH	10	6	2	1	1	15
JAMHI	12	6	6	0	0	13

* The **first column** lists the numbers of Areas Requiring Response from the last review of the agency. The **second column** indicates how many of the last review's requirements were fully met. The **third column** indicates how many of the last review's requirements were partially met. The **fourth column** indicates how many of the last review are still unmet. The **fifth column** indicates requirements no longer under the purview of the community-based, consumer-centered review process. The **final column** indicates how many Areas Requiring Response are listed in this year's review.

MEASURES OF COMPLIANCE

Response to Prior Requirements and Current Requirements*

Comparison by Type of Service Provided

Agency	DD	Mental Health	Combined Services	EI/ILP
KNACC		22/14		
CPCS		N/A		
SeaView			11/6	
KPCCC		N/A		
Islands		N/A		
Sound Alt.			7/7	
SPCMHC			14 DD/17 MH/DD	
Reach DD	11/12			
Reach ILP				11/11
CFC	12/10			
Mat-Su	10/10			
Bristol Bay			12/9	
JYS		7/9		
Frontier	5/23			
Hope K	10/15			
KANA				NA/2
Wrangell			6/8	
North Slope			16/13	
Hope D	3/8			
Life Quest		21/11		
Tok AMHC		6/17		
Copper		17/7		
Railbelt MH		10/18		
Kodiak MH		15/8		
Access	5/27			
Homer ILP				10/9
Hope J	5/8			
YKMH		10/15		
JAMHI		12/13		

* The **first number in each column** indicates how many requirements were found in the prior review. The **second number in each column** indicates how many requirements were found in the current review.

MEASURES OF COMPLIANCE

Prior Requirements/Current Requirements*

Comparison by Region

Agency	Interior	Southcentral	Southeast	Southwest	Anchorage
<u>KNACCC</u>	<u>22/14</u>				
<u>CPCS</u>		<u>NA/9</u>			
<u>SeaView</u>		<u>11/6</u>			
<u>KPCCC</u>		<u>NA/9</u>			
<u>Islands</u>			<u>NA/4</u>		
<u>Sound Alt.</u>		<u>7/7</u>			
<u>SPCMHC</u>		<u>14 DD/17 MHDD</u>			
<u>Reach DD</u>			<u>11/12</u>		
<u>Reach ILP</u>			<u>11/12</u>		
<u>CFC</u>			<u>12/10</u>		
<u>Mat Su SELS</u>		<u>10/10</u>			
<u>Bristol Bay</u>				<u>12/9</u>	
<u>JYS</u>			<u>7/9</u>		
<u>Frontier</u>		<u>5/23</u>			
<u>Hope K</u>		<u>10/15</u>			
<u>KANA</u>		<u>NA/2</u>			
<u>Wrangell</u>			<u>6/8</u>		
<u>North Slope</u>	<u>16/13</u>				
<u>Hope D</u>				<u>3/8</u>	
<u>Life Quest</u>		<u>21/11</u>			
<u>Tok</u>	<u>6/17</u>				
<u>Copper River</u>		<u>17/7</u>			
<u>Railbelt MH</u>	<u>10/18</u>				
<u>Kodiak MH</u>		<u>15/8</u>			
<u>Access</u>					<u>5/27</u>
<u>Homer ILP</u>		<u>10/9</u>			
<u>Hope J</u>			<u>5/8</u>		
<u>YKMH</u>	<u>10/15</u>				
<u>JAMHI</u>			<u>12/13</u>		

* The **first number in each column** indicates the number of requirements from the prior review. The **second number** indicates the number of requirements in the current review.

MEASURES OF COMPLIANCE

Prior Requirements/Current Requirements*

Comparison between Urban and Rural Programs

<u>Agency</u>	<u>Rural</u>	<u>Urban</u>
KNACCC	22/14	
CPCS	NA/9	
SeaView	11/6	
KPCCC	NA/9	
Islands	NA/4	
Sound Alt.	7/7	
SPCMHC	14DD/17MHDD	
Reach DD		11/12
Reach ILP		11/11
CFC	12/10	
Mat-Su SELS	10/10	
Bristol Bay	12/9	
JYS		7/9
Frontier	5/23	
Hope K	10/15	
KANA	NA/2	
Wrangell	6/8	
North Slope	16/13	
Hope D	3/8	
Life Quest	21/11	
Tok	6/17	
Copper River	17/7	
Railbelt MH	10/18	
Kodiak MH	15/8	
Access		5/27
Homer ILP	10/9	
Hope J		5/8
YKMH	10/15	
JAMHI		12/13

The **first number in each column** represents the number of requirements in the prior review. The **second number in each column** represents the number of requirements in the current review.

MEASURES OF NEED

MEASURES OF NEED

Systems Level Concerns

This fiscal year, systems issues were identified on the score sheets that accompanied each report. A review of those issues suggests the following groupings. Each issue is identified with the Life Domain affected by it. Certain issues are repeated as they affect more than one Life Domain.

Choice and Self Determination

1. Lack of integrated services

As Developmental Disabilities, Mental Health and Early Intervention/Infant Learning Program services continue to collaborate in integrating their systems, the relative lack of integration in other areas of human services becomes more evident and can clearly be identified as a limitation on the choices of consumers. This lack of integration diminishes the continuity of care and, in some cases, also impinges on issues of Health, Safety and Security.

Services are impeded by the lack of integration

- between Mental Health and Substance Abuse services
- between Mental Health and the Department of Corrections
- between Mental Health and Public Safety
- between Mental Health and veterans services
- between the consumer-centered values of Mental Health and the values of some hospital-based mental health care
- among Mental Health, Developmental Disabilities and the Department of Education (regarding definitions of priority populations) and between Early Intervention/Infant Learning and the Department of Education (regarding transitioning to Head Start)
- between care coordinators in different agencies; between agency-based care coordinators and independent care coordinators

2. Lack of a full range of services

Limitations on specialized or adjunct services, almost entirely in rural areas, diminish the choices available to consumers should they wish to remain in their home communities. Some of these services are not available due to regulations of other systems.

- There are limits on vocational choices.
- There is limited access to legal aid in rural areas.
- There are few advocacy groups operating in rural areas.
- There is a lack of domestic violence services including shelters, anger management training and treatment for perpetrators.
- There is a lack of locally based treatment for sex offenders.
- There is a lack of equal services throughout large service areas that affects Developmental Disabilities, Mental Health as well as Early Intervention/Infant Learning Program (Child Find) services.
- There is a lack of Mental Health services for children from ages 0 to 3.
- There is a lack of child psychiatric services.

- There is a lack of child specialty services including speech therapy (noted in relation to EI/ILP), treatment for Attention Deficit Hyperactivity Disorder and Fetal Alcohol Syndrome/Fetal Alcohol Effects (noted in Mental Health).
- There is a lack of local Social Security offices.

3. Lack of adequate funding

Many review teams have cited inadequate funding this fiscal year. These are impressions of the team, not to be confused with complaints of the agencies. These concerns include the consequences of inadequate funding and the impact of those consequences on consumers, among them:

- Agencies are understaffed, limiting consumers' options.
- Agencies have vacant positions that they have not been able to fill, limiting consumers' options.
- Agencies experience a high turnover in staff positions, especially direct service positions, limiting consumer options in Mental Health, Developmental Disabilities and Early Intervention/Infant Learning Program services.
- Services to outlying areas are reduced, limiting consumer options.
- Agencies' offices do not provide adequate, confidential space in which to offer service, limiting consumers' options.
- Consumers who are not among the priority populations for Mental Health funding have limited treatment options.

A second aspect of inadequate funding is the hardships agencies endure related to the means of funding and the impact on consumers of their services.

- Agencies experience delays in reimbursement for services through waivers, affecting consumers of DD services.
- Agencies experience delays in Medicaid authorization, affecting consumers of DD services.
- Consumers are waitlisted for services, affecting consumers of DD services.
- Agencies are unclear about the use of and procedures for the waiver system, affecting consumers of DD services.
- Agencies are unclear about the use of the procedures for guardianship, affecting consumers of DD services.
- Agencies and consumers experience paper work overload, affecting all services.
- Agencies have, in some cases, completely restructured due to funding changes. This has impacted services and those who use them.

Dignity, Respect and Rights

4. Lack of locally based services.

- Adults and children do not have equal access to Mental Health, Developmental Disabilities or Early Intervention/Infant Learning Program services, depending on the area in which they live.
- Advocacy groups do not equally serve adults and children, depending on the area in which they live.

- Adults and children do not have equal access to domestic violence shelters, depending on the area in which they live.
- Not all facilities provide for services in an adequate and confidential setting.
- Consumers who are not among the priority populations for Mental Health funding have limited access to treatment.

Health, Safety and Security

5. Lack of adequate health care, personal safety and security

- There is a lack of adult dental care for consumers of Mental Health services.
- There is a lack of adult vision care for consumers of Mental Health services.
- There is a lack of children's medically necessary orthodontia care for consumers of Mental Health services.
- There is a lack of psychiatric care for some rural residents and for children who are consumers of Mental Health services.
- There is a lack of safe, weather appropriate housing for consumers of Mental Health and Developmental Disabilities services.
- There is a lack of foster care options for child consumers of Mental Health services.
- There is a lack of trained, reliable respite care for child consumers of Mental Health and Developmental Disabilities services.
- Residential services for adults and children are scarce or overcrowded.
- Some consumers of Mental Health services have been victimized in residential settings.
- There is a lack of local crisis beds in rural areas for the use of consumers of Mental Health services.
- There is a lack of inpatient care for consumers of Mental Health services.
- There is a lack of integration between Mental Health and the Department of Corrections and between Mental Health and Public Safety departments.
- There is a lack of shelters for victims of domestic violence.
- There is a lack of treatment for perpetrators of domestic violence.
- There is a lack of treatment for sexual offenders.
- There is a lack of anger management training for adults and children.
- There are delays occasioned by wait lists, the need for prior authorization or the need for approval of waivers that affect consumers of Developmental Disabilities services.
- Staff turnover in Mental Health, Developmental Disabilities and Early Intervention/Infant Learning Program services erode the sense of security needed by consumers of these services and their families.

Relationships

6. Lack of staff retention and staff training; lack of morale among direct service providers

- Consumers and their families experience discontinuity of services as direct care providers change frequently.
- Consumers are affected by the low morale of direct service providers.

- Families are negatively impacted by the limitations on services to children in general and specifically by the lack of anger management training and education regarding Attention Deficit Hyperactivity Disorder, Fetal Alcohol Syndrome/Fetal Alcohol Effects.
- Families are negatively impacted by legal restrictions placed on their participation in their children's treatment once their child is not a minor.

Community Participation

7. Lack of accessible community services

- In some communities, schools are not accessible.
- In some communities, activities are provided in buildings that are not accessible.
- In some communities, those who experience different needs are not welcomed into community life.

8. Lack of transportation

- Adult consumers of Mental Health and Developmental Disabilities services have few options for affordable and accessible transportation in all areas of the State.

9. Lack of adequate vocational choices

- Adult consumers of Mental Health and Developmental Disabilities services have limited options for employment.

10. Lack of adequate educational choices

- Child consumers of Mental Health and Developmental Disabilities services suffer from their lack of integration with the Department of Education and from inconsistent definitions of priority populations by the Department of Education and DMHDD. This results in restrictions on consumers' ability to fully participate in school with peers.

MEASURES OF NEED

Agency Level Concerns

Those Standards that are **the least met** are **consumer-centered** (6, 11, 12, 13, 14, 22, 26) and **personnel related** (19, 24, 25, 29, 30, 31, 32).

Choice and Self Determination

1. **Governance: Not only are consumers not well represented on several governing boards, the boards' role is not fully realized in some agencies.**
 - ✓ Nine (32%) of the agencies reviewed failed to meet fully **Standard #6** "The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation."
 - ✓ Related to this lack were the need for board training (cited in 2 reviews) and the need for an active local board (cited in 1 review).
 - ✓ Inadequacies of governance are noted in the failure to meet fully **Standard #7** "The governing body oversees the agency budget and ensures program quality"(not fully met in 2 reviews).
 - ✓ **Standard #8** "Governing body meetings are open to the public" (not fully met in 3 reviews).
 - ✓ **Standard #9** "The governing body oversees selection and evaluation of the agency director/chief executive officer" (not fully met in 3 reviews).
 - ✓ **Standard #10** "The agency maintains policies and procedures for preventing and correcting conflicts of interest" (not fully met in 4 reviews).
2. **Access: Not all agencies provide equal physical, linguistic or other types of access.**
 - ✓ Nine (32%) of the agencies reviewed failed to meet fully **Standard #11** "All facilities and programs operated by the agency provide equal access to all individuals."
3. **Maximizing resources: Not all agencies maximize collaboration with other local providers.**
 - ✓ Five of the agencies reviewed failed to meet fully **Standard #17** "The agency actively participates with other agencies in its community to maximize resource availability and service delivery."
 - ✓ Barriers to care, discontinuous care, poor transitions to different levels of care or poor care coordination were noted in 8 (28.57%) of the reviews.

4. **Consumer participation in hiring and evaluation: Not only are consumers not sufficiently involved in the hiring and evaluation of direct service staff, evaluations of those staff are not completed in accordance with the Standards in several agencies.**
- ✓ Fourteen (50%) of the agencies reviewed failed to meet fully **Standard #22** “The organization has and utilizes a procedure to incorporate consumer choice into the hiring and evaluation of direct service providers, and to ensure that special individualized services (e.g. foster care, shared care, respite care providers) have been approved by the family or consumer.”
 - ✓ In addition, eleven (39.29%) of the agencies reviewed failed to meet fully **Standard #31** “The performance appraisal system adheres to reasonably established timelines.”
 - ✓ Ten (35.714%) of the agencies reviewed failed to meet fully **Standard #32** “The performance appraisal system established goals and objectives for the period of appraisal.”
 - ✓ Ten agencies (35.714%) failed to meet fully **Standard #29** “A staff development plan is written annually for each professional and paraprofessional staff person.”
5. **Lack of public awareness of services: Community members including potential consumers and their families are not well informed about the services available.**
- ✓ Six (21.43%) agencies offering Developmental Disabilities services were noted as needing to educate the public, consumers and their families on the services offered. There was reference to this issue in one each of Mental Health and Early Intervention/Infant Learning Program reviews, also.

Dignity, Respect and Rights

1. **Consumer involvement: The consumer-centered standards are among the least met of the standards.**
- ✓ Fifteen (53.57%) of the agencies reviewed failed to meet fully **Standard #12** “The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.”
 - ✓ Seventeen (60.714%) of the agencies reviewed failed to meet **Standard #13** “The agency systematically involves consumers, staff and community in annual agency planning and evaluation of programs, including feedback from its current and past users about their satisfaction with the planning and delivery of services.”

- ✓ Fifteen (53.57%) of the agencies reviewed failed to meet fully **Standard #14** “The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.”
2. **Preparation of direct care staff: There are concerns about the preparation and training of the staff that provide direct services.**
- ✓ Eleven (39.29%) of the agencies reviewed failed to meet fully **Standard #25** “The agency provides new staff with a timely orientation/training according to a written plan, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with serving individuals with severe disabilities.”
 - ✓ Related to this need is that fact that four (14.29%) of the agencies reviewed failed to meet fully **Standard #2** “Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.”
 - ✓ Three (10.71%) of the agencies reviewed failed to meet fully **Standard #1** “The agency has a clear, written mission or philosophy that focuses on the services it provides and how it empowers consumers and their families.”
 - ✓ In two reviews, issues of cultural sensitivity and language-appropriate services were noted as agency weaknesses.
3. **Knowledge of rights: In many agencies, consumers and their families are unaware of their consumer rights.**
- ✓ In 25% of this year’s reviews, the need to educate consumers and their families about their rights was noted as a weakness of the agencies.

Health, Safety and Security

1. **Training of direct care staff: Staff training may be inadequate for the assurance of safe care.**
- ✓ Six (21.43%) of the agencies reviewed failed to meet fully **Standard #19** “Staff who are employed by, contract with, or volunteer for the provider agency have appropriate training (credentials where required), experience, and supervision to perform their job functions and meet all necessary legal, ethical, and regulatory requirements.”
 - ✓ In two reviews the lack of properly licensed or credentialed staff was noted as a weakness of the agencies.
 - ✓ A lack of properly trained respite providers was noted in 25% of the reviews.
 - ✓ Agencies’ failure to provide training resources (**Standard #30**) was cited in six (21.43%) reviews.

2. **Verification of direct care staff's background: Not all agencies fully review and document the background of those hired.**
 - ✓ Eight (28.57%) of the agencies reviewed failed to meet fully **Standard #24** "The hiring process includes background and criminal checks (when appropriate) for direct care providers, personal and professional references and follow-up on required references."
3. **The care offered within an agency may not be of consistent quality.**
 - ✓ Inconsistencies in the quality of care within an agency were noted in two agencies offering Mental Health services and two agencies offering Developmental Disabilities services.
4. **Consumers are not consistently informed regarding their medication.**
 - ✓ The need for more thorough medication education was noted in two Mental Health reviews.

Relationships

1. **Family relationships may be negatively impacted in the course of services.**
 - ✓ Not all agencies are able to link effectively with parents of consumers as specifically noted in two reviews, one of Mental Health services and one of Developmental Disabilities services.

Community Participation

1. **Inclusion: Not all agencies maximize the opportunities for consumer involvement in the community.**
 - ✓ Seven (25%) of the agencies reviewed failed to meet fully **Standard #26** "The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members."
2. **Access: Not all agencies provide equal access to all consumers.**
 - ✓ As noted above, nine agencies reviewed did not fully meet **Standard #11** "All facilities and programs operated by the agency provide equal access to all individuals." This refers to a lack of language-appropriate services and lack of specialized service to the hearing impaired, for example, as well as to physical barriers.

3. Community members including potential consumers and their families are not always aware of the services offered.

- ✓ Eight agencies were noted as weak in educating their communities regarding their services.

PRIOR FINDINGS

PRIOR FINDINGS

FY99, FY00 and FY01 Compared

Developmental Disabilities Services

1. FY99 Standard #29 regarding annual staff development plans is not met by 25% of the agencies.
 FY00 Standard #29 is fully met by 57% of the agencies.
 FY01 Standard #29 is fully met by 66.67% of the agencies.

2. FY99 Standard #22 regarding consumer involvement in the hiring and evaluation of direct service staff is met by 87.5% of the agencies.
 FY00 Standard #22 is fully met by 72% of the agencies.
 FY01 Standard #22 is fully met by 66.66% of the agencies.

3. FY99 The Medicaid waiver system was an important difficulty for the agencies.
 FY00 Only one agency notes this concern.
 FY01 Only two agencies note this concern.

4. FY99 The quality of rural agencies was markedly lower than that of urban agencies.
 FY00 Rural agencies have on average more areas requiring response.
 FY01 Rural programs had fewer areas requiring response on average than urban programs.

5. FY99 Agencies experience a high rate of staff turnover.
 FY00 Agencies continue to experience a high rate of staff turnover.
 FY01 Agencies continue to experience a high rate of staff turnover.

6. FY99 Documentation was inconsistent.
 FY00 There are four references to inconsistent documentation.
 FY01 There is one reference to inconsistent documentation.

Mental Health Services

1. FY99 There is inadequate funding of mental health services.
 FY00 There is inadequate funding of mental health services.
 FY01 There is inadequate funding of mental health services.

2. FY99 Consumers fear the loss of services.
 FY00 In only one review did consumers mention a fear of loss of services.
 FY01 In no review did consumers mention a fear of loss of services.

3. FY99 Staff morale is low.
 FY00 In only one review is staff morale described as low.

- FY01 In only one review is staff morale described as low.
4. FY99 Other human services in rural areas have declined.
 FY00 Other human services in rural areas have declined.
 FY01 In two reviews the decline of other human services in rural areas is mentioned.
 5. FY99 Services are disrupted by divisions among systems.
 FY00 Services are disrupted by divisions among systems.
 FY01 Services are disrupted by divisions among systems.
 6. FY99 Staff turnover is a difficulty.
 FY00 Staff turnover is a difficulty in fourteen agencies.
 FY01 Staff turnover is a difficulty in two agencies.
 7. FY99 Consumer anxiety may contribute to the need not to criticize agencies.
 FY00 Consumer anxiety is noted in only one review.
 FY01 Consumer anxiety is not noted.
 8. FY99 Even small programs provide psychiatric services.
 FY00 Several agencies do not provide adequate psychiatric services.
 FY01 Only one agency does not provide adequate psychiatric services.
 9. FY99 Agencies have had insufficient time to adjust to the new standards.
 FY00 Agencies have a lower rate of compliance than those providing other services.
 FY01 Agency compliance declines slightly.
 10. FY99 There are difficulties with documentation.
 FY00 The community-based teams no longer review documentation.
 FY01 The community-based teams no longer review documentation.
 11. FY99 There is a need for board training.
 FY00 Two agencies are described as needing board training.
 FY01 One agency is described as needing board training.
 12. FY99 Services to outlying areas have been reduced.
 FY00 Services to outlying areas have been reduced as noted in seven reviews.
 FY01 No further decline is noted.
 13. FY99 Case managers and reception staff are singled out for excellence.
 FY00 Case managers and reception staff are singled out for excellence in seven agencies.
 FY01 Case managers are singled out for excellence in three agencies.

PRIOR FINDINGS

FY00 Issues Compared with FY01 Findings

1. FY00 Consumers are inadequately informed about their rights in 56.67% of the agencies reviewed.
FY01 Consumers are inadequately informed about their rights in 21.4% of the agencies reviewed.
2. FY00 Consumers with special needs feel their care is inadequate or insensitive in 80% of the agencies reviewed.
FY01 Consumers with special needs feel their care is inadequate or insensitive in 21.4% of the agencies reviewed.
3. FY00 The work conditions of direct care staff negatively impact care in 83.3% of the reviews.
FY01 The work conditions of direct care staff negatively impact care in 46.4% of the reviews.
4. FY00 Communication difficulties have a negative impact on consumers' lives in 76.67% of the reviews.
FY01 Communication difficulties have a negative impact on consumers' lives in 35.71% of the reviews.
5. FY00 Consumers find the resources of agencies inadequate to their needs in 76.67% of the reviews.
FY01 Consumers find the resources of agencies inadequate to their needs in 67.89% of the reviews.
6. FY00 Consumers have inadequate personal resources for their needs in 66.67% of the reviews.
FY01 Consumers have inadequate personal resources for their needs in 7.14% of the reviews.
7. FY00 Consumers experience barriers to inclusion in 60% of the reviews.
FY01 Consumers experience barriers to inclusion in 28.57% of the reviews.
8. FY00 Consumers experience disruptions in care due to a lack of coordinated services in 50% of the reviews.
FY01 Consumers experience disruptions in care due to a lack of coordinated services in 39.29% of the reviews.

PROCESS ISSUES

Process Issues in FY01

The community-based, consumer-centered site review process remains largely the same as in prior years. Last year's annual report provided a detailed description. There have been a few changes this fiscal year and they are listed below.

1. The prior measure of consumer satisfaction was the "report card" which yielded a percentage of satisfaction in each of the Five Life Domains under the headings Yes, Partial, No or N/A. Beginning in FY01 the review teams use a score sheet developed in collaboration with the Quality Assurance Steering Committee and the DMHDD QA staff. It provides a score on a scale between 1 and 5 for each of the Five Life Domains. This sheet also provides a place for a summary of system needs and notable characteristics of the agency and of the review.
2. By January, 2001, the Quality Assurance Steering Committee provided the review teams with a detailed description of "Best Practices." This definition, found in the Appendix of this report, guided the teams in the second half of this fiscal year. Agencies' practices recommended for this designation by the teams are referred to the Steering Committee. Those practices recommended this year can be found in the Measures of Excellence section of this report.
3. In the annual report of findings for FY00, the community-based teams requested an explanation of what negative consequences, if any, would follow a review in which there are significant negative findings. This issue has been referred to the Quality Assurance Steering Committee. DMHDD Quality Assurance staff are also involved in discussions of consequences. No determination has been announced at this time.
4. In the annual report of findings for FY00, the community-based teams requested additional adaptations of the site review process to reflect local values and culture. NCR was unsuccessful in securing funding for the production of a videotape that would provide community members with a preview of the review process. An additional facilitator has been contracted who is familiar with the language and culture of western coastal Alaska.
5. This fiscal year the community-based, consumer-centered teams operated on a schedule separate from the DMHDD QA compliance reviews.
6. This fiscal year NCR assumed the responsibility for completing the random selection of case numbers that form the pool of consumers to be interviewed.
7. This fiscal year NCR piloted an alternative form of review in which fewer consumers would be interviewed in greater depth and interviews with staff and related agencies would focus on the services provided to these individuals. One such review was completed in FY01 and another will be piloted in FY02.
8. This fiscal year NCR has provided the Quality Assurance Steering Committee with quarterly reports summarizing the findings and changes of the quarter as well as providing

- the Administrative and Personnel Standards checklist, the tally of Related Agency responses and the consumer score sheets of all reviews completed in that quarter.
9. NCR has created a website on which information is posted about the organization and on which the reviews from FY99 through FY01 are posted. NCR has agreed to post approved Plans of Action as received from Quality Assurance staff. The website address is www.northerncommunityresources.com. Since its initiation in December, 2000, it has been accessed 11,467 times.
 10. NCR has established an 800 number for the use of consumers and community members who wish to provide information on an agency under review. Since its inception in December, 2000, it has been used 10 times. The information provided on the toll free number is referred to the facilitator of the referenced review.
 11. In FY01 the issue of care coordination arose in some of the reviews of Developmental Disabilities services. The facilitators request that the Quality Assurance Steering Committee consider the need to include independent care coordinators in the list of recommended interviews for agencies offering DD services. The question also arises whether or not independent care coordinators should themselves be reviewed.

COMMENTS

Comments from the Northern Community Resources' Facilitators

Northern Community Resources employed six facilitators this fiscal year. They have been asked to contribute their observations to the annual report.

1. Agencies providing Developmental Disabilities services continue to adapt to the requirements of Medicaid waivers. Technical assistance continues to be needed in this area.
2. The need for agencies providing Developmental Disabilities services to focus on Medicaid requirements is diminishing the focus of these agencies on “truly personal services.”
3. The complexity of Medicaid waiver services suggests the need for longer reviews or larger review teams.
4. Larger programs need to be reviewed by a larger team, or teams completing parallel reviews at each of the agency’s sites.
5. The review of Early Intervention/Infant Learning Program services needs to be refined in order to provide more cogent information on these services. One suggestion is that more consumers need to be interviewed for EI/ILP reviews.
6. Regional Coordinators/Program Specialists of Mental Health and Developmental Disabilities services have insufficient time to devote to their role in the site review process. Currently, they are asked for a pre-review discussion of the interviews they wish to have completed with related agencies and to spotlight any particular programs or procedures that are of interest. Regional DMHDD staff are also included in the entrance and exit interviews if they are able to attend in person or by teleconference. For many reviews, the regional DMHDD staff are unable to complete the pre-review discussion or attend the entrance and exit interviews. The community-based review teams would benefit from increased collaboration with the Regional Coordinators/Program Specialists.
7. There is a need to match billing with service delivery. Facilitators suggest that a monthly account sheet provided to each consumer or their family would be useful. In that way, the consumer or family can be part of a system of checks and balances. This is beyond the scope of NCR’s responsibility and is offered here as a suggestion.
8. There is a lack of clarity in the interrelationship between the Plan of Care and the Individual Service Plan for Developmental Disabilities services. Which drives which; how should they be documented; how should service needs not reimbursable through Medicaid be addressed; are consumer rights being protected, etc.?
9. There is concern that the essential differences among the three services whose reviews are integrated in this process argue against comparison of the results of the three types of reviews. Of particular concern is the fact that many consumers of mental health services may enter services under duress. How can the results of reviews reflect this inherent difference?

10. There appears to be some hesitation on the part of agencies and review teams to address the selection of Best Practices. Could the QA Steering Committee further refine its definition of Best Practices? Might the QA Steering Committee provide a series of questions for consideration by agencies wishing to self-nominate practices and for teams reviewing those nominations?

APPENDICES

Attendance at Open Forum Opportunities FY01

Kuskokwim Native Association Community Counseling Center	0
Central Peninsula Counseling Services	6
Seaview Community Services	0
Kenai Community Care Center	0
Islands Counseling Services	5
Sound Alternatives	2
South Peninsula Community Mental Health Center	5
REACH, Inc.	0
Center For Community	1
Mat-Su Services for Children and Adults	1
Bristol Bay Area Health Corporation	0
Juneau Youth Services, Inc.	2
Frontier Community Services	8
Hope Community Resources – Kodiak	3
Kodiak Area Native Association Infant Learning Program	1
Wrangell Community Services	4
North Slope Borough Health Department	4
Hope Community Resources, Dillingham	1
Life Quest	3
Tok Area Counseling Center	0
Copper River Community Mental Health Center	0
Railbelt Mental Health and Addictions	0
Providence Kodiak Island Mental Health Center	15
Access Alaska Southcentral Region	7
Homer Children's Services' Infant Learning Program	0
Hope Community Resources, Juneau	8
Yukon Koyukuk Mental Health Program	0
Juneau Alliance for Mental Health, Inc.	0

FY99, FY00 and FY01 compared

FY 99 The average attendance at the Open Forum held during each review was 2.43 individuals.

FY00 The average attendance at the Open Forum held during each review was 3.3 individuals.

FY01 The average attendance at the Open Forum held during each review was 2.71 individuals. In addition, 44 individuals were interviewed at their request and 10 people offered comments on the NCR toll free phone line.

Deliverables for FY01

1. A statewide FY01 site review schedule resulting from collaboration with provider agencies, DPH and DMHDD. This was completed in August 2000.
2. Twenty-eight reviews in eighteen communities including appropriate pre-review coordination and on-site facilitation with associated draft and final reports of findings. This was completed in June 2001.
3. A semi-annual report summarizing and analyzing review results collected year to date. This was completed in January 2001.
4. An annual report summarizing and analyzing review results collected year to date. This was completed in July 2001.
5. Quarterly and annual expenditure reports. All quarterly reports have been completed at the end of the quarter. The end of year report was completed in July 2001.

BEST PRACTICES CHECKLIST
 PREPARED BY THE TECHNICAL ASSISTANCE SUBCOMMITTEE
 QUALITY ASSURANCE STEERING COMMITTEE
 January 2001

Philosophical/Ideological Context

- Services result in integration and inclusion
- Consumer lives, works, and recreates in settings used by community members who do not experience disabilities

Definition and Placement

- Non-categorical
- Age-appropriate

Assessment and Intervention

- Goals and objectives based on an assessment
- Intervention, training, and support do not imply a disability-specific approach and hinge on future functioning, age and severity of disability
- Intervention and training should be community-referenced to reflect local realities
- Should not be limited by resources or by the needs of the larger group served

Systematic and Data-Based Instruction and Management

- Ongoing instruction and intervention is based on observable progress
- Instruction modified based on data

Family Involvement and Community Activities

- People with disabilities and their families participate in planning, implementing and evaluating the program
- The program provides families meaningful access to information, training and participation in the system

Replication

- The program is replicable
- The program has meaningful outcomes
- There is collaboration with the community
- The program is cost effective