A REPORT OF THE OUTCOMES OF SUPPORTS AND SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, PERSONS WITH MENTAL ILLNESS AND THOSE RECEIVING EARLY INTERVENTION SERVICES

SUMMARIZING THE FINDINGS OF THE INTEGRATED QUALITY ASSURANCE SITE REVIEW PROCESS FOR FISCAL YEAR 2000

PREPARED BY
NORTHERN COMMUNITY RESOURCES

Contents

Overview of the FY00 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 the identification of and resolution to local issues."

Since 1991, NCR has performed site reviews for Alaska's publicly funded Developmental Disabilities (DD) Services and in 1995 added site reviews of Early Intervention/Early Learning Programs (ILP). These reviews have been community-based and consumer-centered reviews. As such, they focused on the creation of a local community team assisted by a peer reviewer and a facilitator. These teams conducted interviews with consumers, their families and their guardians; completed an administrative review of the program's policies and procedures, interviewed program staff and the staff of other human service organizations with which services may have been 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, Rights and Respect; Health, Safety and Security; Relationships; Community Participation. These domains are the basis for NCR's reports.

Since the 1999 fiscal year, NCR has also conducted site reviews of the State's Mental Health Programs. With the addition of these programs, the State has created an Integrated Quality Assurance review in which all of the above human service organizations are held to a single set of standards.

The expansion of the community-based and 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.

An additional measure of consumer satisfaction was added to the review process as well. This document, commonly referred to as the "report card," given its format, attempts to quantify the satisfaction of consumers while the narrative report provides a qualitative description of consumer satisfaction.

A quantifiable measure of the satisfaction of other human service agencies with the program under review has also been developed, focusing 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 QA reviews may occur at the same time as the NCR review; programs have the option of having the

reviews occur separately. The focus of the QA portion of the programs' reviews is the proper documentation of medical necessity and adherence to good practice. NCR and the QA Section work closely together to minimize the disruption to the programs reviewed. 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.

Integrated Quality Assurance Site Reviews of thirty agencies were conducted in FY00 by Northern Community Resources' consumer-focused community-based review process. The list of these agencies can be found on pages 12-13.

These agencies provide Developmental Disabilities services, Mental Health services and Early Intervention/Infant Learning Program services. Agencies providing solely Developmental Disabilities services are referred to throughout this report as DD. Agencies providing solely Mental Health services are referred to as MH. Agencies that provide both DD and MH services and agencies providing Early Intervention/Infant Learning Program (ILP) services along with either MH, DD or both are referred to as Combined Services.

Integrated Quality Assurance Site Reviews were conducted in FY00 for seven DD agencies, fifteen MH agencies, six MH/DD agencies and two MH/DD/ILP agencies.

This report provides the outstanding practices of the agencies, the results of consumer satisfaction measures, the results of related agency satisfaction measures and the results of measures of compliance with the Administrative and Personnel Standards. Compliance with Administrative and Personnel Standards is shown by service, region and urban or rural location and by comparison with FY99.

Findings are summarized and divided by service, region and urban or rural location. Findings are compared with the findings in FY99.

The changes in the review process itself are summarized and compared with the changes requested in FY99.

As noted throughout this document, the programs reviewed in FY00 are not the same ones reviewed in FY99. Comparisons are provided of the degrees of compliance to provide a picture of the overall compliance of DD and MH programs. (Note that EI/ILP programs are reviewed only every four years.) The results of the FY01 reviews will provide a comparison of the degrees of compliance of agencies reviewed in FY99 and again in FY01. There is reason for optimism in this regard as the DD programs, having been reviewed by the consumer-centered process for nearly a decade, demonstrate high degrees of consumer satisfaction, of compliance with consumer-centered values and with the formal Administrative and Personnel Standards.

The evolution of the Integrated Quality Assurance Review process occurred as a 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 flexibility and good faith of the Department of Health and Social Services and the countless hours of effort on the part of volunteers, advocates, community members and peer reviewers.

This document will demonstrate the increasing empowerment of consumers measured, in part, by their increasing participation in the review process both as team member-interviewers, collaborative authors of the reports and as interviewees; it will demonstrate that the qualitative results, while not identical to with the quantitative results, are a critical part of a larger Quality Assurance system; it will suggest some areas for further collaboration among the parties-at-interest including the Quality Assurance Steering Committee's subcommittees; it will demonstrate pervasive unmet needs of consumers and their families; it will present services and approaches that community teams and consumers hold in high esteem. In short, it will present how far we have come and how far we have yet to go.

Commentary on the Integrated Quality Assurance Annual Reports, FY99 and FY00

Northern Community Resources appreciates the opportunity to comment on the findings of the annual report and to make recommendations. In response to requests received during the comment period in July 2000, NCR has polled its facilitators and reviewed its findings in order to provide these responses to the data received through the last two fiscal years' community-based review process. NCR intends to collaborate with the Quality Assurance Steering Committee's subcommittees that will be dealing in more detail with this information and offers these observations.

General Findings

The Alaska Mental Health Board's PERC report and the impressions of NCR facilitators coincide in noting the contradiction among the findings of the Administrative and Personnel Standards, the "report card" measure of consumer satisfaction and the narrative description of the five life domains for all consumers interviewed.

Administrative and Personnel Standards
First, it must be acknowledged that a program could meet many of the Administrative and Personnel Standards and still not be meeting the needs of consumers. Note that the Standards address business practices including personnel issues (3,4,7,8,9,10,17,18,19,20,21,23,24,25,28, 29,30,31,32,33,34) as well as issues of direct consumer concern (1,2,5,6,11,12,13,14,15,16,22,26, 27). In other words, only 38% of the standards are related to consumer involvement and care, even when broadly defined.

Note also that the Standards do not include regulations that form part of the grant process. These include the existence of a Policy and Procedure Manual with defined contents; a sliding fee scale and the promise not to turn away those who cannot pay; an internal quality assurance system; provision of services as determined by grantor's priorities; availability of emergency services 24 hours/day and 7 days/week; a building that allows for confidentiality and meets safety codes; the posting of the Client Bill of Rights and the agency's status as an EEO workplace.

These regulations also have an impact on consumers. For example, given that lack of consumer knowledge of consumer rights was a dominant issue in the FY00 findings, the posting of them could help to reverse that concern. The accessibility of services despite ability to pay, 24/7 availability of services; safe and private building space all impact on consumers and concerns in these areas have been noted in both FY99 and FY00 reports.

Further, we believe that the addition of a Standard for a formal grievance process through which consumers (or their guardians or family members) could seek redress would appropriately enhance the consumer-centered focus of these reviews.

Also left unanswered in the Standards is the issue of the "governing board": is this the local board which represents the community (as per regulation, by ethnic, socioeconomic and geographical factors) or can this function be assumed by a larger, regional board with multiple responsibilities which lacks local community representation?

The "Report Card"

The "report card" format, while easily quantifiable, demonstrates a positive bias in relation to the narrative description of the quality of life factors as operative among the consumer population interviewed. The format of a forced and limited choice, as pointed out by the PERC report, diminishes accuracy. While not quantifiable, clearly the quality of life is more clearly portrayed in the narrative descriptions of the agency's atmosphere, tone, responsiveness and comprehensiveness along with the consumers' perceptions of how they are treated, supported, challenged and acknowledged.

NCR has been directed to continue the use of this measure in order to provide comparable quantitative findings. It should be noted, however, that the "report card" is a limited instrument.

Given the limitations of the quantifiable measures, NCR facilitators urge that careful attention be given to the narrative section of each report. While time consuming, only the narrative provides the breadth and depth required to form a fully dimensional picture of an agency and those it serves.

Mental Health Services

In the last two fiscal years, the incorporation of mental health agencies into the review process that had been used for a decade by those offering developmental disabilities services and early intervention/infant learning program services, has challenged both the mental health agencies and the system within which they are evaluated.

In reference only to mental health programs, we found in FY99 that consumers feared participation or candor in response to these reviews. Their fear was apparently based on a fear of retaliation, a fear based on past history of some agencies. The number of interviews with mental health consumers was limited. The issue arose as to whether this was a procedural problem or a difficulty for consumers and the above points to the latter.

As ably demonstrated in the Alaska Mental Health Board's PERC report, the low level of consumer participation in mental health reviews was significant. The question arises: procedurally how could NCR increase participation; humanly, how could consumers be protected?

In FY 00 we did see increased participation by mental health consumers. With 254 mental health consumer interviews occurring during the course of 23 reviews and a total of 95 open forum participants at those reviews where mental health services were offered either exclusively or in conjunction with other services. This increase was due in part to improved cooperation by the mental health agencies, partly due to the aid of advocacy groups and partly the result of NCR's increased emphasis during the pre-review phase on the centrality of the consumer interviews.

The concern of MH consumers with retaliation was not a central issue in FY00's findings, however the agencies reviewed in this fiscal year were different from those reviewed in FY99. It will be the FY01 results that might provide an answer as to the level of fear of consumers served by those programs.

The problem remains unanswered as to the conduct of programs in which the intimidation of consumers is accepted. How is this issue to be addressed and by whom? As with other negative findings, NCR facilitators note their frustration at reporting serious concerns, only to return to a program in the next review cycle and noting a lack of progress with these items. This must be even more frustrating for the consumers and community members who participate in good faith. This is an enforcement issue that is beyond the scope of NCR but may well fall within the area of responsibility of advocacy groups, the Steering Committee, the Alaska Mental Health Board and other empowered entities. In the view of NCR this is a critical issue that should be addressed promptly.

Mental Health programs are especially challenged by the consumer-centered Standards. In FY00, fewer than 61% of the programs fully met:

1. Standard 6 Consumer representation on the governing board (60% fully compliant)
2. Standard 11 Equal access (60% fully compliant)
3. Standard 12 Utilization of consumer opinion in policy setting and program delivery (40% fully compliant)
4. Standard 13 Solicitation of consumer opinion regularly and the utilization of consumer opinion in planning and delivery of services (47% fully compliant)
5. Standard 14 Utilization of consumer, community and self-evaluation in the setting of annual goals and objectives (47% fully compliant)
6. Standard 22 Utilization of consumer opinion in the hiring and evaluation of direct service providers and consumer approval of special individualized services (27% fully compliant)

By comparison, the Mental Health programs reviewed in FY99 showed this pattern of compliance with consumer-centered Standards:

1. Standard 1 Consumer centered program philosophy (43% fully compliant)
2. Standard 2 Agency promotes understanding and commitment to consumer-centered philosophy (50% fully compliant)
3. Standard 6 Consumer representation on the governing board (50% fully compliant)
4. Standard 11 Equal access (43% fully compliant)
5. Standard 12 Utilization of consumer opinion in policy setting and program delivery (36% fully compliant)
6. Standard 13 Solicitation of consumer opinion regularly and the utilization of consumer opinion in planning and delivery of services (14% fully compliant)
7. Standard 14 Utilization of consumer, community and self-evaluation in the setting of annual goals and objectives (39% fully compliant)
8. Standard 22 Utilization of consumer opinion in the hiring and evaluation of direct service providers and consumer approval of special individualized services (21.5 % fully compliant)
9. Standard 26 Development of non-paid relationships between consumers and community members (28.5% fully compliant)

Given the above, the facilitators note that some Mental Health agencies hesitate to form a treatment partnership with a focus on outcomes and the goal of recovery.

As noted in the PERC report, the consumer-centered reviews point out unmet needs among consumers, needs that the agencies serving them are not funded to meet. NCR does not consider

this to be a criticism of the review process. On the contrary, these unmet needs (for example, transportation, adult dental services, etc.) provide the larger system with a view of consumers' lives and point out funding gaps or insufficiencies. Inclusion of this information is not meant to reflect negatively on the agency being reviewed. In fact, that statement is repeated throughout the reports. This information, however, can be viewed as vital to the stakeholders who consider the priorities and categories for funding.

Another challenge for Mental Health agencies are the personnel Standards. While some agencies had exemplary personnel policies and personnel files, compliance difficulties arose with Standard 20 (job description review and revision; FY99 showed 50% full compliant although FY00 showed 93% fully compliant); Standard 29 (annual staff development plans; FY99 showed 43% fully compliant and FY00 40% fully compliant); Standard 31 (established timelines for performance appraisal; FY99 showed 57% fully compliant and FY00 showed 60% fully compliant); Standard 32 (setting of goals and objectives for the upcoming performance appraisal period; FY99 showed 54% fully compliant and FY00 showed 53% fully compliant)

Developmental Disabilities Findings

Both annual reports demonstrate that DD programs are, overall, more fully compliant with the Standards than are MH programs or combined service programs. In fact, DD services fare better in every measure of consumer satisfaction and administrative compliance for both fiscal years. In fairness, it should be noted that the DD programs have dealt with the consumer-centered values and community-based reviews for nearly a decade, while, for MH programs, this process was new to all of the agencies reviewed in FY99 and FY00.

This exceptional achievement could be enhanced, in the view of NCR facilitators, if

1. pioneering efforts of individual agencies (for example in the area of creative living arrangements and home ownership) were acknowledged, allowing them to serve as models or pilot programs; the State could facilitate dissemination of this data, possibly through a web site
2. the wide variation in personal needs among this population is acknowledged as a major obstacle for care coordination; the State could assist in developing flowcharts or sequential guides to services and, again, disseminating the information, possibly through a web site
3. grant funding were no longer compartmentalized; compartmentalization reduces the ability of programs to provide flexible services across categories of care; perhaps State funding could reflect the integrated approach to services
4. adjudicated DD consumers, including those incarcerated for sexual offenses and crimes involving their substance abuse, were acknowledged as in need of specialized care and if DOC guidelines would allow for this
5. there were Medicaid regulations for DD services; development of these standards would provide needed clarity and promote compliance (Note: It is our understanding that this is being accomplished and that these standards are to be instituted in FY01.)

Facilitators also note the need for DD programs to:

1. improve documentation (see #5 above)
2. improve presentation of goals and objectives

3. enforce needed background checks
4. enforce regular personnel evaluations that include consumer opinion
5. inform consumers of their rights
6. increase the role of consumers in organizational decision making
7. improve positive behavior supports
8. increase emphasis on community participation
9. improve communications skills (with co workers and with consumers)
10. receive training in staff supervision, meeting facilitation and in person-centered planning

Also noted was the crisis situation that waivers have created for many agencies offering DD services. Several small agencies have been providing services without compensation and this endangers their continued existence. This is a critical issue for DD programs.

Lastly, the facilitators ask about the consequences of not providing services. They have had the experience of returning to a program time after time only to note a lack of quantity and quality of services, without remediation. In the opinion of NCR, this is a critical issue that should be addressed promptly.

Early Intervention/Infant Learning Program Services

As these programs are reviewed only every four years, there were no EI/ILP reviews in FY99 and only two in FY00. Of particular interest, however, is the role of the ILP Technical Assistants (equivalent to regional coordinators in DD and MH). The ILP TA's always participate in the site review team of their programs. This would seem to increase the likelihood of a system response to difficulties and improves communication between the quality assurance process and the State employees responsible for the programs.

It can also be noted that the "report card" is of little value in the evaluation of these programs. The EI/ILP representatives have repeatedly pointed this out and this year's results support that view: 23% of the responses were "not applicable" and 18% were "unknown." It would seem that an improved instrument is needed to provide quantifiable data regarding consumer satisfaction with these services.

Additional observations

Integration

The goal of integration obscures the lines that stakeholders wish to maintain. For example, in a particularly successful program, which offers both DD and MH services, staff were not aware of consumers' "designation," that is, they were not concerned with the label, only with the person and the person's plan. When asked to differentiate among consumers for the sake of the site review report, they were courteous, but made it clear that such a labeling was counter to the agency's culture and value system.

NCR has directed facilitators to label findings as to type of service in those agencies where more than one is offered. In a truly congruent program, however, that division may well become superfluous.

Process

NCR facilitators recommend some process changes:

1. a more in-depth picture of each consumer
2. a second look at the Administrative and Personnel Standards regarding the ability of the facilitator to discover administrative compliance (for example, determining "good business practices (#4); the collection of required data (#18), a question the Division is more likely to be able to answer; or the wide ranging standard regarding compliance with "all applicable laws, statutes, regulations…" (#23))
3. in regards to an agency that may be shut down by the State, the advisability of a site review should be given careful consideration; given problems that are endemic and repeated reports of them, a site review is unlikely to provide new insights and may involve facilitators at a level of liability that is inappropriate
4. in regards to an agency that refuses to cooperate with the site review process either during the review or post-review, that a process be in place to respond to that resistance
5. cultural relevancy: NCR has begun to examine alternative processes for those programs who consider the current process to be a poor cultural fit
6. outlying areas: many rural programs serve a large area, encompassing many villages; currently, telephone interviews with outlying areas help to provide a clearer picture of the services and the difficulties in providing them; NCR is also looking at alternative processes for evaluating services outside of the hub community while working within the limits of the funding provided

INTEGRATED QUALITY ASSURANCE REVIEWS
FISCAL YEAR 2000
CHRONOLOGICAL LIST

Tanana Chiefs Conference, Inc.	8/30/99 – 9/3/99	MH/DD/ILP
Fairbanks Community Mental Health Center	9/14/99 – 9/17/99	MH
Adult Learning Programs of Alaska	9/21/99 – 9/23/99	DD
Bethel Community Services	9/28/99 – 9/30/99	MH/DD
Yukon Kuskokwim Health Corporation	9/28/99 – 9/30/99	MH
Fairbanks Resource Agency	10/12/99 – 10/15/99	DD
Crossroads	10/19/99 – 10/21/99	DD
Deaf Community Services	10/27/99 – 10/29/99	DD
Family Centered Services of Alaska	11/2/99 – 11/5/99	MH
Valdez Counseling Service	11/8/99 – 11/10/99	MH
Horizons Unlimited	11/16/99 – 11/18/99	DD
Connecting Ties	11/16/99 – 11/18/99	DD
Southcentral Foundation	12/14/99 – 12/17/00	MH
The ARC of Anchorage	1/10/00 – 1/14/00	MH/DD
Alaska Children's Services	1/19/00 – 1/21/00	MH
Southcentral Counseling	1/24/00 – 1/28/00	MH
Alaska Youth and Parent Foundation	2/1/00 – 2/2/00	MH
Anchorage Center for Families	2/8/00 – 2/11/00	MH
Catholic Social Services	2/16/00 – 2/18/00	DD
Alternatives Community Mental Health Center	2/22/00 – 2/25/00	MH
Norton Sound Health Corporation	3/7/00 – 3/9/00	MH/DD
Hope Community Resources, Inc.	3/20/00 – 3/24/00	MH/DD

Assets, Inc.	4/3/00 – 4/7/00	MH/DD
4Rivers Mental Health Center	4/12/00 – 4/14/00	MH
Maniilaq Association	4/18/00 – 4/20/00	MH/DD
Petersburg Mental Health Services, Inc.	5/3/00 – 5/5/00	MH
Community Connections	5/9/00 – 5/12/00	MH/DD/ILP
Communities Organized for Health Options	5/15/00 – 5/17/00	MH
Lynn Canal Counseling Services	6/6/00 – 6/8/00	MH
Gateway Center for Human Services	6/13/00 – 6/16/00	MH

OUTSTANDING PRACTICES

The new category "Model Practices" was developed for FY00 during the July 1999, three day Quality Assurance Planning Meeting. At that time, Model Practices were defined as innovations worthy of replication by other agencies. The designation "Areas of Excellence" was eliminated.

Community-based teams identified the following model practices in the first half of the fiscal year. These excerpts are taken directly from the reports, eliminating only quotes or references to the definition of model practices.

Fairbanks Community Mental Health Center (MH)

Model Practices

1. The RCAOA/FCMHC Dual Diagnosis Collaboration Project, formalized on the fifteenth of May of last year, deserves special commendation and should serve as a model for merging substance abuse and mental health treatment services in the state of Alaska. The stated goal of this project is "to improve the quality of services provided dually diagnosed persons as evidenced by fewer relapses, hospitalizations and incarcerations." This collaboration extends to assessment, intervention, stabilization, treatment, continuing care and cross training.
2. The Alaska Rag Company is an entrepreneurial business located in downtown Fairbanks, currently employing 14 people and holding 15 contracts for shop rags, manufacturing hand woven rag rugs and housing art works from more than 80 Alaska artists. Art by local consumers is also on display. In FY 98 the company provided training to 21 individuals with severe chronic mental illness and 5 of those individuals graduated into community placements. This project combines prevocational training, vocational training, a creative outlet and a showcase for the successes of local consumers.

Adult Learning Programs of Alaska (DD)

Model Practice

ALPA staff worked for an extended period of time to help a consumer realize the long-standing dreams of owning a home and having a pet. The staff arranged the necessary supports, legal, financial and logistical, to bring about this remarkable accomplishment. In the process, the staff reported that this consumer became the first person in the state to successfully access the Alaska Housing Finance Corporations' HOPS program, which establishes gap financing for people with disabilities. ALPA staff coordinated or helped arrange for the additional involvement of individuals and agencies in the community to help the consumer move into, maintain and improve the home. This individual has realized a sense of accomplishment and well-being through this process, and now has the companionship of a pet as well…

Individual home ownership is not practical or necessary for everyone. However, the team felt the willingness of ALPA staff to believe in peoples' dreams and access the resources and supports necessary to help bring dreams to reality demonstrates a model of support that should be widely emulated.

Yukon Kuskokwim Health Corporation (MH)

Model Practices

1. Employee Culture: The agency values the contributions of all staff members equally and includes everyone's input into decision making.

2. The Use of Natural Supports: The agency's practice of incorporating the area's natural Native support systems, including the use of Elders as counselors, is exemplary.

3. Family Residential Services: One of the residential programs specializes in serving clients with families including providing housing and treatment for the client, their spouse and their children.

Fairbanks Resource Agency (DD)

Model Practices

Recognizing the rights and desires of individuals who experience developmental disabilities to become parents, FRA has, since 1996, developed a multi-sensory supported parenting program that combines in-home supports with hands-on instruction conducted in a group setting. FRA is to be commended in taking the moral high road and finding ways to support individuals through this complex and controversial issue.

Crossroads Counseling and Training Services (DD)

Model Practice

Crossroads Counseling and Training Services has implemented a highly individualized and effective methodology that uses what consumers want as the framework to provide structured but flexible outcome-oriented services. The agency has achieved a remarkable level of success by integrating services that keep the balance between consumers' boundaries and needs.

Most of the consumers at Crossroads have had difficulty fitting into services offered elsewhere, and a significant number of them have been denied services by other agencies. Crossroads has successfully designed supports for these consumers, focusing particularly on residential services that will allow a consumer to live in the community with adequate assistance and limits. Crossroads collaborates extensively with other service providers to ensure provision of services such as vocational, mental health and educational supports for consumers.

Crossroads places high importance on the quality of the "match" between consumers and service providers. Consumers, family members and other agency people state that Crossroads uses a model of care that works very well for people with the variety of manifestations of FAS or FAE. Some characteristics of the Crossroads model include individualized services, a non-punitive approach and respect for choices.

Family Centered Services of Alaska (MH)

Model Practices

1. Crisis Prevention Services: This program was praised by many of the families interviewed… It was obvious to the team that the program's focus on prevention and immediate response to families in need has been very effective in producing positive outcomes to families in impending crisis. The program offers support to anyone in need and offers a range of services from "check-in" type monitoring to licensed emergency foster care.

2. Parent Advisory Committee: On several occasions, people interviewed indicated the effectiveness of the Parents Advisory Committee. The committee clearly has a direct line of communication and feedback to the administrative staff. The pervasive sentiment was the feedback was well received and that suggestions were implemented almost immediately. One parent commented that, in many ways, the committee has more influence on daily program operations than the board. The team is impressed with this proactive move, taken by the agency, to formally incorporate parent feedback in program improvement.

3. Youth Counselor Services: It was clear to the team that one of the critical elements of this agency's success is the provision of youth counselor services to families. This practice of having youth counselors provide support to families in their home and in the community is a lifeline for many families interviewed. A parent stated the youth counselor "helped me through hell." Services clearly focus on providing support to the family where and when it is needed.

Valdez Counseling Center (MH)

Model Practice

Valdez Counseling Center achieves maximum utilization of the talents, skills and resources found among the staff, local residents, agencies and consumers to the benefit of the entire community. It is the opinion of the site review team that enthusiastic, compassionate creativity results from the free flow of information and ideas in an atmosphere of respectful listening and mutual acceptance. It is clear that, unique among MH agencies, the staff, consumers and other members of this coalition hold each other in very high personal and professional regard.

Southcentral Foundation (MH)

Model Practice

Southcentral Foundation provides 24 hour a day, 7 day a week non-crisis supports to clients living in the community. This service is offered through the Quyana Clubhouse program. This practice shows a commitment to client support that goes beyond common program practice.

On January 7, 2000, the Quality Assurance Section redefined Model Practices. From that date, in order to be considered a Model Practice, a program would have to meet the following criteria: 1) exceeds the expectations of the State; 2) is documented; 3) can be replicated by another provider; 4) is cost effective; 5) has demonstrated positive outcomes.

The former category "Areas of Excellence" was reinstated. These areas are those in which a program 1) exceeds the expectations of the community; 2) benefits the community; 3) is exemplary; 4) demonstrates exceptional effort or achieves exceptional outcomes.

These agencies were cited as having potential Model Practices and the following Areas of Excellence.

Southcentral Counseling (MH)

Model Practices: The team feels that some of the Areas of Excellence noted below, particularly the Compeer program, may qualify for the recently redefined "model practice" designation. However, given the intensity of this review, the team was unable to focus on any single program in sufficient depth to meet the requirements of documenting the program description, cost effectiveness, positive outcomes and suitability for replication. We regret out limitations in this area of the review.

Areas of Excellence:

1) The Compeer program successfully matches consumer and sponsoring individuals or families and has made demonstrable differences in the quality of life of the consumers involved in it.
2) The agency's mammoth effort to provide a computerized system to aid in case files, scheduling, billing, collection of demographic and similar data, etc. is admirable.
3) The placement of an SCC clinician at the offices of the Division of Family and Youth Services to provide assessments and triage is an effective and innovative use of resources.
4) The Senior Psychiatric Outreach Team provides clinical services to seniors who reside in a variety of assisted living facilities. Identification and provision of services to this often neglected population is exemplary.
5) The On Target program, providing services in five area schools, is another example of an effective and innovative use of resources. In addition, team members noted that the presence of services within the school helps to decrease the stigma attached to receiving such services.
6) The agency has a thorough and effective Board development program including local and out of state training opportunities and shares these trainings with staff from other agencies. The result of this Board development is a professional, focused and effective Board.
7) The agency's mission, vision and values are presented in all agency publications, are posted in the agency and clearly guide Board goal setting and program planning.

Anchorage Center for Families (MH)

Model Practices: The team has identified 4 model practices at the Anchorage Center for Families. It should be noted that this is an extraordinary event given the rigor of the new definition of model practices. The team wished to recommend for this designation: the Intermission Crisis Nursery, serving children from 0 to 12, 24 hours a day every day of the year; Preschool Day Treatment for severely emotionally disturbed children ages 3 to 5 who are eligible for Medicaid funding; Home Based Services, short term intensive support and therapeutic services provided in the home; Parenting Education provided at the agency and throughout the community, including general parenting education, KidSmart parent groups, Parents' Night Out, parent workshops and the 12-week Assertive Parenting course.

Areas of Excellence:
1)The positive, nurturing, professional and appropriate attitude of staff.
2) The positive and lasting impact on families of the services provided as evidenced in consumer and collateral agency interviews.
3) The collaborative spirit of the agency internally (as evidenced in the high praise received from collateral agencies or the extent and quality of collaboration ACF offers them). Of particular note was the involvement of the school district in the preschool day treatment program.
4) The degree to which consumer families are empowered.
5) The degree to which consumers mandated for services are received with dignity and respect and offered the degree of choice possible within that mandate. The positive evaluation of services by those self-identified as mandated for services is a unique testimony to the consumer-centered philosophy of this agency.
6) The high degree of involvement and visibility of ACT in the community as educator, advocate and evaluator.

Hope Community Resources, Inc. (MH/DD)

Model Practice: Innovation – Hope demonstrates consistent commitment to flexibility and innovation that results in ongoing leadership in DD service delivery. Hope consistently moves new concepts into practice in a way that is appropriate and pervasive in the agency. Among those programs at Hope that illustrate this strength of the agency are the following:

- College internships offer students an opportunity to learn inclusion on-the-job and offer Hope access to relief staff. This summer, Hope will be adding a quality assurance role to the work performed by graduate student interns that promises to further empower networks to measure their effectiveness and improve services.
- Urban subsistence connects individuals to cultural activities such as hunting, camping and fishing in a meaningful and direct program.
- The Health and Wellness Center helps families, individuals and staff heal when they experience hurtful and painful situations.
- Home Alliance brings close relationships and intensive services to a new level of collaboration for people served by this program.

Areas of Excellence:

1) Agency Culture and Philosophy – All staff understand the philosophy of Hope and they successfully integrate the agency's mission and values into the delivery of services. Hope makes exceptional efforts to educate all staff to the agency's standards for service delivery. With few exceptions, staff respond by treating their vocations as being more than just a job. The agency clearly documents their focus on the philosophical foundation of the agency through almost all its literature and publications.

   The agency emphasizes a client-centered, individualized service approach that clearly values the people serves. The agency's willingness to anticipate and change and to apply creativity to all areas of service mean that Hope is continually evolving…They do this while keeping their core values at the forefront of everything they do. Hope places great importance on sensitivity to family issues.

2) Medical quality assurance – The health and well being of people receiving services at Hope receive comprehensive and consistent review. The full-time Medical Director provides a quality assurance role in reviewing clients' medical histories and medications.

ASSETS, Inc. (MH/DD)

Model Practice: While the team was not prepared to identify a model practice during this review, we did express the opinion that Assets' use of the psycho-rehabilitation model, successfully blending MH and DD services, is unique and bears further exploration in subsequent reviews.

Areas of Excellence:

1) Assets has effectively instituted the psycho-rehabilitation model of services and successfully and appropriately blended MH and DD services within this model.
2) Assets' proactive protocols for health and safety needs of consumers are exemplary.
3) Assets' effective and thorough risk management allows for the provision of supports and services to consumers who present complex and high risk needs, consumers who other agencies might consider liability risks.
4) Assets' initiative and creativity in identifying businesses to employ consumers and the ability to satisfy these employers' needs are a particular strength of this agency.
5) Assets' persevering optimism in accepting and working with consumers with complex support needs, including those transitioning from institutional settings and those requiring skills for the healthy management of sexuality, exhibits flexibility and a "can do" attitude…
6) Assets' value system pervades all aspects of the agency's work, is an integral part of employee orientation, training and evaluation, is posted throughout the agency and routinely recurs in conversation among agency staff.
7) Assets' ability to create and maintain what one staff member referred to as a "linked system", teaming staff from a wide variety of agencies, exhibits a mature, non-territorial attitude toward services and makes for excellent relationships with those agencies. The dignity of the other service providers is maintained and the focus on the consumer enhanced by this team concept.

Petersburg Mental Health Services, Inc. (MH)

Areas of Excellence:

1) Petersburg Mental Health Services is characterized by superior standards of client care including… "absolute confidentiality." Several informants noted the high degree of professionalism that is the hallmark of all interactions between PMHS staff and consumers, community members and other professionals.
2) Petersburg Mental Health Services collaborates with other service providers to an unusually high degree, enhancing the positive impact of the community's helping agencies.
3) Petersburg Mental Health Services maintains an outstanding resource library that includes books, handouts, pamphlets, audio tapes and video tapes, all available to consumers and to the community.
4) Petersburg Mental Health Services is completely integrated into the community, is generously supported by local government and private citizens and claimed as the community's own…

5) The Director of Petersburg Mental Health Services provides exemplary leadership and has emerged as the undoubted spokesperson for Mental Health in the area; her philosophy, actions and intentions demonstrate a clear, complete dedication to this community.

Gateway Center for Human Services

Model Practices

1) The agency successfully blends MH and substance abuse services. A staff member with dual competency has been hired. The director's background is in mental health and the deputy director's background is in substance abuse. This combination appears to be efficient for serving the dually diagnosed and allows for prevention services in either area to those with a single diagnosis.
2) Gateway has assisted in the addition of a prevention specialist and a mental health clinician in the school system and was prepared to bear the cost of that position if necessary. Gateway has assisted in planning the addition of a social worker position in juvenile probation. This is an example of effective collaboration, is cost effective and provides a continuum of care.

Areas of Excellence

1. Gateway has designated two employees to work with juvenile probation. This allows for a rapid and informed response and provides a continuum of care including referral, assessment and treatment.
2. Gateway has effectively meshed resources for emergency services. The hospital, law enforcement and Gateway work together with admirable coordination. Gateway provides these services for their own clients and for others within the service area if identified by either the hospital or by law enforcement.
3. Gateway engages in a debriefing following each crisis as a learning and a supportive experience for the staff.
4. Case managers are based in the consumer clubhouse, the Drop Inn, providing ready access, support to and interaction with consumers.
5. Gateway maintains an on-call system during the day as well as after-hours.
6. Gateway recruits, trains and supports foster parents and provides a foster parent newsletter for additional information and support.
7. Gateway staff is responsive to the needs of the community.
8. Gateway surveys consumers upon termination of services, as a group and by reviewing consumer suggestions in the suggestion boxes placed around the agency.
9. Gateway provides both child and adult psychiatric services. The child psychiatrist, who travels from Portland, is available once each month; the psychiatrist providing care to adults is on site for three days each month. A psychiatric nurse is a full time staff member.
10. Gateway has a close relationship with the Middle School, consulting regarding school needs, responding promptly to individual needs, attending IEP meetings as requested and facilitating groups held both within the agency and within the school.
11. Gateway has provided a crisis response team to an outlying area for prevention and support.
12. Gateway serves all transient mentally ill individuals with housing and meals. The Director states "*No (chronically mentally ill person) here is homeless unless they choose to be*

DMH/DD Key (1)Indicators of Provider Performance (2) Unmet Needs ALL DD REVIEWS IN FY00 by PERCENTAGE	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	94.4	2.5	1.9	0.6	0.6
2. Adults choose where and with whom they live, work and socialize; children live with families.	88	5.7	2.5	2.5	1.3
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	83.6	8.8	3.8	0.6	3.2
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	84.2	5.7	4.4	2.5	3.2
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	86.8	6.9	3.8	0.6	1.9
2. People/families have access to information that assists him/her in making informed decisions.	83.7	8.8	4.4	0.6	2.5
3. People/families control the flow of personal information.	84.2	3.2	3.2	3.2	6.2
4. People/families are respected and valued by service providers.	90.5	5.7	1.3	0.6	1.9
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	89.9	3.8	1.9	3.8	0.6
2. People have adequate resources to meet their basic needs.	83	9.4	3.2	3.8	0.6
3. People have access to necessary medical and mental health services.	81.7	10	1.3	5.7	1.3
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	75.5	8.2	1.3	12.5	2.5
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	86.8	6.9	1.3	3.2	1.8
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	85.5	8.8	1.3	1.9	2.5
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	68.6	10	3.2	13.2	5
4. Staff members are knowledgeable about the person's natural support system.	85.5	6.8	3.2	1.3	3.2
UNMET NEEDS:					
Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	89.9	4.4	1.3	3.8	0.6
2. People have meaningful jobs or day activities.	80.5	7.5	5.2	6.8	0
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	87.4	6.3	2.5	3.2	0.6
4. People are viewed by staff as having something valuable to contribute to the community.	85.6	1.9	1.9	3.8	6.8
UNMET NEEDS:					
Average of all scores	85%	7%	3%	4%	1%

CONSUMER SERVICE AREA:
DEVELOPMENTAL DISABILITY 225 interviews

DMH/DD Key (1)Indicators of Provider Performance (2) Unmet Needs ALL MH REVIEWS IN FY00 by PERCENTAGE	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	74.1	14.2	8.2	2.2	1.3
2. Adults choose where and with whom they live, work and socialize; children live with families.	67.7	13	6.3	10	3
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	61.2	17.2	10.8	4.8	6
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	63.8	11.2	12.5	5.6	6.9
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	71.2	15.5	8.6	3	1.7
2. People/families have access to information that assists him/her in making informed decisions.	70.3	16.8	7.3	2.6	3
3. People/families control the flow of personal information.	63.8	10.4	6	6.9	12.9
4. People/families are respected and valued by service providers.	79.7	11.2	5.6	1.3	2.2
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	75.4	12.1	5.6	5.2	1.7
2. People have adequate resources to meet their basic needs.	79.7	9	4.3	6	1
3. People have access to necessary medical and mental health services.	79.3	11.2	3.4	3.9	2.2
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	70.3	12.9	8.6	5.6	2.6
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	71.2	15.1	5.6	4.7	3.4
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	67.7	14.6	5.6	8.2	3.9
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	61.6	12.1	11.7	7.3	7.3
4. Staff members are knowledgeable about the person's natural support system.	68.1	8.2	4.7	4.7	14.3
UNMET NEEDS:					
Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	79.7	9.1	3.4	6	1.8
2. People have meaningful jobs or day activities.	67.7	11.6	7.3	8.6	4.8
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	66	11	8	10	5
4. People are viewed by staff as having something valuable to contribute to the community.	70.3	4.3	3.9	10.3	11.2
UNMET NEEDS: AVERAGE BY PERCENTAGE	**70.4**	**12**	**6.0**	**5.9**	**4.8**

CONSUMER SERVICE AREA:
MENTAL HEALTH 254 interviews

DMH/DD Key (1)Indicators of Provider Performance (2) Unmet Needs ALL COMBINED SERVICES REVIEWS FY00 BY PERCENTAGE	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	77	10	2	3	8
2. Adults choose where and with whom they live, work and socialize; children live with families.	72	8	7	4	9
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	63	15	4	3	15
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	67	7	6	4	16
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	69	9	6	1	15
2. People/families have access to information that assists him/her in making informed decisions.	67	7	8	2	16
3. People/families control the flow of personal information.	59	8	6	3	24
4. People/families are respected and valued by service providers.	83	7	3	0	7
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	84	6	3	5	2
2. People have adequate resources to meet their basic needs.	88	5	1	1	5
3. People have access to necessary medical and mental health services.	76	9	2	5	8
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	74	15	1	3	7
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	73	16	3	3	5
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	69	15	0	5	11
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	62	10	1	6	21
4. Staff members are knowledgeable about the person's natural support system.	75	7	3	2	13
UNMET NEEDS:					
Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	85	5	2	4	4
2. People have meaningful jobs or day activities.	68	14	9	4.5	4.5
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	79	6	2	6	7
4. People are viewed by staff as having something valuable to contribute to the community.	80	5	1	1	13
UNMET NEEDS:					
AVERAGE BY PERCENTAGE	73.5	9.2	3.5	3.3	10.5

DMH/DD Key (1)Indicators of Provider Performance (2) Unmet Needs BOTH ILP REVIEWS FY00	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	94.4	0	5.6	0	0
2. Adults choose where and with whom they live, work and socialize; children live with families.	11.1	0	0	88.9	0
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	89	0	5.5	0	5.5
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	72.1	5.6	5.6	0	16.7
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	83.2	5.6	5.6	0	5.6
2. People/families have access to information that assists him/her in making informed decisions.	88.9	0	0	0	11.1
3. People/families control the flow of personal information.	72.2	5.6	0	0	22.2
4. People/families are respected and valued by service providers.	88.8	5.6	0	0	5.6
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	27.8	11.1	11.1	38.9	11.1
2. People have adequate resources to meet their basic needs.	38.9	16.7	5.6	27.7	11.1
3. People have access to necessary medical and mental health services.	22.2	5.6	0	50	22.2
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	61.1	11.1	11.1	0	16.7
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	77.8	11.1	5.6	5.5	0
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	33.3	16.7	0	50	0
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	27.8	16.7	11.1	27.7	16.7
4. Staff members are knowledgeable about the person's natural support system.	33.3	11.1	5.6	5.6	44.4
UNMET NEEDS:					
Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	44.5	0	0	22.2	33.3
2. People have meaningful jobs or day activities.	0	0	0	66.7	33.3
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	11.1	0	0	55.6	33.3
4. People are viewed by staff as having something valuable to contribute to the community.	5.6	0	0	22.2	72.2
UNMET NEEDS:					
AVERAGE BY PERCENTAGE	49	6	3.6	23	18

DMH/DD Key (1)Indicators of Provider Performance (2) Unmet Needs ALL PROGRAMS REVIEWED FY00 by PERCENTAGE	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	82	9	5	2	2
2. Adults choose where and with whom they live, work and socialize; children live with families.	73	9	6	9	3
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	70	13	7	3	7
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	71	9	9	4	7
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	76	11	7	2	4
2. People/families have access to information that assists him/her in making informed decisions.	75	12	6	2	5
3. People/families control the flow of personal information.	70	7	5	5	13
4. People/families are respected and valued by service providers.	84	8	4	1	3
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	80	8	4	6	2
2. People have adequate resources to meet their basic needs.	81	9	3	5	2
3. People have access to necessary medical and mental health services.	77	10	2	6	5
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	72	12	5	7	4
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	77	12	4	4	3
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	72	13	3	7	5
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	63	11	7	9.5	9.5
4. Staff members are knowledgeable about the person's natural support system.	74	8	4	3	11
UNMET NEEDS:					
Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	83	7	2	5	3
2. People have meaningful jobs or day activities.	69	10	7	10	4
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	73	8	5	9	5
4. People are viewed by staff as having something valuable to contribute to the community.	75	3	3	7	12
UNMET NEEDS:					
AVERAGE BY PERCENTAGE	74.9	9.5	4.9	5.3	5

254 Mental Health Services Consumers 225 Developmental Disabilities Services Consumers 18 Early Intervention/Infant Learning Services Consumers

169 Child Consumers 220 Adult Consumers (108 Age Unreported)

CONSUMER SATISFACTION All PROGRAMS REVIEWED IN FY99 AND FY00 BY PERCENTAGE 99/00	Yes	Partial	No	NA	Unkwn
Choice/Self-Determination -					
1. People/families determine their own goals and identify their preferences.	78/ 82	17/9	4/5	½	0/2
2. Adults choose where and with whom they live, work and socialize; children live with families.	86/ 73	6.5/ 9	3.5/ 6	4/9	0/3
3. People/families' goals and dreams are the focus of service plan goals, and those goals are being pursued.	69/ 70	17/13	9/7	5/3	0/7
4. People/families participate in an ongoing problem solving process used to make changes to the individual service plan.	71/ 71	16/9	11/ 9	2/4	0/7
UNMET NEEDS:					
Dignity, Respect and Rights -					
1. People/families understand and exercise their rights as consumers of services.	64/ 76	25/11	7/7	4/2	0/4
2. People/families have access to information that assists him/her in making informed decisions.	75/ 75	17/12	6/6	2/2	0/5
3. People/families control the flow of personal information.	87/ 70	8/7	3/5	2/5	0/ 13
4. People/families are respected and valued by service providers.	80/ 84	15/8	5/4	0/1	0/3
UNMET NEEDS:					
Health, Safety and Security -					
1. People are safe from harm in their homes and community.	86/ 80	9/8	¾	2/6	0/2
2. People have adequate resources to meet their basic needs.	82/ 81	13/9	4/3	1/5	0/2
3. People have access to necessary medical and mental health services.	80/ 77	13/10	6/2	1/6	0/5
4. Peoples' emotional and physical well being are appraised and supports and services are in place where help is needed.	74/ 72	22/ 12	4/5	0/7	0/4
UNMET NEEDS:					
Relationships -					
1. People have regular and meaningful contact with their families/friends/ guardians and natural support networks.	83/ 77	13/12	2/4	2/4	0/3
2. People have opportunities to meet people and the freedom to develop and maintain personal and intimate relationships.	70/ 72	20/13	8/3	2/7	0/5
3. People have goals to increase specific social skills and/or enhance relationships and they are being implemented.	67/ 63	15/ 11	8/7	10/ 9.5	0/ 9/5
4. Staff members are knowledgeable about the person's natural support system.	80/ 74	12/8	4/4	4/3	0/ 11
UNMET NEEDS:					

Community Participation -					
1. People live, shop, bank, recreate, worship, and learn etc. where everybody else does in the community.	83/ 83	7/7	6/2	4/5	0/3
2. People have meaningful jobs or day activities.	70/ 69	15/ 10	12/ 7	3/ 10	0/4
3. People have necessary accommodations and adaptations that allow for participation in typical community activities.	72/ 73	10/8	10/ 5	8/9	0/5
4. People are viewed by staff as having something valuable to contribute to the community.	72/ 75	9/3	8/3	11/ 7	0/ 12
UNMET NEEDS: AVERAGE BY PERCENTAGE FY99	76.5	14	6.2	3.4	NA
AVERAGE BY PERCENTAGE FY00	74.9	9.5	4.9	5.3	5.5

Note: The programs reviewed in FY00 are not the same ones reviewed in FY99. The data from FY99 and FY01 will provide a comparison of the results of two reviews of the same agencies.

Questions for Related Service Agencies

ALL DD REVIEWS IN FY00 BY %

Check one of the boxes for the following questions	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	97%	0	0	3%
2. Does the agency cooperate/collaborate with you on cases?	100%	0	0	0
3. Does that collaboration contribute to positive outcomes for the clients?	100%	0	0	0
4. Does the agency provide good communication to you on mutual cases?	85.3%	11.7%	0	3%
5. Does the agency follow through on agreements/plans to serve mutual clients?	100%	0	0	0
6. Does the agency provide closure with you on casework?	38.2%	0	0	61.8%

Questions for Related Service Agencies

ALL MH PROGRAMS FY00 BY %

Check one of the boxes for the following questions	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	73%	15%	5%	7%
2. Does the agency cooperate/collaborate with you on cases?	78%	11%	7%	4%
3. Does that collaboration contribute to positive outcomes for the clients?	82%	8%	4%	6%
4. Does the agency provide good communication to you on mutual cases?	72%	15%	7%	6%
5. Does the agency follow through on agreements/plans to serve mutual clients?	70%	13%	2%	15%
6. Does the agency provide closure with you on casework?	41%	8%	9%	42%

Questions for Related Service Agencies

ALL COMBINED SERVICES REVIEWS FY00 BY %

Check one of the boxes for the following questions	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	75.7%	7.8%	4.8	11.7%
2. Does the agency cooperate/collaborate with you on cases?	82.5%	8.7%	7.8	1%
3. Does that collaboration contribute to positive outcomes for the clients?	84.5%	5.8%	5.8	3.9%
4. Does the agency provide good communication to you on mutual cases?	77.8%	14.5%	5.8	1.9%
5. Does the agency follow through on agreements/plans to serve mutual clients?	77.8%	11.6%	5.8	4.8%
6. Does the agency provide closure with you on casework?	38.9%	5.8%	6.8	48.5%

Questions for Related Service Agencies

ALL REVIEWS IN FY00 BY %

Check one of the boxes for the following questions	Yes	Part	No	NA
1. Does agency follow-up when you make a referral?	77%	11%	4%	8%
2. Does the agency cooperate/collaborate with you on cases?	82%	9%	6%	3%
3. Does that collaboration contribute to positive outcomes for the clients?	85%	6%	4%	5%
4. Does the agency provide good communication to you on mutual cases?	75%	15%	6%	4%
5. Does the agency follow through on agreements/plans to serve mutual clients?	76%	11%	3%	10%
6. Does the agency provide closure with you on casework?	40%	6%	8%	46%

Questions for Related Service Agencies

FOR ALL REVIEWS COMPLETED IN FY99 AND FY00 BY PERCENTAGE

99/00

Check one of the boxes for the following questions	Yes	Part	No	NA
2. Does agency follow-up when you make a referral?	72/ 77	14/ 11	0/4	14/ 8
7. Does the agency cooperate/collaborate with you on cases?	83/ 82	12/ 9	4/6	1/3
8. Does that collaboration contribute to positive outcomes for the clients?	74/ 65	15/ 6	5.5 /4	5.5/ 5
9. Does the agency provide good communication to you on mutual cases?	82/ 75	11/ 15	4/6	3/4
10. Does the agency follow through on agreements/plans to serve mutual clients?	70/ 76	16/ 11	5/3	9/ 10
11. Does the agency provide closure with you on casework?	51/ 40	10/ 6	11/ 8	28/ 46

AVERAGE FY99 72% 13%
4.92% 10.08%

FY00 69.17% 9.67%

5.12% 12.67%

Administrative and Personnel Standards Checklist
ALL DD REVIEWS IN FY00 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%	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%	0	0	0
3. The agency has a copy of a current external audit performed according to regulation.	57%	0	0	43%
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	86%	0	14%	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%	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.	43%	43%	14%	0
7. The governing body oversees the agency budget and ensures program quality.	100%			
8. Governing body meetings are open to the public.	100%			
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	86%	0	14%	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	57%	15%	28%	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	72%	14%	14%	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	86%	0	14%	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.	72%	0	28%	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	72%	0	28%	0
15. Programs provide services and information on a year-round basis.	100%			
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%			

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%	0	0	0
18. The agency collects required data and submits it to the appropriate state agency.	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.	86%	0	14%	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	100%	0	0	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	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.	72%	0	28%	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	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.	100%	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.	86%	0	14%	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	100%	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.	86%	0	14%	0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	100%	0	0	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	57%	0	43%	0
30. The agency identifies available resources to meet the assessed training needs of staff.	86%	0	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.	72%	0	28%	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	100%	0	0	0
33. The agency maintains written personnel policies for disciplinary action.	100%	0	0	0
34. The agency maintains a written procedure for employee grievances.	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
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 leaming services.				x
37. The agency networks with other agencies and individuals providing services to families and young children in the community.				x
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.				x
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.				x
40. For center-based services, staff develop a program plan of activities and objectives for each session.				x
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.				x
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.				x
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

Full compliance of DD agencies: 90.18%

Administrative and Personnel Standards Checklist
ALL MH REVIEWS IN FY00 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%			
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	100%			
3. The agency has a copy of a current external audit performed according to regulation.	100%			
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	93%		7%	
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%		7%	
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	60%	13%	27%	
7. The governing body oversees the agency budget and ensures program quality.	100%			
8. Governing body meetings are open to the public.	80%	7%	13%	
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	100%			
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	87%		13%	
11. All facilities and programs operated by the agency provide equal access to all individuals.	60%	20%	20%	
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	40%	13%	47%	
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.	47%		53%	
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	47%	13%	40%	
15. Programs provide services and information on a year-round basis.	100%			
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%			

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%		20%	
18. The agency collects required data and submits it to the appropriate state agency.	87%		13%	
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.	87%		13%	
20. The agency implements and maintains a system for review and revision of all job descriptions.	93%		7%	
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	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.	27%	27%	46%	
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	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.	80%		20%	
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.	73%		27%	
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	93%		7%	
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.	93%		7%	
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	87%		13%	
29. A staff development plan is written annually for each professional and paraprofessional staff person.	40%	7%	53%	
30. The agency identifies available resources to meet the assessed training needs of staff.	73%		27%	

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%		40%	
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	53%	20%	27%	
33. The agency maintains written personnel policies for disciplinary action.	100%			
34. The agency maintains a written procedure for employee grievances.	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.				x
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
37. The agency networks with other agencies and individuals providing services to families and young children in the community.				x
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.				x
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.				x
40. For center-based services, staff develop a program plan of activities and objectives for each session.				x
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.				x
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.				x
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

Full compliance of MH agencies: 79.79%

Administrative and Personnel Standards Checklist
ALL COMBINED SERVICES REVIEWS IN FYOO 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.	88%	12%	0	0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	88%	12%	0	0
3. The agency has a copy of a current external audit performed according to regulation.	100%	0	0	0
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	63%	0	37%	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%	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.	63%	12%	25%	0
7. The governing body oversees the agency budget and ensures program quality.	100%	0	0	0
8. Governing body meetings are open to the public.	88%	0	12%	0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	100%	0	0	0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	88%	12%	0	0
11. All facilities and programs operated by the agency provide equal access to all individuals.	88%	0	12%	0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	50%	25%	25%	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.	50%	25%	25%	0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	50%	25%	25%	0
15. Programs provide services and information on a year-round basis.	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.	88%	0	12%	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.	63%	0	37%	0
18. The agency collects required data and submits it to the appropriate state agency.	63%	0	37%	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.	88%	0	12%	0
20. The agency implements and maintains a system for review and revision of all job descriptions.	88%	0	12%	0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	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.	12%	0	88%	0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	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.	88%	0	12%	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.	50%	12%	38%	0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	50%	12%	12%	26%
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.	88%	0	12%	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	50%	0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	25%	12%	63%	0
30. The agency identifies available resources to meet the assessed training needs of staff.	50%	12%	38%	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%	12%	38%	0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	63%	0	37%	0
33. The agency maintains written personnel policies for disciplinary action.	88%	12%	0	0
34. The agency maintains a written procedure for employee grievances.	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
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
37. The agency networks with other agencies and individuals providing services to families and young children in the community.				x
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.				x
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.				x
40. For center-based services, staff develop a program plan of activities and objectives for each session.				x
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.				x
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.				x
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

Full compliance of Combined Services agencies: 76.36%

Administrative and Personnel Standards Checklist
ALL REVIEWS IN FY00 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.	97%	3%		
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	97%	3%		
3. The agency has a copy of a current external audit performed according to regulation.	90%			10%
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	83%		17%	
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.	97%		3%	
6. The agency's governing body includes significant membership by consumers (DD, MH) or consumer family members (ILP), and embraces their meaningful participation.	57%	20%	23%	
7. The governing body oversees the agency budget and ensures program quality.	100%			
8. Governing body meetings are open to the public.	87%	3%	10%	
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	97%		3%	
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	80%	7%	13%	
11. All facilities and programs operated by the agency provide equal access to all individuals.	70%	13%	17%	
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	53%	13%	34%	
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.	53%	7%	40%	
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	53%	13%	34%	
15. Programs provide services and information on a year-round basis.	100%			
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.	93%		7%	

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%		20%	
18. The agency collects required data and submits it to the appropriate state agency.	83%		17%	
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.	87%		13%	
20. The agency implements and maintains a system for review and revision of all job descriptions.	90%		10%	
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	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.	34%	13%	53%	
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	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.	87%		13%	
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.	70%	3%	27%	
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	77%	3%	10%	10%
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.	87%		13%	
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	80%		20%	
29. A staff development plan is written annually for each professional and paraprofessional staff person.	40%	7%	53%	
30. The agency identifies available resources to meet the assessed training needs of staff.	70%	3%	27%	

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%	3%	37%	
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	67%	10%	23%	
33. The agency maintains written personnel policies for disciplinary action.	97%	3%		
34. The agency maintains a written procedure for employee grievances.	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.	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.	100%			
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	100%			
38. All professional and paraprofessional staff hired on waivers will have a training program developed by the agency and approved by the state.	50%			50%
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.		50%	50%	
40. For center-based services, staff develop a program plan of activities and objectives for each session.	50%			50%
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	50%		50%	
42. The adult-child ratio for center-based or community group activities for children under 18 months is two children per participating adult.	50%			50%
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%			50%

Note: The number of Areas Requiring Response is one general measure of compliance. In the 30 reviews in FY00 the number of requirements ranged from 0 to 29*. This is shown below by type of service, by region and by urban and rural agencies.

AREAS REQUIRING RESPONSE: BY SERVICE

MH Services	DD Services	Combined Services
21	2	22
13	8	29
9	2	11
7	13	6
5	18	17
5	4	7
5	0	24
15		9
4		
7		
11		
13		
7		
8		
5		
Average 9	**6.7**	**15.9**

AREAS REQUIRING RESPONSE: REGIONAL

North	SC	SE	Anchorage
22	29	3	11
21	13	9	5
2	7	7	5
8	18	8	5
2	4	5	15
13			4
9			0
17			7
10			6
24			7
Average 12.9	**14.2**	**6.4**	**6.5**

AREAS REQUIRING RESPONSE BY URBAN OR RURAL

	Urban-based Services	Rural Services
	22	29
	21	13
	5	7
	6	18
	7	4
	8	17
	9	11
	5	24
	4	13
	11	9
	5	7
	15	8
	0	5
	7	
	13	
	2	
	2	
Average	**8.4**	**12.7**

Administrative and Personnel Standards Checklist

Developmental Disabilities / Mental Health / Infant Learning Programs

COMPARISON OF COMPLIANCE FOR FY99 AND FY00 **99/00**

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.	21/97	11/3	56/0	12/0
2. Agency-wide education and orientation about mission, philosophy and values promote understanding and commitment to consumer-centered services in daily operations.	25/97	10/3	59/0	6/0
3. The agency has a copy of a current external audit performed according to regulation.	96.5/90	3.5/0	0/0	0/10
4. Budget controls, record keeping and staff training support good business practices and conform to state requirements.	90/83	0/0	10/17	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.	93/97	3.5/0	3.5/3	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.	75/57	7/20	18/23	0/0
7. The governing body oversees the agency budget and ensures program quality.	90/100	7/0	3/0	0/0
8. Governing body meetings are open to the public.	77/87	12.5/3	10.5/10	0/0
9. The governing body oversees selection and evaluation of the agency director/chief executive officer.	80/97	11/0	3/3	6/0
10. The agency maintains policies and procedures for preventing and correcting conflicts of interest.	93/80	3.5/7	3.5/13	0/0
11. All facilities and programs operated by the agency provide equal access to all individuals.	66/70	10/13	24/17	0/0
12. The agency actively solicits and carefully utilizes consumer and family input in agency policy setting and program delivery.	68/53	3.5/13	25/34	3.5/0
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.	51/53	21/7	24/40	4/0
14. The agency develops annual goals and objectives in response to consumer, community and self-evaluation activities.	64/53	11/13	22/34	3/0
15. Programs provide services and information on a year-round basis.	100/ 100	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.	82/93	7/0	11/7	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.	64/80	0/0	36/20	0/0
18. The agency collects required data and submits it to the appropriate state agency.	93/83	3.5/0	3.5/17	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.	64/87	3/0	13/33	0/0
20. The agency implements and maintains a system for review and revision of all job descriptions.	75/90	10/0	15/10	0/0
21. Job descriptions specify minimum qualifications and responsibilities for all staff.	91/100	0/0	9/0	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.	55/34	10/13	35/53	0/0
23. The agency's personnel system complies with all applicable laws, statutes, regulations and equal employment opportunity mandates.	94/100	0/0	6/0	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.	82/87	3/0	15/13	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.	68/70	3/3	29/27	0/0
26. The agency has policies and implements procedures to facilitate the development of non-paid relationships between consumers and other community members.	58/77	22/3	14/10	6/10
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.	74/87	0/0	16/13	10/0
28. The agency evaluation system provides performance appraisal and feedback to the employee and an opportunity for employee feedback to the agency.	57/80	0/0	43/20	0/0
29. A staff development plan is written annually for each professional and paraprofessional staff person.	34/40	7/7	59/53	0/0
30. The agency identifies available resources to meet the assessed training needs of staff.	74/70	3/3	13/27	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.	60/60	3/3	37/37	0/0
32. The performance appraisal system establishes goals and objectives for the period of appraisal.	59/97	4/3	37/0	0/0
33. The agency maintains written personnel policies for disciplinary action.	97/97	3/3	0/0	0/0
34. The agency maintains a written procedure for employee grievances.	100/ 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.	0/100	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.	0/100	0/0	0/0	0/0
37. The agency networks with other agencies and individuals providing services to families and young children in the community.	0/100	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.	0/50	0/0	0/0	0/50
39. Staffing ratios are adequate to ensure that children and families receive the services and support agreed to in their IFSP.	0/0	0/50	0/50	0/0
40. For center-based services, staff develop a program plan of activities and objectives for each session.	0/50	0/0	0/0	0/50
41. Staffing patterns include adequate specialized personnel to provide the services agreed to in the IFSP.	0/50	0/0	0/50	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.	0/50	0/0	0/0	0/50
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.	0/50	0/0	0/0	0/50

AVERAGE OF COMPLIANCE BY PERCENTAGE 2	FY99	73	6	19
AVERAGE OF COMPLIANCE BY PERCENTAGE 5	FY00	77	4	14

Note: The programs reviewed in FY00 are not the same ones reviewed in FY99. The data from FY99 and FY01 will provide a comparison of the results of two reviews of the same agencies.
Note: The FY99 percentages are taken from the raw data for the FY99 report, not the report itself.
Note: Standards 35-43 apply to Early Intervention/Infant Learning Programs only

FINDINGS: The Lives of Consumers

A review of all 30 reviews yielded some 43 items that recurred with varying frequency (see Appendix II). These items have been grouped into 8 categories.

1. **Consumers are uninformed about their rights or unaware of their rights despite the information provided and cite instances of their rights not being respected.**

   This issue was the single most frequent one encountered. Negative reference was made to client rights in 17 of the 30 reviews.

2. **Consumers with special needs, especially needs of minority consumers, feel that their care is inadequate, does not take into account their individual issues or is insensitive**. Minority in this context can refer to someone with a diagnosis different from most of those served by an agency as well as a social minority. Examples include inadequate attention of the needs of the deaf, of MH consumers and of cultural minorities; lack of care for those with a history of violence; inadequate training of direct service staff in the needs of special populations.

   Unmet special needs were cited 31 times in regards to 24 different agencies.

3. **The work conditions of direct care staff negatively impact on care**. This was evidenced in staff turnover and overworked staff members in danger of burn-out (18 references); changes in agency structure including new management and program growth that added to staff stress (8 references); low pay for direct care workers especially at a paraprofessional level (7 references); inadequate space in agencies or the poor condition of agency buildings including resultant issues of confidentiality (6 references).

   These observations were noted in 25 of the 30 reviews.

4. **Communication difficulties have a negative impact on consumers' lives**. These difficulties include communication within an agency (7 references), between an agency and other service providers (17 references) and with family members of consumers (10 references). In other cases, the community is unaware of services and how to access them (8 references). Family members of consumers feel their own need for services are unheard (3 references).

   These issues are cited in 23 of the 30 reviews.

5. **Consumers find the resources of agencies inadequate to their needs**. There are ten areas in which a lack of agency resources is cited as having a negative impact on consumers' lives. The staff is limited and their schedules are inflexible due to their case load (9 references); consumer choice is diminished by needs the agency cannot meet or choice is not honored due to these constraints (5 references); outreach is inadequate and potential consumers are unidentified (8 references); respite services are inadequate for family needs (4 references); some special services are not available (1 reference); consumers who are not eligible for Medicaid or who are not a priority for care as defined by the State have many unmet needs (7 references); some youth with multiple diagnoses are sent out of state for treatment (1

reference); waiting lists delay care and complicate referrals (6 references); direct care staff are inadequately screened before hire and are inadequately trained when hired (8 references); the cost of services for those not eligible for subsidized care can be prohibitive (1 reference).

These issues are cited in 23 of the 30 reviews.

6. **Consumers have inadequate personal resources for their needs**. This is evidenced in 6 areas: consumers cite safety issues in regard to housing and even in regard to caregivers (6 references); consumer choices are strictly limited by their financial situation (2 references); there is a lack of safe, low cost housing (5 reference); consumers report low incomes and poor employment prospects (9 references); consumers are unable to access medical services whether their need is psychiatric care or other medical concerns (12 references); dental care for adult consumers is inadequate (4 references).

   These issues are cited in 20 of the 30 reviews.

7. **Consumers experience barriers to inclusion**. This is evidenced in 4 areas: a lack of friends (8 references); a lack of participation in activities (4 references); community rejection of a child's differences (4 references); a lack of safe and reliable transportation (9 references).

   These issues are cited in 18 of the 30 reviews.

8. **Consumers experience disruptions in care or premature termination of care due to the lack of coordination of services**. This issue is evidenced in 6 areas: emergency services are not easy to access and are not smoothly delivered (1 reference); residential treatment for youth is not available (1 reference); related services (substance abuse, domestic violence) are mutually exclusive, leaving the consumer to search for the other needed services (5 references); custody issues including DFYS placements may disrupt care (4 references); consumers discharged from one type of facility may be unable to access continuing care (11 references); the inclusion of mental health consumers in traditional medical settings is unevenly accomplished (1 reference).

   These issues appear in 15 of the 30 reviews.

FINDINGS BY TYPE OF SERVICE PROVIDED

Number of reviews	7	8	15
	DD services	**Combined services**	**MH services**
1. Issues of rights	0	88%	73%
2. Issues of inadequate care	14%	75%	38%
3. Issues of working conditions	21%	47%	33%
4. Issues of communication	11%	50%	28%
5. Issues of limited agency resources	6%	11%	23%
6. Issues of limited consumer resources	5%	23%	28%
7. Issues of inclusion	4%	25%	27%
8. Issues of continuum of care	7%	13%	17%

FINDINGS BY REGION

	North	SE	SC	Anchorage
Number of reviews	10	5	5	10
1. Issues of rights	40%	60%	40%	80%
2. Issues of inadequate care	30%	47%	27%	43%
3. Issues of working conditions	32%	44%	16%	24%
4. Issues of communication	34%	32%	24%	30%
5. Issues of inadequate agency resources	13%	18%	12%	23%
6. Issues of inadequate consumer resources	13%	30%	20%	25%
7. Issues of inclusion	15%	25%	10%	30%
8. Issues of continuum of care	17%	17%	7%	18%

FINDINGS AS SEEN IN URBAN AND RURAL AGENCIES

	Urban-based Agencies	Rural Agencies
Number of reviews	17	13
1. Issues of rights	59%	54%
2. Issues of inadequate care	39%	33%
3. Issues of working conditions	29%	37%
4. Issues of communication	28%	31%
5. Issues of limited agency resources	23%	14%
6. Issues of limited consumer resources	20%	23%
7. Issues of inclusion	22%	13%
8. Issues of continuum of care	13%	13%

COMPARISON OF FINDINGS FY99 AND FY00*

In FY 99 the findings in regards to DD programs were:

1. Only 25% evaluate staff regularly and write staff development plans for the coming evaluation period.
   In FY00 the DD programs met the 5 standards related to staff evaluation at a considerably higher level (Standard 28: 100%, Standard 29: 57%, Standard 30: 86%, Standard 31:72%, Standard 32:100%).

2. Few DD programs included consumers in the hiring and evaluation of direct service staff.
   In FY00 72% fully met this standard (#22) and another 28% partially met the standard.

3. The difficulty with Medicaid waivers was causing difficulties for agencies.
   In FY00 only one DD review mentioned this difficulty.

4. There was a marked difference between urban-based and rural programs.
   In FY00 rural based programs had, on average, more areas requiring response (see page 39). However, in regards to the 8 areas of findings, there was no significant difference between urban- and rural-based programs (see page 47).

5. A high rate of staff turnover was noted.
   In FY00 this continued to be an issue, but one that affected DD services to a lesser degree than others. (See page 45, #5)

6. Documentation was inconsistent.
   In FY00 two DD reviews cited difficulties with documentation as a major issue. There were limited references to the need to improve documentation in two other DD reviews.

In FY99 the findings in regard to MH were:

1.,2. Scarce resources.
This continued to be a concern in FY00. (See page 45 #5)
3.Fear of loss of services.
This was only observed in one MH review this year.
4.Low staff morale.
This was observed in only one program this year.
5.Rural areas had a decline in services from other service providers, adding to the burden of the MH agencies.
This was observed in 14 MH or combined services (and 1 DD agency) reviews in FY00.
6.Services were disrupted by divisions among systems**.**
This continues to be a concern and to a greater extent in MH services than in others. (see page 45 #8)
7.Staff turnover.
This was noted in 17 MH and combined services (and 1 DD agency) reviews in FY00.
8.Accuracy of consumer information given the concern that a negative review would reduce services.
A fear of the future reduction of services was noted in only one MH review. To enhance the accuracy of consumer information, the random selection has been refined to reflect
a representative sampling of consumers by the services they receive from the agency.
9.Psychiatric services were available in even small programs. **The opposite was found in FY00. There were 11 reports of inadequate medical (chiefly psychiatric) services in MH and combined services agencies (and 1 DD agency).**

10.The MH and combined services agencies had had insufficient time to adjust to the new standards.
A comparison of full compliance on standards 1-33 shows DD at 90.18%, MH at 79.79% and Combined Services at 76.36%.
11.Documentation needed improvement.
As the QA Clinical File Review reports were separated from the community-based review reports in FY00, this information was not available in all reports.
12.Board training was listed as an important need.
In FY00 this was only mentioned in 2 reviews.
13.Services to outlying areas had been reduced**.**
In FY00 this lack was noted in 7 MH and combined services agencies (and no DD agencies).
14.The key role of reception staff and case managers was noted**.**
In FY00 7 reviews noted the particular excellence of case managers/ individual service providers and 7 reviews noted the unique contribution of reception staff..

*Note: The programs reviewed in FY00 are not the same ones reviewed in FY99. The data from FY99 and FY01 will provide a comparison of the results of two reviews of the same MH or DD program.

The Site Review Process FY00

(Taken from the Fifth Draft of the Program Guide)

The Site Review Calendar

Step One: DMHDD and DPH provide the Contractor with a list of the agencies to be reviewed each year.

Step Two: DMHDD contacts each agency to determine in which quarter of the fiscal year to schedule their review.

Step Three: DMHDD asks each agency if they want to have the Clinical File Review portion of their review at the same time as the Community-Based Team Review or prefer to schedule them separately.

Step Four: The length of the review is verified with the agency. Community-Based Reviews are three, four or five days long. Clinical File Reviews may last a shorter time.

Step Five: Once the agencies' preferences are known, a site review schedule is developed.

Step Six: DMHDD assigns reviewers for the Clinical File Review. The Contractor assigns facilitators for the Community-Based Team Review. DPH assigns technical assistants to EI/ILP reviews.

Integrated Quality Assurance reviews of DD and MH agencies are conducted every two years.

Integrated Quality Assurance reviews of EI/ILP agencies are reviewed every four years.

Agencies are encouraged to complete self-evaluations in years when reviews are not scheduled.

The Pre-Review Process

Step One: The Contractor contacts the agency to be reviewed six to eight weeks prior to the review. The Contractor determines the agency's preference for peer reviewer, the availability of space for the team and suggests community members who might be part of the team.

Step Two: A pre-review teleconference is scheduled between the facilitator and the DMHDD regional coordinator, program specialist or DPH technical assistant responsible for the agency. The facilitator is informed of the nature of the agency, the agency's strengths and any special concerns.

Step Three: A second teleconference is scheduled between the facilitator and the agency itself.
The agency is asked to provide DMHDD/DPH with a list of case numbers. DMHDD/DPH make a random selection of cases. The consumers whose case number is selected will be asked to participate in the team's interviews.

The Agency

The agency prepares for the site review for several weeks before it starts. The agency participates in a teleconference about a month before the review to discuss the process. The agency provides the DMHDD/DPH with its open case numbers so that a random selection can be made of files to review and consumers to be interviewed.

The agency arranges for the Open Forum and advertises it to the community. Agency staff contact all consumers chosen for interviews, request their participation, have a Release of Information signed by each participating consumer and schedule a time and place for the interview.

The agency frees space for the interviews and for the team members to work. The agency gathers administrative documents for the facilitator to review.

At the end of the first morning of the actual review, the agency presents an overview or description of their work. This description includes:

- the history of the agency
- the services provided
- the consumer demographics
- the service area
- the funding
- how the agency is governed
- their special challenges and achievements
- any other information the team might need

This overview is presented for the team, but may be attended by regional staff and others invited by the agency. The information helps the team understand the scope and type of services the agency provides.

The Community-Based Team

What does the team do?: The team interviews consumers and their family, parents and guardians in order to measure the personal outcomes of the services being offered. In other words, how has the consumer's life changed as a result of the services they have received?

Why does the team measure personal outcomes? One measure of services is the way they have changed lives. These changes are called "personal outcomes." DMHDD and DPH have chosen this measure to determine the quality of services. Personal outcome measures are different from numerical measures of agencies (like the number of contacts, the number of open cases, how much services cost, etc.). The team is introduced to this concept and the areas of a consumer or family's life in which data is sought.

Why a community team? The team represents the community by including consumers, family members of consumers and other knowledgeable community members. This helps to assure that the community's values and customs are reflected in the interviewing process. A community team also builds awareness of the services, of natural supports and of community opportunities. It aids networking in the communities.

Who are the community members? Community members may or may not be consumers or family members of consumers. The Contractor, with the aid of the agency under review, identifies likely team members and invites them to participate.

Who are the peer reviewers? The peer reviewers are providers of the type of services being reviewed. Peer reviewers provide technical expertise, understand the provider's point of view and bring interviewing skills to the team. (With EI/ILP reviews, the technical assistants are team members and add their technical expertise as well.)

Who are the facilitators? The facilitators are experts in the Community-Based Team concept and have experience in MH, DD or EI/ILP services. The facilitator consults with the agency in advance of the review, instructs the team, structures the review, coordinates the team's efforts, supports the team members and prepares the written site review report.

How is the team trained? The first morning of the review, the facilitator gives the team members the information they need to complete the review. This information includes why a site review is being done, why community members are included, the nature of personal outcomes measures, the central role of the consumer in the site review process, the importance of confidentiality, interviewing skills, the forms used to gather information from interviews, how to use the forms and other necessary information. The team may role-play interviews to practice their skills before beginning to interview consumers and others. The facilitator continues to provide support and information to the team during the entire review process.

How is the information protected? The facilitator explains the requirements of confidentiality to the team during training. Examples are used to explain how even informal remarks may be a breach of confidentiality. No one interviewed will be directly quoted or referred to in the report. The report identifies quotes, if any, only by the role of the person interviewed ("consumer" or "agency staff" for example). Following the explanation of confidentiality, each team member signs a confidentiality agreement and the signed agreements are provided to the agency.

How is the information used? The impressions of all team members based on the interviews conducted, the patterns observed in checklists and the information provided by the agency are incorporated into a written report. The final report is created by consensus among team members. Agencies may provide corrections of factual information, clarify issues and note objections and have them included in the report. The report stands as the product of this team and is based on their experience in the interviews.

A Typical Review Schedule with the Community-Based Team

FIRST DAY

Morning session:	Team members and agency staff are introduced to each other. Team orientation and training is provided. The agency presents an overview of their agency.
Afternoon session:	Interviews begin with consumers and their family members, agency staff, staff of collateral agencies, agency board members.

Evening session: Open Forum

DAYS TWO, THREE, FOUR

Interviews are scheduled all day until the next to last day of the review.

NEXT TO LAST DAY

Morning session: The interviews continue.

Afternoon session: The team meets to share all of the information gathered in the interviews and fit the information into the report format.

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Evening session: The facilitator prepares a draft report.

LAST DAY

Morning session: The team reviews the draft report and makes corrections.

Afternoon session: Exit interview: the report is reviewed with the agency.
The team debriefs following the exit interview.
The review is ended.

The Interviews: Data and Impressions

The interviews are structured by use of forms and checklists. Sample interview questions may be provided and reviewed during team training.

Team members complete the forms and checklists following each interview, especially noting any quotes that clearly illustrate the individual's opinion. Any information used in the report protects the identity of the person interviewed.

The data and impressions gathered by team members are systematized during the report preparation phase. The report is created from this information.

Forms and checklists vary depending on the type of data requested by the stakeholders in a particular year.

After the Community-Based Review

Step One: The facilitator provides the report to the Contractor who edits it and attaches a Plan of Action.

Step Two: The Contractor provides this final report to the agency, DMHDD (Quality Assurance and their regional staff), Governor's Council on Disabilities and Special Education, Alaska Mental Health Board, Alaska Mental Health Trust Authority, DPH (including DPH technical assistants).

Step Three: The agency adds its intentions to the Plan of Action, explaining how it will respond to each of the areas requiring response. This is completed within 30 days and sent to the Contractor. The Contractor reviews the completed Plan of Action and then forwards it to DMHDD/DPH.

Step Four: DMHDD/DPH work with the agency, assisting it to comply and providing technical assistance.

Step Five: Part of the agency's next site review will include a check on the progress made on the Plan of Action from the prior review.

CHANGES IN THE FY00 PROCESS

In July, 1999, the QA Section, regional coordinators, facilitators and others met for three days to review the process.

Recommendations resulting from the July,1999 meeting were:

1. Provide the facilitators with guidelines. This was completed and in place in August.
2. Improve the random sampling of consumers in order to be proportional to the size of the programs within each agency. This was instituted by QA staff.
3. Standardize the report format. This was completed by the contractor and in place in August.
4. Improve attendance at the open forum held during each community-based review. A draft of a notice of the open forum opportunity was drafted. There is no change in the procedure and attendance remains low. (See Appendix I)
5. Support the involvement of consumers in the review process and provide follow-up support. It was suggested that NAMI assume responsibility for this. NCR continues to provide support for consumers including stipends, reimbursement of expenses incurred as a result of the review, mentors and other special assistance. The facilitators are aware of the need to provide support to consumers during the intense review process.
6. Define how the Areas Requiring Response are to be evaluated and assure that appropriate action is taken. The QA Steering Committee has discussed taking responsibility for this. As of spring, 2000, the action plans are sent first to the contractor, reviewed for appropriateness and then forwarded to the Division.
7. Develop a procedure for reporting critical concerns of an ethical or legal nature. A form has been put in place and all facilitators have been provided with this. The team orientation is to include this information.
8. Increase the time on site. This issue was referred to the QA Steering Committee.
9. Develop a DD chart review checklist. An RFP was issued in 2000 by the Division.
10. Develop an acceptable procedure for reviewing personnel files. The guidelines for the review of personnel files is included in the information provided to the facilitators.
11. Develop packets or manuals for each team member. Packets were provided to each facilitator, peer reviewer and community member in the FY00 reviews. These include information on the nature of the review, the process, the forms, interviewing techniques, confidentiality, legal and ethical considerations and scheduling.
12. Improve the "report card" of consumer satisfaction. The Division revised this form early in FY00.
13. Use the pre-review teleconference with regional staff to define areas of concern or strength and to be advised of which collateral agencies should be included on the interview schedule. The checklist was developed in August and the pre-review teleconference procedure is included in the guidelines provided to each facilitator.
14. Standardize the agency interviews. There has been no change. The same form is used for each agency interview, standardizing the questions and the manner of recording the responses.
15. Consider using the peer reviewer for technical assistance during the exit interview. While this may occur informally, it was decided that this additional responsibility for a team member was inappropriate.
16. Develop a grievance procedure for agencies following a review. This has been referred to the QA Steering Committee.
17. Develop a procedure for providing technical assistance including a resource list. The Technical Assistance Subcommittee of the Q A Steering Committee is completing this.
18. Increase the involvement of regional staff in the review process. ILP regional staff continue to be team members for ILP reviews. The pre-review teleconference provides an opportunity for other regional staff to express concerns, identify strengths and prioritize the collateral agencies to be interviewed. Regional staff are urged to participate in the review by attending entrance and exit interviews. Regional staff may assist in the choice of peer reviewers.
19. Develop the DD Medicaid component. This action awaits the outcome of the DD standards development.
20. Develop a DD MIS system. DD regional staff assumed this responsibility.

21. Consider providing the draft report while a team is on site. There is no change in the procedure: the draft is collected and shredded. The final report is provided within 30 days.
22. Consider using trained consumers who would travel to reviews outside of their communities. In January, 1999, consumers in Anchorage were trained to participate. They provided a pool of community members for the Anchorage reviews held in FY00. Many other consumers have expressed an interest in participating on teams in other areas. There has been no further action on this issue. The QA Section has determined that local consumers are to be used whenever possible; this is a resource issue.
23. Consider how to meet the regulation requiring annual reviews. The review process remains the same: in the years between reviews, agencies are asked to complete a self-evaluation.
24. Upgrade the editing of reports. The Program Manager has this responsibility and has asked to be informed of any difficulties. The time involved in editing has increased. The reports have been reasonably standardized.
25. Combine the entrance and exit interviews of the clinical file review team and the community-based team. This procedure was adopted for the first half of the fiscal year and reversed beginning in January, 2000.
26. Develop different report formats for different interested parties (e.g. a shorter, condensed version for legislators). No action taken.
27. Add to the review process the regulations not included in the standards. A draft of the regulations not covered by the standards and suggestions for including them was completed in August. It has not been implemented.
28. Add a disclaimer to the report regarding the extensiveness of the review and the significance of the results. This was completed in August and is included in all FY00 reports.
29. Replace “Areas of Excellence” with the more restricted “Model Practices.” This was done and in place for the first half of the fiscal year. For the second half of the fiscal year, both distinctions were included in reports, if appropriate.
30. Specify in the report how many of the consumers interviewed were chosen from the randomly selected list of consumers. This is part of the guidelines for facilitators and has been included in all of the FY00 reports.
31. Prepare standardized questions for staff members. This was completed in August.
32. Develop a participant consent form in addition to the release of information form signed by consumers who agree to be interviewed. A draft was completed in August. No further action was taken.
33. Standardize the letter provided to each agency. This was completed in August as part of the guidelines for facilitators.

In the fall of 1999 additional requests for changes were received from the QA Section:

34. Provide a written definition of team member roles. This was produced and sent to each team member prior to the review.
35. Provide additional information to the team members about the agency prior to the start of the review. A draft of this request was produced. No further action was taken.
36. Provide an explanation of open-ended questions. Document in second draft. No further action taken.

Additional midyear changes were received from the QA Section:

37. It was decided in midyear to give agencies the option of having both the community-based review and the clinical file review at the same time or separately. It was further decided that, whether or not the two teams were scheduled for the same time, the entrance and exit interviews would be separated. The QA team may also be on site for fewer days than the community-based team.
38. The "Areas of Excellence" section of the reports was reinstituted.
39. A new definition of "Model Practices" was provided by the QA Section. Model practices were to exceed the expectations of the State, be documented by the agency, be replicable by another provider, be cost effective and result in demonstrable positive outcomes for consumers.

This additional request for a change in April, 2000, was received from the QA Section:

40. Agencies send their completed plans of action to the contractor for review and comment. The contractor forwards the plans of action to the QA Section following their review.

COMPARISON OF PROCESS ISSUES FOR FY99 AND FY00

In FY99 the following issues arose regarding the process itself:

1.Reports varied in breadth and depth.
In FY00 a report format was standardized resulting in an improvement in this area.
2.Reports lacked information on the size of the caseload and on the service area.
The report format requests the inclusion of this information. Most reports included the service area. Nineteen included the size of the case load; in some instances, agencies had difficulty providing that information.
3.There was poor attendance at the public forum.
In FY00 attendance at the open forum continued to be low (see Appendix I). However, the intent of the forum is also met by offering phone interviews to those not chosen for formal interviews. This has been successful.
4.The standards were still new to many providers.
In FY00 compliance has increased from 72.66% full compliance with Standards 1-33 in FY99 to 80.18% full compliance with Standards 1-33 in FY00.
5.The limited number of MH consumer interviews.
In FY00 most programs improved on their ability to schedule interviews with consumers. A scarcity of consumer interviews was noted in 2 MH reports.
6.Some of the grant regulations were not included in the standards.
In FY00 a draft of additions or modifications to the standards was developed that included these regulations. It was submitted as a draft.
7.There was concern regarding the stress of the intense review process on all team members, especially MH consumer members.
In FY00 this was alleviated somewhat by adding role play to the training session, but, given the intensity of the review schedule, stress is inevitable for some consumer team members. Facilitators are responsible for managing that stress and providing individualized supports.
8.The community-based teams expressed concern about the enforcement of the Plan of Action.
In FY00 the Steering Committee discussed being involved in this area if the Division were unable to negotiate compliance.
9.There was no process by which to report danger to consumers should the interviews reveal an at-risk situation.
In FY00 a procedure was developed for response to these concerns.
10.The exit interview was seen as having unused potential for an exchange of information and informal assistance.
In FY00 some exit interviews continued to serve this need informally when appropriate.
11.There was a question as to the role of the regional staff in the site review process**.**
In FY00 the regional staff participated in pre-review teleconferences, aided in the choice of peer reviewers, participated in some entrance and exit interviews and provided information on how the site review process could be useful to them.

APPENDIX I
ATTENDANCE AT OPEN FORUM
FY00 INTEGRATED QUALITY ASSURANCE REVIEWS

Tanana Chiefs Conference, Inc.	Attending: 0
Fairbanks Community Mental Health Center	Attending: 25
Adult Learning Programs of Alaska	Attending: 1
Yukon Kuskokwim Health Corporation	Attending: 2
Bethel Community Services	Attending: 9
Fairbanks Resource Agency	Attending: 2
Crossroads Counseling and Training Services	Attending: 0
Deaf Community Services	Attending: 0
Family Centered Services	Attending: 4
Valdez Counseling Center	Attending: 4
Connecting Ties	Attending: 0
Horizons Unlimited	Attending: 0
Southcentral Foundation	Attending: 4
The ARC of Anchorage	Attending: 7
Alaska Children's Services	Attending: 0
Southcentral Counseling	Attending: 13
Alaska Youth and Parent Foundation	Attending: 0
Anchorage Center for Families	Attending: 6
Catholic Social Services	Attending: 1
Alternatives Community Mental Health Center	Attending: 0
Norton Sound Health Corporation	Attending: 4
Hope Community Resources, Inc.	Attending: 0
ASSETS, Inc.	Attending: 3
4Rivers Mental Health Center	Attending: 0
Maniilaq Association	Attending: 0
Petersburg	Attending: 4
Community Connections, Inc.	Attending: 2
Communities Organized for Health Options	Attending: 0
Lynn Canal Counseling Services	Attending: 3
Gateway Center for Human Services	Attending: 5

Average Attendance: 3.3 persons

APPENDIX II
Areas of Concern in FY00

1. Uninformed about consumer rights or violation of rights, especially confidentiality.
2. Inadequate attention to MH consumer, the deaf, cultural minorities.
3. Inadequate care for consumers with a history of violence.
4. Staff turnover, staff overworked, danger of burnout
5. Lack of activities
6. Internal communication difficulties
7. Communication difficulties with other providers
8. Inflexibility in agency schedules, limited number of providers
9. Choices limited at agency; choices not honored
10. Communication difficulties with families of consumers
11. Safety issues
12. No friends, lack of integration into community
13. Community is unaware of services offered, how to access services
14. Waiting list
15. Inadequate medical services
16. Insufficient outreach
17. Emergency services inconsistent
18. Direct care staff have inadequate training for dealing with cultural issues and other differences
19. Stress created by changes in the agency and growth
20. Need for better screening of direct service providers
21. Inadequate respite services
22. Consumers are uninformed about the functioning of the Board
23. NA
24. Limited occupational therapy services
25. Community censure of SED and DD children
26. Non-Medicaid and non-priority consumers do not receive equal services
27. Lack of services for DD/FAS child; placed out of state
28. Lack of residential treatment for youth
29. Consumer choice is limited by funding
30. Lack of safe low income housing
31. Lack of dental services for adults
32. Lack of transportation
33. Low income, lack of employment options
34. Separation of MH and substance abuse and domestic violence services makes treatment difficult and coordination the responsibility of the consumer
35. Children are not living with families; DFYS placements out of family; concern with adequacy of foster families
36. Lack continuum of care
37. Lack of support and services for siblings and parents of youth in treatment
38. Difficulty of successful mandated services
39. Difficulty of integrating MH consumers into hospital setting
40. Low pay for direct care workers, especially paraprofessionals
41. Inadequate space, poor quality of buildings, lack of sound protection in counseling offices
42. High cost of care for those not qualifying for subsidized care
43. Need for board development

These issues were grouped in the following manner to create the 8 general areas of findings:

1. Problem 1
2. Problems 2,3,18
3. Problems 4,19,40,41
4. Problems 6,7,10,37,13
5. Problems 8,9,14,16,20,21,24,26,27,42
6. Problems 11,15,29,30,31,33
7. Problems 5,12,25,32
8. Problems 17,28,34,35,36,39*

Note that #23 was eliminated; #22 (1 reference), #38 (1 reference) and #43 (2 references) are excluded.

APPENDIX III

Deliverables FY00

1. A statewide FY00 site review schedule resulting from collaboration with provider agencies, DPH and DMHDD. This was completed in August, 1999.
2. Thirty-six provider reviews in ten communities including appropriate pre-review coordination and on-site facilitation with associated draft and final reports of findings. This was completed in June, 2000.
3. A program guide outlining review procedures, developed in collaboration with the QA Section and DPH. A fifth draft of this document was provided to the QA Section in May, 2000.
4. A semi-annual report summarizing and analyzing review results collected year to date. This was provided to the QA Section the first week of January, 2000.
5. An annual report summarizing and analyzing review results collected year to date. This document is the rough draft of the year end report.
6. A quarterly and annual expenditure reports. All quarterly reports have been completed to date. The end of year report will be completed in July, 2000.