

**Minnesota Region 10
Quality Assurance**

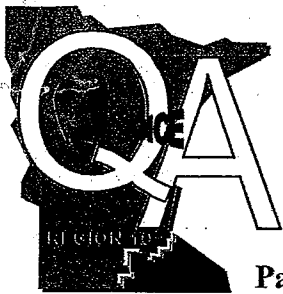
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Value
Of
Individual
Choices and
Experiences

***MN Region 10 Quality Assurance Commission
Report to the Commissioner
Department of Human Services***

June 2004



**Minnesota Region 10
Quality Assurance Commission**
Funded by the Minnesota State Legislature

Value
Of
Individual
Choices and
Experiences

**Participating
Counties:** ~~Fillmore, Houston, Mower, Olmsted, and Winona~~

**903 West Center Street
Rochester, MN 55902
Phone: (507) 287-2327
Fax: (507) 287-2089**

June 30, 2004

Commissioner Kevin Goodno
Minnesota Department of Human Services
444 Lafayette Road North
Saint Paul, MN 55155

Commissioner Goodno:

The enclosed report responds to our legislative mandate to work together to prepare a report to the Minnesota Legislature about our work, progress and effectiveness. The Quality Assurance Commission has been working steadily to support persons with disabilities and we are expanding our efforts to include other populations and additional Minnesotans in other parts of the state. We believe we have been successfully working in that direction, while constantly improving our methods and responsiveness to the folks we support.

We hope that this report meets with your approval and that you will submit it to the legislature prior to its due date of December 15, 2004. If you have any questions, please feel free to contact us at any time.

Respectfully submitted,

Cindy Ostrowski
Director

John Gordon
Chairman, Quality Assurance Commission

cc: Ms Shirley York, DHS
Ms Katherine Finlayson, DHS
Mr. Larry Riess, DHS
Rep. Fran Bradley

QA Commission Staff
Mr. Steve Larson
QARC staff
5 participating counties





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Minnesota Quality Assurance Commission

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TABLE OF CONTENTS

INTRODUCTION.....	03
BACKGROUND.....	03
Mission Statement	
Purpose	
CURRENT STATUS.....	04
Quality Assurance Commission	
Quality Assurance Review Council	
PROGRESS STATEMENT.....	05
Table 1: Quality Assurance Outcome Statements	
Feedback Survey Reports	
County Report Cards	
OUTREACH AND EXPANSION	08
Brain Injury Community	
Schools	
Child and Adolescent Mental Health Association	
Arc MN	
MN Health and Housing Alliance	
Communication with Stakeholders	
Participation in National Conferences	
Curriculum Development	
Training and Consulting Services	
Out-of-State Development and Expansion	
UNIVERSITY OF MINNESOTA EVALUATION	10
ATTACHMENTS:.....	12
1. Quality Assurance Commission Legislation 2003	
2. Current QA System And Voice Overview	
3. Bradley Endorsement Letter	
4. Commission, QARC and Committee Membership Rosters	
5. Feedback Reports and Surveys	
6. County Report Cards for Participating Counties	
7. State and National Presentations – January 2001 to June 2004	
8. Evaluation Proposal From The University Of Minnesota	
9. VOICE and Region 10 QA System Overview,	
10. Barriers Reports	
a. May 2002 Barriers Report With Resolutions	
b. May 2004 Barriers Report	

INTRODUCTION

The Quality Assurance Commission submits this report to the Commissioner of the Minnesota Department of Human Services, in accordance with the requirements of paragraph 243.4, Subdivision 9 of current legislation [*"The commission, in consultation with the commissioner of human services, shall conduct an evaluation of the quality assurance system, and present a report to the commissioner by June 30, 2004."*]. Current legislation is contained in Attachment 1.

The report is focused on results and accomplishments over the past two years (2003 – 2004), approximately. It also includes critiques from people affected by the system as part of our continuous improvement process. This report has been prepared to assist the Commissioner with the report due to the Minnesota Legislature as required in paragraph 242.4 of this legislation. [*The commission, in consultation with the commissioner, shall work cooperatively with other populations to expand the system to those populations and identify barriers to expansion. The commissioner shall report findings and recommendations to the legislature by December 15, 2004.*] Our previous report to the MN Legislature dated January 15, 2001 is incorporated into this report by reference. It was filed with the legislative library.

BACKGROUND

VOICE is a comprehensive quality evaluation system (including the evaluation of paid guardians and case management services) that uses an interview technique to ask individuals how they feel about the quality of services provided to them by the support system (all levels of that system). **VOICE** also interviews members of the Quality Circle, (a group of persons who support or are concerned about the individual) and learns about their concerns and needs, how they are treated and respected, and how they feel about the life experience of the individual who receives supports. A more comprehensive overview of the **VOICE** system is found in Attachment 2.

Used as a licensing tool, **VOICE** delves into the value added to a person's life and needs by the supports received. It sees the good in each support and it looks for ways to improve even the best. We are careful to seek the positive and announce it, hoping to find no negatives, but being alert for those when necessary.

It also looks for ways in which a person might be experiencing decreased value of life or work effectiveness due to a lack of respect or dignity, a breakdown in communications among providers and other quality circle members. And it looks for areas for improvement in the entire support system, from the state and counties all the way to the direct-care staff and families who know and support the individual

Mission Statement

The Mission of the Region 10 QA Commission is to develop and implement a person-driven QA process that significantly enhances the quality of life for persons with developmental disabilities. This process is person-focused, consumer-driven and responsive, assuring basic safety while promoting continuous improvement throughout the system and within the services provided by the system and by support providers.

Purpose

The purpose of the Region 10 Quality Assurance System is to continually improve the quality of supports provided to individuals with developmental disabilities. We do this by assessing the values people experience through the supports and services received at home, at work or school

and throughout the community. By combining results from an ongoing series of these assessments, we are able to develop a reliable assessment of the quality of supports in our community. We are also able to identify "good resources," which we want to see spread throughout the system, and to focus on situations where improvement is needed and/or required.

CURRENT STATUS:

The QA Commission and the *VOICE* process have made considerable progress in these last two years, and have received several awards and certificates that recognize outstanding efforts promoting inclusion of people with disabilities in the life of the community. Notable amongst these awards are:

National Association of Counties/National Organization on Disabilities 2001 Award of Excellence

Arc Southeastern Minnesota, 2002 Ann Ferguson Community Service Award

PossAbilities of Southern Minnesota, 2002 Certificate of Excellence.

Also please read the letter received from Val Bradley, President of Human Services Research Institute (HSRI), federal CMS, in Attachment 3.

Quality Assurance Commission:

The QA Commission has very recently moved into new office space rented from our fiscal host in the United Way Building in Rochester. Our new address is:

Quality Assurance Commission

903 West Center Street

Suites 202 and 204

507-287-2326

(Phones are not staffed at all times, but voice mail is available.)

Our Commission staff, in addition to Director Cindy Ostrowski, now includes QA Manager LeAnn Bieber, Karen Larson, Director's Assistant; and Dan Zimmer, Assistant QA Manager.

The five participating counties lost the services of QA Manager Susan Miller on March 31, 2004.

LeAnn Bieber has been promoted to that position. These staffing changes created a need for new administrative guidelines as well. Now, the QA Commission employs all staff except the QA Manager position. All QAC staff members are now full-time employees of Arc SE-MN. This makes payroll seamless and cost effective. Mrs. Bieber is employed by the five participating counties and is under Olmsted County payroll and supervision.



The Quality Assurance Commission consists of a balanced mix of Stakeholders; many are volunteers. The Stakeholders come from a wide variety of perspectives. Most are personally involved in the life of a person with a disability or who is labeled disabled. They fit loosely into broad categories such as these: Parents or legal guardians; Self Advocates; Provider Staff; County Staff; Advocates; State Staff. Current membership of the QA Commission is shown in Attachment 4. The Commission works by committee deliberation and action. Committees are established by the Commission and attempt to include a representative mix of stakeholder groups where possible, filled by volunteers. Current committee membership is shown in Attachment 4. The Commission is chaired by John Gordon and staffed by Cindy Ostrowski.

Quality Assurance Review Council:

The Review Council (QARC) is a body of volunteers elected from the stakeholder group and representing the same classifications of stakeholders as the Commission. It is formed by the participating counties and is responsible for making licensing recommendations to the counties when provider licenses come due for review. The review is based on the collected *VOICE* reviews conducted with persons who receive services from that license holder over the past 2-year period of the license. At least 3 reviews are considered for each license, which may be too many for some licenses, but is currently mandated by our legislation. Current membership of the QARC is listed in Attachment 4. The Council is chaired by Rich Morin and staffed by LeAnn Bieber and Dan Zimmer.

The QARC licensed or re-licensed 138 provider programs in the 2-year period of this report. License renewals were recommended for 2-year, 1-year, 6-month or conditional periods depending on requested action plans and demonstration of improvement in services. The QARC investigated and issued correction orders when applicable for licensing complaints received. All re-licensed facilities were inspected for health and safety issues on behalf of DHS Licensing by QA team members.

During this 2-year reporting period, the QARC has regularly discussed among itself its role in the QA system and in county licensing issues, and has sought continual improvement in its approach to reviewing provider performance. The process has become far more efficient and effective than in the past.

PROGRESS STATEMENT

Since we began training volunteers to conduct *VOICE* reviews, we have trained 135 reviewers, who have completed over 240 reviews touching over 200 Quality Circles. These reviews serve as a rather comprehensive database, detailing support performance by our providers, county staff and the entire system of supports.

This section reports progress on several fronts during the period covered by this report. We measure progress by several means, including feedback reports from persons we serve, from Quality Circle members and from the QA team members who conduct *VOICE* reviews. We also conduct surveys, in order to answer questions directed towards our effectiveness and satisfaction of accomplishment. Recently, we conducted three phone surveys, designed for 1) Quality Circle members who could have expected significant change to result from our system, 2) QA Team members who conducted reviews over the prior period, and 3) case managers in those counties affected by our efforts. The results of our surveys are quite indicative of our successes, and we listen carefully to their comments about barriers and needs for improvement in our system – as well as their statements of satisfaction and acceptance. Survey questionnaires and feedback forms are designed so each question is tied directly to one of our outcome goals, shown in Table 1. Tabulated survey results can be found in Attachment 5.



Table 1: Quality Assurance Outcome Statements

MISSION / PURPOSE: Provide a person-focused system for assessing the quality of the assistance and support provided to individuals with developmental disabilities while at the same time provide an alternative licensing system that focuses on quality outcomes of support providers.

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD
1. Each individual with developmental disabilities supported within Region 10 participating counties is satisfied with the quality of his / her life.	A. Continuously individuals respond with an Exceptional or Reasonable on the Overall Value Experience General Findings in all Domains	Region 10 supported individuals with Developmental Disabilities that participate in a VOICE Review	VOICE Review * County database - Overall Value Experience Chart (General Findings)
2. Encourage systems change to reduce barriers within all the counties VOICE is implemented.	A. Continuously QAT members who have gone through training and have conducted at least two VOICE reviews report a positive impact on their host agency or in their role as support individuals.	Quality Assurance Team Members	Pre- and Post- Training Attitude Surveys * VAR Committee – QA Team Member Journal & QA Team Training Survey
	B. Continuously individuals who have participated in a VOICE review and receive supports indicate a positive impact on their lives as a result of the review.	Individuals receiving supports Quality Circle Members	Follow-up phone interviews * VAR Committee – Phone Interview
	C. Continuously support providers indicate they have made changes to improve quality in the supports they provide as a direct result of participating in the Region 10 Quality Assurance Process.	Support Providers	Progress Survey * VAR Committee Provider Survey Best Practices/Resource Catalog
	D. Number of counties that have reported making changes to improve quality in the way services are provided as a direct result of participating in Region 10 Quality Assurance Process.	Region 10 QA Counties	Progress Survey * VAR Committee County Representatives Survey
	E. The Quality Assurance Council addresses all grievances and appeals within 45 days.	Review Council Agenda, Minutes, Correspondence	Review by QA Manager
3. All findings requiring actions are addressed efficiently and promptly.	A. All action plans from VOICE reviews resulting from an 'I' finding are submitted within the 60 day time allotment.	Composite Report	Review by QA Manager
	B. All action plans from VOICE reviews resulting from a 'C' finding are submitted within the 30 day time allotment	Composite Report	Review by QA Manager
4. Each support provider within Region 10 participating counties provides at least Reasonable quality supports as defined by each individual it serves.	A. Continuously individuals receive at least one Exceptional or Reasonable Finding on the Provider Value Contribution in all Domains.	Region 10 Quality Assurance VOICE Reviews	VOICE Reviews * County database provider contributions

Feedback Survey Reports

During this reporting period, several survey studies were conducted to solicit feedback responses about our effectiveness and progress. Generalized results of these surveys are summarized here; and the reports are provided in Attachment 5.

These reports show that a large percent (>80%) of **Quality Circle members** found the reviews to be a positive experience for themselves and for the person being reviewed. The same majorities found that the reviews were important in learning what was good and what was working for the individual. A smaller majority (in the 70 percent range) found that the **VOICE** review process improves coordination and communication. Others felt that communication and coordination were already acceptable. In response to the question, "*Do you think the VOICE approach will help improve the person's life in the community based on what the person considers important?*" 75% said "Yes," and 21% said "Unsure" and 4% said "No."

In a similar summary of feedback from **QA team members**, 70% responded positively, less than 10% said "no," and 20% were unsure. QA Teams were actually a little more critical and unsure of the outcomes than the circle members. Our QA teams tell us when they think something could or should be done better or differently.

In a 2002 telephone survey of **county case managers** who had previously participated in **VOICE** reviews, 95% of respondents believed the review process is an effective means of licensing providers. Over 50% reported that **VOICE** had enabled them to change the way they provide supports to their clients; and over 80% indicated that the process identifies barriers at all levels in the system. Ninety percent agreed that **VOICE** evaluates basic health and safety protections for their clients.

Written surveys of participating **provider administrators** produced similar results. Eighty-five percent agreed that **VOICE** was an effective and efficient means of licensing providers. Most administrators want the **VOICE** system to be expanded into other areas of the state and to other populations of people receiving supports. All of these results are included in Attachment 5.

County Report Cards

Our new database is now able to produce summary reports of activities and results by participating county.

Participating County	Number of Provider Licenses Reviewed	Number Of VOICE Provider Assessments
Fillmore	8	41
Houston	11	60
Mower	22	94
Olmsted	32	243
Winona	8	64
Totals	81	502

Current County Report Cards are presented in Attachment 6. These show that QA Teams conducted 502 **VOICE** provider assessments (within the 240 individual **VOICE** reviews) during

the period from October 12, 1999 to June 15, 2004 (the period for a report may be specified by the county or staff requesting the report).

County Directors and their case managers can request report card data in a number of formats for their own evaluations and considerations. Other stakeholders may also obtain the data (most of the information is public); while individual privacy is protected. The report cards provide information about each licensed provider in terms of the **E R I C** scale of findings, and these can be accumulated over any given period of time. Using such data, stakeholders and provider administrators may evaluate or compare current performance of providers and continuous improvement progress. Olmsted County Social Services utilizes the database in case manager performance reviews.

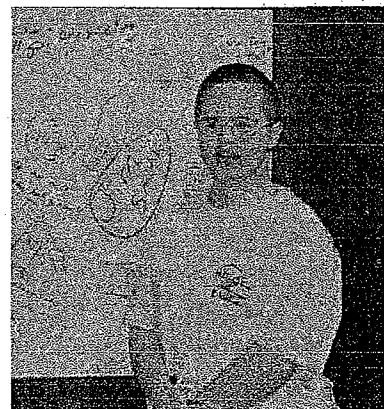
OUTREACH AND EXPANSION

The legislature specifically requested that we work on expansion of our QA system to others in Minnesota and to other populations of persons in need who receive state supports. We have indeed put considerable effort into that charge over the last two years, as indicated below.

Brain Injury Community: Some QA Teams are specially trained to perform **VOICE** reviews with those who are known to be brain injured. There are special issues to be faced with this population, including service inequities and wide variation in severity of injury and levels of support needed. Often nobody knows those issues when our QA team arrives. To date, we have completed eight **VOICE** interviews, and another 15 are scheduled for later this year. Then we will have sufficient data to evaluate the effectiveness of **VOICE** and the needs of this population of Minnesotans.

Schools:

As persons with DD and other special needs reach the higher grades and begin to consider living without formal schooling, about getting a job, some traumatic moments arise – for the person and the support systems. It is a major transition, coming to a major crossroads in life. The person needs to be able to express what he/she wants to do next, how he/she wants to cope with this new life, and what career she/he wants to pursue, what dreams, what fears. This may call for new vocabulary skills and new communication challenges. **VOICE** can be focused to draw out all participants' wants and needs in this transition time. Several pilot **VOICE** reviews have been performed for persons who are still in school and are now receiving support services.

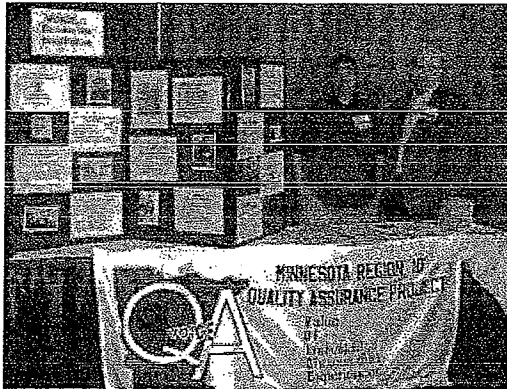


The QA Commission mailed packets of information to every Director of Special Education and School Principal in the 5 participating counties in May 2004, describing the **VOICE** system and its application in transition situations. This was followed by a second packet in late May. More coordinating efforts will begin this fall.

Child And Adolescent Mental Health Association – We have made preliminary contacts with this organization and feel there can be good cooperation in learning more about how we can

assist in evaluating the non-medical issues faced by people with mental health concerns. Our next steps will include presentations about the *VOICE* review system and ways it can be focused on a new population of people in need of supports.

Arc MN – Presentation to the Executive Directors: ArcSE-MN is the fiscal host for the QA Commission. In this role, it appears that Arc can provide a forum and support for expansion to new stakeholder groups throughout Minnesota. Arc chapters form groups such as People First in several counties, and Arc serves as a catalyst for stakeholder groups who gather to ask for



assistance and support. Now that the QA Commission has an expanded staff, it can begin to expand its reach into these groups. An initial meeting with the Executive Directors of ArcMN has indicated a definite interest in aggressively pursuing this joint effort.

The Commission presented at the 2003 Arc Convention and are presenting at the 2004 Arc convention, where we educate many teachers, parents, social workers and self advocates about *VOICE*.

The Minnesota Health and Housing Alliance: This agency (MHHA) is an association of providers of assisted living supports for the elderly community in Minnesota. We have met with this agency on several occasions, inviting them to participate in *VOICE* activities. They appreciate the interview approach to finding what supports are needed and wanted, and they wish to separate themselves from more regulatory and medical models such as those used in nursing homes. They wish to be self-controlled and with continuous improvements, and they are evaluating several potential approaches at this time, including one DHS interview tool. *VOICE* is a good model for this agency. Talks are continuing.

Communication with Stakeholders: At this time, the Region 10 Stakeholder Group includes more than 600 registered participants. Each receives the Quarterly Report and many are active participants in small groups that give close scrutiny to several issues raised as being high priorities. The QA Commission grew out of one of these small groups and has flourished and become a source of internal pride in the Stakeholders Group, and a demonstration of the power of small groups who focus on a special problem, raising that issue to the attention of others.

Participation in National Conferences: Volunteers and staff from the QA Commission are regular participants at national forums and conferences where quality assurance is an urgent topic for discussion and accord. Volunteers and staff are frequently invited as presenters at these conferences. Through such recognitions, the *VOICE* process has become listed on the CMS web site as a "Promising Practice." The QA Commission cosponsored the 2003 Re-Inventing Quality Conference, held in Minneapolis. (The 2004 Re-Inventing Quality Conference will be held in Philadelphia.) We also have been invited to participate in The Commissioner's Forum held in Washington DC. Attachment 7 provides a list of State and National Presentations by QA Commission members and stakeholders.

Curriculum Development: Another avenue of expansion and development is our training program for the direct-care staff of participating providers. This development has led us to work with one provider organization to develop and pilot a new training curriculum for direct-care staff and their supervisors. Beta testing is almost completed.

Out-of-State Development and Expansion: Although out-of-state development has a low priority for the QA Commission, some has occurred through national conference presentations. Some of this development is occurring now. For example, a program in Washington DC, called "One Stop" is using a modified *VOICE* interview for helping the unemployed and underemployed find good jobs.

Ms. Jackie Golden (pictured, far right), Executive Director of Inclusion Research, Division of Health Services, Washington DC, says labor is a very important area for our methodology and our QA system. She indicates *VOICE* is working well in that setting, and she encourages us to consider using it in Minnesota as well.



Training and Consulting Services to Direct Care Professionals, Agencies and Boards of Directors:

As curriculum development progresses, we have already provided introductory consulting services to two other providers in Region 10. Others, outside Region 10, are asking to be included. Such training will provide a future source of income for the QA Commission. Not only direct-care staff can be trained in person-driven support systems, but supervisors and Boards of Directors may also receive introduction to this concept and training on supervision of trained direct care staff and focus on the client.

UNIVERSITY OF MINNESOTA EVALUATION

The Research and Training Center on Community Living (University of Minnesota) is initiating an evaluation study of the QA Commission and the *VOICE* system. The Training Center is funded by the National Institute on Disability and Rehabilitation Research, US Department of Health and Human Services. Institute Director Dr. Charlie Lakin and Project Coordinator Mr. John Smith lead the project. The results cannot be presented in this report, as the study is just beginning (June, 2004). We hope to have some preliminary results by January 2005, perhaps including a video documentary to demonstrate their findings. The study proposal, approved by the QA Commission, is found in Attachment 8. One of the reasons this Center chose to study the *VOICE* program, the proposal states, is: "*The Region 10 Quality Assurance Commission is probably the single most important quality assurance demonstration going on in the US today.*"

CONTINUOUS IMPROVEMENT

The QA Commission considers quality to derive from improvement in existing conditions or services. Accordingly, we are driven to constant introspection, to see how we may improve what we are doing and how we work and how we evaluate others' work. In the past two years,

we have reviewed our process and made a number of improvements to the *VOICE* process. The following paragraphs highlight some of our efforts in this reporting period.

2003 Revisions to *VOICE*:

After reviewing feedback from Quality Circle Members and Quality Assurance Team Members, the *VOICE* Assessment & Review Committee (VAR) decided that the documents used for the QA system and *VOICE* review process needed to be more "user friendly" for all participants and users. VAR recommended that the QA Commission contract with a consultant to revise the documents. So far, three documents have been re-written as a result of work VAR completed with its consultant, Grant Blackwood. These documents include 1) MN Region 10 QA System Overview, 2) Quality Assurance Team Member Training Manual and 3) QA Team Trainers Manual. The first of these three revised manuals is shown in Attachment 9.

The VAR Committee, as a result feedback comments, worked with the QA Manager to improve ongoing training to QA Team members. Their input resulted in the formation of several small workgroups of QA Team members. The groups convene two or three times per year to discuss specific training agenda items and to share real life experiences; e.g., what has or hasn't worked when handling sensitive issues during *VOICE* reviews.

QA Team Work Station:

Feedback also indicated that the QA Team members needed a centralized work station where they can meet their team partner(s) and work on the *VOICE* learning portrait report booklet. The QA Commission approved office space and the purchase of a computer to provide the QA Team Members with a private and confidential area in which to complete the *VOICE* review workbook. This recent upgrade is still being developed at report time.

Rebuilt Database:

As the number of *VOICE* reviews increased, and as we continued to work on the first database we created, we learned how inadequate it had become. The Technology Committee and the VAR Committee worked with the QA Commission and participating counties to design and construct a new database for *VOICE* reports. Counties, providers and staff can use the database to develop their respective activity and progress reports. Report capabilities are enhanced, data input and output are easier and more effective, and sensitive data security is assured. QA Team members may enter their *VOICE* data directly, instead of using the paper workbooks. Management review of input data is preserved, while reducing the data input load on the QA Manager. Authorized stakeholders may access specific data directly, from authorized or networked computers.

The Technology Committee is working with participating counties to develop software that will allow QA Team Members to enter *VOICE* review information on-line into a secure database. This new database entry system is in development by the participating counties and will be operational this fall.

Quality Circle Feedback Reports:

The VAR Committee tracks feedback from Quality Circle (QC) Members who participate in *VOICE* reviews. This information is obtained from written and phone survey studies. The

VAR Committee uses QC feedback to make improvements to the review process and QA Team training curriculum. Summaries of feedback reports are used to identify the reactions to *VOICE* reviews, to identify barriers (real or perceived) throughout the system.

Barriers Reports:

Feedback forms always include a place for respondents to write about barriers to success of persons with disabilities. These are input to the database, along with all other information obtained during *VOICE* reviews. The barriers statements are then extracted and compiled into a Barriers Report. The report includes a column for showing resolution of each barrier, as that becomes completed. The Barriers Reports for 2001 – 2004 is included as Attachment 10.

Also included in Attachment 10 is the former Barriers Report, from 1999 – 2000, which now includes a Resolutions Section to show what actions have taken place as a result of this barrier being identified.

ATTACHMENTS:

For further results and evaluation of our program, please read the following attachments:

1. Quality Assurance Commission Legislation 2003
2. Current QA System And *VOICE* Overview
3. Bradley Endorsement Letter
4. Commission, QARC and Committee Membership Rosters
5. Feedback Reports and Surveys
6. County Report Cards For Participating Counties
7. State And National Presentations -- January 2001 To June 2004
8. Evaluation Proposal From The University Of Minnesota
9. *VOICE* and Region 10 QA System Overview
10. Barriers Reports
 - May 2002 Barriers Report With Resolutions
 - May 2004 Barriers Report

Region 10 Quality Assurance Legislation 2003

238.26 256B.095 [QUALITY ASSURANCE PROJECT SYSTEM ESTABLISHED.] 238.27 (a) Effective July 1, 1998, an alternative a quality 238.28 assurance licensing system project for persons with 238.29 developmental disabilities, which includes an alternative 238.30 quality assurance licensing system for programs for persons with 238.31 developmental disabilities, is established in Dodge, Fillmore, 238.32 Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, 238.33 Wabasha, and Winona counties for the purpose of improving the 238.34 quality of services provided to persons with developmental 238.35 disabilities. A county, at its option, may choose to have all 238.36 programs for persons with developmental disabilities located 239.1 within the county licensed under chapter 245A using standards 239.2 determined under the alternative quality assurance licensing 239.3 system project or may continue regulation of these programs 239.4 under the licensing system operated by the commissioner. The 239.5 project expires on June 30, 2005 2007. 239.6 (b) Effective July 1, 2003, a county not listed in 239.7 paragraph (a) may apply to participate in the quality assurance 239.8 system established under paragraph (a). The commission 239.9 established under section 256B.0951 may, at its option, allow 239.10 additional counties to participate in the system. 239.11 (c) Effective July 1, 2003, any county or group of counties 239.12 not listed in paragraph (a) may establish a quality assurance 239.13 system under this section. A new system established under this 239.14 section shall have the same rights and duties as the system 239.15 established under paragraph (a). A new system shall be governed 239.16 by a commission under section 256B.0951. The commissioner shall 239.17 appoint the initial commission members based on recommendations 239.18 from advocates, families, service providers, and counties in the 239.19 geographic area included in the new system. Counties that 239.20 choose to participate in a new system shall have the duties 239.21 assigned under section 256B.0952. The new system shall 239.22 establish a quality assurance process under section 256B.0953. 239.23 The provisions of section 256B.0954 shall apply to a new system 239.24 established under this paragraph. The commissioner shall 239.25 delegate authority to a new system established under this 239.26 paragraph according to section 256B.0955. 239.27 [EFFECTIVE DATE.] This section is effective July 1, 2003. 239.28 Sec. 34. Minnesota Statutes 2002, section 256B.0951, 239.29 subdivision 1, is amended to read: 239.30 Subdivision 1. [MEMBERSHIP.] The region-10 quality 239.31 assurance commission is established. The commission consists of 239.32 at least 14 but not more than 21 members as follows: at least 239.33 three but not more than five members representing advocacy 239.34 organizations; at least three but not more than five members 239.35 representing consumers, families, and their legal 239.36 representatives; at least three but not more than five members 240.1 representing service providers; at least three but not more than 240.2 five members representing counties; and the commissioner of 240.3 human services or the commissioner's designee. Initial 240.4 membership of the commission shall be recruited and approved by 240.5 the region-10 stakeholders group. Prior to approving the 240.6 commission's membership, the stakeholders group shall provide to 240.7 the commissioner a list of the membership in the stakeholders 240.8 group, as of February 1, 1997, a brief summary of meetings held 240.9 by the group since July 1, 1996, and copies of any materials 240.10 prepared by the group for public distribution. The first 240.11 commission shall establish membership guidelines for the 240.12 transition and recruitment of membership for the commission's 240.13 ongoing existence. Members of the commission who do not receive 240.14 a salary or wages from an employer for time spent on commission 240.15 duties may receive a per diem payment when performing commission 240.16 duties and functions. All members may be reimbursed for 240.17 expenses related to commission activities. Notwithstanding the 240.18 provisions of section 15.059, subdivision 5, the commission 240.19 expires on June 30, 2005 2007. 240.20 [EFFECTIVE DATE.] This section is effective July 1, 2003. 240.21 Sec. 35. Minnesota Statutes 2002, section 256B.0951, 240.22 subdivision 2, is amended to read: 240.23 Subd. 2. [AUTHORITY TO HIRE STAFF; CHARGE FEES; PROVIDE 240.24 TECHNICAL ASSISTANCE.] (a) The commission may hire staff to 240.25 perform the duties assigned in this section. 240.26 (b) The commission may charge fees for its services. 240.27 (c) The commission may provide technical assistance to 240.28 other counties, families, providers, and advocates interested in 240.29 participating in a quality assurance system under section 240.30 256B.095, paragraph (b) or (c). 240.31 [EFFECTIVE DATE.] This section is effective July 1, 2003. 240.32 Sec. 36. Minnesota Statutes 2002, section 256B.0951, 240.33 subdivision 3, is amended to read: 240.34 Subd. 3.

[COMMISSION DUTIES.] (a) By October 1, 1997, the 240.35 commission, in cooperation with the commissioners of human 240.36 services and health, shall do the following: (1) approve an 241.1 alternative quality assurance licensing system based on the 241.2 evaluation of outcomes; (2) approve measurable outcomes in the 241.3 areas of health and safety, consumer evaluation, education and 241.4 training, providers, and systems that shall be evaluated during 241.5 the alternative licensing process; and (3) establish variable 241.6 licensure periods not to exceed three years based on outcomes 241.7 achieved. For purposes of this subdivision, "outcome" means the 241.8 behavior, action, or status of a person that can be observed or 241.9 measured and can be reliably and validly determined. 241.10 (b) By January 15, 1998, the commission shall approve, in 241.11 cooperation with the commissioner of human services, a training 241.12 program for members of the quality assurance teams established 241.13 under section 256B.0952, subdivision 4. 241.14 (c) The commission and the commissioner shall establish an 241.15 ongoing review process for the alternative quality assurance 241.16 licensing system. The review shall take into account the 241.17 comprehensive nature of the alternative system, which is 241.18 designed to evaluate the broad spectrum of licensed and 241.19 unlicensed entities that provide services to clients, as 241.20 compared to the current licensing system. 241.21 (d) ~~The commission shall contract with an independent 241.22 entity to conduct a financial review of the alternative quality 241.23 assurance project. The review shall take into account the 241.24 comprehensive nature of the alternative system, which is 241.25 designed to evaluate the broad spectrum of licensed and 241.26 unlicensed entities that provide services to clients, as 241.27 compared to the current licensing system. The review shall 241.28 include an evaluation of possible budgetary savings within the 241.29 department of human services as a result of implementation of 241.30 the alternative quality assurance project. If a federal waiver 241.31 is approved under subdivision 7, the financial review shall also 241.32 evaluate possible savings within the department of health. This 241.33 review must be completed by December 15, 2000.~~ 241.34 (e) The commission shall submit a report to the legislature 241.35 by January 15, 2001, on the results of the review process for 241.36 the alternative quality assurance project, a summary of the 242.1 results of the independent financial review, and a 242.2 recommendation on whether the project should be extended beyond 242.3 June 30, 2001. 242.4 (f) ~~The commissioner commission, in consultation with 242.5 the commission commissioner, shall examine the feasibility of 242.6 expanding work cooperatively with other populations to expand 242.7 the project system to other those populations or geographic 242.8 areas and identify barriers to expansion. The commissioner 242.9 shall report findings and recommendations to the legislature by 242.10 December 15, 2004.~~ 242.11 [EFFECTIVE DATE.] This section is effective July 1, 2003. 242.12 Sec. 37. Minnesota Statutes 2002, section 256B.0951, 242.13 subdivision 5, is amended to read: 242.14 Subd. 5. [VARIANCE OF CERTAIN STANDARDS PROHIBITED.] The 242.15 safety standards, rights, or procedural protections under 242.16 sections 245.825; 245.91 to 245.97; 245A.04, subdivisions 3, 3a, 242.17 3b, and 3c; 245A.09, subdivision 2, paragraph (c), clauses (2) 242.18 and (5); 245A.12; 245A.13; 252.41, subdivision 9; 256B.092, 242.19 subdivisions 1b, clause (7), and 10; 626.556; 626.557, and 242.20 procedures for the monitoring of psychotropic medications shall 242.21 not be varied under the alternative licensing quality assurance 242.22 licensing system project. The commission may make 242.23 recommendations to the commissioners of human services and 242.24 health or to the legislature regarding alternatives to or 242.25 modifications of the rules and procedures referenced in this 242.26 subdivision. 242.27 [EFFECTIVE DATE.] This section is effective July 1, 2003. 242.28 Sec. 38. Minnesota Statutes 2002, section 256B.0951, 242.29 subdivision 7, is amended to read: 242.30 Subd. 7. [WAIVER OF RULES.] If a federal waiver is 242.31 approved under subdivision 8, the commissioner of health may 242.32 exempt residents of intermediate care facilities for persons 242.33 with mental retardation (ICFs/MR) who participate in the 242.34 alternative quality assurance project system established in 242.35 section 256B.095 from the requirements of Minnesota Rules, 242.36 chapter 4665. 243.1 [EFFECTIVE DATE.] This section is effective July 1, 2003. 243.2 Sec. 39. Minnesota Statutes 2002, section 256B.0951, 243.3 subdivision 9, is amended to read: 243.4 Subd. 9. [EVALUATION.] The commission, in consultation 243.5 with the commissioner of human services, shall conduct an 243.6 evaluation of the alternative quality assurance system, and 243.7 present a report to the commissioner by June 30, 2004. 243.8 [EFFECTIVE DATE.] This section is effective July 1, 2003. 243.9 Sec. 40. Minnesota Statutes 2002, section 256B.0952, 243.10 subdivision 1, is amended to read: 243.11 Subdivision 1. [NOTIFICATION.] For each year of the 243.12 ~~project, region 10 Counties shall give notice to the commission 243.13 and commissioners of~~

human services and health by March 15 of 243.14 intent to join the quality assurance alternative quality
243.15 assurance licensing system, effective July 1 of that year. A 243.16 county choosing to participate in
the alternative quality 243.17 assurance licensing system commits to participate until June 30, 243.18 2005.
Counties participating in the quality assurance 243.19 alternative licensing system as of January 1, 2001,
shall notify 243.20 the commission and the commissioners of human services and 243.21 health by March
15, 2001, of intent to continue participation. 243.22 Counties that elect to continue participation must
participate 243.23 in the alternative licensing system until June 30, 2005 for 243.24 three years. 243.25
[EFFECTIVE DATE.] This section is effective July 1, 2003. 243.26 Sec. 41. Minnesota Statutes 2002,
section 256B.0953, 243.27 subdivision 2, is amended to read: 243.28 Subd. 2. [LICENSURE PERIODS.]
(a) In order to be licensed 243.29 under the alternative quality assurance process licensing 243.30 system, a
facility, program, or service must satisfy the health 243.31 and safety outcomes approved for the pilot
project alternative 243.32 quality assurance licensing system. 243.33 (b) Licensure shall be approved for
periods of one to three 243.34 years for a facility, program, or service that satisfies the 243.35 requirements
of paragraph (a) and achieves the outcome 243.36 measurements in the categories of consumer evaluation,
education 244.1 and training, providers, and systems. 244.2 [EFFECTIVE DATE.] This section is
effective July 1, 2003. 244.3 Sec. 42. Minnesota Statutes 2002, section 256B.0955, is 244.4 amended to
read: 244.5 256B.0955 [DUTIES OF THE COMMISSIONER OF HUMAN SERVICES.] 244.6 (a)
Effective July 1, 1998, the commissioner of human 244.7 services shall delegate authority to perform
licensing functions 244.8 and activities, in accordance with section 245A.16, to counties 244.9 participating
in the alternative quality assurance licensing 244.10 system. The commissioner shall not license or
reimburse a 244.11 facility, program, or service for persons with developmental 244.12 disabilities in a
county that participates in the 244.13 alternative quality assurance licensing system if the 244.14
commissioner has received from the appropriate county 244.15 notification that the facility, program, or
service has been 244.16 reviewed by a quality assurance team and has failed to qualify 244.17 for
licensure. 244.18 (b) The commissioner may conduct random licensing 244.19 inspections based on
outcomes adopted under section 256B.0951 at 244.20 facilities, programs, and services governed by the
alternative 244.21 quality assurance licensing system. The role of such random 244.22 inspections shall be
to verify that the alternative quality 244.23 assurance licensing system protects the safety and well-being of
244.24 consumers and maintains the availability of high-quality 244.25 services for persons with
developmental disabilities. 244.26 (c) The commissioner shall provide technical assistance and 244.27
support or training to the alternative licensing system

The Minnesota Region 10 Quality Assurance System

What is the Quality Assurance System?

In 1995, Stakeholders (persons with developmental disabilities, family members, legal representatives, advocates, support providers, county and state representatives) from the eleven counties in Region 10 Minnesota held a meeting to discuss the service system for persons with developmental disabilities. A priority for the Stakeholders was to assure quality of services to persons with developmental disabilities despite whatever changes were made at the state or federal level. The Stakeholders worked with area legislators to develop and pass legislation that would allow counties to participate in an alternative licensing system that would focus on quality outcomes of support providers versus minimal licensing requirements. Presently, five out of the eleven Region 10 counties are currently participating in the quality assurance system. Counties participating in the QA system include Fillmore, Houston, Mower, Olmsted and Winona.

Purpose

The purpose of the Minnesota Region 10 Quality Assurance System is to continually improve the assistance provided to individuals with developmental disabilities. We do this by assessing the value people experience through the support and services received at home, at work or school and throughout the community. By combining results from an ongoing series of these assessments, we are able to develop an accurate sense of the patterns of support in our community. We are also able to identify "best practices," which we want spread throughout the system, and to focus on situations where improvement is needed.

Who is involved with the Quality Assurance Efforts?

Stakeholders from throughout Region 10 are involved with quality assurance efforts in various ways. There are several ways Stakeholders can participate. . First, **Stakeholders Meetings** are held quarterly and open to all Stakeholders in Region 10. Then, from the Stakeholders group, a **Quality Assurance Commission** is elected, which consists of 21 people who oversee the Quality Assurance efforts. A volunteer **Quality Assurance Review Council** reviews the quality assurance reports and makes licensing recommendations to the counties; and finally, volunteer **Quality Assurance Team members** are trained to conduct quality assurance reviews using the assessment tool ***VOICE*** (Value of Individual Choices and Experiences) developed by the Commission. ***VOICE*** is the assessment tool used to assess a person's overall value experience based on what is most important to the person and the persons' current needs. ***VOICE*** is used to assess the value contribution made by the support services assisting persons. ***VOICE*** consists of eight life and service domains: Basic Assistance; Special Assistance; Relationships; Choice; Inclusion; Economic Support; Safety, Respect, Dignity, and Personal Responsibility; and Coordination.

Licensing

Information generated from the *VOICE* reviews and the reviews of procedural safeguards is used by the county QA Review Council to make licensing recommendations to the county. The county then reviews all information and makes a licensing recommendation to the state for licensure based upon this person-driven approach of assessing quality of support services.

MN REGION 10 QUALITY ASSURANCE SYSTEM

Mission Statement

The Mission of the Region 10 QA Commission is to develop and implement a person-centered QA process that significantly enhances the quality of life for persons with developmental disabilities. This process will be person-focused and responsive, assuring basic safety while promoting continuous improvement in the system and the service it provides.

Accomplishments:

- Developed **VOICE** (Value Of Individual Choices and Experiences) a person-driven quality assurance assessment tool that focuses on what is most important to the person.
- 203 **VOICE** reviews have been completed to date.
- 108 programs have been licensed/re-licensed through the above **VOICE** reviews.
- 117 Quality Assurance Team Members have been trained to complete the **VOICE** review process.
- Feedback forms indicate that 85% of the respondents have expressed strong approval of the **VOICE** review process.
- Three additional counties have opted into the QA system since its beginning, indicating their choice of this alternative licensing system.
- Action plans have been developed by Quality Circles and providers when the **VOICE** review process indicated improvement needed or a concern.
- A database has been developed that provides information on identified barriers in the support systems.
- A database has been set up as a resource to track best practices throughout the five participating counties.
- The Region 10 Commission has received approval, effective August 1, 2000, from DHS to implement an alternative set of Quality Assurance Standards and Related Licensing Procedures that replace the current rules and regulations for licensed providers supporting people with developmental disabilities.

Quality Assurance Principles:

- **Person Driven** – Quality is determined by the person. Quality Assurance Team Members spend several hours with the person and quality circle members, getting to know the person through interviews and observations at home, in daily activities and in the community. Findings are based on what is most important to the person and what the person wants and needs as defined by the person.
- **Comprehensive** – A complete view of the person's life. Assessing quality through a "big picture" look at all areas of a person's life - home and family, school, work or daily activities, and social and community.
- **Integrated** – Assessing quality and value contributions of all supports in the person's life at home, at work or in daily activities, and in the community. Required action plans are developed by the person with support from the Quality Circle.
- **Value Based** – Focused on what the person values as being most important and what enhances the person's experiences.
- **Continuous Review Process** – **VOICE** reviews are completed throughout a licensing period, not just once every two years..

- **Continuous Improvement** – Through the *VOICE* review process, feedback is given to support providers and, as needed, action plans are developed to improve the supports provided to the person.
The QA Commission continues to gather feedback through evaluation forms to improve the overall QA system and *VOICE* process.

Future Goals:

- To implement the *VOICE* review process as a long-term quality assurance and licensing option.
- To expand the *VOICE* process to counties outside of Region 10 Minnesota.
- To assess how *VOICE* and the QA system can be replicated in other service areas and geographic areas.
- To seek and implement an 1115 waiver for Intermediate Care Facilities using the QA system in participating counties.
- To recommend strategies to resolve identified barriers in the support system.

**For more information call Cindy Ostrowski, Director at (507) 932-0292
Visit our website at: www.mn-voice.org**

VOICE

VOICE OF INDIVIDUAL CHOICES AND EXPERIENCES

VOICE is a way in which persons with developmental disabilities are able to get their **VOICES** heard.

VOICE is a way to determine if people are getting what they want and need.

VOICE is a way to find out if people are happy and satisfied with their support services.

VOICE is a tool to license support providers.

VOICE is a process that is person driven

Accomplishments:

- Developed **VOICE** (Value Of Individual Choices and Experiences) a person-driven quality assurance assessment tool that focuses on what is most important to the person.
- 160 **VOICE** reviews have been completed to date.
- Eighty-two programs are licensed through the above **VOICE** reviews.
- One hundred Quality Assurance Team Members have been trained to complete the **VOICE** review process.
- Feedback forms indicate that 85% of the respondents have expressed strong approval of the **VOICE** review process.
- Three additional counties have opted into the QA Project since its beginning, indicating their choice of this alternative licensing system.
- Action plans have been developed by Quality Circles and providers when the **VOICE** review process indicated improvement needed or a concern.
- A database has been developed that provides information on identified barriers in the support systems.
- A database has been set up as a resource to track best practices throughout the five participating counties.
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March 21, 2003

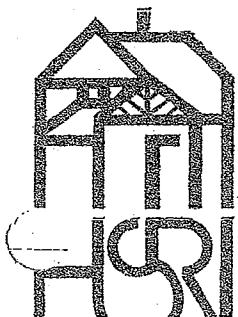
To Whom It May Concern:

My name is Valerie Bradley and I am the President of the Human Services Research Institute (HSRI). For the past two decades, HSRI has been actively conducting research and policy analysis in the area of quality assurance and the applicability of various QA approaches to services for people with developmental disabilities. HSRI has been designated by the Centers for Medicare and Medicaid Services as the National Contractor for Quality Assurance for Home and Community Based Services. I am writing to support the Region 10 Quality Assurance process – an approach that has been recognized nationally as a “best practice” approach to ensuring quality.

One of the key reasons for the success of the Region 10 Quality Assurance process is that it has been developed and implemented by all stakeholder groups (people receiving support, family members, conservators, advocates, providers, county and state representatives, and legislators). As a result, there is a sense of ownership and accountability to carry out the process. It encourages community involvement and participation by all stakeholder groups. It is a process that the people of Minnesota have developed and a process that the people carry out. Other communities both within Minnesota and nationally can benefit from what we have learned and developed.

Another important feature that enhances the innovative character of Region 10 is that the process is person-driven. The *VOICE* (Value Of Individual Choices and Experiences) review process follows the person, not the provider. The person, as he/she chooses, is actively involved in the whole quality assurance *VOICE* review process. Each Quality Circle Member (person, family, direct care staff, case manager/service coordinator, and others such as school staff) have a voice and are heard through this process. Information is gathered around eight life areas: Basic Assistance, Special Assistance, Relationship, Choice, Inclusion, Safety and Dignity, Economic Support, Coordination and Communication. The *VOICE* process is value-based and looks at what brings value each person in his/her life. “Quality” is determined by each person. There is not a list of things or outcomes that the person must have or not have in his/her life. What is assessed is what is most important to the person, what needs does the person have, who is responsible for assisting the person, and how is the support adding or detracting value from the person’s life and his/her experience in the community.

Further, *VOICE* gathers information one person at a time but touches many lives in the process. There may be anywhere from 5 to 8 people interviewed during one *VOICE* review. Information through this process is gathered for ALL Quality Circle Members – this may include family, licensed support, un-licensed support, county case management services, paid conservators and guardians, and school services. Although the process does not give the family “findings”, it does incorporate what has been learned about family involvement in the learning summary and learning portrait. Quality findings are made available to licensed and un-licensed support providers – such as paid conservators, county case



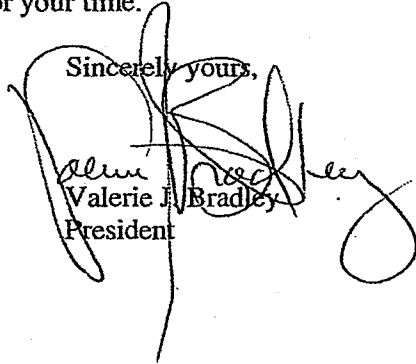
management services and schools. Although *VOICE* does not license these entities, a lot of valuable information is gathered on these supports.

The process also makes a contribution to quality enhancement by documenting good practices and good resources. Others can read and learn about the useful resources being used in other participating counties rather than have to create policies and protocols from scratch. Likewise, Region X identifies barriers that constrain quality. This ability both works to the advantage of individuals and also contributes to others at the county and state level to evaluate for system change. Team members take back information to the people and agencies that they work with. Quality Circles are empowered to work together on action plans.

I understand that the QA Commission is seeking legislation that would allow counties outside of Region 10 Minnesota to opt in to the existing Quality Assurance System or to develop a system similar to the existing system as directed through the legislation. The legislation supports the QA Commission in working with other populations of people receiving support services to determine if the QA system can be implemented for others as well.

By supporting this legislation, I strongly believe that other people in Minnesota will benefit from the learning and experience of the Region 10 Stakeholders. An appropriation will allow for funding for another two years while the QA Commission works on a long term business and marketing plan to sustain its efforts. It is time to make this important model more generally available across the state. I urge your consideration. If there are any questions that I can answer, don't hesitate to call me or email me. Thank you for your time.

Sincerely yours,



Valerie J. Bradley
President

**QUALITY ASSURANCE COMMISSION
MEMBERSHIP**

I. Person/ Family/ Legal Representative

Matt Shoen, Tom Cramer, John Gordon, Donna Garratt,
Ronice Meyer Donovan

II. Advocates

Stacie Zylstra, Beth Honecker, Mary Vickmark

III. Provider

John Flanders, Mary Jansen, Steve Hill, Patrick Masyga,
Marge Dent

IV. County Representative

Karen Sanness, Jennifer Bagne-Walsh, Shannon Smith

V. DHS

Larry Riess

<p>1115 Waiver (Committee for ICF/MR Waiver)</p>	<p>Chair: Paul Fleissner Members: John Jordan, Buff Hennessey Cully Bisgard, Roy Harley, Staff: Cindy Ostrowski, LeAnn Bieber,</p>
<p>Sustainability and Simplification (Stakeholder Committee)</p>	<p>Chair: John Gordon Members: John Jordan, Carol Carryer Buff Hennessey, Tom Cramer, Mary Hewett Mary Jansen, Denny Theede, Steve Ehlke, John Flanders, Paul Fleissner Wade Welper, John Gordon, Rita Hanson, Anne Kamin, Chris O'Byrne, Daryl Olson, Donna Garratt, Fred Stein, Judy Herdina, Roy Harley, Ronice Meyer Donovan, Jennifer Bagne-Walsh, Staff: Karen Larson, LeAnn Bieber</p>
<p>Training, Recruitment and Retention</p>	<p>Chair: Members: Cindy Ostrowski John Jordan, LeAnn Bieber</p>
<p>Legislative Committee</p>	<p>Chair: Roy Harley Members: Buff Hennessey John Jordan Staff: Karen Larson</p>
<p>Technology Committee</p>	<p>Chair: Steve Hill Members: Craig Hilmer John Gordon, Larry Riess Staff: Cindy Ostrowski & LeAnn Bieber</p>

* School Education Workgroup:
Jean Huebner, Karen Larson
Mary Vickmarck

Quality Assurance Review Council Terms
Revised 3/23/04

<i>Member</i>	<i>Position</i>	<i>County</i>
1. John Gordon	Advocate	Olmsted
2. Jill Haxton	County	Olmsted
3. Judy Tollefsrud	Advocate	Houston
4. Rich Morin	Provider	Fillmore
5. Norma Klaehn	Advocate	Mower
6. Sarah Exo	Provider	Winona
7. Ramona Anderson	Provider	Mower
8. Stacie Zylstra	Advocate	Olmsted
9. Cristi Lyke	Provider	Olmsted
10. open	County	

June 2003 to November 2003
REGION 10 QUALITY ASSURANCE
QUALITY CIRCLE FEEDBACK FORMS
FOR
VOICE

1. Do you think the ***VOICE*** approach will help improve your life, or your experience of life in the community, based on what you consider important?
 - No
 - Yes
 - Yes. Specific improvements – choice of individual everyday items was not offered to the individual both at home and day program. Hopefully, she will be offered choices.
 - Yes. Overall, I think this was a good experience not only for (the person), but all members. The QA team members were unique in presenting the information they found and by using the stuffed kitten with gems and stars to display what is important to (the person).
 - Yes. I think the QA process is a good and positive thing.
 - Yes.

2. Does the ***VOICE*** approach strengthen or improve coordination, communication, and cooperation among the members of your quality circle?
 - Yes. I think additional meetings among team members focused on a common cause can always strengthen ties.
 - Yes. An impartial party checking on the way facilities work together for the good of the resident is important. A fresh view can add quality.
 - Unsure. Coordination between all was very good before our meetings. However, at the final feedback meeting, there was incredible brainstorming on fundraising for a new wheelchair and all were going to be contributing to the idea.
 - Yes. This team already had good communication. My wish is that the family will become more involved and that this was an eye opener.
 - No. We already have good communication within our team.
 - Yes.

3. Was the Quality Assurance team review a positive experience? (for example: Were you comfortable with the people on the review team? Did the feedback meeting provide accurate and helpful information? Did you feel respected?)
 - Yes. (The QA Team Members) did well, I felt.
 - Yes.
 - Yes. Nice book to look things up in.
 - Both QA members were exceptionally nice. With the exception that one member seemed to become defensive when asked questions about the review. Overall, very friendly and easy to converse with.
 - Yes. I felt comfortable with the review team. They were nice enough but I wish if they had concern they would have brought them to our attention while visiting our site instead of acting like things were fine. They should have spoken with the supervisor.
 - Yes

4. Will your Quality circle do more planning, as a result of this review? If so, what areas may be discussed?
- Possibly. Finances.
 - We are comfortable with the current system.
 - I believe so. This was my first time and my partner was very helpful.
 - Hopefully as it has been difficult to find programming that would be effective, hopefully the IDT members will brainstorm to come up with programming ideas.
 - N/A
 - No, things were already going well.
5. Please share with us anything you feel would improve the *VOICE* process?
- N/A
 - N/A
 - N/A
 - To spend more or equal amounts of time at both home or work. Also, to ask more direct questions as I felt that the "I" we received as a provider was based on lack of information.
 - If there are concerns then the review team should ask more in-depth questions and follow-up with the supervisor.
 - Well done!
6. Did the *VOICE* approach help identify any quality circle or system concerns that stand in your way?
- No. (the person) is an assertive person with active team members. So for her, this review may be of little value.
 - N/A
 - Yes. Concern is still regarding the new wheelchair and mix-up with MA. Also, addressed the lack of individual choices individual has.
 - Not really. As mentioned on front page, this team does wonderful work with (the person), always thinking of great ideas to improve (the person's) life and working together.
 - No.
 - No.

Comments:

- I wonder how about doing the *VOICE* reviews where there may be problem areas. The people I have been involved with were doing well – it seems like a lot of time and money for those people where all is going smoothly.

QUALITY CIRCLE FEEDBACK FORM

What did you like best about the *VOICE* review?

- Very positive experience for (the person).
- That it was over.
- Everything – every last thing.
- The fact that Tim's conservator recognized how great his staff is.
- (The QA Team Members) were very nice and REALLY took the time to get to know (the person) and understand him.
- I really like the coverage of all aspects of (the person's) life. I also heard (the person) opinions and his voice throughout the discussion.
- The only part of the voice review I was involved in was the "review workbook." This was because I was appointed conservator late in the process.
- Non-biased opinions/feedback. Loved the picture/summary at the end!
- I liked the team approach to improve the individuals quality of life.
- I liked that it was focused on what (the person) wanted.
- (The QA Team Members) made me feel very comfortable at ease.
- Allowing (the person) a VOICE!
- I loved the way my client reacted to the reviewers. She felt so special. I loved her learning portrait. So did her parents, as well as client.
- It was interesting talking to (The QA Team Members).
- All phases were acceptable.
- Hearing point of views from the entire team.
- All the positive feedback – coordination of providers.
- Seeing (the person) so happy about basket of goodies she received from reviewers
- The positive statements made about me.
- Knowing and reviewing what is important in (the person's) life.
- They did a nice job with the portrait
- Went great! I ended up with ademotion!
- LeAnn pointed out some things that weren't obvious. Sometimes it really helps to have an objective observer.
- It was a very uplifting experience for (the person). She felt "special" and stated that it was fun.
- It made (the person) feel very good about her life.
- I like the chance to tell others about the quality opportunities (the person) has had with the MR/RC waiver.
- Did an awesome job on the learning portrait
- Very friendly – tried to be helpful
- The quick response and support that was provided with regards to some unresolved conflict concerning (the person's) findings.
- Person-centered
- Respect for the client
- It personalized (the person's) assessments. It also gave us an idea of what is important to (the person).
- Enjoyed the purse and belongings inside of it.
- Individual attention that the client gets
- The interviewers were very, very nice and knowledgeable
- It was good to be able to talk

- The team was very good listeners and they interpreted the information well.
- The creativity of picking out items that pertain to the person and how the review was done for (the person), they had a card for each area of her life.
- Focus on (the person).
- They made (the person's) self-esteem boom -- he is very nervous about meetings and he was glowing after his voice review.
- The respect the QA team had for everyone and the thoroughness.
- Getting the McDonalds coupons getting the new frame and pictures
- This was the best of the VOICE reviewers that I have been part of. While I don't think anything new was revealed from the process, it was well done.
- An objective party reviewing our plans and interactions with a program participant.
- I really enjoyed having a person with DD participating in the review.
- They did a great job: very informative and they also listened to others
- That the team had gotten together. We got a chance to visit although the person being reviewed could not make it.
- Person-centered, team involvement, pleasant QA team -- easy to talk with
- Centered around the individual with disability
- Great feedback from (the QA Team Members).
- That the reviewers were able to talk with all of her circle of support and make any recommendations. She enjoyed visiting with the reviewers and receiving her "gifts" at the follow up meeting.
- This was the first time I had participated. The reviewers worded the questions to a conversational style. I felt comfortable answering questions and talking to them.
- I liked the process of reviewing all these issues. It's easy to lose track of important things and this process brings them into focus.
- Meeting (the QA Team Members).
- Interviewers took time to talk with all team members. Very person-centered. Very good feedback and input. Done in a very positive, "non-threatening" manner.
- The positive feedback/the basket of goodies.
- Personable. Gathering of points of view to formulate VOICE review.
- I liked it that they told (the person) if she was going to be getting better she had to work at it herself also.
- Sitting in on the review I learned more about (the person) -- that will help me help her more in the long run.
- I like the emphasis on consumer needs.
- Talking to them in my home

Please share with us anything you feel would make the *VOICE* process better.

- More timely process.
- Do the process in a timelier manner. Take the time to meet with each reviewer individually and not make last minute phone calls to ask case managers to come to them. Have a good plan.
- It went very well.
- I great process because it is person-centered not agency-centered.
- Maybe completed within 1-3 months instead of 6.
- I can't think of anything. These two did an excellent job.
- Nothing
- I can't think of anything. I thought (the QA Team Members) did a good job explaining it to us.

- It was new to us, so was very interesting.
- Make sure they have copies of the information for each person to look at while the reviewers are talking about what they've learned.
- Nothing
- Reviewers being on time
- (The QA Team Members) only brought one copy of the review with them, leaving us to make copies and send them to following team members, did not write letters to notification of meeting, did not call ahead of time and schedule a voice meeting with week
- Have paperwork for all to look at – pass out.
- I was very pleased with the way it was done. I think having the interviews separately really lets stakeholders speak freely of their concerns.
- I thought it was great. The interviewers were knowledgeable and very friendly and easy to talk to.
- Can't think of anything
- Kind of slow through numerous phone calls and missing people. Email would work together to set up meetings further discussion etc.
- I am not sure I understand what the purpose of this was or if it will accomplish anything – only in the case of overt misdemeanors. Too bad it won't help to improve the quality of care for just basic needs.
- They did a very nice job and very respectful
- This team did a great job with understanding and common sense issues. Other teams dwell on issues that about of team control.
- Don't know
- Not sure
- I would like to see the QA members that do the review follow up a few months later.
- We did have it at Perkins since (the person) wanted it there. It was kind of loud. It was nice to have lunch with the team after it was done.
- Have nicer people interview. Mary was not helpful. When asked a question they should be able to answer it.
- Did they actually visit the home? Or did the interviewers just meet with the director?
- Much more streamlined then last year – good.
- This was a learning experience for me. I did not know what to expect so I don't think I can from an opinion after my first review – it was a positive experience.
- I can't think of anything.
- Interview only the people who truly know the person, not those who are fairly new or who don't work full-time with the person.
- Less time between notification of review to actual review.
- Very good.

Please share with us anything you feel the reviewers could do better.

- Be more organized. Have handouts available. Don't expect others to make copies to hand out after review is done.
- (The QA Team Members) were great! Very personable!
- Continue to share presentation BOTH presenters had valid points.
- Very friendly, approachable and courteous.
- (The QA Team Members) were sensitive and I thought did a very good job.
- Nothing – they're great at what they do.

- Everything was presented well.
- Did a great job!
- Very good – all did a great job.
- Make interviews – closer together and make sure to connect w/everyone involved.
- Nothing.
- Spend more time observing the participant
- Make copies of review for all team members at exit meeting. Confirmation letter with exit date and time of meeting (I was not notified, mom gave me information.)
- More communication, better organizational skills, slow down.
- I have no suggestions on this. The interviews were so “user-friendly.” I can’t envision a better process.
- Miscommunication regarding time of feedback meeting so parents missed. Some how follow up on meeting time confirmation.
- Did a good job. Enjoyed the purse with items that they gave the client.
- Be more conscientious of the programs financial status before making suggestions for the person to partake in.
- Nothing, went great.
- Don’t know
- I think (the QA Team Members) were very respectful of (the person). They did a good job. The poster at the end summarized well.
- It was not clear at the beginning the interviewer would like to visit the worksite.
- I felt they spoke in language that was way above (the person’s) ability to understand. I wish they could have done otherwise.
- They were very informative. They did not get their own opinions mixed in with feedback, which was very nice.
- We received an “I” in choice area when (the person) was asked what we could do better she could not answer it since we’re already doing it. She got very defensive and said call Sue Miller. I was very surprised at her reaction. No other team members said anything since they didn’t want to start anything because of her rudeness. After the QA team left, (the person’s) whole team stayed to discuss what happened. All team members Day Placement, Home, Pam’s mom, (the person’s) sister and case manager felt that no “I” should have been given in area of choice and that (the QA Team Member) was rude and should have been able to answer a question when she asked if anyone had any questions. This was not a good way to end a QA process. The way it ended made all team members dwell on the rudeness rather than the good things that (the QAT) and (the other QAT) did such as the stuffed cat. (The other QAT) tried correcting (the one QAT’s) rudeness but it didn’t work. (One QAT) was professional and nice through the process but still could not answer questions for why an “I” was given. We will be appealing this.
- (The person) identified dreams and they were shared. What seems lacking is a structure to help him meet these goals – I’m concerned about (the person) leaving school and having no one help him actively work on these dreams.
- They were good.
- When interviewing retirees, to not refer to program as “work”
- Were very good.
- Nothing – did very well explaining the process

Please let us know how you felt about the *VOICE* review process.

1. Was the *VOICE* review a positive experience for you?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Unsure	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes

2. Did you feel comfortable with the people who interviewed you?

Yes	Unsure	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes - great!	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

3. Did the interviewers know what they were doing?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unsure	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Somewhat	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Unsure	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers set up times that were best for you?

Yes	Unsure	Yes	Yes	N/A	Yes	Yes
Yes	N/A	Yes	Yes	Yes	Yes	Unsure
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	No	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Unsure
Yes	Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers communicate with you about meeting times?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	No	Yes	Unsure	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers respect you?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers respect all Quality Circle members?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers listen to you and ask useful questions?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers create a meaningful, person-centered learning portrait?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Excellent
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Did the interviewers provide accurate information in the VOICE workbook?

Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unsure	Yes	No	Yes	Unsure	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	No	Unsure	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Unsure
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Did the VOICE review identify any barriers (things that get in your way)? If so, please explain or list them.

Yes	No	No	Yes	No	No	Yes
Yes	No	No	No	No	Yes	No
Yes	No	Yes	No	No	No	No
No	Yes, money	No	Yes	No	Yes	Unsure
No	No	No	No	Yes	No	No
Yes	Yes	No	Yes	Yes	No	No
Unsure	Yes	Yes	No	Yes	Unsure	Yes
No	No	Yes	Yes	Yes		

- We had concerns and I personally felt that they were been uncomfortable with our concerns.
- The voice reviewers recommended that (the person) perhaps get a new case manager.
- Yes. That ICF/MR's are so laden with red tape that respite is very hard to do in their setting. That respite can't be done in an SLS because of licensing statutes.
- Reviewers were uncomfortable with the situation.
- They did not state specific barrier between family and residence provider.
- Read the voice review wrong, leaving us very confused for a few minutes.
- I had never been involved with one. Good experience.
- (The QA Team Member) articulated well the barrier of a flagging economy, which is leading to services cut back.
- Concerns with the aspects of recent budget cuts seemed to be resolved well with the help of QA.
- (The person's) finances are very low which we try our best to still accommodate.

- The client not feeling this was her home and how we could make her realize that this is not a temporary arrangement.
- We already knew this barrier but it was interesting to hear their feedback on it.
- "Choices" which is done according to (the person's) and team
- Yes, at times the consumers vulnerabilities.
- Service providers points of view may not always coincide with persons receiving services.
- Very supportive

5. Will your quality circle do more planning as a result of this review?

Yes	Yes	Yes	Yes	No	No	Yes
Yes	Yes	No	No	Yes	Yes	Hope so
Yes	No	Maybe	Yes	No	No	Yes
No	Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes	Unsure	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	No	Unsure	Yes	Yes	Yes	As needed
Yes	Yes	Yes	No	Yes	Yes	

6. Did your review workbook require an action plan? (Any I or C findings?)

Yes	Unsure	Yes	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No
Yes	No	Yes	No	Yes	No	No
Yes	No	No	I findings	Yes	No	Yes
No	Yes	No	No	No	No	Yes
Yes	Yes	No	No	No	No	Yes
Yes	Yes	No	No	Yes	No	No
No	No	No	Yes	No	No	No
Yes	Yes	No	No	No	Yes	

Comments:

- There are so many issues with this team the reviewers could not possibly hit them all.
- I have been working with (the person) for several years as an advocate from Arc Southeastern Minnesota. I was not part of the voice review. I was at (the person's) annual meeting today. When the summary of the voice review was given, I was very impressed with the presentation to (the person) and her team. (The person's) team is doing a good job meeting her needs. (The person) would benefit from more contact with her immediate family. In the past they have been to busy and not open to more contact. I thought the presentation to (the person) was great using a denim bag with symbols to help her understand the results of the review and she can keep it.
- (The QA Team Member) was a very caring and concerned reviewer. She is very good at what she does.
- Sue, the largest error that I noticed was the fact that (person's name) is not a guardian. She is (the person's) Conservator. (The conservator) at times has asked for some info that is not needed as a conservator. Not a big deal but felt it should be noted.
- In the past VOICE reviews I have been involved with were a lot better/organized.
- I did not receive VOICE workbook as of yet.

Region 10 QA Commission Committees

Committee	Members
Executive	Commission Chair: John Gordon Vice Chair: Roy Harley Secretary: Finance Chair: John Flanders Personnel Chair: John Gordon Nominating Chair: Tom Cramer Staff: Cindy Ostrowski
Finance	Chair: John Flanders Members: Buff Hennessey Jennifer Bagne-Walsh Denny Theede John Gordon Roy Harley Staff: Cindy Ostrowski
Personnel	Chair: John Gordon Members: Jennifer Bagne-Walsh Buff Hennessey Pat Masyga, John Jordan Staff: Cindy Ostrowski
Nominating	Chair: Tom Cramer Members: Shelly Cavanaugh Fred Stein, Matt Shoen Staff: Karen M. Larson
VAR VOICE Assessment And Review	Chair: John Gordon Members: Tom Cramer, Donna Garratt, Marge Dent, Betty Richardson, Mary Jansen Roy Harley, Craig Hilmer, Stacie Zylsta, Matt Shoen, Beth Honecker Staff: Cindy & Sue

Quality Circle Feedback Results from 91 participants (Nov 2003 thru Mar 2004)

Overall Findings:

91 participants in Quality Circle Reviews completed the Feedback Form. Overall findings are extremely positive. On all but two questions concerning satisfaction with the process, 95% of Quality Circle members responded positively. On two questions, members responded negatively 8.4% and 5.2% respectively to questions of time setting for Quality Circle activities and for the provision of accurate information in the VOICE Workbooks.

The Feedback Form also elicited useful information on Barriers. 34.5% of members noted that Barriers were discovered in the Review process. Over 57% of members reported that their Quality Circle will do more planning as a result of this review, and 1 in 5 of participants were in a Circle that had findings of I or C and required an action plan.

Quality Circle Feedback Results from 91 participants

Questions	YES %	NO %
1. Was the VOICE experience positive for you	97.6	2.4
2. Did you feel comfortable with the people who interviewed you	98.8	1.2
3. Did the interviewer		
a) Know what they were doing (appear knowledgeable of process)	96.3	3.7
b) Set up times that were best for you	91.6	8.4
c) Communicate with you about meeting times	97.7	2.3
d) Respect you	97.6	2.4
e) Respect all Quality Circle members	97.6	2.4
f) Listen to you and ask useful questions	97.6	2.4
g) Create a meaningful, person-centered learning portrait	97.6	2.4
h) Provide accurate information in the VOICE workbook	94.8	5.2
4. Did the VOICE review identify any Barriers	34.5	65.5
5. Will you Quality Circle do more planning as a result of this review	57.1	42.9
6. Did your review workbook require an action plan (I or C Findings)	19.0	81.0

What did you like best about the VOICE Review?

"I liked them".
(person reviewed) liked the ladies. They were nice ladies.
(the QATs were) very diplomatic - her wheel was great.
(the QATs) asked questions that were important to (the person reviewed's) happiness and well-being and listened carefully to any feedback I had. I was very at-ease and felt I could be honest and open with them.
Both reviewers were very open to my feedback and input. They were also person-centered and had good feedback. Seemed to really know what they were doing explained the process well.
Final feedback - how the findings were presented. Canopy was a nice idea. Reviewers did a nice job focusing on (the person reviewed) - very person centered.

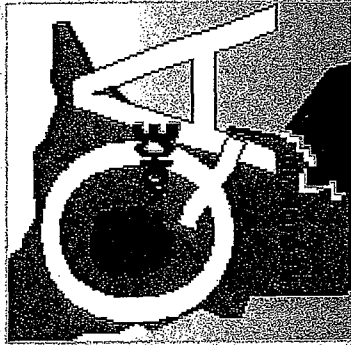
This was my first, very informative.
This was the first time I ever attended a QA meeting. I really enjoyed it and the interviewers really made you feel comfortable. They asked questions that you felt you could answer.
Very nice exit review with items (the person reviewed) loves.
Watching (the person reviewed).
We went out somewhere so that my roommates did not have to see how I was with....

Please share with us anything you feel would make the VOICE process better

By keeping this a positive issue, it will enhance a good working condition between them (parents) and myself. I think it was good for the parents to see that others are keeping an eye out for quality in (the person reviewed) life.
Caution QAT members not to offer personal view as to how a new placement will or will not succeed.
Everyone introduce themselves so client knows who everyone is.
From this and past reviews, the consumers seem confused as to who the reviewers are and why they are meeting with them. I am sure the reviewers explain all of this, but it still remains confusing.
Good enough already.
I always appreciate the time the reviewers dedicate to this process.
I did talk with Nathan directly on what he needs to do when working with someone to be successful. Since I knew him, I knew what to expect. We used the car ride time to practice interview questions and I had him write some down. Overall this was effective. We also practiced the final feedback meeting. For the most he stayed with the agenda and I think that too went well.
I don't know who to change it, but the resident was very anxious/nervous about the review. (even after reassurance from staff).
I felt it was an unfair time to do a review with person moving and the variables that needed to be addressed were effected by the move.
I like how it goes now - less focus on the paper report.
I liked the process.
I think all areas were touched on and thorough review was done in all areas. This was my first review and it was a pleasant experience.
I think you guys did a wonderful job in asking the right questions and then letting us give you the answers and listened very well to us and (the person reviewed).
If using self-advocates as QAT's maybe have a three member VOICE team to share workload.
In this case particularly, I would have liked to see a separation between family and home, as these are not always the same. I think this could provide a different perspective.
It was interesting to go through.
Just more communication as far as when meetings are going to take place.
No ideas at present.
None.
Nothing at this time with many changes already in process and reorganized the reviewer came in the middle of a transition and many things were in process of being resolved.
Nothing, at present time, above and beyond what is already in place.
QA reviewers only received a portion of the information sheet, only the first side was copied.
Suggestions or ideas to try different things to do with the client.

The mother was so appreciative of the feedback.
The person was able to communicate easily and let us know how his life is going.
The two QA reviewers, were very perceptive. I feel the review was a <u>very</u> accurate picture of the person's life at this time.
They did a good job. They did forget a copy of the voice review for the support provider Fillmore County DAC, so I copied the one I had and sent it to the DAC
They did a great job.
They did a very fine job.
They were very flexible and understanding of teams schedule.
Thinks this one turned out good.
This was not the reviewers fault - but, it sure would've been nice to have a final feedback meeting because I really enjoy listening, seeing and learning more from the learning portrait! And, we didn't get to have that!
Well Done!
Working for the first time with a partner who is also a consumer - learning experience for me.

VOICE REVIEW PROCESS SURVEY of PROVIDER ADMINISTRATORS



Region 10 Quality Assurance
Commission VAR Committee
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Report • December 2002

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Program Evaluator, Olmsted County

VOICE

SURVEY OF PROVIDER ADMINISTRATORS

Executive Summary

This survey was administered to Provider Administrators to solicit management feedback on the VOICE Review process. The questions were designed to elicit response on both the individual executive's perception of how the VOICE process affects them and their organization and how the individuals they serve are affected. 65% of administrators responded, or 42 of 67 surveyed. 85% of Administrators believe the VOICE system is an efficient means of Licensing support Providers. 79% reported that VOICE had allowed them to change the way they provide services or supports to clients and identifies barriers at all levels of the systems (95%); 100% agreed that VOICE evaluates basic health and safety protections for clients. 14% believed that VOICE has increased the licensing costs. A further examination of this issue indicated that administrators did not find the VOICE process decreased costs. We can surmise that costs are unchanged in utilizing this alternative licensing program. Finally, 98% of administrators supported the continuation and use for more individuals of the Region 10 VOICE model. "I would like to see the VOICE model used with other populations - TBI, Mental Illness, Elderly - I would like to see it used throughout the state - market to entire Region 10 at least." "This system is a real positive change to past licensing procedures. It is more complete and better assess consumer needs and programs."

VOICE SURVEY of PROVIDER ADMINISTRATORS

Purpose –

This survey was administered to Provider Administrators to garner management feedback on the VOICE Review process. The questions were designed to elicit response on both the individual executive's perception of how they and their organization are affected by the VOICE process and how the individuals they serve are affected. Similar surveys were distributed to Direct Care Staff and County Case Managers.

VOICE

SURVEY OF PROVIDER ADMINISTRATORS

Distribution -

Surveys were distributed by mail to 67 servicing administrators. Two surveys were returned with notice that the individuals were no longer employed. 42 surveys were completed and returned via the provided postage-paid envelope for a return rate of 65%

42/67 / 65 65%

VOICE

SURVEY OF PROVIDER ADMINISTRATORS

Outcome 2

Indicator C: Continuously support providers indicate they have made changes to improve quality in the supports they provide as a direct result of participating in the Region 10 Quality Assurance

Process

Outcome 2

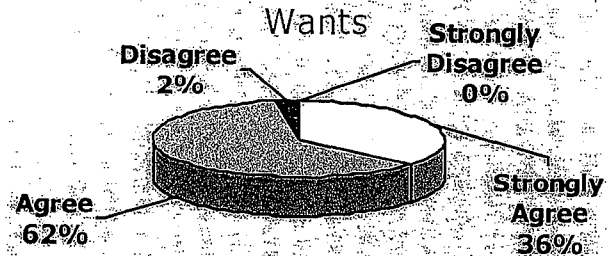
Indicator D: Number of counties that have reported making changes to improve quality in the way services are provided as a direct result of participating in Region 10 Quality Assurance Process.

VOICE

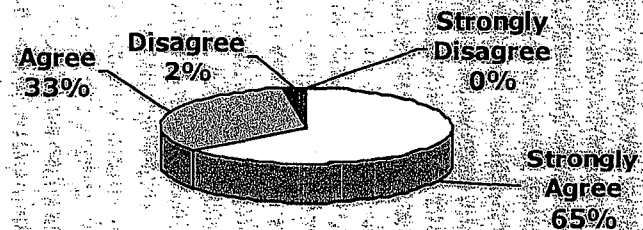
SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

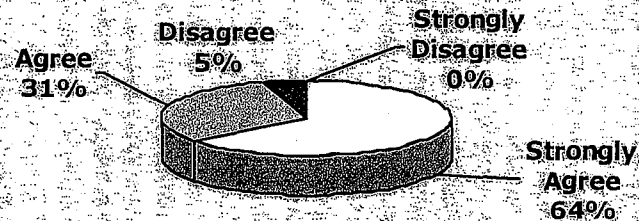
1. Accurately Captures What Each Individual Needs and Wants



2. Produces Findings that are Unique to Each Individual



3. Incorporates Family Member's Input & Opinions

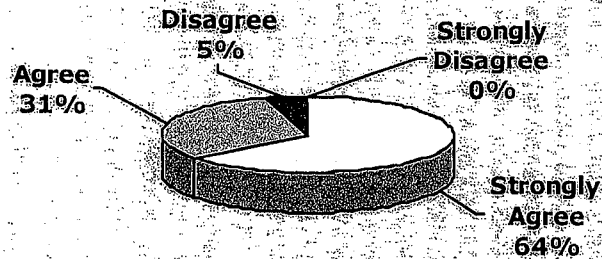


VOICE

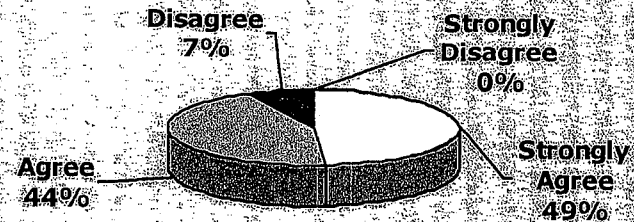
SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

4. Provides Family Members a Way to Contribute Input and be a Part of the action Plan Process



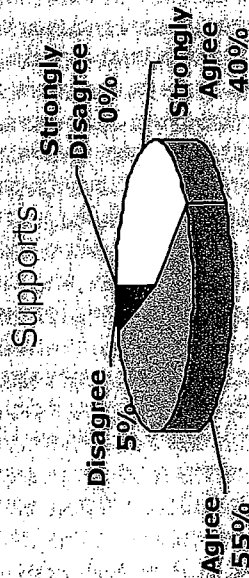
5. Promotes Improvements to the Supports as Indicated and Needed by the Individual Being Reviewed



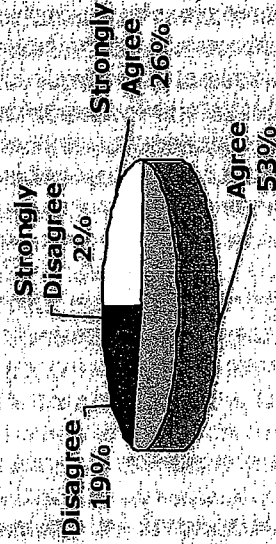
VOICE SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

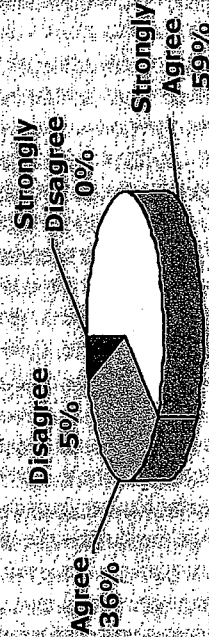
6. Provides helpful information to assess County Support Services as well as Provider Supports



7. Has changed the way I provide services and/or supports to clients



8. Is an Efficient means of Licensing Support Providers

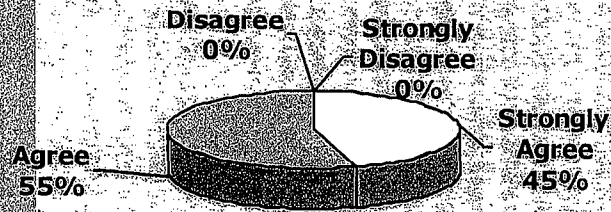


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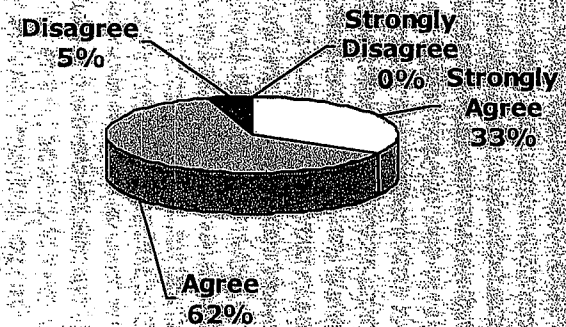
SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

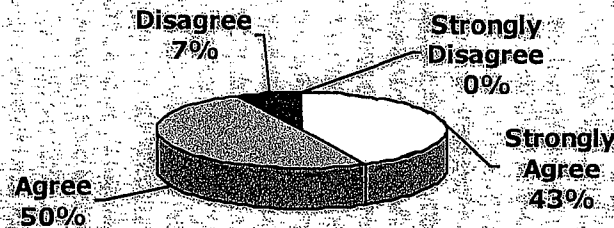
9. Evaluates basic health and safety protections for my clients



10. Identifies barriers to quality support services throughout all levels of the system.



11. Has influenced (positive) how my firm provides supports for individuals

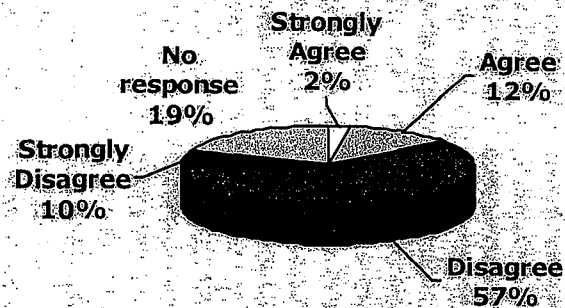


VOICE

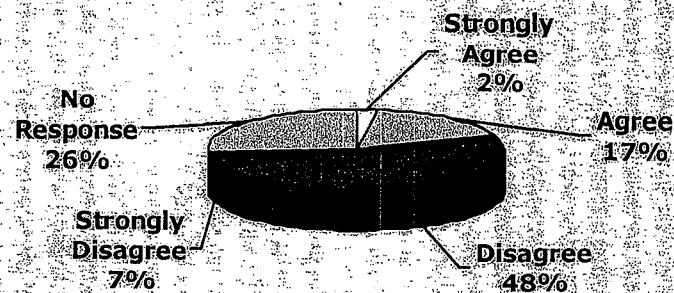
SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

12. Has Increased the overall cost of licensing our programs



13. Has Decreased the overall cost of licensing our operations and facilities



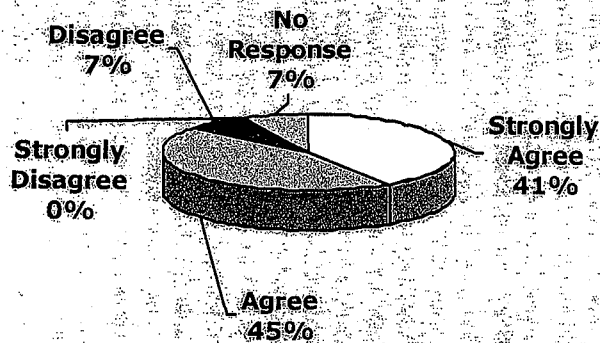
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VOICE

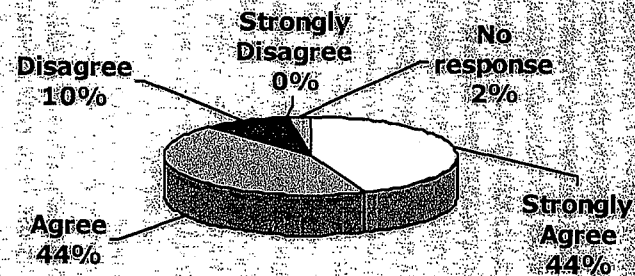
SURVEY of PROVIDER ADMINISTRATORS

The VOICE Review Process...

14. training we funded for our staff has contributed value to our direct-care staff



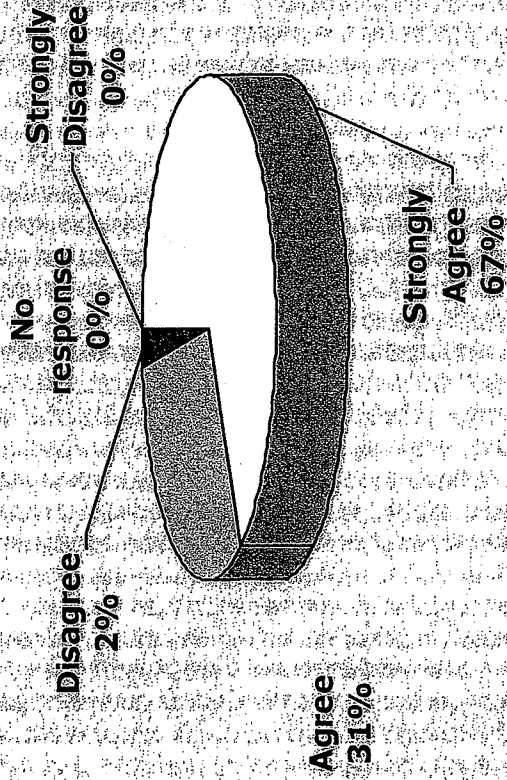
15. training we funded for our staff has contributed value to our firm's programs and to those we support



VOICE SURVEY of PROVIDER ADMINISTRATORS

- *The Region 10 VOICE model should be sustained and used for more individuals...*

Item 16.



VOICE

SURVEY of PROVIDER ADMINISTRATORS

■ *Qualitative Response to item: TELL US MORE*

#13 - There has been actual differences in license cost.

12 and 13 it has neither increased nor decreased my cost.

Because the VOICE review process is totally "client centered" it usually becomes a "positive" experience, especially for direct care staff where they are acknowledged for the good care and great ideas that they give.

DHS licensing does not come out and when they do, they focus on paper. Region 10 QA focuses on people - outcomes and things the consumer wants. Very person centered. Our staff doing reviews bring back ideas and solutions - VOICE is positive - licensing is minimum standards.

I am a big supporter of the VOICE review process. They do a very thorough job of looking at all areas of the consumers lives.

I am uncertain about the cost differences - There have still been times that this has felt like a "gotcha" system and hope that people will continue to work through that.

I believe the involvement of the people we provide services to and their family is the most significant important piece to a VOICE review.

Have had some concern with people of VOICE reviews where we did not feel the QA's looked at the whole picture, however, we do have the appeal process.

I believe this to be an excellent process, plus is the constant reviewing and revising to help stay focused on the goal.

I have been involved in five reviews and received positive ratings on all. It hasn't changed how we do things as we have always strived to be person centered. On two reviews input was given by families who are not very involved in the person's life and were not a good picture of the person and the needs.

I like that we are continually reviewing consumers in our program. I also like that the reviews are done on an individual basis. Reviews have been accurate and have even identified things that IDT's may have missed.

I like the concept - concern is peers doing the review due to taking away from their own jobs - it's a big time commitment even though the trained reviewer is only asked to do 2-3 reviews a year. Depending what the reviewer has going on in their own jobs, it could be overwhelming for people.

I think its very important to get feedback from family and consumers on the services we provide. This is a very good tool to use in acquiring that information.

I think the VOICE process has been very positive overall and challenged us to consider what is really important in the lives of the people we serve. I think our agency has had some hesitation to "let go" of the consolidated standards.

I would like to see more training with reviewers who complete VOICE reviews with SILS consumers. We as an agency have received some negative ratings for some SILS consumers as the reviewers did not look at choices they have as their own guardians, the limited number of hours services are provided...

Continued ↻

VOICE

SURVEY of PROVIDER ADMINISTRATORS

■ *Qualitative Response to item: TELL US MORE, (continued)*

I would like to see the VOICE model used with other populations - TBI, Mental Illness, Elderly - I would like to see it used throughout the state - market to entire Region 10 at least.

In addition to enhancing the quality of individual client support, QA provides a constructive process of peer review resulting in a generally improved provider network:

Need to shorten process - it took a full 5 months from start to finish.

Small agency such as ours have a hard time involving staff in the evaluation process. We do not have the flexibility or funds to pay staff to go to other programs for licensing or training due to our budgets. We also need the staff on site with the small number of staff we have.

The focus of this process is the individual. There is potential for the process to bring about meaningful change in the delivery of service. The process does lend itself to sub-activity which should be taken into consideration.

The VOICE review process enables all the important parts of a person's life to be viewed at once (vs. the past form of separate reviews.) By doing this together, it can bond a team and assist them in helping each other and really make a difference in a person's life.

This program has had positive experiences with the process as well as less than positive experience. It appears that training and background of the review team as well as the thoroughness of the process varies. With some teams they investigate or seek further clarification/information. When issues arise others simply accept information at face value without seeking any clarification, talking to a variety of people, i.e. nursing staff, therapists, other direct care staff.

This system is a real positive change to past licensing procedures. It is more complete and better assess consumer needs and programs. Our VOICE review staff are able to learn positive aspects of other programs and bring back to us for possible changes

VOICE provides a more comprehensive assessment of services as compared to the old system. Yes, it may cost more, but the "value add" is worth it and actually efficient because it incorporates licensing and quality assurance.

VOICE review was a good method or motivational tool to get us going on some staff concerns that we were aware of but hadn't done as much to address it as we could have. Hit home to staff a little more that there really are issues when it showed up in the review instead of just coming from her immediate supervisor.

We had an unfortunate situation with one VOICE review, but I was very impressed with the way the people doing the services handled it.

We love this process. It keeps the team on track in making what is important to the person served happen. Staff have embraced it and know their job is key to the success of our persons served.

Would like to see VOICE review licensing process to encompass ALL programs as the state process is non-existent. Very difficult to coordinate site visits. They don't happen.

VOICE

SURVEY OF PROVIDER ADMINISTRATORS

■ *Qualitative Response to item: Share a Story or VOICE Experience*

Haven't had a review where at least one new idea hasn't presented itself to the team. I like the objectivity of neutral reviewers who aren't afraid to ask questions when things don't make sense. It makes all providers constantly question decisions that we made and ensure they are made in the best interest of the individual who or are served. That is what it is all about.

I have noticed how well trained the staff who do VOICE reviews are and how professional they carry out their responsibilities working with REM staff, counselors etc. Parents of consumers are generally very impressed and happy to have the opportunity to discuss with the licensing people. Overall, this system works well. I have seen it used to get the entire person's team behind future planning for that person to attempt to find out what the person really values in life and gives them control of their lives which makes them happy/satisfied.

No story, just an observation that any staff person directly performing VOICE reviews is markedly proactive in their work to promote "QA" to their clients and within our agency system. Clients and families involved in VOICE reviews seem more empowered.

On several occasions the VOICE review has encouraged us to try different approaches or to try something again even though it has failed in the past.

Reunited client and her family after 20 plus years of "zero" sibling contact due to loyalty to a dominate parent who thought he was doing the right thing and protecting his other children. It is a wonderful story.

Several years ago was involved with doing a VOICE review on a person who was autistic and had very high needs. During the final feedback meeting the mother had tears and said that she had really appreciated the process and felt it was one of the first opportunities she had where her opinion and that of her daughter was really heard.

VOICE

SURVEY of PROVIDER ADMINISTRATORS

■ *Qualitative Response to item: Share a Story or VOICE Experience (continued)*

The VOICE review pointed out problems with DAC and the lack of county follow through for fixing the problem. Hopefully, now the issue will be fixed and the person we serve will be in a safer atmosphere.

Unlike the old licensing system, I have seen the VOICE review bring needed changes. Issues are brought out into the open and everyone has the responsibility to see they are resolved. I think the process is great!

VOICE keeps us focused on consumer directed supports and outcomes desired by the consumer - guardian - family. Reviews give time for support staff to learn new techniques and develop relationship - We can steal good ideas from one another to improve and enhance our supports/services.

We had a client whose job changed dramatically after the review was completed. This particular lady was in house all the time, shredding paper and doing crafts - her personality is an outdoors woman. So, her place of employment found her jobs where she could be outdoors approximately 9 months the year rather than in-house 9 months of the year. She is much happier now.

We had the meeting in client's home. His brother and sister were there. It was relaxed, he showed people through his house, was proud of how he cared for lawn, garden, home. Talked about his neighbor and their dogs.

VOICE REVIEW PROCESS

SURVEY of Provider Direct Care Staff



Region 10 Quality Assurance
Commission VAR Committee

Distribution • Fall, 2002

Report • February 2002

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Prepared by: Craig Hilmer hilmer.craig@co.olmsted.mn.us

Program Evaluator, Olmsted County

VOICE

SURVEY of Direct Care Staff

Executive Summary

This survey was administered to Direct Care Staff to solicit feedback on the **VOICE** review process. The questions were designed to elicit response on 1) the individual care-giver's perception of how the **VOICE** process affects them and their organization, and 2) how the individuals they serve are affected. 51% of direct care staff responded (78 of 152).

Ninety-five percent of direct-care staff believe the **VOICE** system effectively captures what each individual wants and needs; 95% reported that **VOICE** incorporates family members' input and opinions; 91% agreed that **VOICE** identifies barriers at all levels of the systems; 69% agreed that **VOICE** changed the way they provide services or supports to clients. Finally, 93% of respondents supported the continuation and use of the Region 10 **VOICE** model for more individuals.

Commented one direct-care provider: "I felt it was a great experience for the two clients of mine who have gone through this review. It was great to see each aspect of their lives talked about, family involved, work, their home lives. A very positive meeting for me to see my clients enjoying this special attention to their lives and to voice what they want and think."

VOICE

SURVEY of Direct Care Staff

Purpose –

This survey was administered to Direct Care Provider Staff to garner caregiver feedback on the **VOICE** review process. The questions were designed to elicit response on 1) the individual caregiver's perception of how they and their organization are affected by the **VOICE** process, and 2) how the individuals they serve are affected.

Similar surveys were distributed to Provider Administrators and County Case Managers. Those reports are available from the VAR committee.

VOICE

SURVEY of Direct Care Staff

Distribution -

Surveys were distributed by mail to 152 direct care staff (n=152) of participating provider organizations. 78 surveys were completed and returned via the provided postage-paid envelope for a return rate of 51%

165/-13/78 51%

VOICE

SURVEY of Direct Care Staff

Method -

The Survey was designed to respond to the first two (2) QA Outcomes, as established by the QA Commission's VAR Committee. Additionally, 5 questions regarding the administration of QA were asked. Finally, each survey respondent answered a question regarding their belief on whether the program should be maintained/expanded, or dropped.

Respondents assigned a value to each question, (Strongly Agree, Agree, Disagree, or Strongly Disagree) and the aggregate percentage of each item was reported.

Verbatim data to two open-response items are presented at the conclusion on this report.

VOICE

SURVEY of Direct Care Staff

Outcome 2

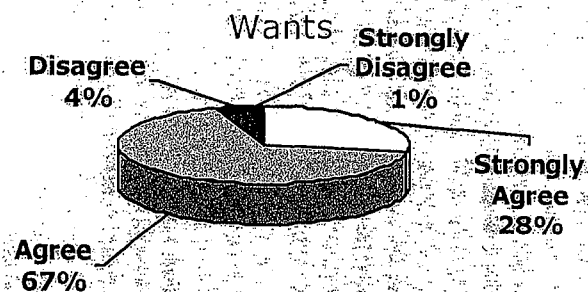
Indicator C: Continuously support providers indicate they have made changes to improve quality in the supports they provide as a direct result of participating in the Region 10 Quality Assurance Process

VOICE

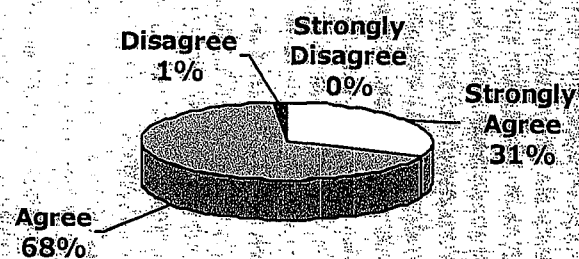
SURVEY of Direct Care Staff

The VOICE Review Process...

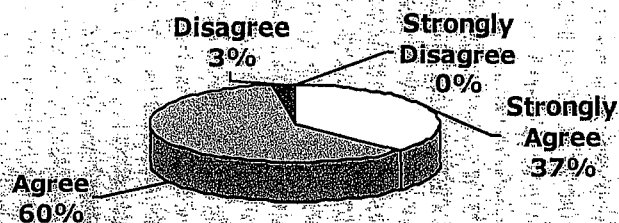
1. Accurately Captures What Each Individual Needs and Wants



2. Produces Findings that are Unique to Each Individual



3. Incorporates Family Member's Input & Opinions



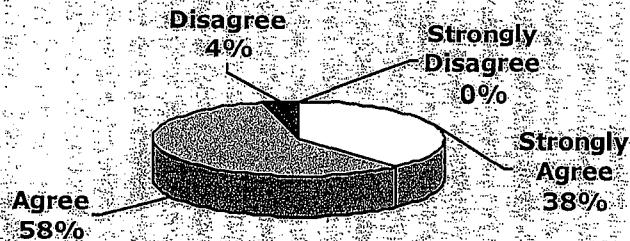
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VOICE

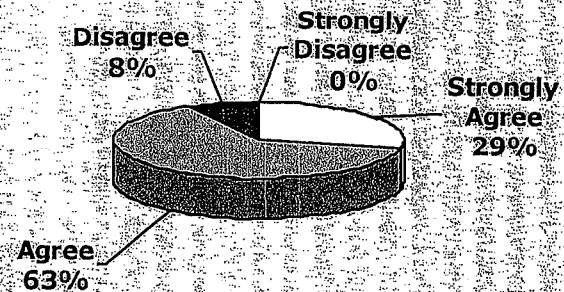
SURVEY of Direct Care Staff

The VOICE Review Process...

4. Provides Family Members a Way to Contribute Input and be a Part of the action Plan Process



5. Provides Information I Can Use to Improve Services and Supports

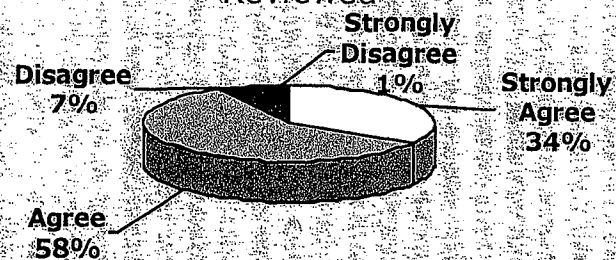


VOICE

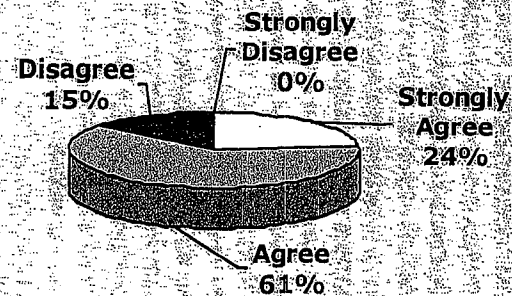
SURVEY of Direct Care Staff

The VOICE Review Process...

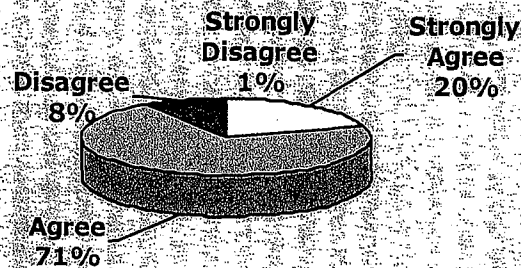
6. Promotes Improvements to the Supports as Indicated and Needed by the Individual Being Reviewed



7. Has created a positive impact on the Quality Circles of those Persons with Whom I Work



8. Identifies Barriers to Quality Support Services Across Levels



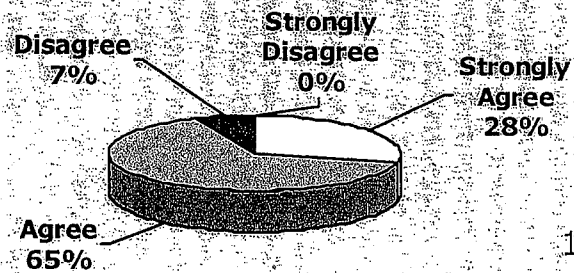
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VOICE

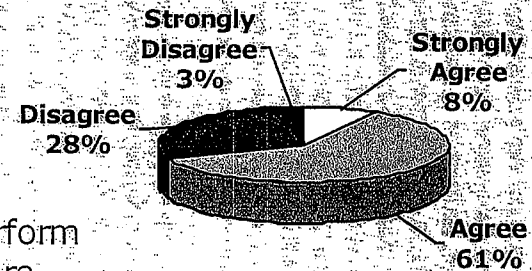
SURVEY of Direct Care Staff

The VOICE Review Process...

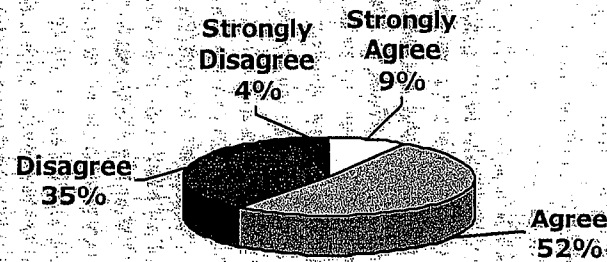
9. Provide Information I Can Use to Improve Services and Supports



10. Has Made Substantive Changes in the Way My Employer Provides Supports

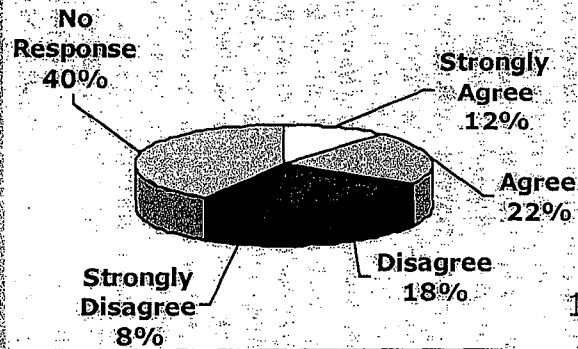


12. Has Changed How I Perform My Duties as a Direct Care Provider



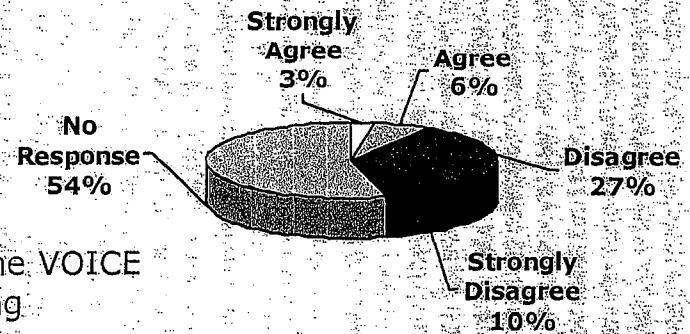
VOICE SURVEY of Direct Care Staff

13. My Administration Provided Funding for Me to Take VOICE Training



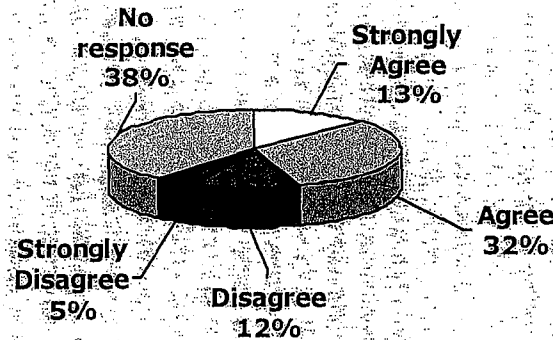
57% (n=26) Of those Responding Agreed that There Employer Paid Cost of Training

14. I Took VOICE QA Training on My Own Time, with no Assistance From My Employer



19.5% (n=7): Agreed that They took on Training at Their Cost

15. I Have Not Taken the VOICE QA Team Training



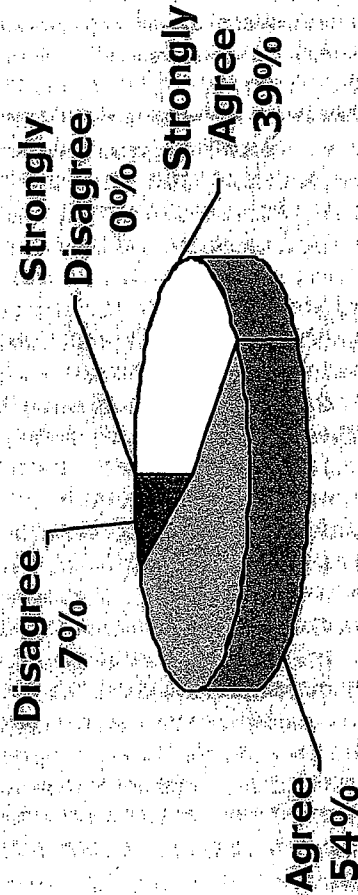
72% (n=32) who responded to this item Agreed that They had NOT Taken Training

VOICE

SURVEY of Direct Care Staff

- *The Region 10 VOICE model should be sustained and used for more individuals,...*

Item 11



VOICE

SURVEY of Direct Care Staff

■ *Qualitative Response to item: TELL US MORE*

#10 - Changes were not needed for the individuals - very consumer directed

#12 - Most of my duties are not direct - care can be as needed - no changes were given towards myself.

#13 - NA #14 - NA #15 Correct

#16 - Unsure - suggest he/she be asked

#16 He really enjoyed it and it was positive and all of us were there as a team to promote the positive aspects of his life.

#5 - Nothing yet, as we have received an okay rating - no recommendations

#9 - Question is the same as #5

#10 - No, we have been into client choice for quite a while.

#12 - No, I've always been client oriented with their input.

#13 - Only one person from our agency has the QA training.

Although I do not feel it is sufficient for a VOICE reviewer to only make a phone call to the Program Coordinator at the work site on the day of the meeting, that was her only contact. No visit to the community job site or the base site (ABC works in LaCrescent). CM

As a QA team member and having been involved in our agency's reviews, I feel I have become even more aware of barriers that are difficult to breakdown, such as attitudes. There is a lot of work to be done yet!!

Having the VOICE review brought attention to some of the issues we were having between providers differences with regard to how the individual was wanting to be served. Things are slowly changing! YEAH for QA!!!

I am pleased that VOICE review listened to my comments about combining meetings of VOICE review and annual. This helps with getting everyone together. Was very pleased with the creative resources for Joe Bratcher - room suggestions and job - his own business. It was fun and innovative. I believe that the VOICE process is a great asset and covers all areas of support people where with the old process (DHS) social services support was not included in review. I greatly felt this program should continue. It's more personal for the clients, clients more involved (verbally when possible) than just watched.

I do not feel the parents heard when it was stated that if seizures and behaviors are down why change things. The move is still going to take place which has only caused this man to refuse foods and sometimes whole meals. I have noticed an increase in behaviors over the last week.

I feel that the VOICE review is a positive tool to use in our field. In my experience, the process was rushed. All interviews were done in one day and I cannot imagine how anyone could get a clear picture of someone's life in that short of time. The team for the individual that had the VOICE review is very strong and communication is a strong point. Therefore, I didn't feel that we needed a lot in that area. We didn't receive any new information which is good. It means that the whole team is working towards this individual's wants/needs.

Continued ↗

VOICE

SURVEY of Direct Care Staff

■ *Qualitative Response to item: TELL US MORE, (continued)*

I felt it was a great experience for the two clients of mine who have gone through this review. It was great to see each aspect of their lives talked about, family involved, work, their home lives. A very positive meeting for me to see my clients enjoying this special attention to their lives and to voice what they want and think.

I have been involved in several voice reviews. The process itself has a sound base. We are looking at the person that we are providing services for and making their life as enriched as possible. What I struggle with is that's what we're already doing. We've been trained to focus on person centered planning, being focused on the future, goals and achievements these consumers are trying to reach, etc. What I struggle with is the "idealism" in the whole process. We all have goals or aspirations in our life that if we look at realistically, we know that we won't achieve them. Let's be "real" with the consumers as well. When working on these aspirations with the consumers, some teams work well together and some teams don't. That's life. When a team is struggling it's usually a power control or personal agendas brought in by team members, sometimes it's a family member, but sadly and most situations, it's a case manager that spends little time with the consumers on a day to day relationship and don't necessarily know "the whole picture". Sadly, this affects only the consumer. The rest of the team can shift and change due to these conflicts. Will this process replace being surveyed by the State of MN? If it does, I feel that the process is fine, but some improvements need to be made. If it doesn't replace the State of MN, I feel it's probably redundant.

I have had lots of QA reviews - some have been positive, some had some negative effects due to how process was handled.

Overall, QA process is a better way of approving licenses vs. book review. More fair and more realistic when evaluating on a person's life.

#7 and #10 - I work for the day program, and rarely does our program ever receive "I" or "C". Mostly "R's", it impacts us a little but we have not changed much in how we provide services for our clients. We pretty much have stayed the same before QA's. Residences are subjected and probably affected more by QA reviews as they are responsible for more areas in peoples lives.

#4 - Depends on person. QA action plans don't motivate those who don't want to be motivated.

I have not taken VOICE QA team training.

I not longer work with this consumer.

I was able to comment and inform all involved the actual social benefits to the individual at her supportive employment job. (As I was her job coach most of the time).

If possible, I would like information on VOICE QA team training. I would be very interested in attending a training.

Sean failed to interview some key staff prior to making one of it's recommendation "sites". If a site is going to be made which will involve health issues and/or listing issues, then I strongly recommend interviewing a nurse and/or the registered dietician. This was not done at this VOICE review and a recommendation was made which the Dept. of Health could probably cite us for if we make any drastic changes. I strongly recommend that the Dept. of Health and the Region 10 work more clearly together so there isn't contradiction in your surveys.

Continued ↻

VOICE

SURVEY of Direct Care Staff

■ ***Qualitative Response to item: TELL US MORE, (continued)***

The QA team at the 415 site was excellent...open minded, sensitive to all individuals living within the home and an excellent sense of humor. We received positive input and workable suggestions. Thank you.

The QA team members gave the atmosphere when you walked in and they had brought everything (plates, napkins, cup) with cookies to the final feedback meeting and the client so enjoyed that and that started the meeting off great! I think it (the VOICE)

review makes the client feel important and makes all the providers look at that client and see..."what am I doing to improve the quality of life for this individual" and "am I doing everything I can to have this client get the most out of his/her life that is possible!"

The reviews I have been a part of have gone very well and we have been pleased with the results. I have a client who will be having a review the end of this month. All the others have been more than a year ago, I believe.

The VOICE reviews were well run and the people asking the questions (Cindy and Matt) have been very professional. It would be nice to respond to the information received from other sections of the teams. On the last voice reviews for MN, a question was raised concerning medication which had been addressed and answered twice in the last six months.

They gave us a good idea about using more pictures and thought picture books would be great. It's working!

This was my first real experience with this review. The participant enjoyed it and was involved with it. I would like to do it again.

VOICE

SURVEY of Direct Care Staff

- ***Qualitative Response to item: Share a Story or VOICE Experience***

A client of mine had been living in the same environment that was not positive for her for many years. She would tell people she wanted to move out but often when approached by home, it was worded in a way that made her feel guilty and would then say what they wanted to hear. From her VOICE review we learned that she wants to be more independent along with less evening activities (from 6 nights a week to maybe 4) and wants to live with people her own age. Wants to cook and pack her own food. Clean and shop for herself.

During the final feedback meeting, the QA team presented the consumer a framed picture with several clip art pictures that represented many of the important things in the consumer's life. The consumer's reaction was a big grin and then giving his picture to me to hang up for him. Throughout the entire review process this individual seemed to know he was the center of the process. Often when new people he doesn't know come to his home, he is quiet and unresponsive. For whatever reason, whether it was knowing that everyone was there for him or that the QA team did a really good job of letting him know they wanted to get to know him, this individual was talkative, joked with those of us involved, and smiled a lot. His review was a positive experience for him and the circles.

I don't have a story for you, but my observation of the VOICE review is that it is overall a positive practice. I do think that it is difficult for the people conducting interviews to get a real clear picture of the person being reviewed in such a short amount of time, so they have to pick bits and pieces to focus on. I can see this being a beneficial practice for most clients.

The individual I work with is going through some major life changes. The VOICE review looked at the impact these may have both positive and negative. It stressed the importance of team work, issues within the team options for the best quality of life for the individual.

VOICE REVIEW PROCESS

SURVEY of County Case Managers



Region 10 Quality Assurance
Commission VAR Committee
Distribution • Fall, 2002
Report • February 2002

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Program Evaluator, Olinsted County

VOICE

SURVEY of County Case Managers

Executive Summary

This survey was sent to County Case Managers to solicit feedback on the **VOICE** review process. The questions were designed to elicit response on 1) the respondent's perception of how the **VOICE** process affects them and their organization, and 2) how the individuals they serve are affected. Fifty-one percent of the case managers responded (25 of 49).

Ninety-five percent of the respondents believe the **VOICE** process is an efficient means of licensing support providers; 54% reported that **VOICE** had allowed them to change the way they provide supports to clients; and 87% indicated that the process identifies barriers at all levels of the systems; 92% agreed that **VOICE** evaluates basic health and safety protections for clients. Eighty-two percent reported that **VOICE** has did not increase their workload, though 61% had expected it to. Finally, 91% of these case managers supported the continuation and use of the Region 10 **VOICE** model for more individuals. *"It is a very positive experience for my clients. Positive, fun and rewarding to them."*

VOICE

SURVEY of County Case Managers

Purpose –

This survey was administered to Direct Care Provider Staff to garner to date served caregiver feedback on the VOICE Review process. The questions were designed to elicit response on both the individual caregiver's perception of how they and their organization are affected by the VOICE process and how the individuals they serve are affected.

Similar surveys were distributed to Provider Administrators and Provider Direct Care Staff. Those reports are available from the VAR committee.

VOICE

SURVEY of County Case Managers

Distribution –

Surveys were distributed by mail to 49 county case managers in participating counties (n=49).

25 surveys were completed and returned via the provided postage-paid envelope or through distribution for a return rate of 51%

49 / 25 / 51%

VOICE

SURVEY of County Case Managers

Method –

The Survey was designed to respond to the first two (2) QA Outcomes, as established by the QA Commission's VAR Committee. Additionally, 5 questions regarding the administration of QA were asked. Finally, each respondent answered a question regarding their opinion on whether the program should be maintained/expanded, or dropped.

Respondents assigned a value to each question, (Strongly Agree, Agree, Disagree, or Strongly Disagree) and the aggregate percentage of each item was reported.

Verbatim data to two open-response items are presented at the conclusion on this report.

VOICE

SURVEY of County Case Managers

Outcome 2

Indicator C: Continuously support providers indicate they have made changes to improve quality in the supports they provide as a direct result of participating in the Region 10 Quality Assurance Process

Outcome 2

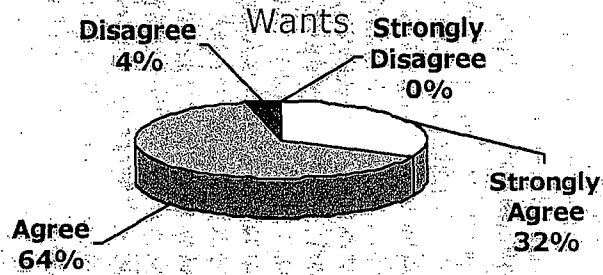
Indicator D: Number of Counties that have reported making changes to improve quality in the way services are provided as a direct result of participating in Region 10 Quality Assurance Process.

VOICE

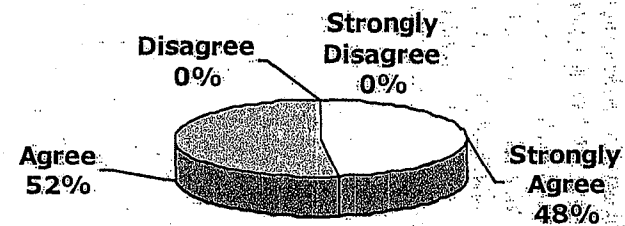
SURVEY of County Case Managers

The VOICE Review Process...

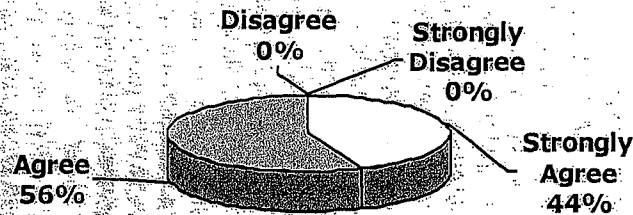
1. Accurately Captures What Each Individual Needs and



2. Produces Findings that are Unique to Each Individual



3. Incorporates Family Member's Input & Opinions



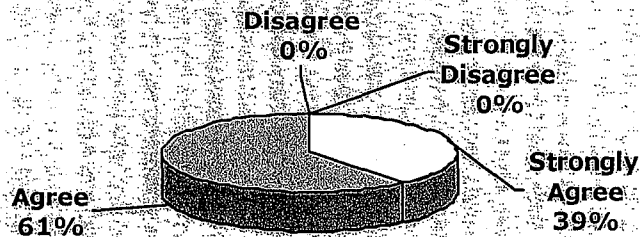
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VOICE

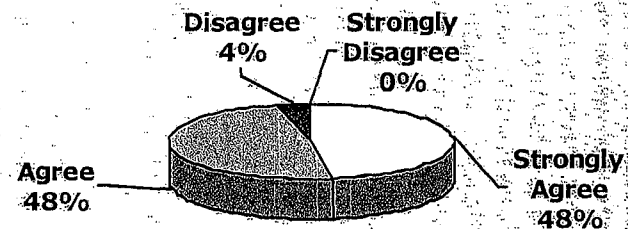
SURVEY of County Case Managers

The VOICE Review Process...

4. Provides Family Members a Way to Contribute Input and be a Part of the action Plan Process



5. Provides Information I Can Use to Improve Services and Supports

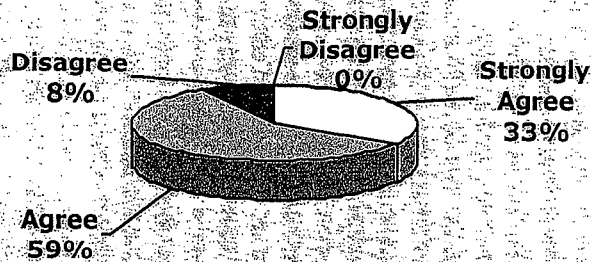


VOICE

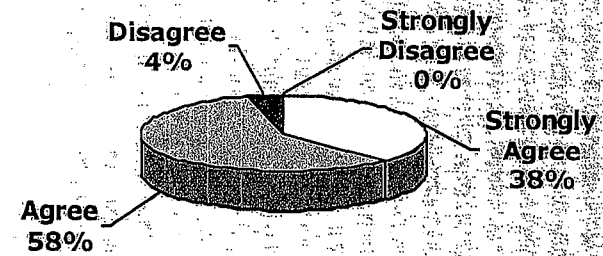
SURVEY of County Case Managers

The VOICE Review Process...

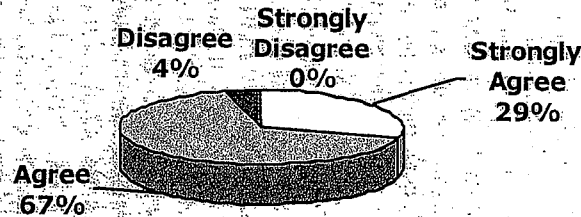
6. Evaluates Basic Health and Safety Protections for My Clients



7. Promotes Improvements to Supports as Indicated and Needed



8. Helpful Information to Assess the Quality of Contracted Support Services



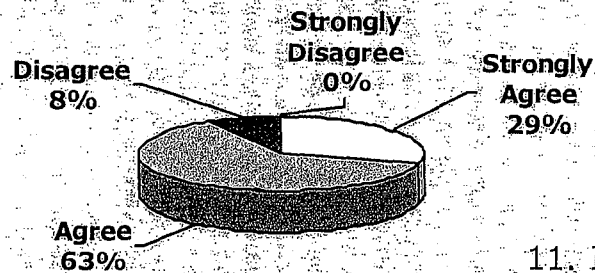
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VOICE

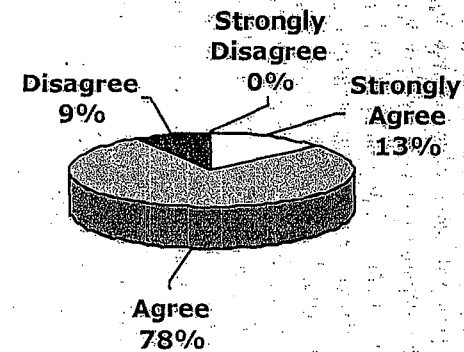
SURVEY of County Case Managers

The VOICE Review Process...

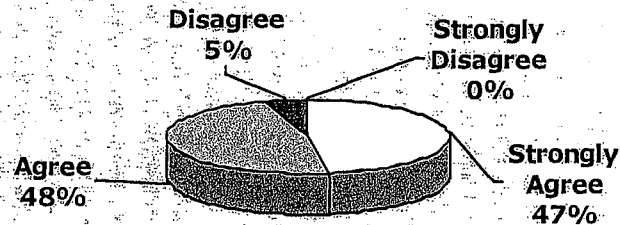
9. Provide Information I Can Use to Improve Services and Supports



10. Provides Useful Information on the Effectiveness of County Supports



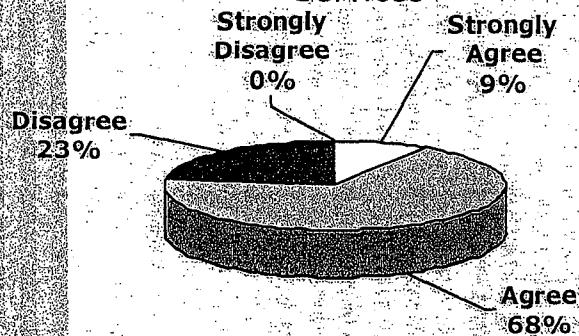
11. Is an Effective Means of Licensing Private Support Providers



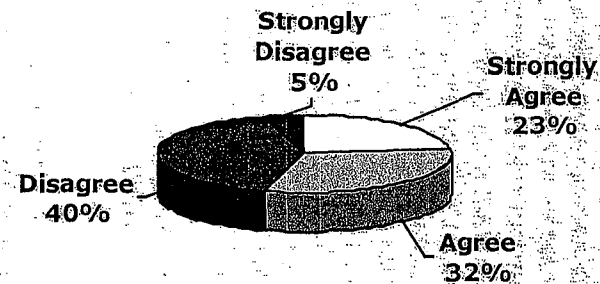
VOICE

SURVEY of County Case Managers

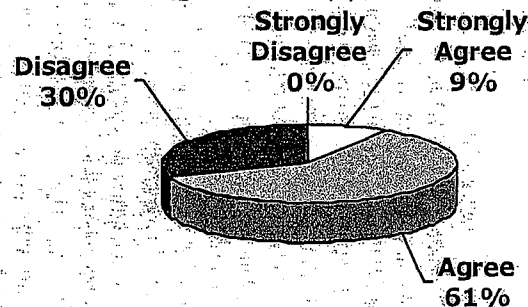
12. The Voice Review Process is Used by the County to Evaluate the Effectiveness of Case Management Services



13. The County Has Made Changes in the Way We Deliver Services Due to VOICE



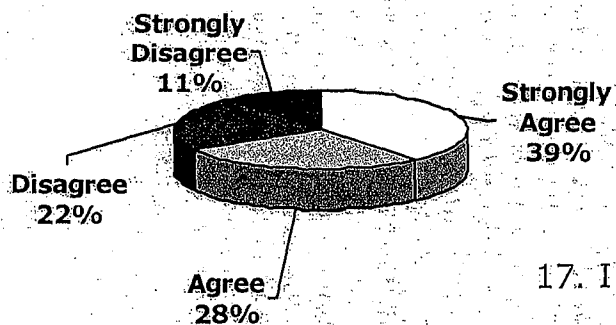
14. The VOICE Review Process Provides Information that My County Uses to Create Positive Changes in Supports Delivery



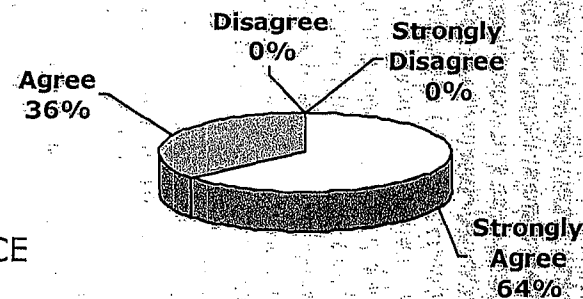
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VOICE SURVEY of County Case Managers

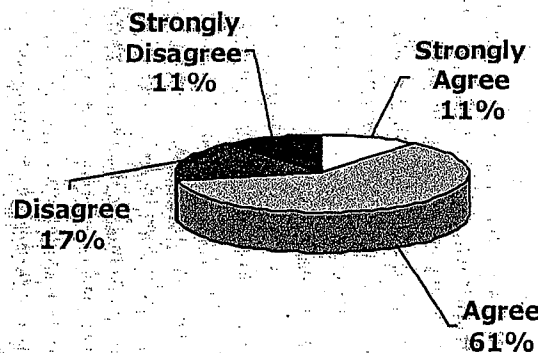
15. My Administration Provided the Funding for Me to Take VOICE QA Training.



16. I Took VOICE QA Team Training on My Own Time, With no Assistance From My Employer



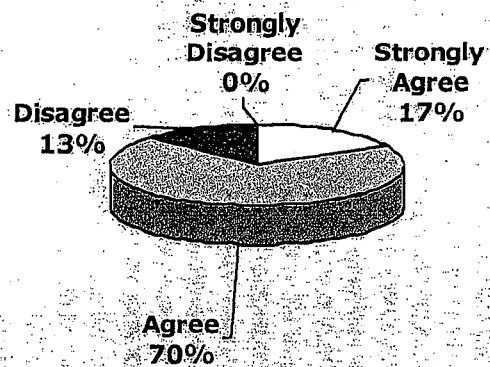
17. I Have Not Taken the VOICE QA Team Training



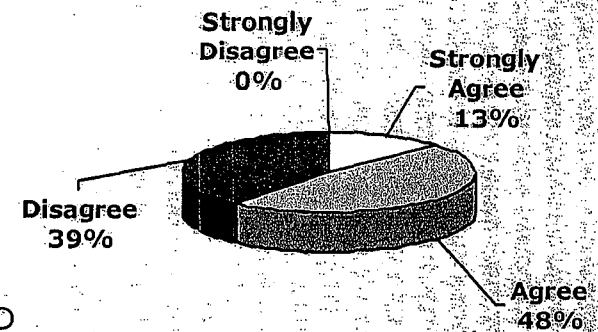
VOICE

SURVEY of County Case Managers

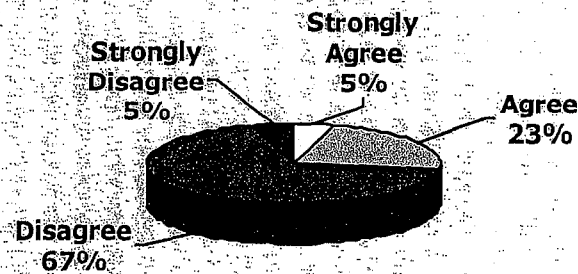
18. The VOICE Review Process Identifies Barriers to Quality Support Services



19. I Expected the VOICE Process Would Increase My Workload



20. The VOICE Process DID Significantly Increase My Workload

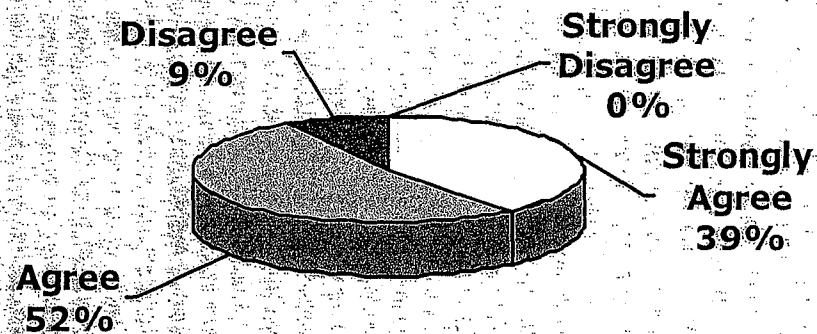


VOICE

SURVEY of County Case Managers

- *The Region 10 VOICE model should be sustained and used for more individuals...*

Item 21



VOICE

SURVEY of County Case Managers

■ *Qualitative Response to item: TELL US MORE*

I have been involved in two VOICE reviews. The first was very time consuming, but was at the beginning of the process. The second was a meeting held just after our regular usual team meeting. It was a duplication that provided no new useful information.

I'm not sure it effectively rates safety issues. I don't like the fact it doesn't require CPR of staff and other safety measures.

I have seen my two clients very happy with the attention the QA process afforded them. I very much liked the portraits given.

My client is deaf. Despite several requests (including one in writing), your staff did not provide an interpreter for my client for your interview. I consider this to totally invalidate your interview process and a violation of her civil rights under AD.

Need to continue to broaden scope to other disability groups.

Process is very effective and team oriented.

QA has helped me to provide more person-centered case management to the people on my caseload.

The individual being reviewed had her day program opportunities enhanced to better meet her interests.

The reviews hit all the positive aspects of my client's life. When present information, we heard all the positives and then proceeded with the annual review of my client. If I would have had time to review their other findings, it would have been easier.

Voice approach could use more systems education.

VOICE

SURVEY of County Case Managers

- ***Qualitative Response to item: Share a Story or VOICE Experience***

Although I'm not directly involved in many reviews, I hear about many from workers. Biggest impact seems to be: 1) person/conservator takes control; 2) team effectiveness enhanced. Could tell many others!

It is a very positive experience for my clients. Positive, fun and rewarding to them.

Minnesota VOICE

Voice Review Impact Phone Survey Results

Presented to the
VAR Committee
February, 2002



Executive Summary

A random sample of 70 individuals from a pool of 136 were selected to participate in a survey administered to better understand VOICE review participants' thoughts and feelings on their involvement in the review and the Region 10 QA system in general. 31 QC's were ultimately reached and surveyed. 81% found the quality assurance team review a positive experience for the Quality Circle Member; 74% responded Yes that the VOICE approach would improve the VOICE Recipient's life, or his/her experience of life in the community based on what the consumer believed important; and only 10% of QC's surveyed disagreed with the statement "*the VOICE approach strengthened or improved coordination, communication and cooperation among the members of your quality circle.*" Through structured qualitative responses QCMs often expressed their organization had already embraced some of the VOICE principles, and therefore, the VOICE review they were responding to did not create large change for the client. An extrapolation of this finding indicates the message of VOICE is being heard in Region 10 and the process is having a systemic and lasting effect.

VOICE Survey Notes

- Questions 1 and 2 were often answered Negative or Neutral due to respondent believing the VOICE Review accented existing attributes of the individual's life
- Each response was individually reviewed and re-scored if it could be determined the respondent believed the above.
- Those scores are used in graphs and the uncorrected scores in tables



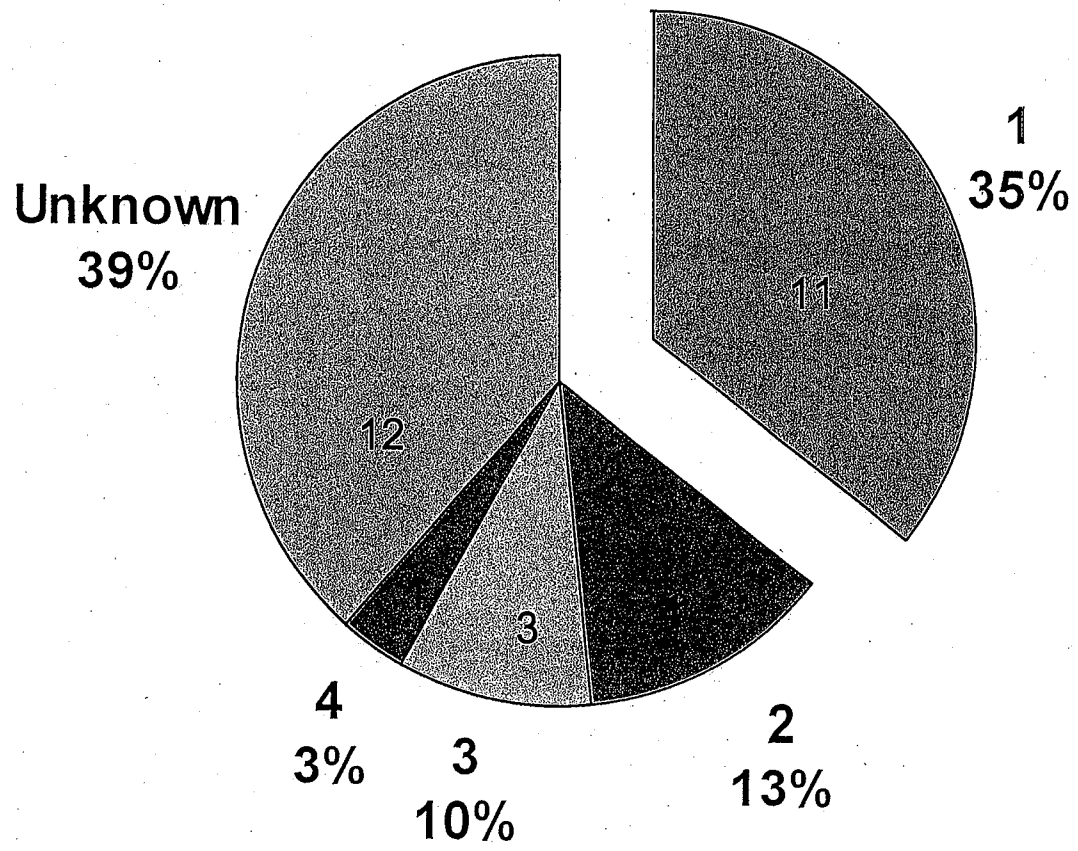
VOICE Survey Data Collection Summary

Survey administered to better understand VOICE review participants' thoughts and feelings on their involvement in the review and the Region 10 QA system in general

- 136 Quality Circle (QC) members available to survey
- +/- 50% (70) were selected in random sample for survey
- 31 QC's reached and surveyed

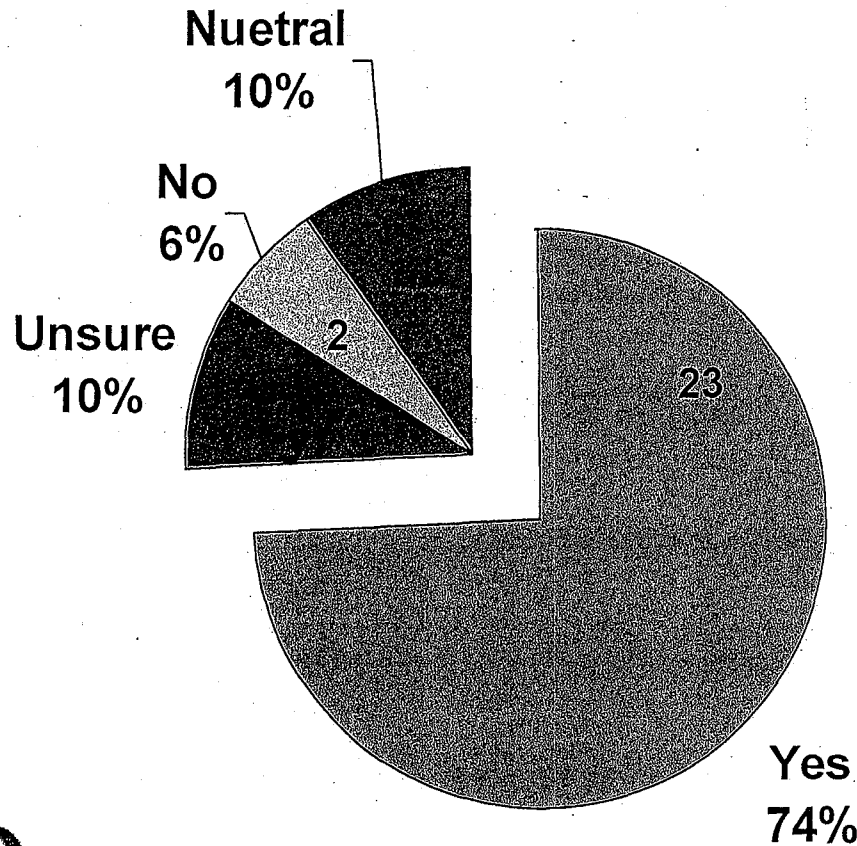


VOICE Survey – Number of Phone Attempts Prior to Survey Completion



VOICE Survey Question # 1

Do you think the VOICE approach helped to improve the life of (the person), or their experience of life in the community, based on what they consider important?"



Unmodified Scores	
Rank	Percent
Yes	74.2
Unsure	12.9
No	12.9



VOICE Survey Question # 1

Verbatim

- Yes. Identified more of extended family info. Gave family members opportunity to discuss issues.
- Yes. It helped with communication. It helped to get people all thinking about person. It addressed areas of concern and it also praised the things that were going well.
- Yes. It makes us look at his life through his eyes.
- Yes. More jobs in the community, shredding, and recycling.
- Yes. More of a process of clarifying what she wanted. Clarification was the best thing about it for everyone involved.
- Yes. Not sure,
- Yes. People viewing the client was unbiased. Good solid team already. This was reinforced by this process.
- Yes. Person became more self-confident. It built her self-esteem. Gave Quality Circle members information that people were not aware of.
- Yes. Person has become more independent through the process.
- Yes. Reminder of what person is doing-good review.
- Yes. Team came up with specific areas important to (person) and changes were made for her.
- Yes. There was an insight that was gained on the individual. I think the QC has a better view of the person. The QC has a realistic view of person now. Now QC members have a better idea of who person really is. Mom and dad are now more aware of things person did at home and work.
- Yes. We kind of realized what it was like to be in that person's shoes and how we would like to be treated and that is the way you should treat that person.

Continued...



VOICE Survey Question # 1

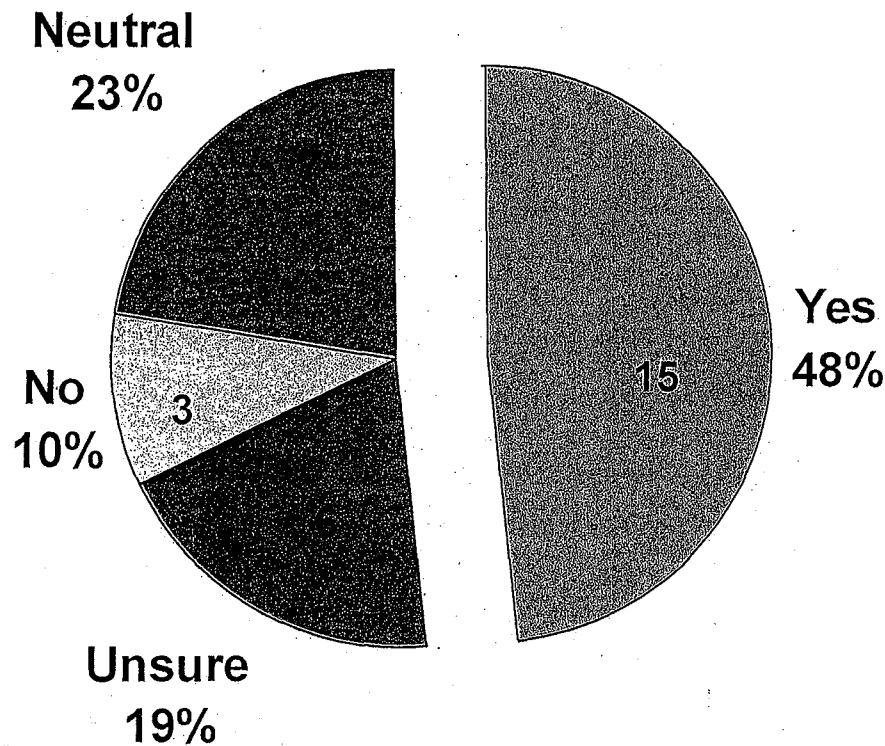
Verbatim - Continued

- Helped to look at everything. Looked at differently.
- Made changes in services supports added mothers and ind. Preferences heard.
- N/A
- No. (X2)
- No. Not many changes that was not planned. Process good to validate what QC's were doing.
- No-life has not changed because of voice review.
- To a degree.
- Unsure. (X2)
- Unsure. She already had good things in her life but this was interesting to hear.
- Unsure. They do a good job and we've always been happy with that.
- Yes, but a lot of what they said they were doing.
- Yes, I believe so.
- Yes.
- Yes. ?? Church-started this but now isn't happening due to short staffing.
- Yes. An in depth church, feedback to a team, objective look/quality of life.
- Yes. By talking about the client and bringing things up.
- Yes. Frustrated with review. The people were not willing to take on problems.
- Yes. Getting well taken care of. County is looking into a few more things. Likes ... as case mgr.



VOICE Survey Question # 2

Has the VOICE approach strengthened or improved coordination, communication and cooperation among the members of your quality circle?



Unmodified Scores	
Rank	Percent
Yes	45.2
Unsure	29.0
No	25.8



VOICE Survey Question # 2

Verbatim

- Yes. (X2).
- Yes. Better communication.
- Yes. Change of staff, focus on persons likes and dislikes, don't focus on individual-stopped generalization.
- Yes. Don't work with person anymore. Some issues brought out and people more responsible.
- Yes. Individual had moved from an ICF setting to a new setting. Through the waiver, the QC members have more freedom to follow the individual's wishes and desires. Now able to do more what the person wants, which before were restrained in the ICF. We're able to follow persons wishes as part of VOICE review.
- Yes. It gave family a chance to feel like they made more of Voice for services.
- Yes. Only gotten better.
- Yes. Prior to the review, the communication book with photos, book was in persons toy chest. Prior to Voice, coord. was looking into it, new coord. came in so there was a new coordinator. QA review came in and the communication book was brought up during the Voice review. Just by the review occurring, assisted in getting the communication book program back up and going again. Communication book is being used even better than before.
- Yes. She had a good QC before the review but just meeting a few more times helped. Just meeting to confir is a good thing.
- Yes person has been more open. She brought out her feelings.
- Yes. The team zero's in on the consumer and focused on the person.
- Yes. Trying new things that before were never considered.

•Yes. Working on a program for communication and giving him more choices.

Continued...



United States
Department of Health and Human Services

VOICE Survey Question # 2

Verbatim - Continued

• In some ways. We say her name, then stop and say it again so she understands. Communication with our new director is not as good as old one. She has different ideas.

•N/A.

•No problems with communication.

•No. (X2)

•No. Cooperation and coordination was good before VOICE review, and that continues. That is why I would say no.

•No. Had a strong connection already.

•No. I think overall communication was good. Have good communication but could improve, it is about the same.

•No. Team had struggled with this case and finally got to a point where they could work together and then QA came in. Controversial when another person came in.

•No. The person's QC was already strong. Voice reinforced that.

•No. The team was already strong in these areas.

•No. We all do a good job with her anyway.

•Unsure.

•Unsure. Always been good-enjoy the final feedback meeting likes bringing people together.

•Unsure. At time being-don't know if it continued.

•Unsure. Left in January. Leaning toward no.

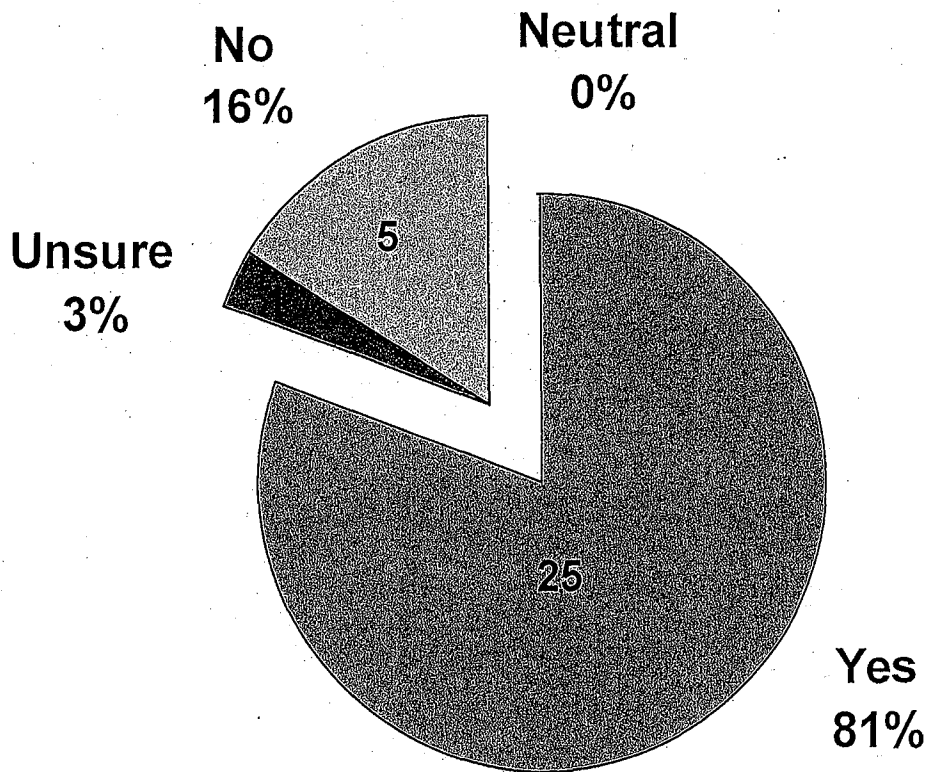
•Unsure. They do a good job talking and calling us.

•Unsure. We were already a good team.



VOICE Survey Question # 3

Was the quality assurance team review a positive experience for the QCM (Quality Circle Member)? (for example: Was the QCM comfortable with the people on the review team? Did the feedback meeting provide accurate and helpful information? Did the QCM feel respected?)”



VOICE Survey Question # 3

Verbatim

- Yes. Fun experience.
 - Yes. He understood it was people to look at his life. He knew it was ??? to express his wishes.
 - Yes. I guess it was.
 - Yes. I was very comfortable and respected.
 - Yes. It was good to hear what we were doing right.
 - Yes. Liked what was said.
 - Yes. Majority of reviews involved with have been positive.
 - Yes. No-liked them but nervous. Yes-accurate but nothing new. Definitely- it was all about him.
 - Yes. Review good to see what works/what doesn't. Helped her get to know person as new person on team. Interviews very thorough objective. Not comfortable with learning portrait felt it was demeaning to person. Person enjoyed review feedback meeting. Was accurate. Yes she felt respected. Made her role more "equal".
 - Yes. She was very positive about "not grumpy". Cooperated.
 - Yes. The client sat during the meeting/interview but was allowed to leave if he choose. The meeting was held at this clients work environment which was important to him.
 - Yes. To person it was just more people in her life but she enjoyed having them there.
- Yes. Very routine person. The QA team knew this and respected this. Had the meetings at work not to disrupt his day routine which was very important.



Continued...

VOICE Survey Question # 3

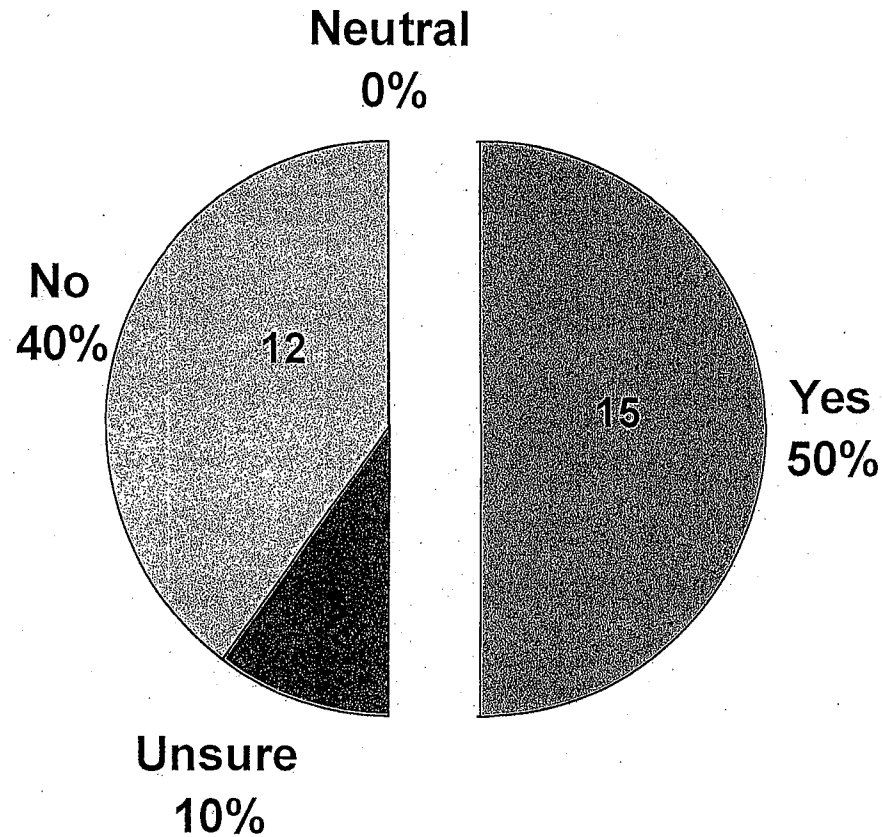
Verbatim - Continued

- Yes, everything went well.
- Yes.
- Yes. As I said before it was interesting. They came up with a few things that we haven't thought about.
- Yes. Consumer did get up and moved about freely but did listen to part of it.
- Yes. Definitely. Yes I think so. Yes person still talks about it-asks when are those nice people coming back. Yes positive experience, someone coming from the outside saying how things are going good. The nicest thing-made her a t-shirt about things about her. She wears the t-shirt all the time. These are my goals and I am really doing good. Positive thing to remember process by. Hand made effort had gone into this. Very tangible. Very positive. Did clarify for her.
- I think so. From Feedback. Somewhat in general it was. Low functioning person so.
- N/A
- No. A break in his routine, which he doesn't like.
- No. They felt there were problems but because the parent.
- Tension between person and others. No. No. Ugly mtg started up issues that were tough. Yes-he questioned why strangers into his home.
- Unsure. Very respectful, the person doesn't really like meetings though.



VOICE Survey Question # 4

“Did your quality circle do more planning as a result of this review? *If so, what areas may be discussed?*”



VOICE Survey Question # 4

Verbatim

- Yes. A few things around some of the persons-places he wanted to go to, like going to rodeos that are local. More ideas of recreation. Local recreation. Things to do with persons when person isn't visiting family or on vacation.
- Yes. Able to look at respite care. Look at more independent residential living. Work in progress-able to see what works/what doesn't.
- Yes. Biggest area was that the individual wanted more control over his life, to give him more control and independence. Working with other team members did a lot of planning for person. Planning for his move, to make it successful for individual. Worked with the county and other team members.
- Yes. Discussed on how our pieces all fit together-spoke on his quality of life. Best practices.
- Yes. Entertainment, work schedule, family connection.
- Yes. Made a picture book, daily activities and what is important to him. Good training tool for new stuff.
- Yes. She is doing many things-getting out more.
- Yes. Some fresh ideas of things to try. Couldn't think of specifics.
- Yes. They meet once in awhile and gives any new updated for us.
- Yes. We had persons annual review after the VOICE review, used information from VOICE review for the planning process. Good feeling about the feedback. Got the communication program back on track We are all here to make things better for person. Good feeling about the review from the QAT's. QAT's brought feeling that we all work together, positive work together to improve things. Person interviewed stated that because of the QAT's approach during the review, it made things easier to discuss, talk about things openly and work on the communication book concerns. There were no bad feelings.
- Yes-something did come up. Medical. There was change occurred through with medical services and resources-were able to be utilized.



Continued...

VOICE Survey Question # 4

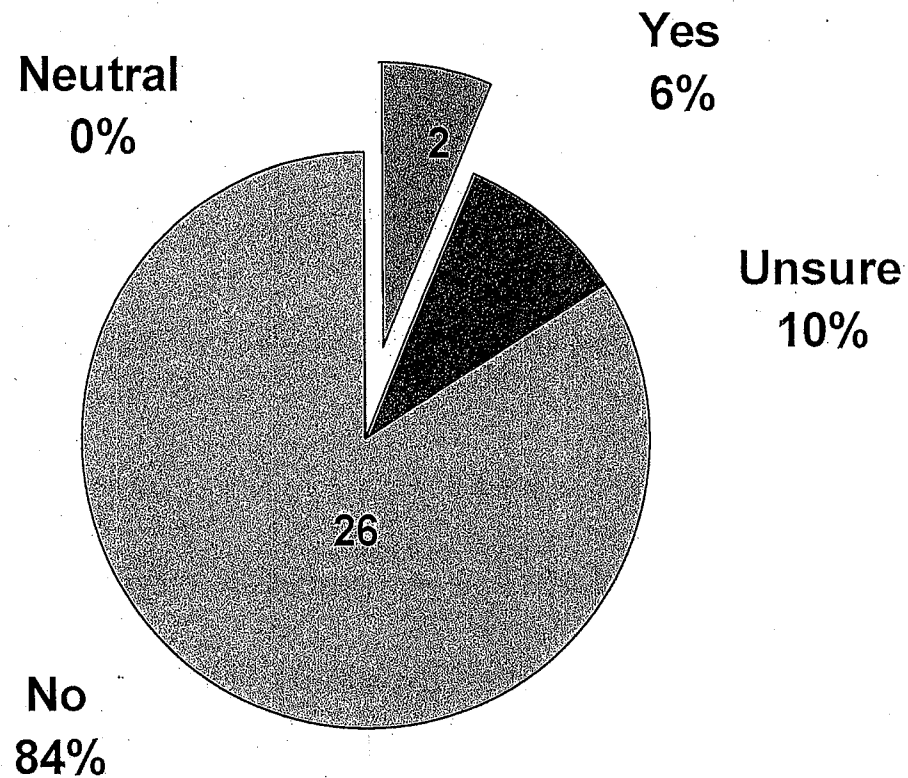
Verbatim - Continued

- Case voucher came back and the case-not.
- N/A
- No, not really.
- No, they didn't come up with any stuff. No.
- No. (X4)
- No. But modified to fit person. More quality if --"How important is this for a goal?" Different approaches to meeting goals.
- No. CM made changes,
- No. Not with this review. Nothing new presented.
- No. Yes, keep checking on ideas that are best for him.
- Not for this person. For this individual, no.
- Not really, no. Continued to have to work on relationships but at a different level. Note: one other review this person was involved in went great.
- Not sure.
- Nothing big out of.
- Try to better the life of the person we were working with.
- Unsure. Already in processes-continued
- Unsure. Communicate better. Volunteering/more involved.
- Visit to see sister.
- Yes, at work and at residence.



VOICE Survey Question # 5

During the VOICE review were there areas for IMPROVEMENT (I) or areas of CONCERN (C) where an action plan was required?



VOICE Survey Questions # 5b-5d

- **2 Individuals reported the VOICE Review resulted in Action Plans**
- **Both respondents indicated that:**
 - 5b. The Quality Circle worked with the person in implement the Action Plan.**
 - 5c. The Action Plan adequately addressed the needs of the person.**
 - 5d. The Action Plan made a positive difference for the person.**



VOICE Survey Question # 5

Verbatim

- No. (x26)
- Unsure. (x3)
- Yes. (x2)



MN Region 10 Quality Assurance Commission

VOICE Assessment and Review Committee Report Quality Circle members and Quality Assurance Team member Feedback

Executive Summary

During the period from October 1999 to December 2001, the VAR Committee of the Region 10 QA Commission conducted an extensive program of continuous feedback surveys to assist in improving the VOICE review process and the review tool itself. Prior to that survey, we drafted a survey instrument and tested it for two rounds of VOICE reviews, then adjusted the survey instrument to address our needs. Separate feedback forms were created for Quality Assurance Team (QAT) members and for Quality Circle (QC) members. 586 feedback forms were submitted to QC members with 278 returned for a response rate of 47%. 75% of QC members responding reported they believed the VOICE approach would improve the VOICE Recipient's life, or his/her experience of life in the community based on what the consumer believed important. 76% believed that the VOICE approach will improve coordination, communication and cooperation among members of the quality circle. Further, 89% found the QA team review process a positive experience. 171 feedback forms were distributed to QAT members. The response rate was 66% with 113 QATs returning usable forms. 70% responded Yes that the VOICE approach would improve the VOICE Recipient's life, or his/her experience of life in the community based on what the consumer believed important. 70% believed that the VOICE approach will strengthen coordination, communication and cooperation among members of the quality circle. 80% responded that QAT Training was effective in preparing them for the VOICE review process.

Summary of Quality Circle member Feedback Responses for Questions 1, 2, and 3.

During the period from October 1999 to December 2001, the VAR Committee of the Region 10 QA Commission conducted an extensive program of continuous feedback surveys to assist in improving the *VOICE* review process and the review tool itself. Prior to that survey, we drafted a survey instrument and tested it for two rounds of *VOICE* reviews, then adjusted the survey instrument to address our needs. Since that time, we have completed over 80 *VOICE* reviews and have tracked the feedback responses from these reviews. A Quality Assurance Team was assigned to conduct each *VOICE* review. This team consists of two trained interviewers. The team attempts to interview many of the person's Quality Circle members (the person, family, friends, support and county staff who know the person best). Separate feedback forms were created for Quality Assurance Team (QAT) members and for Quality Circle (QC) members. The information below reflects feedback responses for the QAT members.

Purpose:

1. To learn how the *VOICE* process is perceived by those who make it work in, and to learn from their thoughts and feelings on:
 - Involvement in the *VOICE* review process.
 - Involvement in the Region 10 alternative licensing system, in general.
 - The *VOICE* process itself.
2. To address Quality Assurance Outcome Statement #2: "to encourage systems change to reduce barriers within all the counties where *VOICE* is implemented." Indicator B for this outcome indicates that "continuously individuals who have participated in a *VOICE* review and receive supports indicate a positive impact on their lives as a result of the review." The QAT feedback form asked for input to these criteria -- through the QAT experience for each person interviewed.

Data Summary

In the Quality Circle Feedback form, we asked 3 questions that produced quantitative responses of "yes," "no," or "unsure." We also asked responders to elaborate on their check-mark answers if they so desired. We have compiled the written comments and have attempted some classifications to determine what themes were evident across a number of responders (and further analyses are being considered). One such tabulation lists perceived barriers to change, whether those be real problems with a provider or a county, or perhaps perceptual aggravations that prevent people from realizing their life values.

The survey questions for Quality Assurance Circle members were:

Question 1: Do you think the *VOICE* approach will help improve the person's life, or his/her experience of life in the community, based on what he/she considers important?

Question 2: Do you think the *VOICE* approach will strengthen or improve coordination, communication and cooperation among the members of the quality circle?

Question 3: Was the Quality Assurance team review a positive experience? (for example: Were you comfortable with the people on the review team? Did the feedback meeting provide accurate and helpful information? Did you feel respected?)

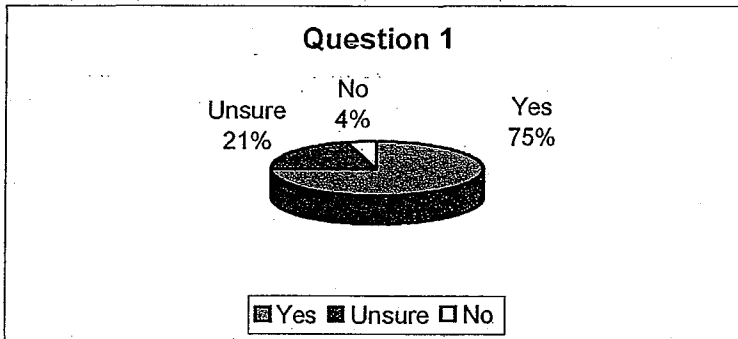
Quality Circle Members Feedback

A sample of Feedback Forms received from Quality Circle members were tabulated to measure the effectiveness of the *VOICE* review process. 21 rounds of feedback were solicited; 16 rounds were used in these tabulations. Round one and two surveys were used as pilot instruments, with adaptations made to the survey instrument after examination of feedback. All succeeding rounds utilized the modified form. Question #3 of Round 7 was eliminated due to an error in photo copying the feedback forms. Rounds 12 and 13 were small samples and were collapsed for data analysis. Rounds 18 and 19 were dropped out due to administration error.

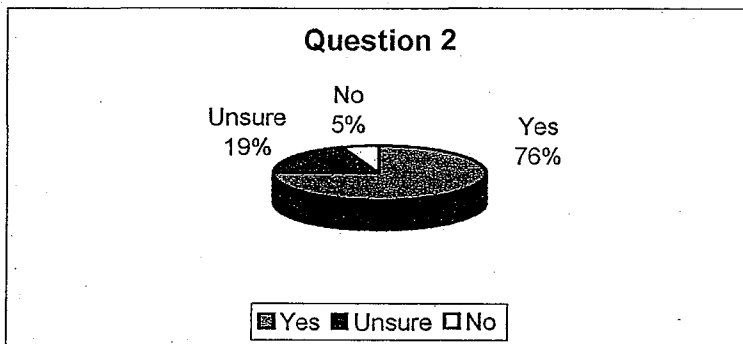
A total of 586 feedback forms were distributed to Quality Circle members, 278 Quality Circle members responded for a response rate of 47%.

Findings

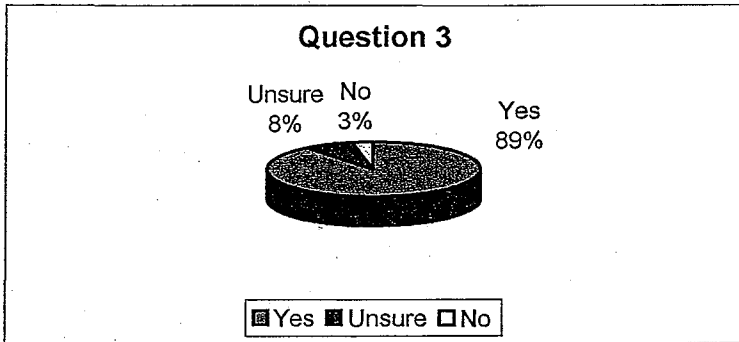
Question 1: Do you think the *VOICE* approach will help improve the person's life, or his/her experience of life in the community, based on what he/she considers important?



Question 2: Do you think the *VOICE* approach will strengthen or improve coordination, communication and cooperation among the members of the quality circle?



Question 3: Was the Quality Assurance team review a positive experience? (for example: Were you comfortable with the people on the review team? Did the feedback meeting provide accurate and helpful information? Did you feel respected?)



Summary of Quality Assurance Team Feedback Responses for Questions 1, 2, and 3.

During the period from October 1999 to December 2001, the VAR Committee of the Region 10 QA Commission conducted an extensive program of continuous feedback surveys to assist in improving the *VOICE* review process and the review tool itself. Prior to that survey, we drafted a survey instrument and tested it for two rounds of *VOICE* reviews, then adjusted the survey instrument to address our needs. Since that time, we have completed over 80 *VOICE* reviews and have tracked the feedback responses from these reviews. A Quality Assurance Team was assigned to conduct each *VOICE* review. This team consists of two trained interviewers. The team attempts to interview many of the person's Quality Circle members (the person, family, friends, support and county staff who know the person best). Separate feedback forms were created for Quality Assurance Team (QAT) members and for Quality Circle (QC) members. The information below reflects feedback responses for the QAT members.

Purpose:

1. To learn how the *VOICE* process is perceived by those who make it work in, and to learn from their thoughts and feelings on:

- Involvement in the *VOICE* review process.
- Involvement in the Region 10 alternative licensing system, in general.
- The *VOICE* process itself.

2. To address Quality Assurance Outcome Statement #2: "to encourage systems change to reduce barriers within all the counties where *VOICE* is implemented." Indicator B for this outcome indicates that "continuously individuals who have participated in a *VOICE* review and receive supports indicate a positive impact on their lives as a result of the review." The QAT feedback form asked for input to these criteria -- through the QAT experience for each person interviewed.

Data Summary

In the Quality Assurance Team feedback form, we asked 3 questions that produced quantitative responses of "yes," "no," or "unsure." We also asked responders to elaborate on their check-mark answers if they so desired. We have compiled the written comments and have attempted some classifications to determine what themes were evident across a number of responders (and further analyses are being considered). One such tabulation lists perceived barriers to change, whether those be real problems with a provider or a county, or perhaps perceptual aggravations that prevent people from realizing their life values.

The survey questions for QAT members were:

Question 1: Do you think the *VOICE* approach will help improve the person's life, or his/her experience of life in the community, based on what he/she considers important?

Question 2: Do you think the *VOICE* approach will strengthen or improve coordination, communication and cooperation among the members of the quality circle?

Question 3: Was the QAT training effective in preparing you for the *VOICE* review process?

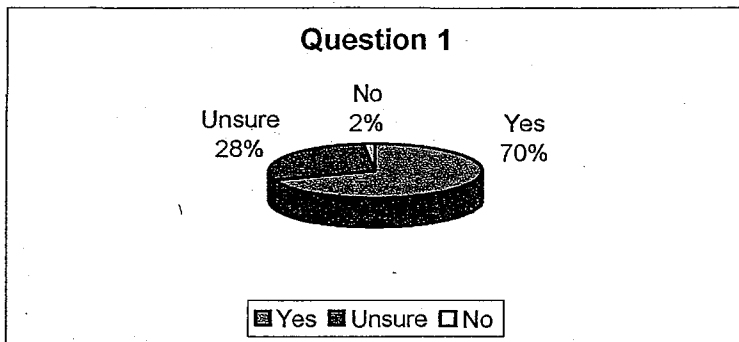
Quality Assurance Team Feedback

A sample of Feedback Forms received from QAT were tabulated to measure the effectiveness of implement the VOICE process and assessing Quality Assurance Team training. 21 rounds of feedback were solicited; 16 rounds were used in these tabulations. Round one and two surveys were used as pilot instruments, with adaptations made to the survey instrument after examination of feedback. All succeeding rounds utilized the modified form. Rounds 12 and 13 were small samples and were collapsed for data analysis. Rounds 18 and 19 were dropped out due to administration error.

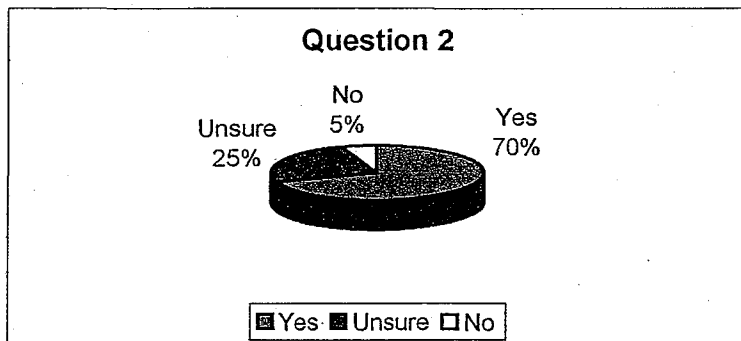
A total of 171 forms were distributed, 113 Quality Assurance Team members responded for a response rate of 66%.

Findings

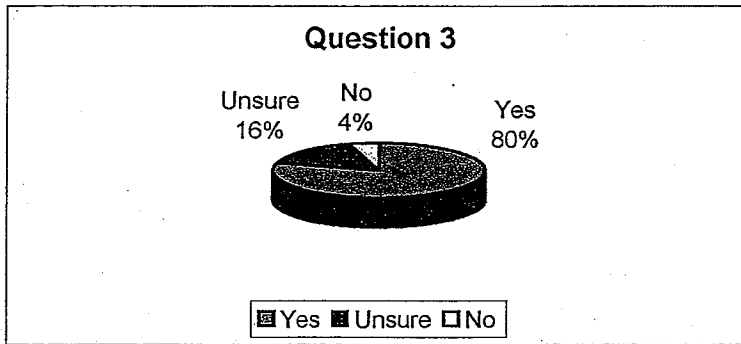
Question 1: Do you think the *VOICE* approach will help improve the person's life, or his/her experience of life in the community, based on what he/she considers important?



Question 2: Do you think the *VOICE* approach will strengthen or improve coordination, communication and cooperation among the members of the quality circle?



Question 3: Was the QAT training effective in preparing you for the *VOICE* review process?



Olmsted
Report Card
10/01/1999 to 06/15/2004

	<u>Basic Assistance</u>		<u>Special Assistance</u>		<u>Relationships</u>		<u>Choice</u>		<u>Inclusion</u>		<u>Economic Support</u>		<u>Safety & Dignity</u>		<u>Coordination</u>		<u>Total</u>
	<u>E</u>	<u>R</u>	<u>I</u>	<u>C</u>	<u>E</u>	<u>R</u>	<u>I</u>	<u>C</u>	<u>E</u>	<u>R</u>	<u>I</u>	<u>C</u>	<u>E</u>	<u>R</u>	<u>I</u>	<u>C</u>	
REM (SE)	0	3	0	0	0	3	0	0	1	2	0	0	0	3	0	0	3
REM (SILS)	0	4	0	0	0	3	0	0	1	2	1	0	0	4	0	0	4
REM (NW)	0	3	0	0	0	3	0	0	0	2	1	0	1	2	0	0	3
REM (Willow A)	0	5	0	0	1	4	0	0	0	5	0	0	0	5	0	0	5
REM (Willow B)	0	4	0	0	1	2	0	1	0	3	1	0	0	4	0	0	4
Rochester SOCS	0	6	0	0	0	5	0	0	2	4	0	0	0	6	0	0	6
Sharon Marie Solomon	0	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0	1
Signature Care	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1
Zumbro House	0	3	0	0	0	3	0	0	0	3	0	0	0	3	0	0	3

Olmsted County
Report Card
10/01/1999 to 06/15/2004

	<u>Basic Assistance</u>		<u>Special Assistance</u>		<u>Relationships</u>		<u>Choice</u>		<u>Inclusion</u>		<u>Economic Support</u>		<u>Safety & Dignity</u>		<u>Coordination</u>		<u>Total</u>								
	E	R	I	C	E	R	I	C	E	R	I	C	E	R	I	C		E	R	I	C				
ABC	0	11	0	0	0	9	0	0	1	10	1	0	0	11	0	1	0	11	1	0	0	9	2	1	12
Ability Enterprises, Inc.	0	20	0	0	0	17	2	0	1	19	0	0	2	18	0	0	0	20	0	0	1	15	3	1	20
Adult Family Living	0	2	0	0	0	1	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0	1	1	0	2
Ahlstrom's L'Amour ET	1	1	0	0	2	0	0	0	0	2	0	0	0	2	0	0	0	2	0	0	1	1	0	0	2
Allendale House	1	4	0	0	0	4	1	0	0	4	1	0	0	5	0	0	0	5	0	0	1	3	1	0	5
Alpha Services	0	3	0	0	0	3	0	0	0	2	1	0	0	3	0	0	0	3	0	0	0	3	0	0	3
Bear Creek Services Waiver	0	5	0	0	0	5	0	0	1	4	0	0	0	4	1	0	0	5	0	0	0	4	0	0	6
Cardinal of MN (Olmsted-Waiver)	0	5	1	0	1	3	0	1	0	6	0	0	0	5	1	0	1	5	0	0	1	4	1	0	6
Harmony Homes (Olmsted Waiver)	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	1
Hiawatha H. (Valkyrie Home)	0	3	0	0	0	3	0	0	0	3	0	0	0	2	1	0	0	3	0	0	0	3	0	0	3
Hiawatha H. (WAIVER)	0	5	1	0	0	5	1	0	0	5	1	0	0	5	1	0	0	6	0	0	0	5	1	0	6
Letty Magno-Marlit	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	1	0	1
Main St Services	0	1	1	0	0	0	2	0	0	1	1	0	0	2	0	0	0	1	1	0	0	0	2	0	2
Mayo High School	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1
MSOCS (Hunter Hills)	1	3	0	0	2	1	0	0	0	3	1	0	0	4	0	0	2	2	0	0	1	3	0	0	4
MSOCS - Olmsted Waiver	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1
MSOCS (Greenhouse)	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1
Olmsted Case Management	0	43	0	0	1	40	0	0	1	42	1	0	1	44	1	0	3	45	0	0	1	42	1	0	57
POSM (Life Enrichment 1500)	0	7	1	0	1	4	0	0	0	7	1	0	0	6	2	0	0	8	0	0	0	8	0	0	8
POSM (Life Enrichment 1808)	0	6	0	0	0	6	0	0	0	6	0	0	0	6	0	0	0	5	0	0	0	5	0	0	6
POSM (Supported Employment 1750)	1	9	0	0	1	6	1	1	0	7	3	0	0	7	3	0	1	8	1	0	1	9	0	0	10
POSM (Life Enrichment 55th)	0	4	0	0	0	4	0	0	0	4	0	0	0	4	0	0	0	3	1	0	0	4	0	0	4
POSM Seniors	0	11	0	0	0	11	0	0	2	9	0	0	0	11	0	0	1	9	0	0	0	11	0	0	12
REM (OLM-WAIVER)	1	3	0	0	0	3	0	0	1	3	0	0	0	4	0	0	0	4	0	0	0	4	0	0	4

Report Card
10/01/1999 to 06/15/2004

	<u>Basic Assistance</u>		<u>Special Assistance</u>		<u>Relationships</u>		<u>Choice</u>		<u>Inclusion</u>		<u>Economic Support</u>		<u>Safety & Dignity</u>		<u>Coordination</u>		<u>Total</u>								
	E	R	I	C	E	R	I	C	E	R	I	C	E	R	I	C		E	R	I	C				
Benedictine Heights	0	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0	1	1	0	2
Catholic Charities	0	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	2
Community Living Services	0	4	0	0	0	3	0	0	0	4	0	0	0	4	0	0	0	4	0	0	0	4	0	0	4
Home and Community Options, Inc.	0	14	0	0	0	11	1	0	1	13	0	0	0	14	0	0	1	13	0	0	0	14	0	0	14
REM (Winona - Waiver)	0	3	0	0	0	3	0	0	0	3	0	0	0	3	0	0	0	3	0	0	0	2	1	0	3
Winona Case Management	0	15	0	0	0	12	0	0	0	15	1	0	0	13	2	0	0	16	1	0	0	17	2	0	20
Winona County DAC	0	7	0	0	0	6	0	0	0	7	0	0	0	7	0	0	0	7	0	0	0	7	0	0	7
Winona ORC	0	11	0	0	0	10	0	0	0	12	0	0	0	11	0	0	0	10	1	0	0	11	1	0	12

State and National Presentations January 2001 to June 2004

- ❖ May 2001 John Jordan and Cindy Ostrowski presented at the “**New Opportunities for Community Living – A Systems Change Conference**” held in Washington D.C.
- ❖ August 2001 John Jordan and Cindy Ostrowski presented at “**Quality – It’s Everyone’s Business!**” – Sponsored by: The National Association of State Directors (NASDDDS), the Human Services Research Institute (HSRI) and the University of MN Institute on Community Integration (UMN/ICI).
- ❖ March 2002 John Jordan and Cindy Ostrowski spoke at the Minnesota Social Services Association.
- ❖ May 2002 John Jordan and Cindy Ostrowski presented at the **Quality Improvement Conference** in Nashville Tennessee sponsored by CMS.
- ❖ July 2002 Matt Shoen, Tom Cramer, Sue Miller, Cindy Ostrowski and John Jordan presented at the Reinventing Quality Conference “**Balancing Freedom and Safety**” held in Chicago. Sponsored by: The National Association of State Directors (NASDDDS), the Human Services Research Institute (HSRI) and the University of MN Institute on Community Integration (UMN/ICI).
- ❖ August 9th 2002 Buff Hennessey and Cindy Ostrowski presented at a conference sponsored by the National Assoc. of County Behavioral Health Directors and the U of M.
- ❖ August 2002 LeAnn Bieber and Cindy Ostrowski presented at the Regional MSSA conference held in Owatonna.
- ❖ February 2003 John Jordan and Cindy Ostrowski presented at the Commissioner’s Forum National Conference, **Improving Quality of Life: Meeting Challenges Through Innovation** Sponsored by the Administration on Developmental Disabilities in Washington D.C.
- ❖ March 2003 Minnesota Social Services Association – MSSA Conference. Stakeholders came to the conference to present on a panel. Stakeholders included: Susan and Kathy Huffman, Colleen Horn, Jill Haxton, Matt Shoen, Cindy Ostrowski and John Jordan.

- ❖ May 2003 Tom Cramer, Marge Dent, John Jordan and Cindy Ostrowski presented at the **Minnesota ARRM conference**.
- ❖ July 31st and August 1st 2003 – Reinventing Quality Conference: **A 21st Century Architecture for Quality: Building for the Future** Tom Cramer, Matt Shoen, Sue Miller, LeAnn Bieber, John Jordan and Cindy Ostrowski. Sponsored by: The National Association of State Directors (NASDDDS), the Human Services Research Institute (HSRI) and the University of MN Institute on Community Integration (UMN/ICI).
- ❖ October 28th 2003 – John Jordan and Cindy Ostrowski presented at the MN Association for Children's Mental Health **Re-thinking Partnerships** Conference.
- April 2004 – Jon Huebner, James Huebner, Jean Huebner, John Jordan and Cindy Ostrowski presented at the **Minnesota Child and Adolescent Mental Health Conference**.

Upcoming State and National Conference confirmed to speak at:

August 2004 – Reinventing Quality Conference held in Philadelphia.
August 2004 – People First of Minnesota
October 2004 – Arc MN State Conference

Study 5.2: Evaluation of a Community Quality Assurance System Designed, Managed and Staffed by Community Members in Region 10 of Minnesota

Manager(s): John Smith

Partners: "Region 10 Stakeholders Group" (a regularly meeting group of representatives of key constituencies) and the Region 10 Quality Commission

Purpose: To evaluate through surveys, qualitative interviews, participant observation, document review and focus groups the effects, cost-effectiveness and potential improvements to a community effort to establish a regional quality definition, assessment and improvement program that is of the community, by the community and for the community and to document the experience through print reports and documentary video.

**Sources/
Samples:**

Impact: The Region 10 Quality commission is a revolutionary effort to engage the community in providing quality assurance to its citizens with ID/DD through integrated teams of consumers, family members, service providers, local government employees, advocates and other community volunteers. The evaluation and documentary video on this community effort, depending on outcomes, could substantially affect efforts and approaches by other communities in the definition, monitoring and improvement of the quality of services and quality of life of their own members, and the receptivity to such community commitments by state and national authorities.

Activity 5.2: Quantitative and Qualitative Evaluation of Community Quality Assurance and Improvement System Designed, Managed and Staffed by Community Members

Project Director: John Smith, Lakin

Lead Institution: University of Minnesota Exemption Status: Both exempt and non-exempt studies are included.

Exemption Category (if applicable): 2, 4

This study evaluates a model quality assurance system in Southeast Minnesota (Region 10). In Region 10, "stakeholders" requested and received from the Minnesota Legislature the authority and necessary financing to plan, design, staff and training community members, and implement a new outcome based quality assurance system for community services that is intended to be of the community, by the community and for the community members with ID/DD. The study gathers quantitative and qualitative formative and summative evaluation data on the program and develops a documentary film on its development implementation, engagement of community members and effects on persons with ID/DD and those who support them.

This study contains both exempt and non-exempt components. We would request an exemption in areas 2 and 4 for the reviews of documents and surveys and interviews of public participants. Focus groups and case studies as part of this project would potentially require

review depending on the specific target audience. The "subjects" in case studies, focus group and surveys are in many instances "experts" who possess specialized knowledge and who publicly share this knowledge through consultation, publication and presentation, and whose specific comments in the process will be anonymous and therefore with potential damage to their reputations or status, thereby making exemption category 2 appropriate.

Non-Exempt Narrative:

This proposal uses participatory research. There will be involvement of people with ID/DD and family members of people with ID/DD in the research activities. Non exempt activities may include a series of case studies to gather information about the experiences of sampled individuals, surveys/interviews of individuals with ID/DD or family members about their experiences with the Region 10 quality assurance program, or focus groups in which people are identified as representing people with ID/DD and family members and whose statements in those roles might be sought as part of a public record. Because these activities involve individuals with intellectual or developmental disabilities and family members as subjects we are providing a full narrative for the reviewers (and the IRB) to consider.

1) Human Subjects Involvement and Characteristics. Three types of data collection will be used; case studies, focus groups and telephone surveys. Four case studies will be conducted within agencies with people with ID/DD and family members who are part of the Region 10 program. It is also expected that several focus groups will be held that include people with ID/DD and family members about the experiences and desires with the Region 10 program. The exact number cannot be determined ahead of time due to the participatory nature of the project in which project advisors (Region 10 Quality Commission) will assist research staff in identifying themes to explore. Telephone and/or written surveys may be conducted with people with ID/DD and/or their family members depending on the issues and needed information that arise. It is important that in an study of quality assurance that the people most affected by it are involved.

2) Sources of Materials. The research material obtained from the participants in the case studies, focus groups and surveys will be descriptions of their experiences with Region 10 quality assurance practices. The case studies may also include a review of existing documents to further describe the services used.

3) Recruitment and Informed Consent. Participants will be provided information about the project and given an opportunity to make an informed decision about participation prior to answering any questions or completing any surveys. Individuals with ID/DD and their family members will be recruited through state and local agencies. For the case studies, project staff will describe the number and type of individuals being sought and will provide information about the study and its purpose to the Region 10 contact person. This contact person will only disclose the names of those participants who wish to participate. Only after people had consented to participate will the research team receive the names. In-person consents will be obtained via a written form from people at the time of case study interviews. For those who are not their own guardian written consent will be obtained from the guardian either before or at the time of the interview, but people with ID/DD with guardians must also assent to participate to be included.

For the focus groups, selection will occur as with case study participants. In-person consents will be obtained via a written form when the person first arrives for the focus group. Guardian consent will be obtained prior to the focus group. For participants who are not their own guardian, written consent will be obtained from the guardian either before the interview and people with ID/DD with guardians will again be asked to express their willingness to participate in the focus groups.

For the telephone surveys, a sampling procedure will be developed for state and local personnel to apply to listings of potential participants without the research team seeing those registries. The contact person will identify potential sample members from that listing and will provide information packets including information the study and its purpose, and consent forms to the sampled persons. The Region 10 or participating county contacts will again recruit participants without disclosing the names of persons contacted until they and their guardians (if under guardianship) have agreed to participate. Once the consent form is received, the participants will be contacted to schedule an appointment for the phone interview. Consent forms will be written in a easily read form and will provide clear details of all protections afforded humans subjects, including those for persons choosing not to participate.

4) Potential Risks. The potential risks and costs to the participants are minimal. Costs include the time required to participate in the case study, focus group, or telephone survey. Risks may include being asked about experiences that cause an emotional response. In general, however, the research questions will not delve into potentially painful experiences, thus minimizing these risks.

5) Protection Against Risk. Section 3 described the extensive efforts that will be taken to protect the identity of project participants during the recruitment process. For additional protection, participant names (needed to contact them to schedule interviews and focus groups) will be stored separately from the data collected from them. Case study notes and focus group results will be identified by an identification number. The key will be secured in a locked office and will be available only to the principal investigators and project staff who actually conduct the interviews. Reports of the case studies will be written in a way to protect the individual identities of participants. Reports of focus group meetings, interviews and surveys will not identify individual participants in any way. In the event that a participant requests assistance with an issue that arises in the interview, case study, or focus group, the participant will be referred to the appropriate authority or other resource for that assistance. All research staff will complete their organization's Human Subject protections training.

6) Importance of the Knowledge to be Gained. There are no specific short-term direct benefits to the participants for their participation. Long-term benefits include the improvement of the Region 10 quality assurance program.

Design of Research Activities

Abstract

Beginning in 1996, a group of community "stakeholders" in SE Minnesota began to explore community initiatives to improve services. One of these initiatives received Legislative authority and funding to plan, design and implement a new outcome-based quality assurance system for community services. The "Region 10 Quality Commission" was designed to be of the community, by the community and for community members with ID/DD. This study will gather quantitative and qualitative formative and summative evaluation data on this program. It will also develop a documentary film on its development, implementation, engagement of community members and effects on persons with ID/DD and those who support them.

Review of Literature

State of Practice. The shift from analysis of input and processes to focus on "outcomes" in public as well as private enterprises has been underway for 20 years. In human services this is reflected in a steady growth of various approaches to establish the outcomes of importance to

persons with ID/DD and to develop systems of evaluation to measure them (Bradley & Kimmick, 2003; The Council, 1993). The personal outcomes of importance within these systems typically reflect universal outcomes of importance (e.g., choice in daily activities, control over one's home, respect of others) as well as recognition of the need to attend to the vulnerabilities of people with ID/DD (Gardner & Nudler, 1998). There are a number of efforts in this area. One of the most unique and potentially important is the "Region 10 Quality Commission."

Demonstration Program. The Commission was developed by community members to design, implement, manage and staff a "community" approach to quality assurance and improvement. In 1996, concerned with the usefulness of the state quality assurance system, Region 10 "stakeholders" (including people with ID/DD, family members, service providers, advocates and other citizens) began to plan and eventually requested and received authority from the Minnesota Legislature to take control of the quality assurance for community services for people with ID/DD in their communities. The goal of the initiative was to create an alternative to traditional monitoring that would be a positive force in improving people's lives. Region 10 developed and field-tested its own information gathering system based on stakeholders' input on what was most important in quality of life and quality of support. The purposes of the new community approach were to create:

- ◆ A way to use quality assurance resources to make quality support and lifestyle contributions to each individual;
- ◆ A system that was of, for and by the community;
- ◆ A system that gave service providers meaningful information to improve lives;
- ◆ A system in which the focus of the quality assurance team was the person with disability;
- ◆ A system that was straightforward and based on human values that would make sense to non-professional as being about the "important things in life";
- ◆ A system that was simple enough so that common citizens could be part of it.

The Region 10 methodology to assess service quality is called "VOICE" (Value of Individual Choices and Experiences). VOICE was designed around a concept of quality in community services developed through interviews and focus groups with service users, family members, service coordinators, advocates and providers. As a result VOICE assesses a range of components in each person's overall life experiences, as well as contributions of service providers to the quality those experiences. Trained review teams (including persons with ID/DD, family members, advocates, providers, and county service coordinators) use VOICE to interview persons receiving support services and also to gather ideas from each person's family, friends, neighbors, employers, support providers and service coordinator. Based on these interviews, findings are developed that reflect each person's overall life experiences, and whether and how support providers and others are enabling the person to fulfill personal choices and respond to individual needs. Unlike other "alternative quality assurance systems," VOICE has been granted official status, replacing the state-operated quality assurance system in Region 10. Therefore, information generated from the VOICE reviews and the reviews of procedural safeguards are used to make licensing recommendations.

Research Questions

This evaluation will be in the tradition of participatory action research engaging stakeholders in developing research questions, instrumentation, analysis and dissemination. Preliminary discussions with stakeholders have identified the following questions:

1. Validity. Are VOICE review summaries consistent with what people subjectively and independently identify as important outcomes, needs and lifestyles satisfaction?
2. Value. Have/how have VOICE reviews affected the specific practices of DSPs, agencies and others with regard to specific individuals and supported more generally?
3. Impact. What have agencies changed as a result of the VOICE process in areas such as staff training, staff choice/assignment, etc?
4. Usefulness to service coordinators. Have/how have VOICE reviews assisted service coordinators in better understanding individuals, assessing individual needs and preferences, developing and facilitating "action plans"?
5. Impact. Have/how have VOICE reviews changed the extent of input of individuals and/or family members in the quality review process? Has/how has this affected their influence on the conclusions/recommendations of the review and on the actions of service providers?
6. Expectations. What are perceived and measurable differences in expectations for service providers and their performance between traditional and VOICE quality assessment/improvement systems?
7. Effect of teams. How does participation in VOICE reviews affect different types of team members (e.g., people with ID/DD, family members, service coordinators, service providers)? How do they perceive the experience and their preparation of it? What do they learn from it? What do they do differently because of it? What sustains their involvement?
8. Future. What are the long-range potentials and challenges of the Region 10 initiative for: a) self-maintenance, b) applications to other populations within Region 10?, and c) to other areas? What would be needed to support such outcomes?

Methodology

Sample. To date approximately 200 VOICE reviews have been completed and 95 programs have been licensed through the process. The individuals who have been the targeted service users in the VOICE review, their family members, service coordinators, support staff, VOICE team members and others in the community will make up the sample frame of the study. Comparison samples involved in standard licensing practices will be drawn from neighboring counties for comparative data on the quality, cost and utility of quality assurance approaches. Sample members will be selected in 20% proportions from target groups of interest (service users, family members, service coordinators, agency staff). Service users will be selected randomly (every fifth person) by the Region 10 coordinator and contacted to provide information about the study and the protections afforded. She will ask about willingness to participate. Only those volunteers will be known to the research team. Those declining participation will be replaced by the next person in the alphabetical list.

Data Collection and Measurement

Data collection will be both quantitative and qualitative. Qualitative methods will include document reviews (e.g. VOICE review reports and recommendations, team training and orientation documents), participant observations of VOICE implementation and focus groups of agency leaders, service providers and advocates to explore future directions, and structural interviews. Quantitative data collection will be guided by Region 10 "stakeholders" who will review the proposed research questions and endorse and modify the list and identify methods of obtaining and analyzing appropriate data on them. Stakeholders will assist in developing and reviewing instruments for data collection and will play an important role in promoting

participation in the evaluation. Quantitative data collection will include survey questionnaires for families, service coordinators and service providers. Selected items related to overall quality and utility of the quality review process will be mailed to a comparison sample of persons in the same roles with non-VOICE counties.

Data Analysis

Focus groups will participate in processes to obtain both formative and summative perspectives on the VOICE process. Participant observations of the program will follow standard case study methodologies. Structured interviews will be analyzed for common themes and unique perspectives, with quantification of certain focused items related to the experience of VOICE reviews. Quantitative data from surveys on approximately 40 each of family members, of agency administrations and service coordinators, and 40 each of comparison group members in the same roles will be analyzed from comparability with either ANOVA or ANCOVA statistics used for comparisons depending on statistical comparability (e.g., in age, experience, training). The "content" for the documentary film will be developed from discussions with the stakeholder advisory group and from observations and encounters in the qualitative study.

Tasks and Timelines

5.2: Quantitative and Qualitative Evaluation of a Model Community Quality Assurance System			
Project Directors: Smith .15 FTE (.35 over 24 months) Staff: Lakin .02 FTE, Jerry Smith .10 FTE (.25 over 24 months), R.A. .4 FTE			
<i>Task</i>	<i>Manager</i>	<i>Project Staff</i>	<i>Timeline (months)</i>
Identify and convene project advisory group and finalize questions.	John Smith	Lakin	1-3
Identify focus group participants (w/stakeholders).	John Smith	RA	4
Conduct focus groups with key stakeholders.	J. O'Brien	Smith	5-6
Carry out qualitative interviews with key stakeholders.	John Smith	RA	5-6
Prepare summary of focus groups and qualitative interviews.	J. O'Brien,	Lyle O'Brien	7-8
Review VOICE data elements for content, quality and reliability.	John Smith	Lakin, R.A.	7-8
Identify topics of needed data collection not covered by VOICE interviews.	John Smith	Lakin, R.A.	8-9
Design, field-test and assess reliability of items that are developed.	John Smith	Lakin, R.A.	9-10
Finalize combined elements of VOICE and newly developed instrument items.	John Smith	Lakin, R.A.	10
Identify random samples with family members, agency staff and service coordinators in Region 10 and non-Region 10 counties.	John Smith	Lakin, R.A.	9-10
Conduct data collection through mail surveys	John Smith	Lakin, R.A.	11-14

5.2: Quantitative and Qualitative Evaluation of a Model Community Quality Assurance System

Project Directors: Smith .15 FTE (.35 over 24 months) **Staff:** Lakin .02 FTE, Jerry Smith .10 FTE (.25 over 24 months), R.A. .4 FTE

<i>Task</i>	<i>Manager</i>	<i>Project Staff</i>	<i>Timeline (months)</i>
and direct interviews.			
Submit summary report for review by stakeholders and make appropriate revisions.	J. O'Brien	Lyle O'Brien	9-10
Complete quantitative/qualitative data analysis and report.	John Smith	RA, Lakin	13-15
Review qualitative study and focus group findings.	Jerry Smith	John, Smith, Lakin	13-16
Meet with families, Region 10 participants, people with disabilities about the "story" of Region 10.	Jerry Smith	John Smith, Lakin	13-16
Develop a story board of issues, key interviews, stories, images.	Jerry Smith	John Smith, Lakin	13-16
Filming and initial editing for documentary.	Jerry Smith		16-23
Review, critique, editing of documentary.	Jerry Smith	Lakin	24
Compete and dissemination documentary.	Jerry Smith		25-30, ongoing

Dissemination

Products for this study will include, IMPACT, Community Integration Series, Journal Articles, Books/Chapters, Training Manual, Quality Mall, Other Newsletters, Videotape/DVD, Conferences/ Workshops, and NARIC.

Responses to NIDRR Site Visit Questions

How do you expect project activities to directly impact the target population? How will you know the extent to which these expectations are met?

This study evaluates a model quality assurance system in Southeast Minnesota (Region 10) in which community "stakeholders" have received authority and necessary financing to plan, design, recruit and retain "staff" (volunteers) and implement an outcome-based quality assurance system designed by their community for their community (the only such independent system operating in the US). The Region 10 Quality commission is probably the single most important quality assurance demonstration going on in the US today.

Expected Impact: The high visibility and importance of the Region 10 initiative makes this evaluation important. If it is determined to effectively replace and improve upon full or partial government QA systems (as measured by a contract group), it would likely be adopted widely, at least in communities that retain a community commitment. The results of this

evaluation will be important not only in determining the overall effectiveness of the initiative, but in documenting the essential ingredients for replication.

Evidence of Impact: Information will be continuously gathered on the interest in and adoption of the Region 10 approach and outcomes experienced by the adopters.

Please provide additional information on the anticipated outcomes of the project

This study evaluates a model quality assurance system in Southeast Minnesota (Region 10) in which community "stakeholders" have received authority and necessary financing to plan, design, recruit and retain "staff" (volunteers) and implement an outcome-based quality assurance system designed by their community for their community (the only such independent system operating in the US). The Region 10 Quality commission is probably the single most important quality assurance demonstration going on in the US today.

Anticipated Outcomes: The high visibility and importance of the Region 10 initiative make this evaluation important. If it is determined to effectively replace and improve upon full or partial government QA systems (as measured by a contract group), it would likely be adopted widely, at least in communities that retain a community commitment. The results of this evaluation will be important not only in determining the overall effectiveness of the initiative, but in documenting the essential ingredients for replication.

Can the team provide more specificity with regard to the instrumentation and analysis on the projects? How will the validity/reliability of these instruments be demonstrated? Please provide more detail on the instrument development process

The Region 10 Quality Assurance program is carried out primarily through an interview process involving key people in the lives of sampled individuals within agencies seeking licensure.

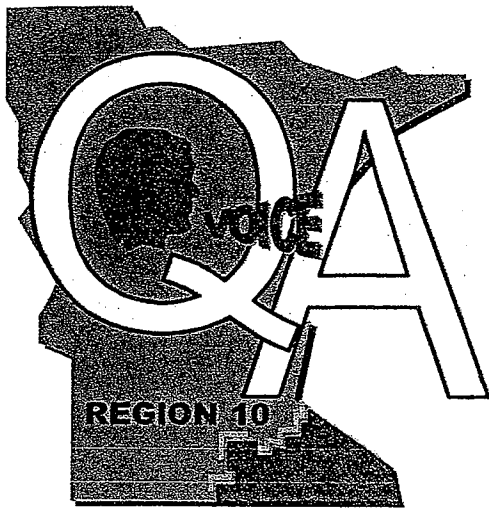
Validity. The validity of the VOICE instrumentation and process has been established by a surveys of Region 10 service provider agency administrators (42), direct support staff (78), care managers (25) and people making up the "Quality Circle" of people with ID/DD (70). These findings are very supportive; for example, 74% of "Quality Circle" members indicated that the VOICE process improved the recipient's life, or his/her experience of life in the community based, and that 91% of case managers supported continued use of the VOICE process.

While there are indicators of contributions to the lives of people undergoing the VOICE process there has been no independent data collection on the effects of the process or the lives of individuals. To establish such data one aspect of this study will be to employ an independent assessment through surveys of samples of 40 family members, 40 through service providers and 40 service coordinators each from Region 10 and neighboring non-Region 10 counties (140 total). One instrument to be used is the National Core Indicators family survey. This survey has established reliability of the full questionnaire, but individual items will be used in this study requiring reestablishment of test/retest reliability. In addition the service coordinator and service provider scales developed by the RTC/CL for Medicaid HCBS studies evaluations will also be used to develop a more focused questionnaire requiring testing of reliability of the new

instrument. Specifications will be selected from these questionnaires and reviewed by the study's stakeholder advisory committee. Additional items may be recommended and added, requiring the testing of psychometric aspects of the new scales.

Some reviewers were concerned that the proposed analyses for the quantitative studies were not sufficiently elaborated. Please specify the proposed level of measurement. Please clarify the methods of analysis further explaining how each proposed approach is justified in terms of the research proposed

Quantitative data from families (40), service coordinators (40) and service providers (40) in Region 10 and the same number in non-Region 10- contrast groups will be analyzed on an item-by-item basis with the exception of aggregate scales that will be created from multiple scaled scores. Chi-square analysis will be used confirmed the comparability of target sampled individuals on demographic and diagnostic characteristics. T-tests will be used to test the statistical significance of comparisons of outcomes on continuous variables; chi-square on categorical ANOVA analyses will be used to examine interactions between Region 10/not Region 10 and diagnostic (e.g. level of intellectual ability), demographic (e.g., age groups) and program (congregate care, own home) factors.



Minnesota Region 10 Quality Assurance System

VOICE Overview

Value
Of
Individual
Choices and
Experiences

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Revised in 2003 by the Minnesota Region 10 Quality Assurance Commission.

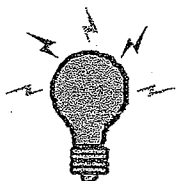
The Quality Assurance System and the Individual Quality Assurance Review Process described in these materials were developed for the Minnesota Region 10 Quality Assurance Commission by a volunteer stakeholder group consisting of individuals who receive assistance, family members and guardians, advocates, informal and formal support providers, county and state agency personnel and staff of the Commission. For information about the Commission or the QA system, contact the Commission's Project Director, Cindy Ostrowski, at (507) 932-0292.

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The stakeholder group was assisted in their efforts by A Simpler Way. ASW is a team of independent consultants committed to strength-based, person and family focused human services planning. ASW assembled a specific team of consultants for this project based on the nature of the task and the strengths and needs of the community making the request. Team members on this project were Dennis Harkins of Madison, WI, Sally Mather of Blue Mounds, WI, Chris Heimerl and John Franz of Madison, WI and Patricia Miles, of Gresham, OR.

VOICE and the Minnesota Region 10 Quality Assurance System

The Concept



“VOICE” stands for “Value of Individual Choices and Experiences”. In those words are the core idea behind the Minnesota Region 10's Quality Assurance System.

At its heart VOICE is about people — their needs, their wishes, and making sure they're getting the support necessary to live life on their own terms. VOICE was designed to ensure people with developmental disabilities have an active part in shaping their own lives. VOICE provides individuals with a snapshot of where they are, and where they would like to go in their life.

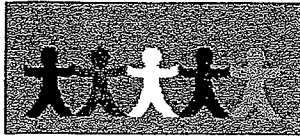
VOICE, designed to look at the person's life as a whole, is person-driven. It focuses on the types and quality of support people are receiving — whether at home, at work, at school, or in the community in general. To accomplish this, VOICE reviews are invaluable determining not only whether an individual's daily practical needs are being met, but also whether the community's support system as a whole is meeting the person's needs. VOICE reviews recognize positive support practices as well as improvements that may need to be made.



As the foundation of this effort, VOICE reviewers and mentors talk directly with people and their “Quality Circle” — a term we'll discuss shortly. This hands-on

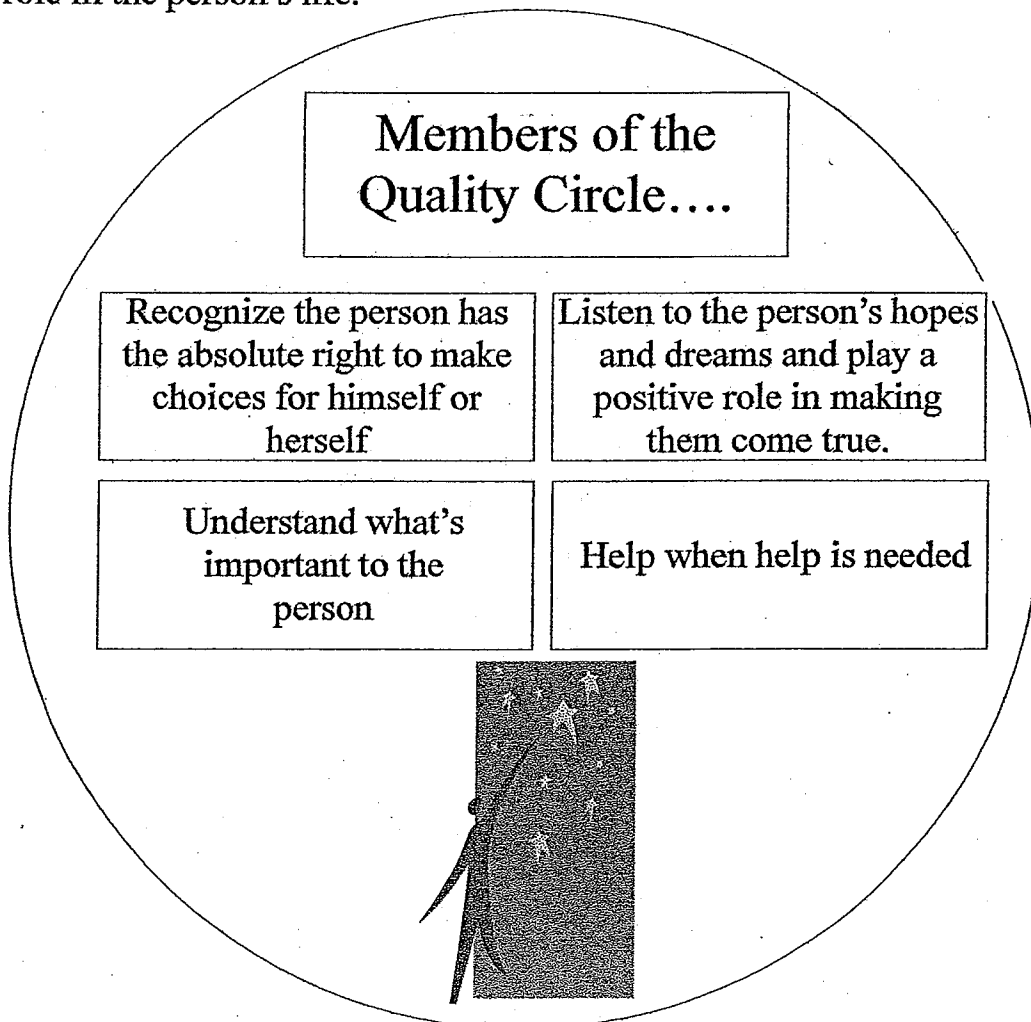
approach offers people the chance to take charge of their own lives with the help of their Quality Circle — to shape, create, and then realize their own life vision.

Reviewers listen to the person and their Quality Circle and then reflect back what was shared.



The Quality Circle

The Quality Circle is based powerful concept: to understand the person receiving support, we not only have to understand them, but also the people that have an impact in their lives. A person's Quality Circle may consist of friends, family, teachers, support providers, county case managers, legal representatives — anyone that plays a major role in the person's life.



VOICE and the Quality Assurance system is dedicated to the belief that people have the right to live life on their own terms, according to their own unique circumstances. VOICE incorporates every aspect of a person's experience — from routine daily tasks such as getting to and from work, to larger issues such as what they want to achieve in their professional and personal lives.

These are important issues to everyone, and VOICE is dedicated to ensuring people with disabilities have the means and resources to address these issues for themselves.

Organization — Key Elements of the QA System



Quality Assurance VOICE Review

The VOICE review is the backbone of the QA system. Boiled down to its essence, a VOICE review is designed to do three things:

- Enhance the person's influence over what's going on in their lives both on a daily basis and in the long-term; identifies the important people in their lives; their likes and dislikes; and what kinds of supports they need.
- Help support providers understand the value they're bringing into the person's life and, if necessary, how to improve the quality of support being offered.
- Identify "challenge areas" that may be keeping the person from getting what they need. Such areas may include family, funding, housing, neighbors — anything that plays a role in the person's life.



Quality Assurance Team

The QA Managers assign a Quality Assurance Team — typically a pair of trained volunteers from the community — to conduct a VOICE review. Generally, each review is conducted over a 30-day period.



Participants

Anyone with a developmental disability who is receiving support paid for with public funds may be a participant in a VOICE review. Each year the Quality Assurance Manager chooses possible review participants from a random sampling offered by both case managers and providers. Anyone can request a VOICE review, either directly or through their guardian.



The Quality Assurance Manager

This “QA” manager is responsible for staffing his or her county’s (or in some cases, a group of counties) Quality Assurance Review Council. QA managers organize and oversee VOICE reviews, from their start to their finish. QA managers also do the following:

- Gather background information about people participating in reviews
- Recruit community members to join VOICE
- Assign and train Quality Assurance Teams
- Assess VOICE review summaries and findings
- Oversee the progress of action plans developed from VOICE reviews
- Ensure statutory requirements are met
- Establish and maintain a database of findings as well as a resource catalog — essentially a listing of support practices that have proven especially effective
- Report back to the Quality Assurance Review Council on provider programs.
- Reports on individual provider programs as well as his or her community’s support system as a whole



The Quality Assurance Review Council

Each county or group of counties that choose to participate in the process create a Quality Assurance Review Council which is made up of appointed stakeholders. Each Quality Assurance Review Council does three things:

- Oversees the quality assurance licensing process.
- Develops suggestions on how to encourage improvement of support services
- Makes recommendations regarding the licensing of programs serving persons with developmental disabilities.

The Quality Assurance Review Council looks at the summaries and feedback generated by both VOICE reviews as well as action plans from support providers and uses the information to make licensing recommendations to the provider's county. Recommendations from the home county are passed along to the Minnesota Department of Human Services.



The Quality Assurance Commission

Stakeholders (the people of southeastern Minnesota — people receiving support services, family members, advocates, support providers, county and state representatives and legislators — who have a “stake” in the system as a whole) formed a Quality Assurance Commission to assess and improve the support systems for persons with developmental disabilities in the eleven counties that make up Minnesota's Region 10. It is the QA Commission's job to establish the procedures used by the QA Review System.



Quality Assurance Teams Commitments

- *We remember the VOICE review is about the person, not about the paper.*
- *We honor people and their choices.*
- *We respect each person's right to privacy and his or her right to decide what information is shared and not shared.*
- *We are objective. We focus on the person, not a personal agenda.*
- *We acknowledge each Quality Circle member's voice and opinion.*
- *We respect people's homes, places or work, and other demands on their time and attention.*
- *We realize we are not the experts.*
- *We know that making a difference is important.*
- *We believe listening is more important than talking..*
- *We strive to convey information in a manner that is useful to the person*
- *We highlight the good things.*
- *We use language that recognizes efforts and encourages contribution.*
- *We explain the purpose of our time together and clarify what will happen now and in the future as well as our role in the person's life.*

The VOICE Review Process

◆ **First Meeting**



After background information about the person and his or her Quality Circle is gathered and reviewed, VOICE reviewers arrange a “get to know you” meeting with the person and members of his or her Quality Circle, and possibly support providers, depending on the circumstances.

This meeting is a chance for the reviewers to introduce themselves, outline what VOICE is about, and discuss what those present can expect in the coming weeks. This is also an chance for the attendees to ask questions and share concerns before the actual review process begins.

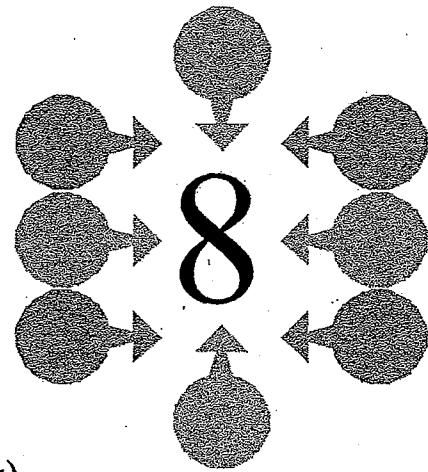
◆ **The VOICE Interviews**

Trying to summarize a person’s life and daily experiences into categories can be hard, if not impossible. No one is the same; each person’s life and experiences are unique to them. For the purposes VOICE, we’ve broken down the review into eight “Life Areas” which, when looked at by reviewers, will offer reviewers a solid overview of the person's life. These Life Areas come from three environments in the person's life: home and family; work, school, and daily activities; social and community activities.

The Eight Life Areas

Life Area: Basic Assistance

- Nutrition (meal planning/preparation)
- Personal (washing/dressing/grooming)
- Home (housecleaning/upkeep)
- Health/Wellness (doctors/medications/therapy/fitness)



Life Area: Specialized Assistance


- Medical (beyond normal care/ongoing chronic condition)
- Special therapies (speech/occupational/physical)
- Emotional/behavioral (depression/attention disorders/emotional trauma/interpersonal difficulties/addiction)

Life Area: Relationships

- Family relationships (nurturing/maintaining/reconnecting)
- Work/school relationships (staff/study partners/peers)
- Social/community relationships (neighbors/businesses)
- Home (cultivating close relationships in the home)

Life Area: Choice

- Information (access to necessary/desired information)
- Planning (contribution/control over services offered)
- Contribution (volunteering/helping in community)
- Expression (chances to use/explore skills and talents)

 ***Life Area: Inclusion***

- Community/social/recreational (opportunities to participate)
- Personal expression (opportunities for self-exploration)
- Cultural exploration (learning/celebrating heritage/culture)
- Spiritual (opportunities for worship/learning/comfort)

 ***Life Area: Economic Support***

- Finding/maintaining medical insurance and social security
- Search for housing; landlord/mortgage/property issues
- Obtaining safe, reliable transportation services
- Job search, budgeting, fiscal responsibility

 ***Life Area: Safety and Dignity***

- Statutory (child protection, vulnerable adults, interventions)
- Respect (advocacy in areas of respectful treatment)
- Self-responsibility

 ***Life Area: Coordination***

- Referral and planning of appropriate/timely support services
- Integration (ensuring various supports work well together)
- Focus on ongoing improvement of services
- Advocacy (help in resolving conflicts with support services)



The Five Questions

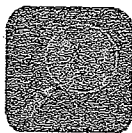
In looking at each of these eight Life Areas, reviewers visit and talk to those involved, whether family, support agencies, individuals, friends, or simply services the person hires from time to time. Most importantly, they'll talk in depth with the person to get his or her impressions.

For each Life Area — and for each provider offering support in that Life Area — reviewers look for information that will help them answer five basic questions:

- 1) Who is this person?
- 2) What are the person's needs?
- 3) What are the person's wants, hopes, and dreams?
- 4) Who is supporting the person? (Who is the Quality Circle?)
- 5) How does the person feel about all of this? (What is the value the person receives?)

◆ Findings

The General Finding

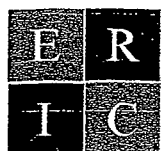


The General Finding summarizes the level of value the person is experiencing in not only each of the eight Life Areas, but also the level of value they're experiencing as a whole — in other words, their view of how all the different areas of their life are working together. A General Finding is based on how *the person* sees things. A General Finding is about the person's feelings and perceptions and how *they* define value.

The Provider Finding

A Provider Finding looks at the level of value an individual support provider is contributing to the person's life. The information used to write a Provider Finding comes from the same sources used in writing the General Finding (the person, their Quality Circle, and providers), but each Provider Finding focuses on a single provider.

For example, in the Basic Assistance Life Area, a person may be receiving support from four different providers, each playing a different role in that category. A General Finding will look at the person's experience of the Basic Assistance Life Area (as well as how it fits into his or her life as a whole), while a Provider Finding will look at the contribution each of the four providers is making to that Life Area.



The E.R.I.C Scale

Findings — both General and Provider — are broken down into four possible categories:

E — Exceptional experience

R — Reasonable experience

I — Improvement is needed

C — Concern; deficiencies noted may impair person's quality of life

E — *Exceptional Experience*

As a General Finding for the Life Area, an “E” means the value experienced by the person is exceptional; this value exceeds the person’s expectations.

As a Provider Finding, an “E” means the provider in question is exceptionally focused on the welfare of the person; the provider’s practices are effective, innovative, and exceed the person’s expectations.

R — *Reasonable*

As a General Finding, an “R” means the person feels the support they’re receiving reasonably meets his or her primary needs; the services are of benefit.

As a Provider Finding, an “R” means the provider is satisfying the person’s needs and wishes; the support is consistent and satisfactory.

I — *Improvement*

As a General Finding, an “I” means the person is not satisfied with the services he or she is receiving in this area. The person feels his or her needs are not being met. A finding of “I” must be supported by specific examples and observations.

Improvement is needed before this area can be considered satisfactory by the person.

As a Provider Finding, an “I” means the provider in question is not currently offering the quality of support the person wants and/or needs. An “I” finding is an opportunity for the provider to improve support. A finding of “I” must be supported by specific examples and observations.

Note: Providers that receive a finding of “I” must submit an action plan to address the finding’s concerns within 60 days of the Feedback Meeting.

C — *Concern*

As General Finding, a “C” means the person and/or members of the Quality Circle have serious concerns, and that the level of quality in this area may detract from the person’s health, happiness, or general welfare. A finding of “C” must be supported by specific examples and observations. Action must be take immediately to remedy the situation.

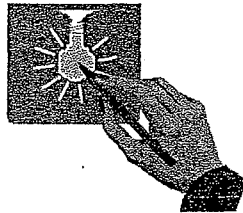
As a Provider Finding, a “C” means the quality of support being offered by the provider in question is unsatisfactory and may already be detracting from the person’s health, happiness, or general welfare. A finding of “C” must be supported by specific examples and observations. Action must be take immediately to remedy the situation.

Note: Providers that receive a finding of “C” must submit an action plan to address the finding’s concerns within 30 days of the Feedback Meeting.



◆ The “What We’ve Learned” Worksheet

This worksheet, completed by both reviewers together, summarizes what they’ve learned about the person — a portrait of their lives, what they enjoy, who and what’s important to them. The “What We’ve Learned” Worksheet includes details such as hobbies and interests, important relationships, aspirations and challenges, community and social involvement.



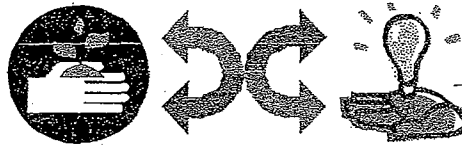
◆ The Learning Portrait

Similar to the “What We’ve Learned” Worksheet, the Learning Portrait strives to tell a story through a creative medium, such as a puzzle, an object or art, or a game — anything that captures the essence of what the reviewers have learned about the person and what’s important to them.

The Learning Portrait describes what others are doing to add value to the person’s life, from family members and friends, to support providers, to the community as a whole. Conversely, the Learning Portrait also addresses those circumstances and practices which the person feels is taking value from his or her life.

The Learning Portrait is intended to engage the person and his or her Quality Circle in a non-threatening and constructive manner.

◆ The Feedback Meeting



Once the reviewers have completed their review, the person and his or her Quality Circle are invited to the Feedback Meeting together to discuss the VOICE process and what was found during the review. The Feedback Meeting is designed to be a constructive exchange between the reviewers, the person, the Quality Circle, and the support providers.

Reviewers share with the group what they've learned about the person, suggestions and concerns that were addressed or may still need attention, and what everyone involved might do to make a positive contribution to the person's life.



**MN Region 10
Quality Assurance Project**

**Quality Assurance Review Council
Report on Barriers**

May 28, 2002
Resolutions Added 11/13/2003

This report lists the barriers identified that keep a person with a developmental disability from fulfilling wants, needs, hopes and dreams in their life. These barriers were compiled from the Quality Assurance database from the dates of December 1998 to January 2001 and were written by Quality Circle members and Quality Assurance Team members that participated in VOICE Reviews in the five participating counties in Region 10. These responses have not been changed in any way with the exception of taking out names for confidentiality purposes. As of the date of this report approximately 100 reviews have been completed.

The Quality Assurance Review Council has reviewed these barriers and, in instances that were applicable, has made recommendations to the Commission. In some instances, there were barriers identified but the QARC was unable to make recommendations. In these situations the barriers did not involve systems change but rather were of a personal nature and should be referred back to the individual and his/her quality circle to continue looking at improvements that will directly affect the individual's quality of life.

Date	Identified barrier	Recommendation	Resolution	Date
5/28/01	Library in Caledonia is not handicapped assessable.	<p>-A letter to the county board from the QA project recognizing their efforts.</p> <p>-A press release to the Argus would also educate people about QA.</p>	City addressed access	
5/28/01	Communication of choices between person receiving services and staff.	Offer regional training to caregivers on how to offer more choices to those they serve. Refer to FIG (Facility Integration Group) and DTH (day treatment and habilitation) regional group to offer a regional training.	<p>QAC funded "Person-directed Supports" and presented in all R10 counties.</p> <p>Presented @ MSSA Conf.</p> <p>Offered training thru FIG Conf. 2003</p> <p>Developed Training and offer to agencies.</p> <p>Presented @ Quality Conf. and AARM Conf.</p>	<p>2002 – 2003</p> <p>Mar 2003</p> <p>Apr. 2003</p> <p>Fall 2003</p> <p>Aug 2003</p> <p>May 2003</p>
5/28/01	Lack of communication among circle members (interdisciplinary team).	Offer circle members training on group process, facilitating meetings so everyone has a voice, how to use communication books/logs, and listening skills. Incorporate this into the training from above. Carol C. recommended talking with Paul Fleissner who recently participated in a community consensus training.	<p>3 QCs presented @ FIG Conf.</p> <p>Offered and conducted Provider staff training</p>	<p>Apr. 2003</p> <p>2002 –</p>
5/28/01	Quality circle members that live a distance away from the person.	Refer back to the circle to look into technology to keep this person in contact. (Teleconferencing by either phone or TV.)	Refer to QAC Technology Committee.	2003
5/28/01	Personal needs allowance for those	Refer to local Arc to submit resolution to legislation.	Stakeholders have raised this issue to the legislative	2002

	residing in ICFs/MR.		level.	
5/28/01	Lack of SILS hours	Refer back to Olmsted County.	Conducted Person-Directed Supports training to address individual needs.	2002 - 2003
Date	Identified barrier	Recommendation	Resolution	Date
5/28/01	Dental coverage under MA	Refer to Arc.	Salvation Army & Mayo Clinic opened one clinic that provides <u>limited</u> services. Stakeholders raised issue to legislators.	2002
5/28/01	Job opportunities	Work with Chamber of Commerce and Work Force Center. Staff attend conferences/trainings to learn about creative jobs.	Staff worked with Jackie Golden, offered stakeholder training on options avail. Paid stipends to self-advocates to talk about jobs @ PDS training.	Fall 2002 2002 - 2003
5/28/01	Guardianship/conservatorship	Mower County is offering workshops on this. Recommend other counties look at this also.	Offered thru Arc chapters.	annually
5/28/01	Employer of record	Person directed group could do more training on this. Agencies that act as employer of record should send letters to those that they do payroll for and explain what this is and that staff are not their employees but rather the person's.	Included in PDS training	2002 - 2003
5/28/01	Client spending several hours during the day eating.	Refer back to the quality circle.	Addressed in VOICE review process.	2001

5/28/01	Quality staff	Refer to training ideas under communication and choice.	Ongoing staff training offered. Developing curriculum for agency staff training.	2003
5/28/01	Staff shortage/retaining	Recession has helped this. Stakeholder work group should continue to look at this. QA should support provider associations as they lobby for better compensation/benefits for staff.	Stakeholder work group recommended no action at this time. Arc MN and ARRM working on legislation to address issues.	2003
Date	Identified barrier	Recommendation	Resolution	Date
5/28/01	Lack of health plans	Support professional organizations that are trying to pool their providers together (such as MNDACA (day treatment and habilitation professional organization)).	Legislators made aware of issue. Not much QAC can do about this barrier – other than advocacy.	2002
5/28/01	Transportation	Offer education on how consumer directed community supports could help fund this, especially in rural communities that lack transportation options.	Some area providers have collaborated to provide joint shared ride programs.	2003

Other recommendations:

Present QA to the Rochester Area Quality Council. Carol C. will suggest QA as an agenda item to this group. This will show use of quality concepts in human services.



**MN Region 10 Quality Assurance
Barriers Report
January 2001 to June 2004**

This report lists the barriers identified that keep a person with a developmental disability from fulfilling wants, needs, hopes and dreams in their life. These barriers were compiled from our database and were written by Quality Circle members and Quality Assurance Team members that participated in VOICE Reviews in the five participating counties in Region 10. These responses have not been changed in any way with the exception of taking out names for confidentiality purposes. As of the date of this report approximately 500 reviews have been completed.*

Barrier Identified	Supporting answer
<i>Accessibility</i>	<ul style="list-style-type: none"> • Handicapped accessibility to churches in the area is limited and they encountered many problems with accessibility traveling with the person. These factors serve to limit some of their experiences in the community. • Access to person's community is a barrier due to current accessibility needs. • One circle member mentioned that the accessibility of area pools is a barrier. Discussion from quality circle about exploring the pool at the YMCA. Accessibility - for people using wheelchairs in public pools - may be a community barrier.
<i>Choices</i>	<ul style="list-style-type: none"> • Activities limited in the community due to the size of the community • Quality Circle reported that person at times has expressed interest in seeing his sister (out of state). Although many efforts are made, the physical distance between them, funds, time and staffing can make this difficult to accomplish. • Own initiative. • This may not be a barrier in person's case, but was brought up by a circle member: If a person walks by a place asking for a donation, such as Salvation Army, and throws in money, they have that choice. If a person with developmental disabilities wants to donate, they have to be accountable for all their money and would have to secure a receipt. The opportunity to contribute may be there, but it is more difficult to do. • Person likes cats, but the house staff feels that there would be problems with more than one pet. • Person is almost too busy - limited opportunity to wind down.

Communication	<ul style="list-style-type: none"> • QC Members - Transitions breakdown on communication and coordination - just due to new people being involved. • Person's tendency to speak quietly, joined with Mom's difficulties cause a communication barrier between Mom and person • There was a barrier mentioned in team's discussion. The discussion began when the QAT members were on the way out the door. The representative from the work site was responding to the team questioning what are the person's work plans for the summer. They made reference to the challenge of placing between 9 & 12 individuals in community-based employment once the College dismisses for the summer months. QAT members voiced concern over the fact that no one knew for sure what the person would be doing for work this summer, during the review there were mixed messages / not one consistent answer. There is some dialogue that needs to take place; it appeared like the dialogue was starting as QAT were leaving person's home. • Communication among circle members was a barrier. • Circle members communicating significant information to each other so that all can work together to better support person. • Circle members will be working on an action plan to improve their communication.
Distance	<ul style="list-style-type: none"> • The quality circle felt they had coordination and communication between relevant people when issues occur, however; distance between people often prohibits everyone meeting as a team.
Funding	<ul style="list-style-type: none"> • There was concern regarding Medical Assistance. Person receives physical therapy services through Excel in Winona. He is considered to be on a "maintenance" program where MA only covers the service for a certain length of time. The physical therapy program is not flexible in allowing person to come after this period of maintenance has expired. Excel has also neglected to notify anyone that the time is approaching where MA will no longer fund Randy and then Randy is left to pay the bill himself. • Because person is private pay, it led to many obstacles for the family. Person was basically forced to use all of their personal assets in order to be able to apply for some services such as county case management services and some services that are available only under MA. • Overall budget crisis

Health	<ul style="list-style-type: none"> • Health and weather - Cold prohibits the person to go out and also increases risk of illness. The person is more susceptible to illnesses in cold weather. If the person becomes ill, it takes a long time to rebound back to the normal schedule. • Problems with depth perception. • The Quality Circle felt that person needed to have her eyes checked, but have had bad experiences with eye care professionals. Requested the name of a doctor who does eye exams with individuals with developmental disabilities. • Medical issues - may limit move to another, smaller setting in the future. • Healthcare - Especially prescription billing • Dental access very poor. • Barriers are the diet person needs to maintain. 	
Housing	<ul style="list-style-type: none"> • Affordable housing not available. 	
Job Opportunities	<ul style="list-style-type: none"> • Lack of community based employment opportunities. • Limited job opportunities and person wanting something pretty specific regarding the type of job, the number of hours they want to work and the time of day. • Some barriers to work choices identified were the current economy. • Job opportunities - very few. 	
Lack of Education	<ul style="list-style-type: none"> • It was noted that there is a lack of sexual education trainings for individuals with developmental disabilities. • Family did not get adequate support and education regarding services available to person, community support people did not know what to tell the family. • Inclusion at work is a concern - the RCTC food service manager does not respect the person. 	
Other	<ul style="list-style-type: none"> • Desire of team members to protect person from the perceived possible outcomes of more independent behavior. 	
People	<ul style="list-style-type: none"> • Estranged relationship with siblings. • The biggest barriers for person are related to his legal issues and past behaviors. • Although the Circle did not directly say this when asked about barriers the QAT feel it is fair to mention the comment made earlier 	

	<p>about a possible "attachment disorder" which might explain person's desire to be solitary the majority of the time.</p> <ul style="list-style-type: none"> • Person's behavior with food presents some problems in the community and has created some barriers for her. She has Prader Willie Syndrome. • Family involvement could be decreased to allow person more involvement with staff and peers. • Person's current living arrangement-is it a barrier to their growth? They do not get along well with one of their housemates. They are also more active and verbal than their current housemates, and may be bored at home. • Some difficulty ascertaining person's preferences because being interviewed causes her to become anxious. • Person's family situation could be viewed as a barrier although the team didn't really come right out and title it this way. There have been some issues when person does spend time with their family. This is something that will be further discussed either with person's therapist or at their upcoming review. • Family involvement - person's sister had been the main family contact. Due to illness, she has not been in contact with person. She does not want staff to have her phone number at this time. Person's other siblings have tapered off this involvement, also.
Processes	<ul style="list-style-type: none"> • The length of time it takes for a conservatorship to be processed was a concern of the family. The process has taken over a year. However, it has not had a negative impact on person at this time.
Staffing	<ul style="list-style-type: none"> • Person needs to get to know the new staff. • Guardian and Case Manager are both new and have not established relationships with person yet. • Staff turnover. Reasons for turnover may include competition among service providers for quality staff, wages, some leave for school, many staff are young and inexperienced, some identify that this is not the right job for them. • Person does not always get to do things at their desired activity level because of what is seen as staff availability. It really is more of lack of available supervision. Perhaps the system issue is looking to unpaid supports - volunteers, students etc to enhance the lives of people with developmental disabilities. • Personal Care Assistants - shortage - Also in nursing. • Limited transportation/ staff in the home for 1:1 activities. • Staff ratio is insufficient, at times, for planning community activities.
Team Work	<ul style="list-style-type: none"> • The absence of work staff at the final meeting was a barrier for the QC since they met right away after the Final Feedback meeting to do action plans. • System barriers - Lack of involvement from Case manager and guardian

	<ul style="list-style-type: none"> • Team members need to stay better focused on working together.
<p>Transportation</p>	<ul style="list-style-type: none"> • Lack of public transportation options. • She stated that she wished the school had a handi-capped accessible van of their own to assist person in the community more often. • Transportation is an issue if working evenings or weekends - No regular bus services; Heartland has no Sunday service. • Lack of funds for all the transportation that person may desire. • Transportation is a real barrier. • There is no city or county bus that goes from Mower County where person lives to Freeborn County where the family lives. • Family has limited transportation and at times no transportation which makes it difficult to see their son. • Due to person's broken ankle, accessible transportation is an issue at this moment. Accessibility in their own home and their sister's homes are an issue at this moment. We realize that this is just temporary and that as person heals, this will no longer be an issue. • Transportation can be a barrier especially in the work market. If person was to be able to get a competitive job and have to work on Sunday's there would not be any transportation and they may not be able to accept the job offer. • Person lives in a very rural area and transportation may become a barrier at times, especially in the winter.

***Definitions**

Quality Circle (QC): A Quality Circle is created to facilitate the process of gathering information for each review, and to work on improving the quality of services and support to the individual following the review. The Quality Circle consists of all or some of the following individuals: the person receiving support; his or her legal representative; representatives from each licensed program; and any friends, family members, or informal providers of support invited to participate.

Quality Assurance Team (QAT): The QA Manager assigns a Quality Assurance Team to facilitate the review process for each person selected to participate. The team typically consists of two trained volunteers from the community who organize and conduct the review over a three- to four-week period.