Supported Living Service Quality Review Process

Review Guide

March, 2000

**Revised November, 2005 for use by
Tri-Counties Regional Center**

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Developed March 2000 by

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Core Principles of the Supported Living Service (SLS) Quality Review Process

In developing a quality review process for supported living services, the following core principles were considered:

- The review process is collaborative; it actively involves representatives of all stakeholder groups, especially people who use supported living services, regardless of their ability to communicate.

- It is constructive; it identifies barriers to good quality services and provides suggestions for reducing or removing those barriers.

- It is respectful of people who use supported living services; it attempts at all times to stay close to how people without disabilities might evaluate the quality of their lives and the services they use.

- It goes into some depth with individuals; it looks at the bigger picture of the quality of people's lives over time.

- It contains a process for making sure there is follow through on any resulting plans of action; making sure that people honor their commitments.

- It's carried out by people who understand the values and embrace the philosophy of supported living.

- It takes the least amount of additional resources on all people's part and replaces other systems used for evaluating supported living services.

Burbank SLS Quality Review Workgroup
March, 1999

What are the Outcomes of Using this Evaluation Process?

⇒ The regional center has a method which is consistent with SLS values and philosophy and supports their efforts to ensure that people have good quality services.

⇒ Regional centers receive information on the areas of support needed by service providers to continue to offer quality services and a way to facilitate and track that support.

⇒ Service providers receive feedback about areas that need to addressed in order to supplement their plan for continuous quality improvement.

⇒ Stakeholders take a more active and collaborative role in working toward good quality services.

⇒ There are agreed upon practices and strategies that help new providers or potential providers understand the expectations and good practices in supported living services.

⇒ Individuals and families who rely on supported living services will have a greater chance of getting the supports and services.

Quality Review Components

Supported Living Service Quality Review Process
The SLS Quality Review Process is designed as a comprehensive team review of a provider's supported living services. By looking at how the provider is doing in supporting a sample of individuals, the team will identify the provider's areas of strengths and needs. The regional center can use the information gathered in the team review to make decisions related to the provider and to work with provider in developing strategies to improve any areas of need.

The SLS Quality Review Process is focused on the provider and would only occur every two to three years. It is not designed as a process for identifying and reporting service quality for a particular person in supported living (although any issues that arise in the course of interviewing people would, of course, be reported.) The following process is targeted for that purpose.

Individual Quality Check Up for Supported Living Services
The Individual Quality Check Up for Supported Living Services is designed to be used as an annual (or more frequent) check of the satisfaction with the quality of a SLS provider's services in relation to a particular individual using the services. It is designed to identify specific concerns or issues related to the person's supported living services and to develop goals or strategies to resolve those issues through the person's person centered plan (both the regional center's plan and the provider's ISP for the person.)

The Individual Quality Check Up for Supported Living Services is designed to be completed by the regional center service coordinator to make sure the person's services are consistent with basic supported living values and philosophy. It also meets the requirement of an annual review of SLS for the person as required by regulation.

Summary
The use of both instruments is necessary to address both parts of good quality service: the SLS Quality Review Process to review and report the provider's services as an agency and the Individual Quality Check Up for Supported Living Services to review and report the service satisfaction for an individual using services. It is important that their purposes not be confused or used interchangeably.

Recommendations
for Completing the
Quality Review Process

Who completes the quality review process?

⇒ A team of 3-4 people composed of individuals who represent service users; families; regional centers; other providers; advocacy groups; consultants (as needed; and the provider agency.

⇒ Members of the team are selected jointly by the regional center and the provider.

What qualifications would the team members have?

⇒ Some prior experience with supported living services.

⇒ Training in and understanding of the values, philosophy and practices of SLS prior to participating in a team (recommended that individuals complete a standardized overview training)

⇒ A commitment to completing a certain number of reviews.

Who is responsible for the quality review process?

⇒ The SLS provider is responsible for organizing and scheduling the review.

⇒ The SLS provider is responsible for communicating with individuals supported, family members and support staff about the purpose of the review, confidentiality, dates and times.

⇒ Team members will schedule mutually agreeable times to complete the individual interviews, support and/or administrative staff interviews and the review of agency materials and records as needed.

⇒ The regional center is responsible for coordinating the write up of the report.

⇒ The responsibilities for quality improvement and the quality review process are detailed in the service contract between the provider and the regional center.

What tools does the team use to conduct the review?

⇒ The primary method for review can be found in this guide.

⇒ The quality review process can be supplemented with other processes as needed.

⇒ The review team looks at the match between what is stated in service plans, agency mission statements, strategic plans, policies and procedures and how services affect the lives of people served.

⇒ The review team looks at outcome indicators for individuals served and quality indicators for the service provider.

⇒ The provider and the regional center negotiate the agenda of the quality review to fit special circumstances (for example, looking at certain indicator areas more closely).

⇒ If possible, Life Quality Assessments (LQAs) are completed for individuals served by the provider in conjunction with the quality review process, or at a minimum, the review team has access to LQA's that have been previously completed (with the permission of those individuals involved).

How does the team complete the review?

⇒ The team decides how many individuals (who use services) they will visit. It depends on the size of the agency and other factors, but includes a minimum of
5 individuals or 15% of those served (whichever number is higher) and a maximum of 15 individuals (unless the team or service provider requests a larger sample).

⇒ Team members visit individuals in their homes (or any other place they choose) and under circumstances that make the person feel comfortable and able to express him or herself fully and freely.

⇒ No more than 2 members of the team will visit in a person's home.

⇒ Team members spend enough time to get a good picture of an individual's lifestyle and how services are provided in order to complete the Outcome Indicators Survey.

⇒ The team talks to others in the person's life (e.g., family, friends, other providers, direct support staff, administrators, board members) as needed. This is determined upon completion of the Team Summary of Outcome Indicators. That is, the team may decide that it needs additional

information in a given outcome area and works with a representative from the agency to determine how best to gather that information (e.g., interviews with staff, administrators, family, friends, etc.)

⇒ Team members complete the Outcome Indicators Survey on all individuals visited by the team.

⇒ After all interviews are completed, the team gets together to decide if the Outcome Indicators have been met in each of the five areas (for example, A Home of One's Own) across all individuals selected.

⇒ If Outcome Indicators for a particular area (or areas) have not been met, then review team members collect information on the Quality Indicators Survey for that area (or areas). This will include looking at relevant documents (for example, service designs, mission statements, individual service plans, policies and procedures), interviewing additional staff and others related to the particular review area (or areas).

⇒ Information from both the Outcome and Quality Indicators provide the core elements of the report summary and any recommendations.

What happens after the quality review process?

⇒ The regional center is responsible for coordinating the write up of the report and making sure that there is consensus among review team members.

⇒ The write up of the review follows the format found in this guide. The write up can be completed by any member of the review team.

⇒ There is an opportunity for the expression of differences of opinion among team members within the final report.

⇒ The provider has the opportunity to add comments to the final report.

⇒ The findings and recommendations address what's working well and what is not in fostering good quality services, including those areas that are the shared responsibility of the SLS agency and other people or organizations.

⇒ In addition to the written report, there is a feedback session with the provider, the review team, stakeholders from the provider agency (people who use services, families, board members), and representatives from the regional center.

⇒ The reviewers provide feedback about the results of the review to any

individuals who participated in the review process and who request it.

⇒   Significant issues (for example, health and safety) related to individuals served by the agency and identified by the reviewers are brought to the immediate attention of the provider and the individual's regional center service coordinator.

⇒   The provider defines a progress reporting process in the service contract agreed upon by the regional center.

⇒   The regional center quality assurance representative coordinates follow up with the provider on recommendations that result from the review. Together, they develop an action plan with time lines for completion. Areas of concern that are outside the provider's scope of influence would be followed up by the regional center quality assurance representative. Information about systemic issues is forwarded to the Department of Developmental Services.

⇒   The regional center is responsible for facilitating following through on any action plans that are developed as a result of the review.

How often would the review be completed?

⇒   The provider would complete a self-evaluation at the frequency defined in the continuous quality improvement element of the agency's service design and their contract with the regional center. The provider can use the format of the Quality Review Process or another process if desired.

⇒   The full team review is completed at a minimum of every three years or more often if requested by the provider or the regional center.

⇒   Providers negotiate with regional centers to set the date for the review.

Outcome and Quality Indicators

A HOME OF ONE'S OWN

Outcome Indicators
- Individuals live in homes that they own, lease or rent like other members of their community.

- They choose where to live and with whom and they control what happens in their home.

- Individuals' housing is separate from their services so they are secure in their homes and do not have to move if their needs, their services or their service agency changes.

- Individuals are safe in their home and neighborhood.

Quality Indicators
- Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.

- Agencies assist individuals in finding and securing their own home as needed or requested.

- Individuals or their representatives (for example, family members) are named on the lease, rental agreement or mortgage.

- Individuals have a key to their own home and they decide who else has a key and who comes into their home.

- Agencies have a method for changing individual services as service needs change.

- Services are provided in the person's home and in the community at times that make sense for the individual and when preferred.

CHOICE AND SELF- DIRECTED

Outcome Indicators

- Individuals make their own everyday choices.

- Individuals plan for their futures.

- Individuals direct the services they receive and have a choice of agencies and staff.

- Individuals are supported (e.g., technology, communication devices, behavioral support) to communicate their preferences, choices and needs.

- Individuals are satisfied with the services they receive.

Quality Indicators

- Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.

- The service provider has a procedure for assessing potential risks involved in making choices and staff, individuals supported, family members and others are trained in this process.

- Staff are trained in assisting people to use their support system in making choices.

- Individuals have the optimal means of communication possible and when individuals do not use standard forms of communication, there is a network of support that best represents their interests and wishes.

- Individuals and their families have information about their rights and responsibilities.

- The agency mission, strategic plan, policies and procedures all reflect consistent values about choice.

RELATIONSHIPS

Outcome Indicators

- An individual has family, friends or neighbors who support him or her in typical ways or as paid help.

- The individual and his or her support team work together with the supported living agency and others to share the responsibility for his or her well-being.

Quality Indicators

- Individuals have opportunities to and support for building and maintaining relationships with family, friends and community members.

- Individual cultural, ethnic and religious preferences are honored and supported.

- Individuals have caring, committed support staff who will watch out for and guard against loneliness or isolation, exploitation, abuse and neglect.

- Individuals have opportunities to learn about relationships, including how to protect oneself against abuse and exploitation, developing and maintaining friendships and love relationships.

COMMUNITY MEMBERSHIP

Outcome Indicators

- Individuals fully participate in the mainstream of community life according to personal choice and preference.

- Individuals have opportunities to join clubs, groups, organizations, and religious groups.

- Individuals use local community resources and generic services (e.g., IHSS).

Quality Indicators

- Individuals have access to generic community services and supports.

- The agency maintains a directory of local community and generic services.

- Support staff are knowledgeable about local community and generic services.

- Staff are trained in building community connections and ways to help individuals become valued community members.

- Individuals are supported in locating and accessing mental and physical health resources.

FLEXIBLE, TAILORED SERVICES AND SUPPORTS

Outcome Indicators
- Individual Service Plans are developed through a person-centered planning process.

- Service plans reflect the support that each individual wants and needs and plans change as wants and needs change.

- Individuals have opportunities to increase their abilities, confidence and quality of life and support to maintain an adequate level of health and safety.

Quality Indicators

Individual Support Plan
- There a defined process for developing written support plans that keeps the individual at the center in the development of the plan.

- The planning process results in a support plan that: (1) builds on an individuals' strengths and gifts; and (2) indicates opportunities to learn new things, to have fun, to develop relationships, to be a part of their community, to expand who they are and what they do, to gain more respect and status, to have a stable, happy life.

- Individual support plans are: (1) written in understandable and respectful language; (2) include action steps for accomplishments and accountability; (3) have a method for reviews and updates; (4) are creative in the use of vendored, generic and natural supports; and (5) are cost effective.

- Individual support plans show adequate planning for health and safety needs and include plans for possible emergencies and disasters.

- Support plans are detailed enough to know who is responsible for what and there is a method of documenting health and safety issues.

Training
- The agency has a training program for new staff which includes the basics of supported living and agency related information, plus an emphasis on training that is specific to the individuals they help support. Staff receive training prior to assuming support service responsibility.

- Individuals, families, and support staff receive training in issues related to abuse, neglect and exploitation.

Health and Safety

- There are established policies and procedures for addressing potential threats to an individual's health and safety, including a conflict resolution process for disagreements about issues of health, safety or risk.

- Individuals have an emergency back up system for support in a crisis.

- Support staff and significant others are trained in addressing health and safety issues.

- Individuals with challenging behavior are provided with positive behavior support.

- The agency hiring process includes a method for screening potential employees with criminal or harmful backgrounds or attitudes.

- The agency has an established process for monitoring the performance of employees and the process includes individuals who receive services.

Evaluation

- The agency has established methods of supporting positive staff performance; support staff feel valued and like their work.

- Job descriptions reflect individualized support needs, health and safety expectations and are congruent with agency policies on choice, relationships and community membership.

- The agency has ongoing formal and informal ways to evaluate service satisfaction from individuals, regional center and other interested parties.

- The agency has ongoing formal and informal ways to evaluate support service effectiveness and fiscal efficiency.

- Information from the agency evaluation process is used to make decisions about changes in service as needed.

- Individuals and their families have access to service agency administrators to discuss problems or concerns as appropriate.

- Individuals and families have an active role in the organization, including the board of directors, hiring of support staff and strategic planning.

The Quality Review Process

Appendix A
Selecting a Team, Scheduling and Preplanning

Supported Living Services
Quality Review Process

Selecting a Team,
Scheduling and Preplanning

Selecting a Team

Who completes the quality review process?

⇒ A team of 3-4 people composed of individuals who represent service users; families; regional centers; other providers; advocacy groups; consultants (as needed; and the provider agency.

⇒ Members of the team are selected jointly by the regional center and the provider.

What qualifications would the team members have?

⇒ Some prior experience with supported living services.

⇒ Training in and understanding of the values, philosophy and practices of SLS prior to participating in a team (recommended that individuals complete a standardized overview training)

⇒ A commitment to completing a certain number of reviews.

Name of SLS Agency to be reviewed: _____

Regional Center Representative: _____

SLS Agency Representative: _____

Team Members Selected:

Name	**Affiliation/Agency**	**Phone**
_____	_____	_____
Affiliation/Agency Role:	_____	
_____	_____	_____
Affiliation/Agency Role:	_____	
_____	_____	_____
Affiliation/Agency Role:	_____	
_____	_____	_____
Affiliation/Agency Role:	_____	

Scheduling and Preplanning

Selecting individuals to interview

In this review process, we are not concerned about making stratified statistical comparisons across individuals or across groups of individuals (for example, all men, or all women, all individuals over 30). We are primarily concerned that each person served has "an equal chance" of entering into the sample of interviews. So, below you will find an easy way to develop a random sample of all individuals served by a given SLS agency.

You will generally be selecting a sample of 15% of those who are supported by the agency, with a minimum of 5 and a maximum of 15 The team and/or the service agency may decide to interview a larger sample. Here are some examples:

Agency Serves	Number to be Interviewed	
10	5	
15	5	Fewer than 35 served, interview a
20	5	minimum of 5 individuals
25	5	
28	5	
30	5	
35	5	
38	6	
40	6	More than 38 and fewer than 100
50	7	served, interview 15% of individuals
60	9	
75	11	
85	13	
90	13	
95	14	
100	15	
125	15	More than 100 persons served,
150	15	interview no more than 15 individuals

There are a number of ways to build a sample. For example, placing numbers on small pieces of paper to select your starting point on the list of participants. To be safe, you should usually choose several additional individuals in case some do not wish to be interviewed or are unavailable. Remember, you can certainly change the size of the sample of those individuals whom you interview if you have sufficient resources on the evaluation team to do so.

Additional Interviews

Once the list is prepared, the team or team leader should meet with the service agency representative. At this meeting, it should be discussed as to whether: (1) the individual can speak for him or herself or needs assistance from another; (2) whether an additional person should be interviewed as well (e.g., family member, regional center service coordinator); and (3) the support staff most directly involved with the individual.

Record Review

It should also be established where and when records (e.g., case files, direct support staff personnel files) and service plans for the individuals selected in the sample can be reviewed by team members. This would also be the time to review the *Self-Assessment of Flexible, Tailored Services and Supports* completed by the agency prior to the visit.

Individuals Selected for Interview

Number of Individuals Needed for Sample: _____
Total Number Selected: _____

Name	**Address**	**Phone**

1. _____ _____ _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

2. _____ _____ _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

Name _____ Address _____ Phone

3. _____ _____ _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                             ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

4. _____ _____ _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                             ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

5. _____ _____ _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                             ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

Name _____ Address _____ Phone _____

6. _____   _____   _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                           ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

7. _____   _____   _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                           ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

8. _____   _____   _____

Who will be interviewed?   ❏ Individual   ❏ Family Member   ❏ Other
                           ❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____

<u>Name</u>_____   <u>Address</u>_____   <u>Phone</u>

9. _____   _____   _____

Who will be interviewed?　　❏ Individual　　❏ Family Member　　❏ Other
　　　　　　　　　　　　　　❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

10. _____   _____   _____

Who will be interviewed?　　❏ Individual　　❏ Family Member　　❏ Other
　　　　　　　　　　　　　　❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____   When: _____

11. _____   _____   _____

Who will be interviewed?　　❏ Individual　　❏ Family Member　　❏ Other
　　　　　　　　　　　　　　❏ Individual with support from another

Date of Interview: _____
Where: _____   When: _____

Date of Interview: _____
Where: _____   When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____

Name _____ Address _____ Phone

12. _____ _____ _____

Who will be interviewed? ❏ Individual ❏ Family Member ❏ Other
  ❏ Individual with support from another

Date of Interview: _____
Where: _____ When: _____

Date of Interview: _____
Where: _____ When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____ When: _____

13. _____ _____ _____

Who will be interviewed? ❏ Individual ❏ Family Member ❏ Other
  ❏ Individual with support from another

Date of Interview: _____
Where: _____ When: _____

Date of Interview: _____
Where: _____ When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____
Where: _____ When: _____

14. _____ _____ _____

Who will be interviewed? ❏ Individual ❏ Family Member ❏ Other
  ❏ Individual with support from another

Date of Interview: _____
Where: _____ When: _____

Date of Interview: _____
Where: _____ When: _____

Direct support staff most involved with individual:_____
Date of Interview: _____

Scheduling the interviews
⇒ The SLS provider is responsible for organizing and scheduling the review.

⇒ The SLS provider is responsible for communicating with individuals supported, family members and support staff about the purpose of the review, dates and times.

⇒ Team members will schedule mutually agreeable times to complete the individual interviews, support and/or administrative staff interviews and the review of agency materials and records.

⇒ The regional center is responsible for coordinating the write up of the report.

⇒ The responsibilities for quality improvement and the quality review process are detailed in the service contract between the provider and the regional center.

What tools does the team use to conduct the review?
⇒ The primary method for review can be found in this guide.

⇒ The quality review process can be supplemented with other processes as needed.

⇒ The review team looks at the match between what is stated in service plans, agency mission statements, strategic plans, policies and procedures and how services affect the lives of people served.

⇒ The review team looks at outcome indicators for individuals served and quality indicators for the service provider.

⇒ The provider and the regional center negotiate the agenda of the quality review to fit special circumstances (for example, looking at certain indicator areas more closely).

⇒ If possible, Life Quality Assessments (LQAs) are completed for individuals served by the provider in conjunction with the quality review process, or at

Supported Living Services
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Selecting a Team,
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Appendix B
Quality Outcomes
Individual Survey Packet

Supported Living Services
Quality Review Process

Quality Outcomes
Individual Survey Packet

Includes:
- Survey of Individual, Family Member or Significant Other
- Relative/Friend SLS Service Checklist
- Individual Service Plan Review
- Individual Record Review
- Direct Support Staff Interview
- Direct Support Staff Personnel Review
- Service Coordinator or SLS Liaison Interview

Survey of Individual, Family Member
or Significant Other

Name of Person Interviewed: _____

Relationship to Focus Person: _____

Date of Interview: _____

Name of Interviewer: _____

Where did the interview take place: _____

Length of the interview: _____

Who was present: _____

_____

Supported Living Service Agency: _____

Introducing the Interview
After you've introduced yourself and everyone is comfortable, please say the following to the person you're interviewing:

> I'm working with the Quality Review Team. Someone from the team called or sent you a letter and asked if you'd be willing to talk to us about the supported living services you use from [name of SLS agency]. At that time, you said you would be willing to talk to us. Do you still want to?

If **yes**, proceed to Starting the Interview.

If **no**, state -

> Well, could we just spend a few minutes talking about what we're doing and if you change your mind, I'll stay and if not, I'll go.

Mention what we're doing with the information: (1) interviewing others who use the services as well; (2) putting it together in a report without the names of the people we interviewed; and (3) giving it to the supported living agency to help them make sure that they are providing the best possible services to you and others. Ask again, would you like to talk with me about where you live and your supported living services?

If yes, proceed to Starting the Interview.

If no, state -

Well, thanks for your time, I'll be going now. If you change your mind, please let me know. You can reach me at (give the person a business card or state the phone number).

Recording Responses
Many of the following questions require factual information (like names, how long someone has lived in their place) or yes/no answers. In those instances, just record the answers. Other questions are about quality of life, like do you like living here? For those questions, please jot a few notes which summarize what is said in the Answer section and then record/rate those responses as indicated for each question.

Starting the Interview

> I want to ask you some questions about how you usually feel about where you live and how you usually feel about the support services you receive from [name of SLS agency]. You don't have to answer any questions that you don't want to, and we'll stop any time you want. Okay? We're not going to tell anyone else what you say. There are no right or wrong answers. We only want to know how you usually feel. Okay? I'll be writing down some notes and numbers after you answer each question. They aren't grades or anything like that. Remember, there are no right or wrong answers.

Proceed only if the person says okay or nods or consents in some way. Stop the interview if the person says no, not okay, nods no, seems not to want to proceed. If a no response, ask Would you like me to come back another time ? and either make other arrangements or thank the person for the time if they do not want you to come back at a later time.

Note: If someone else is present for support or is helping communicate, make sure that you make every effort to ask the focus person first and then turn to the support person(s) for assistance when needed. Also, you can adapt the questions as you need to when individuals do not understand them (just make note of it by checking Rephrased Question). If you are conducting the interview with someone who is representing the individual, you will need to adapt the questions accordingly. For example:

1. First, how long has your [son/daughter/friend/person you support] lived here?

Also, if more than one person is present during the interview, please note who responses you are recording (e.g., individual, parent, friend).

The Interview

Note: After you've asked a question with a probe, go ahead and ask the probe questions. If, during the probe questions, you hear information which contradicts the answer given, you can clarify the response by stating, for example, "To make sure I got this right you do feel safe in your neighborhood or you don't feel safe?" On some questions, you are given you an idea about how to rephrase a question when someone has a problem understanding it. Please make sure to check the box if you need to rephrase a question. Thanks!

First, I would like to ask you some questions about your place.

A Home of One's Own

1. How long have you lived here? ❏ Rephrased question
   Answer:

2. Do you rent or own this place? ❏ Rephrased question
   Answer:

3. Is your name on the lease or mortgage? ❏ Rephrased question
   Answer:

   If no, whose name is on the lease or mortgage?

   ❏ Yes ❏ No
   ❏ No response, or can't understand response
   ❏ NA=Does not apply

4. How did you find this place? ❏ Rephrased question
   Answer:

   Did you look at more than one place?

   ❏ By myself
   ❏ I got help
   ❏ Other
   ❏ No response, or can't understand response
   ❏ NA=Does not apply

7

5. Who decided you would live here?
    ❏ Rephrased question
    Answer:

    ❏ I did
    ❏ I got help
    ❏ Other
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

6. Who lives here with you?   ❏ Rephrased question
    Answer:

    If others live there, is he/she just a roommate
    or a roommate and helper?

    Who decided he/she would live here?
    ❏ Rephrased question
    Answer:

    ❏ I did
    ❏ I got help
    ❏ Other
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    [If living alone] Do you like living alone? or

    [If living with someone] Do you like living with roommates?

7. Do you feel that this is your house or someone
    else's house?   ❏ Rephrased question
    Answer:

    ❏ My house
    ❏ Someone else's house
    ❏ Other
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    [If Someonse else's house]
    Why does it feel that way?

    What would make it feel like your house?

8. Do you like the way you live now?
   ❏ Rephrased question
   Answer:

   What are the things you like best about living here?

   Is there anything you would want to change about it?
   ❏ Rephrased question
   Answer:

   [If changes are mentioned]
   Is anyone helping you make those changes?

❏ Yes
❏ Sort of
❏ No
❐ No response, or can't understand response
❏ NA=Does not apply

❏ Yes
❏ No
❏ Other
❐ No response, or can't understand response
❏ NA=Does not apply

9. Are there any rules that you have to follow to live here?
   ❏ Rephrased question
   Answer:

   [If there are rules] what are they?

   Can you stay living here as long as you want?
   ❏ Rephrased question
   Answer:

   [If no] Why would you have to move?

❏ Yes
❏ Sort of
❏ No
❐ No response, or can't understand response
❏ NA=Does not apply

❏ Yes
❏ Sort of
❏ No
❐ No response, or can't understand response
❏ NA=Does not apply

10. Do you like the neighborhood here?
    ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    What are the things that you [like/do not like] about it?

Do you feel safe in your neighborhood?
❏ Rephrased question
Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

Do you feel safe in your home/apartment?
❏ Rephrased question
Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

What makes you feel [safe/unsafe] in this neighborhood? in your home?

What anything help you feel safer?

Is there anything that scares you about how you're living right now?

Has anyone tried to hurt you since you have been living in your own place?
If yes, who? Did you tell anyone about it?

Note: A yes will require that you tell the person that this is a health and safety issue that must be reported. Ask the person if it is okay to proceed with the interview and if so, mention that you talk about how it will be reported at the end of the interview. It should be reported to your team leader immediately.

Choice and Self-Directed
Now, I would like to talk to you about the choices you
make in your life.

11. Do you choose what to do during the day?
    ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or
      can't understand
      response
    ❏ NA=Does not
      apply

    [If sort of or no] Who decides or helps you decide what
    to do during the day?

    What does a day during the week look like for you?

    How about the weekend? Is it different?

12. Do you choose how to spend your money?
    ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or
      can't understand
      response
    ❏ NA=Does not
      apply

    Does anyone help you with your money?

    If yes, how do they help?

13. Did you choose who works with you from the [name of
    the SLS agency}? ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or
      can't understand
      response
    ❏ NA=Does not
      apply

    [If yes] How did you help choose?

    [If no] Who chose?

11

14. Do you get the kind of help you want from the [name of the SLS agency} like help with cooking or going to the store? ❏ Rephrased question
Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    If sort of or no, who chooses what help you get?

I would like to ask you a few questions about the future.
15. Do you have plans and dreams for the future?
    ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ No
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    [If yes] What are your plans and dreams?

    Do you need help to reach those plans/goals/dreams?
    ❏ Rephrased question

    ❏ Yes
    ❏ No
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    [If yes] Is anyone helping you ?

Relationships
Now, I would like to talk to you about your family and friends.

16. Do you have a chance to do things with friends and/or family?
    ❏ Rephrased question
    Answer:

    ❏ Yes
    ❏ Sort of
    ❏ No
    ❏ No response, or can't understand response
    ❏ NA=Does not apply

    [If yes] What kinds of things do you do with friends and/or family?

    [If no] Why not?

Do you see your friends and/or family often enough?
❏ Rephrased question
Answer:

❏ Yes
❏ Sort of
❏ No
❐ No response, or can't understand response
❏ NA=Does not apply

Are there things you'd like to do with your friends that you don't do now?

Do you need any support for those things?

Community Membership
I'd like to ask you some questions about your free time and the things you do in your community.

17. Do you choose what to do in your free time [when you're not working or doing other things]?
❏ Rephrased question
Answer:

❏ Yes
❏ Sort of
❏ No
❐ No response, or can't understand response
❏ NA=Does not apply

[If sort of or no] Who chooses or helps you choose what to do in your free time?

What do you do in your free time?

What kinds of things do you do in your free time?

Are there things that you'd like to do that you don't do now? activities? clubs? groups?

Flexible, Tailored Services and Supports

18. I'd like to ask you a couple of questions about [name of SLS agency]. Will you look at this page with me and tell me you think about it.

	Yes	Sometimes	No
The people that work with me from _____ listen to me	☺	😐	☹
I'm happy with the people from _____ who work with me	☺	😐	☹
The people from _____ are here when I need them here	☺	😐	☹
They ask me what help I want and need	☺	😐	☹
They know how to help me if I have an emergency	☺	😐	☹

What's the best thing about _____?

What could be better?

What's the best thing that has happened to you since you got your place?

What's the worst?

A few last questions about your health.

19. Do you feel healthy most of the time?
    ❏ Rephrased question
    Answer:

❏ Yes
❏ Sort of
❏ No
❏ No response, or can't understand response
❏ NA=Does not apply

[If sort of or no] Are you having problems with your health?

Do you have a regular doctor that you see?

Do you need any help with your health that you're not getting now?

What would you do if you needed some help in a hurry like an emergency?

Have you needed any help in a hurry since you moved here? What did you do?

Ending the Interview

When you're done, state "That ends our interview, thanks so much for your time." This is a good time to ask about getting signatures on a release form to look at records at the regional center and to look at records and talk to people at the supported living agency.

Is there anything you would like to ask me?

Is there anything else you would like to share with me? Thanks again!

Other Things Shared or General Notes About the Interview

Include here general observations about the neighborhood and the home.

    Appearance of home (e.g., good repair, reflects personal taste)

    Safety (e.g., appliances, fixtures, accessibility)

    Location (e.g., access to stores, activities)

    Neighborhood (e.g., safe, sense of community)

    Relationships (e.g., support staff, neighbors)

The interview was completed with:
- ❏ Individual

- ❏ Individual with support
  Why was support needed?

  What was the relationship of the individual to the person who provided support?

- ❏ A family member or significant other represented the individual
  Why was someone needed to represent the individual?

  What was the relationship of the individual to the person?

Was there anything you feel needs immediate follow-up for health and safety? If so, what?

Relative/Friend
SLS Service Checklist

Individual Interviewed: _____

Relationship to Individual: _____

Interviewed by: _____

Date of Interview: _____

When I Think About The Support That My Son, Daughter, Relative, Friend Gets from the SLS Agency

	Yes/Most of Time	Sometimes	No
They listen to him/her	☐	☐	☐
They listen to me	☐	☐	☐
His/her support is what he/she wants/needs	☐	☐	☐
I'm happy with the support staff	☐	☐	☐
They are there there she/he needs them	☐	☐	☐
They know what to do in an emergency	☐	☐	☐
She/he is safe at home	☐	☐	☐
She/he is safe in the community	☐	☐	☐
He/she lives in a safe neighborhood	☐	☐	☐
He/she has enough to do during the day	☐	☐	☐
When his/her needs change, the services change	☐	☐	☐
They ask about his/her goals and plans for the future	☐	☐	☐

(Over)

17

	Yes/Most of Time	Sometimes	No
I am included in the planning process	☐	☐	☐
I am notified about changes in his/her services	☐	☐	☐
I know who to contact if I have concerns	☐	☐	☐
When I think about the SLS agency and the things above, all together I am satisfied	☐	☐	☐

What kinds of changes have you seen since he/she has been living in a house/apartment with support?

What's working well for your son, daughter, relative or friend?

If you answered No to any of the above questions above, what changes need to be made?

Is there anything else you would like to tell me about his/her supported living services?

Communication of Individual Service Needs

Individual's Name: _____   **Date of Review:** _____

Reviewed by: _____

Review Criteria	(Yes)	(No)	(N/A)

Indiviudal Service Plan

	(Yes)	(No)	(N/A)
Was it developed prior to individual moving into his/her own home?	☐	☐	☐
Is plan person-centered? Does it address individual's preferences, goals, wants/needs?	☐	☐	☐
Is it written in understandable and respectful language?	☐	☐	☐
Were support team members involved in the development of the ISP?	☐	☐	☐
Does it include action steps for accomplishments and accountability?	☐	☐	☐
Is progress towards the individual's ISP goals documented?	☐	☐	☐
Does the plan reflect the use of vendored, generic and natural supports?	☐	☐	☐
The individual/conservator has agreed with the contents of ther plan and has signed it?	☐	☐	☐
Is it reviewed and updated at least semiannually?	☐	☐	☐
Does the plan appear to meet the individual's needs?	☐	☐	☐

Other Plans

Is there a plan to assist the individual to develop/maintain his/her circle of support?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

Is there a plan to identify how services are provided, by whom,
where and when (e.g., a Schedule of Service and Supports)?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

Is planning for health and safety needs is evident?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

Does it include plans for possible emergencies and disasters?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

An emergency back up system for support in a crisis which includes names and
phone numbers?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

Is it detailed enough to know who is responsible and there is a method
of documenting health and safety issues?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

There is an individual financial plan which documents the person's budget?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

There is an accounting of the individual's financial resources?   ☐ ☐ ☐
Location: ☐Individual Service Plan   ☐Individual Records   ☐House Records   ☐RC Records

Comments/Suggestions on any of the above:

Individual Record Review

Individual's Name: _____   **Date of Review:** _____

Reviewed by: _____

Review Criteria	(Yes)	(No)	(N/A)
File contains the Regional Center person-centered IPP?	☐	☐	☐
Background information important to serving the individual (e.g., assessments)?	☐	☐	☐
Essential health information (e.g., allergies, medication)?	☐	☐	☐
A face sheet with a photograph?	☐	☐	☐
Assessments as needed to meet the needs of the person?	☐	☐	☐
Documented circle meetings (e.g., summary, agenda, notes)?	☐	☐	☐
Current CDER profile?	☐	☐	☐
Communication or progress notes?	☐	☐	☐
Individual rights and the agency grievance procedure?	☐	☐	☐
Current Individual Service Plan?	☐	☐	☐
Documentation (as appropriate) regarding conservatorship, diversion, etc.?	☐	☐	☐
Copy of Social Security Card?	☐	☐	☐
Copy of California ID?	☐	☐	☐
Insurance information (e.g., Medicare, private)?	☐	☐	☐
Copy of Health Benefits Card?	☐	☐	☐
Day or Work Services plan/documentation of coordination with the SLS program?	☐	☐	☐
IHSS assessment and current number of hours?	☐	☐	☐
Section 8 information?	☐	☐	☐

Comments/Suggestions on any of the above:

Direct Support Staff Interview

Individual's Name: _____   **Date of Interview:** _____
_____

Interviewed by: _____

How long ago did you become involved with supported living?

Tell me about how you were hired? Who interviewed you?

Tell me something about the individual you support (for example, likes, dislikes, things that are important to the individual).

What kinds of things do you do to support this person?

What training have you had for this job? Did it include training in SLS philosophy? CPR?

Do you feel that you have the training needed to support this person? Please describe:

How do you support the person in community activities?

How do you support this person in staying healthy and safe?

What changes in this individual have you seen since you starting working with him or her?

Are you involved in team or house meetings? Who attends those meetings?

Do you know about the Special Incident Report (for example, what do you do, time frames for reporting)? Have you ever had to write one?

What do you do if you have a problem with your job or a disagreement with someone?

What do the individuals you support do if they have a problem with services and supports?

Do you get the support you need to do your job from your supervisor and agency?

What is the best thing about your job?

What is the most difficult/ least favorite thing about your job?

Direct Support Staff Personnel Review

Individual's Name: _____   **Date of Review:** _____

Reviewed by: _____

Review Criteria	(Yes)	(No)	(N/A)
Support staff resume/application on file?	☐	☐	☐
References were checked and documented prior to hire?	☐	☐	☐
Fingerprints were processed and sent to DOJ, and returned?	☐	☐	☐
Support persons meet the written job descriptions for their positions?	☐	☐	☐
There is a job description in the individual's personnel file?	☐	☐	☐
The individual/circle played an active role in selecting the staff?	☐	☐	☐
An employee orientation (documented in the agency's program design) has been completed?..	☐	☐	☐
Does the support staff drive individuals? If so, does he/she have a valid driver's license?	☐	☐	☐
If the support staff is expected to drive, is auto insurance current?...........................	☐	☐	☐
First Aid training completed?	☐	☐	☐
CPR training completed?..	☐	☐	☐
Mandated Reporter declaration signed and in file?..	☐	☐	☐
Confidentiality form signed and in file?	☐	☐	☐

Comments/Suggestions on any of the above:

Comments/Suggestions on any of the above:

Service Coordinator or SLS Liaison Interview

Service Coordinator or Liaison'sName: _____

Date of Interview: _____   **Interviewed by:** _____
____

How long have you worked with _____?

Tell me something about him or her (for example, likes, dislikes, things that are important to the individual).

What kinds of things does the agency do to support this person? in community activities? friends and family?

How does the agency support this person in staying healthy and safe?

Are you involved in team or house meetings? How often do you meet? Who invites you?

Do you feel that the individual is well supported? Please describe:

What is the best thing about the agency?

What could be better?

Other Notes

Supported Living Services
Quality Review Process

Quality Outcomes
Individual Survey Packet

Appendix C
Quality Indicators
Review Packet

Supported Living Service Quality Review Process

Quality Indicators Review Packet

Review of Quality Indicators

Purpose
If Outcome Indicators for a particular area (or areas) have not been met, then review team members collect information on the Review of Quality Indicators for that area (or areas). This will include looking at relevant documents (for example, service designs, mission statements, individual service plans, policies and procedures, staff training materials and inservice attendance records), and interviewing additional staff and others related to the particular review area (or areas).

Method
When Quality Indicator areas have been selected, the team works with the agency representative to determine the best resources for information regarding the indicators which will be reviewed. This could include:

- interviews with staff (both administrative and direct support);

- collaborative interviews with family members, regional center liaisons;

- review of agency materials; or,

- other activities decided on by the team leader and the agency representative.

This Quality Indicators Review Packet contains suggestions for interview questions and materials review to be completed by team members.

Next Steps
Once interviews and other activities have been completed, the team works together to determine whether the review suggests that the Indicator has been met **Yes** or, if **Needs Work** or **No**, **Suggestions for Follow-Up** in the **Summary Report and Follow-Up Action Plan**.

Self-Assessment
The Self-Assessment can be used by the service provider prior to the team visit. It provides an outline of the kinds of questions that may be asked and the types of materials that may be reviewed during the visit.

☐   Reviewed   ☐   Not reviewed

Review of Quality Indicators
A HOME OF ONE'S OWN

Interview Agency Staff, Regional Center Liaisons and Others as Needed to Determine Answers to the Following Questions:

- What information is provided to individuals and families about housing alternatives and resources (e.g., housing subsidies, home ownership, etc.)?

- How are the homes for individuals you support located and secured?

- When other than the individual is named on the lease or mortgage, how is that decision made and why?

- If the individual does not have a key to the home, how is that decision made and why?

- How are service and support needs determined and scheduled?

- If support needs change, what is the method for changing services?

Review Agency Policies, Procedures, Job Descriptions, Training and Other Materials to Determine the Following:

- Look at agency procedures for locating and securing homes. What are they?

- Look at service schedules and support plans for the individuals selected for interview to determine where and when services are typically provided. Do they seem to make sense for the individual or for the agency?

☐   Reviewed   ☐   Not reviewed

Review of Quality Indicators
CHOICE AND SELF-DIRECTED

Interview Agency Staff, Regional Center Liaisons and Others as Needed to Determine Answers to the Following Questions:

- How do individuals participate in choosing where they live and with whom?

- How does the agency assess risky decisions made by individuals and how do they respond to them?

- How are staff, individuals and families trained in assessing risky decisions and the agency's procedure for responding to them?

- How are individual choices respected and supported?

- What happens when choice conflicts with the health and safety expectations and service limitations of the agency?

- Are there individuals who cannot express choice and preference in typical ways? If so, how does the agency determine preference, need and choice?

- If the individual does not have a key to the home, how is that decision made and why?

- How are service and support needs determined and scheduled?

- If support needs change, what is the method for changing services?

Review Agency Policies, Procedures, Job Descriptions, Training and Other Materials to Determine the Following:

- Look at agency policies, procedures training materials (and records of staff attendance at training) for assessing risky decisions. What are they? Do they provide support for both the individual, family and agency?

- Look at staff training materials (and attendance) for information on alternative communication and assessing choice and preference with individuals who do not use typical language. What are they?

- Look at staff training materials and information provided to individuals and families on the rights and responsibilities of individuals who use the agency's services. Are they in understandable language?

- Look at agency mission statements, policies, procedures, training materials (and attendance records) for supporting individual choice. What are they? Are they consistent?

☐　　Reviewed　☐　　Not reviewed

Review of Quality Indicators
RELATIONSHIPS

Interview Agency Staff, Regional Center Liaisons and Others as Needed to Determine Answers to the Following Questions:

- How does the agency facilitate and support individual relationships with family, friends and community members and guard against loneliness and isolation?

- How does the agency honor and support cultural, ethnic and religious preferences?

- How does the agency support and protect individuals from abuse and exploitation? What is the procedure for reporting? Have incidents been reported?

- How does the agency support individuals with challenging behavior?

Review Agency Policies, Procedures, Job Descriptions, Training and Other Materials to Determine the Following:

- Look at agency policies, procedures and training materials for information regarding the facilitation and support of individual relationships with family, friends and community members. What is available? How is it used?

- Look at agency policies, procedures and training materials for information regarding the support of cultural, ethnic and religious preferences. What did you find? How is it used?

- Look at staff training materials, inservice schedules and information provided to individuals and families on abuse and neglect. What did you find? How is it used?

☐   **Reviewed** ☐   **Not reviewed**

Review of Quality Indicators
COMMUNITY MEMBERSHIP

Interview Agency Staff, Regional Center Liaisons and Others as Needed to Determine Answers to the Following Questions:

- How do staff facilitate and support access to local community services and generic services?

- How do staff keep updated on local community and generic services?

- How are staff trained in facilitating the development of community connections?

- How do staff facilitate and support access to local physical and mental health services?

Review Agency Policies, Procedures, Job Descriptions, Training and Other Materials to Determine the Following:

- Look at staff training materials, inservice schedules and information provided to staff on accessing local and generic services. What did you find?

- Look at agency materials for a directory of local community and generic services. What did you find?

- Look at agency policies, procedures and training materials for information regarding the facilitation and support of community connections. What is available?

- Look at staff training materials, inservice schedules and information provided to staff on accessing physical and mental health services. What did you find?

☐   **Reviewed**   ☐   **Not reviewed**

Review of Quality Indicators
FLEXIBLE, TAILORED SERVICES AND SUPPORTS

Interview Agency Staff, Regional Center Liaisons and Others as Needed to Determine Answers to the Following Questions:

Individual Support Plan
- What is the process that support staff use to get to know an individual and to identify strengths, preferences and service needs?

- How are individual support plans developed?

Training
- What is the training process for new employees? What does it include?

- What is the training process for ongoing employees? What does it include?

- What kinds of training is provided to staff, individuals and families regarding health and safety issues, abuse, neglect and exploitation?

- Look at staff training materials and information provided to individuals and families on challenging behavior. How are individuals supported?

Health and Safety

- How does the agency determine health and safety needs? How are they supported? How are they identified in the individual support plan? What kinds of emergency back-up systems are used?

- Does the agency use a conflict resolution process for disagreements about issues of health, safety or risk? If so, what is it?

Evaluation

- What is the agency hiring process for screening potential employees?

- What is the agency process for monitoring the performance of employees? How is positive staff performance reinforced?

- How does the agency evaluate customer satisfaction?

- How does the agency evaluate support service effectiveness and fiscal efficiency?

- How does the agency use information from the agency evaluation process to make decisions about changes in service as needed?

- In what ways do individuals and their families have access to service agency administrators to discuss problems or concerns as appropriate?

- How are individuals and families involved in the organization (including the board of directors, hiring of support staff and strategic planning)?

Review Agency Policies, Procedures, Job Descriptions, Training and Other Materials to Determine the Following:

Individual Support Plans

- Look at agency policies, procedures and training materials for information regarding the development of individual support plans. Does it include a process for: (1) getting to know the individual; and, (2) identifying strengths, preferences and needs. What is the process?

- Look at the support plans for the individuals you have interviewed to determine if they: (1) are written in understandable and respectful language; (2) include action steps for accomplishments and accountability; (3) have a method for reviews and updates; (4) are creative in the use of vendored, generic and natural supports; and (5) appear to be cost effective. What did you conclude?

- Look at the support plans for the individuals you have interviewed to determine if they: (1) planning for health and safety needs and include plans for possible emergencies and disasters; (2) detailed enough to know who is responsible and there is a method of documenting health and safety issues; (3) include an emergency back up system for support in a crisis. What did you find?

Training

- Look at the agency training plan for new employees to determine if the training program for new staff includes the basics of supported living and agency related information, plus an emphasis on training that is specific to the individuals they help support. What did you find out? Do staff receive training prior to assuming support service responsibility?

- Is there an agency training plan for ongoing employees? What does it include?

- Look at staff inservice schedules (and attendance records) to determine if support staff and significant others are trained in addressing health and safety issues, abuse, neglect and exploitation. What did you find?

Health and Safety

- Look at agency policies and procedures for the process that the agency uses for addressing potential threats to an individual's health and safety. What is the process? Is there a conflict resolution process for disagreements about issues of health, safety or risk?

Evaluation

- Look at the agency hiring process to determine the method for screening potential employees with criminal or harmful backgrounds or attitudes. What did you find?

- Look at support staff job descriptions. Do they reflect individualized support needs, health and safety expectations? Are they congruent with agency policies on choice, relationships and community membership?

- Look at the agency employment policies and procedures to determine the process for monitoring the performance of employees. What did you find? Does it include individuals (and their families) who receive services? Does it include a method of supporting positive staff performance?

- Look at agency policies and procedures for the process that the agency uses to evaluate service satisfaction from individuals, regional center and other interested parties. What did you find out? How often is the process used?

- Look at agency policies and procedures for the process that the agency uses to evaluate support service effectiveness and fiscal efficiency. What did you find out?

Supported Living Service
Quality Review Process

Quality Indicators
Review Packet

Appendix D
Summary Report and Follow-Up Action Plan

Supported Living Service Quality Review Process

Summary Report and Follow-Up Action Plan

SUMMARY REPORT

Name of Agency: _____

Team Members: _____

_____

_____

Date(s) of Visit: _____

Activities Completed:

Interviewed-
- ❑ **Individuals (Family Members and Friends as Needed)**
- ❑ **Direct Support Staff**
- ❑ **Other Agency Staff**
- ❑ **Board Members**
- ❑ **Regional Center Staff**
- ❑ **Others:**

Reviewed-
- ❑ **Individual Service Plans**
- ❑ **Individual Records**
- ❑ **Job Descriptions**
- ❑ **Personnel Files**
- ❑ **Agency Policies**
- ❑ **Training Materials**
- ❑ **Other Materials**

Other Activities-

Summary Report and
Follow-Up Action Plan Process

Summary Report

Information from both the Outcome and Quality Indicators provide the core elements of the report summary and any recommendations. You may either handwrite or type the report

The regional center is responsible for coordinating the write up of the report and making sure that there is consensus among review team members. The write up of the review follows the format found in this guide. The write up can be completed by any member of the review team.

The findings and recommendations address What is working well and Suggestions for could be better in fostering good quality services, including those areas that are the shared responsibility of the SLS agency and other people or organizations. There is an opportunity for the expression of differences of opinion among team members within the final report. In addition, the provider has the opportunity to add comments to the final report.

When writing the team's comments about What is working well and Suggestions for could be better, please indicated whether the information is based on individuals interview or parents or staff. For example:

- Staff indicated their knowledge about individual preferences and how they have come to understand them (e.g., facilitated communication, observation, body language, families).

- Several individuals are pursuing facilitated communication to enhance the communication of preferences.

- Individuals and/or families are well aware that they can ask for a change in support staff when needed.

Team Summary of Outcome Indicators

The team gets together to decide if the Outcome Indicators have been met in each of the five areas (for example, A Home of One's Own) across all individuals selected.

For example, let's say that you have completed 5 interviews with individuals (or family members or others representing individuals). As a team, you start by looking at all five Quality Outcomes Individual Survey Packets (which includes the Survey of Individual, Family Member or Significant Other, Individual Service Plan Review, Individual Record Review, Direct Support Staff Interview, and the Direct Support Staff Personnel Review to determine if the Outcome Indicators in the area of A Home of One's Own have been met. The very first indicator in that area is:

- Individuals live in homes that they own, lease or rent like other members of their community.

  Key for Outcome Indicators:
  Y = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
  N = No **No** or **Not much** or **Not at all** or **Never**
  I = Need more information
  NA = Not applicable

  Look at the answers for all five interviews to questions #2 and #3 in the *Survey of Individual, Family Member or Significant Other*, which are:

  2. Do you rent or own this place?
  3. Is your name on the lease or mortgage?

  If the individual rents or owns the place and his or her name (and/or the name of a family member, friend or advocate) is on the lease, then mark a **Yes**. The key value and practice is that supported living agencies do not rent or own places for individuals and provide the support service as well.

If the first interview you review is marked Yes, then write a Y in the box under Individual Identification Number 1. If the second interview is also a Yes, write a Y in the box under Individual Identification Number 2. You continue until you have determined a rating for all five interviews. You then move to the other indicators in that area and complete the same review. Where applicable, review your findings in other components of the Survey Packet (e.g., Individual Service Plan Review).

If there is an 80% or higher Yes rate across all indicators in a particular area, it is not necessary to look at the Quality Indicators for that area. If less than 80% for a given indicator (e.g., Individuals are safe in their home and neighborhood), the team should consider looking at the Quality Indicators for that area. Remember to summarize your finds for each area in the Team Summary of Outcome Indicators.

In our example, that would mean that 4/5 interviews would have to be marked Yes for each of the indicators. While you would not complete the Quality Indicators Survey in the A Home of Your Own area, you would want to see if there was a trend in the No responses (e.g., it was one individual across all indicators) and complete some specific follow-up on those responses.

If Outcome Indicators for a particular area (or areas) have not been met, then review team members collect information on the Quality Indicators Survey for that area (or areas). This will include looking at relevant documents (for example, service designs, mission statements, individual service plans, policies and procedures), interviewing additional staff and others related to the particular review area (or areas

Here is another example of an Outcome Indicator and scoring:

A Home of One's Own
Outcome Indicator

- They choose where to live and with whom and they control what happens in their home.

    Key for Outcome Indicators:
    Y =   Yes   **Yes** or **Always** or **Most of the time** or **For the most part**
    N =   No   **No** or **Not much** or **Not at all** or **Never**
    I =   Need more information
    NA = Not applicable

    Look at the answers for all five interviews to questions #4-8 in the *Survey of Individual, Family Member or Significant Other*, which are:

    4. How did you find this place?
    5. Who decided you would live here?
    6. Who lives here with you?
    7. [If yes to 6 above] Who decided he/she would live here?
    8. Is this is your house?

    If the individual was involved in finding the place, deciding to live there, choosing housemates and feels it is his or her place, then mark a **Yes** for that interview. A Yes (**For the most part** or **Most of the time**) could also be

scored for situations where family members or others assisted or supported the effort. These might be situations where individuals do not use typical ways to communicate or need considerable support from others for others reasons. The key value and practice is that supported living agencies do not choose or dominate the process for finding a place to live and housemates for individuals. If that is the case for one of the individuals interviewed, then mark a **No**.

Review of Quality Indicators
If Outcome Indicators for a particular area (or areas) have not been met, then review team members collect information on the Quality Indicators Survey for that area (or areas). This will include looking at relevant documents (for example, service designs, mission statements, individual service plans, policies and procedures, staff training materials and inservice attendance records), and interviewing additional staff and others related to the particular review area (or areas).

When Quality Indicator areas have been selected, the team works with the agency representative to determine the best resources for information regarding the indicators which will be reviewed. This could include:

- interviews with staff (both administrative and direct support);

- collaborative interviews with family members, regional center liaisons;

- review of agency materials; or,

- other activities decided on by the team leader and the agency representative.

Once interviews and other activities have been completed, the team works together to determine whether the review suggests that the Quality Indicator has been met Yes or, if Needs Work or No, Suggestions for Follow-Up in the Summary Report and Follow-Up Action Plan.

Follow-Up Action Plan
In addition to the written report, there is a feedback session with the provider, the review team, stakeholders from the provider agency (people who use services, families, board members), and representatives from the regional center. The reviewers provide feedback about the results of the review to any individuals who participated in the review process and who request it.

Significant issues (for example, health and safety) related to individuals served by the agency and identified by the reviewers are brought to the immediate attention of the provider and the individual's regional center service coordinator.

The regional center is responsible for facilitating following through on any action plans that are developed as a result of the review. The provider defines a progress reporting process in the service contract agreed upon by the regional center.

The regional center quality assurance representative coordinates follow up with the provider on recommendations that result from the review. Together, they develop an action plan with time lines for completion. Areas of concern that are outside the provider's scope of influence would be followed up by the regional center quality assurance representative. Information about systemic issues is forwarded to the Department of Developmental Services.

Team Summary of Outcome Indicators

Individual Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

A HOME OF ONE'S OWN

• Individuals live in homes that they own, lease or rent like other members of their community.

#Y [ ] /#TI [ ] =%Y [ ]

• They choose where to live and with whom and they control what happens in their home.

#Y [ ] /#TI [ ] =%Y [ ]

• Individuals' housing is separate from their services so they are secure in their homes and do not have to move if their needs, their services or their service agency changes.

#Y [ ] /#TI [ ] =%Y [ ]

• Individuals are safe in their home and neighborhood.

#Y [ ] /#TI [ ] =%Y [ ]

Need to look at Quality Indicators for this area ☐ Yes ☐ No

Need to focus on:

Need more information about:

Key: Y = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
N = No **No** or **Not much** or **Not at all** or **Never** I = Need more information
NA = Not applicable **Number Yes divided by Total Interviewed equals Percentage Yes (it's suggested that a Yes rate lower than 80% for an Outcome would indicate a need to look at Quality Indicators for that area.)**

Team Summary of Outcome Indicators

A HOME OF ONE'S OWN

What is working well?

Suggestions for what could be better?

Suggestions for follow-up:

Review of Quality Indicators

A HOME OF ONE'S OWN

	Yes	Needs Work	No
• Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.	☐	☐	☐
• Agencies assist individuals in finding and securing their own home as needed or requested.	☐	☐	☐
• Individuals or their representatives (for example, family members) are named on the lease, rental agreement or mortgage.	☐	☐	☐
• Individuals have a key to their own home (or there is a process for making a decision when individuals do not have a key) and they decide who else has a key and who comes into their home.	☐	☐	☐
• Agencies have a method for changing individual services as service needs change.	☐	☐	☐
• Services are provided in the person's home and in the community at times that make sense for the individual and when preferred.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Follow-Up Action Plan

Outcome Area: A Home of One's Own

Suggestion for Follow-Up	Plan of Action	Responsible Person	By When

Team Summary of Outcome Indicators

Individual Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

CHOICE AND SELF-DIRECTED

• Individuals make their own everyday choices.

#Y ☐ /#TI ☐ =%Y ☐

• Individuals plan for their futures.

#Y ☐ /#TI ☐ =%Y ☐

• Individuals direct the services they receive and have a choice of agencies and staff.

#Y ☐ /#TI ☐ =%Y ☐

• Individuals are supported (e.g., technology, communication devices, behavioral support) to communicate their preferences, choices and needs.

#Y ☐ /#TI ☐ =%Y ☐

• Individuals are satisfied with the services they receive.

#Y ☐ /#TI ☐ =%Y ☐

Need to look at Quality Indicators for this area ☐ Yes ☐ No

Need to focus on:

Need more information about:

Key: Y = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
N = No **No** or **Not much** or **Not at all** or **Never** I = Need more information
NA = Not applicable **Number Yes** divided by Total Interviewed equals
Percentage Yes (it's suggested that a Yes rate lower than 80% for an Outcome would indicate a need to look at Quality Indicators for that area.)

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Team Summary of Outcome Indicators

CHOICE AND SELF-DIRECTED

What is working well?

Suggestions for what could be better?

Suggestions for follow-up:

Review of Quality Indicators

CHOICE AND SELF-DIRECTED

	Yes	**Needs Work**	**No**
• Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.	☐	☐	☐
• The service provider has a procedure for assessing potential risks involved in making choices and staff, individuals supported, family members and others are trained in this process.	☐	☐	☐
• Staff are trained in listening and, when requested, assisting people to use their support system in making choices.	☐	☐	☐
• Individuals have the optimal means of communication possible and when individuals do not use standard forms of communication, there is a network of support that best represents their interests and wishes.	☐	☐	☐
• Individuals and their families have information about their rights and responsibilities.	☐	☐	☐
• The agency mission, strategic plan, policies and procedures all reflect consistent values about choice.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

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Follow-Up Action Plan

Outcome Area: Choice and Self-Directed

Suggestion for Follow-Up	Plan of Action	Responsible Person	By When

Team Summary of Outcome Indicators

Individual Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

RELATIONSHIPS

- An individual has family, friends or neighbors who support him or her in typical ways or as paid help.

#Y ☐ /#TI ☐ =%Y ☐

- The individual and his or her support team work together with the supported living agency and others to share the responsibility for his or her well-being.

#Y ☐ /#TI ☐ =%Y ☐

Need to look at Quality Indicators for this area ☐ Yes ☐ No

Need to focus on:

Need more information about:

Key: **Y** = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
N = No **No** or **Not much** or **Not at all** or **Never** **I** = Need more information
NA = Not applicable **Number Yes <u>divided by</u> Total Interviewed <u>equals</u>
Percentage Yes (it's suggested that a Yes rate lower than 80% for an Outcome
would indicate a need to look at Quality Indicators for that area.)**

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Team Summary of Outcome Indicators

RELATIONSHIPS

What is working well?

Suggestions for what could be better?

Suggestions for follow-up:

☐   Reviewed   ☐   Not reviewed

Review of Quality Indicators

RELATIONSHIPS

	Yes	Needs Work	No
• Individuals have opportunities to and support for building and maintaining relationships with family, friends and community members.	☐	☐	☐
• Individual cultural, ethnic and religious preferences are honored and supported.	☐	☐	☐
• Individuals have caring, committed support staff who will watch out for and guard against loneliness or isolation, exploitation, abuse and neglect.	☐	☐	☐
• Individuals have opportunities to learn about relationships, including how to protect oneself against abuse and exploitation, developing and maintaining friendships and love relationships.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Follow-Up Action Plan

Outcome Area: Relationships

Suggestion for Follow-Up	Plan of Action	Responsible Person	By When

Team Summary of Outcome Indicators

Individual Identification Number

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

COMMUNITY MEMBERSHIP

- Individuals fully participate in the mainstream of community life according to personal choice and preference.

#Y ☐ /#TI ☐ =%Y ☐

- Individuals have opportunities to join clubs, groups, organizations, and religious groups.

#Y ☐ /#TI ☐ =%Y ☐

- Individuals use local community resources and generic services (e.g., IHSS).

#Y ☐ /#TI ☐ =%Y ☐

Need to look at Quality Indicators for this area ☐ Yes ☐ No

Need to focus on:

Need more information about:

Key: Y = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
N = No **No** or **Not much** or **Not at all** or **Never** I = Need more information
NA = Not applicable **Number Yes <u>divided by</u> Total Interviewed <u>equals</u> Percentage Yes (it's suggested that a Yes rate lower than 80% for an Outcome would indicate a need to look at Quality Indicators for that area.)**

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Team Summary of Outcome Indicators

COMMUNITY MEMBERSHIP

What is working well?

Suggestions for what could be better?

Suggestions for follow-up:

☐   Reviewed   ☐   Not reviewed

Review of Quality Indicators

COMMUNITY MEMBERSHIP

	Yes	Needs Work	No
• Individuals have access to generic community services and supports.	☐	☐	☐
• The agency maintains a directory of local community and generic services.	☐	☐	☐
• Support staff are knowledgeable about local community and generic services.	☐	☐	☐
• Staff are trained in building community connections and ways to help individuals become valued community members.	☐	☐	☐
• Individuals are supported in locating and accessing mental and physical health resources.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Follow-Up Action Plan

Outcome Area: Community Membership

Suggestion for Follow-Up	Plan of Action	Responsible Person	By When

Team Summary of Outcome Indicators

Individual Identification

Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FLEXIBLE, TAILORED SERVICES AND SUPPORTS

• Individual Service Plans are developed through a person-centered planning process.

#Y ⬚ /#TI ⬚ =%Y ⬚

• Service plans reflect the support that each individual wants and needs and plans change as wants and needs change.

#Y ⬚ /#TI ⬚ =%Y ⬚

• Individuals have opportunities to increase their abilities, confidence and quality of life and support to maintain an adequate level of health and safety.

#Y ⬚ /#TI ⬚ =%Y ⬚

Need to look at Quality Indicators for this area ☐ Yes ☐ No
Need to focus on:

Need more information about:

Key: **Y** = Yes **Yes** or **Always** or **Most of the time** or **For the most part**
N = No **No** or **Not much** or **Not at all** or **Never** **I** = Need more information
NA = Not applicable **Number Yes** <u>divided by</u> Total Interviewed <u>equals</u>
Percentage Yes (it's suggested that a Yes rate lower than 80% for an Outcome would indicate a need to look at Quality Indicators for that area.)

Team Summary of Outcome Indicators

**FLEXIBLE, TAILORED SERVICES
AND SUPPORTS**

What is working well?

Suggestions for what could be better?

Suggestions for follow-up:

☐ **Reviewed** ☐ **Not reviewed**

Review of Quality Indicators

FLEXIBLE, TAILORED SERVICES AND SUPPORTS

	Yes	Needs Work	No

Individual Support Plan

	Yes	Needs Work	No
• There a defined process for developing written support plans that keeps the individual at the center in the development of the plan.	☐	☐	☐
• The planning process results in a support plan that: (1) builds on an individuals' strengths and gifts; and (2) indicates opportunities to learn new things, to have fun, to develop relationships, to be a part of their community, to expand who they are and what they do, to gain more respect and status, to have a stable, happy life.	☐	☐	☐
• Individual support plans are: (1) written in understandable and respectful language; (2) include action steps for accomplishments and accountability; (3) have a method for reviews and updates; (4) are creative in the use of vendored, generic and natural supports; and (5) are cost effective.	☐	☐	☐
• Individual support plans show adequate planning for health and safety needs and include plans for possible emergencies and disasters.	☐	☐	☐
• Support plans are detailed enough to know who is responsible for what support.	☐	☐	☐
• Support plans are include a method of documenting health and safety issues.	☐	☐	☐

Training

	Yes	Needs Work	No
• The agency has a training program for new staff which includes the basics of supported living and agency related information, plus an emphasis on training that is specific to the individuals they help support. Staff receive training prior to assuming support service responsibility.	☐	☐	☐
• Individuals, families, and support staff receive	☐	☐	☐

	Yes	Needs Work	No

Health and Safety

- There are established policies and procedures for addressing potential threats to an individual's health and safety, including a conflict resolution process for disagreements about issues of health, safety or risk. ☐ ☐ ☐

- Individuals have an emergency back up system for support in a crisis. ☐ ☐ ☐

- Support staff and significant others are trained in addressing health and safety issues. ☐ ☐ ☐

- Individuals with challenging behavior are provided with positive behavior support. ☐ ☐ ☐

- The agency hiring process includes a method for screening potential employees with criminal or harmful backgrounds or attitudes. ☐ ☐ ☐

- The agency has an established process for monitoring the performance of employees and the process includes individuals who receive services. ☐ ☐ ☐

Evaluation

- The agency has established methods of supporting positive staff performance; support staff feel valued and like their work. ☐ ☐ ☐

- Job descriptions reflect individualized support needs, health and safety expectations and are congruent with agency policies on choice, relationships and community membership. ☐ ☐ ☐

- The agency has ongoing formal and informal ways to evaluate service satisfaction from individuals, family members, regional center and other interested parties. ☐ ☐ ☐

- The agency has ongoing formal and informal ways to evaluate support service effectiveness and fiscal efficiency. ☐ ☐ ☐

	Yes	Needs Work	No
Individuals and their families have access to service agency administrators to discuss problems or concerns as appropriate.	☐	☐	☐
Individuals and families have an active role in the organization, including the board of directors, hiring of support staff and strategic planning.	☐	☐	☐

IWhat is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Follow-Up Action Plan

Outcome Area: Flexible, Tailored Services and Supports

Suggestion for Follow-Up	Plan of Action	Responsible Person	By When

Response From Service Agency
to Report and Follow-Up

Supported Living Service Quality Review Process

Summary Report and Follow-Up Action Plan

Appendix E
Self-Assessment for
SLS Service Providers

Supported Living Service Quality Review Process

Self-Assessment for SLS Service Providers

Self-Assessment

The Self-Assessment can be used by the service provider prior to the team visit. It provides an outline of the kinds of questions and the types of materials that may be reviewed during the visit.

Review of Quality Indicators

A HOME OF ONE'S OWN

	Yes	Needs Work	No
• Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.	☐	☐	☐
• Agencies assist individuals in finding and securing their own home as needed or requested.	☐	☐	☐
• Individuals or their representatives (for example, family members) are named on the lease, rental agreement or mortgage.	☐	☐	☐
• Individuals have a key to their own home (or there is a process for making a decision when individuals do not have a key) and they decide who else has a key and who comes into their home.	☐	☐	☐
• Agencies have a method for changing individual services as service needs change.	☐	☐	☐
• Services are provided in the person's home and in the community at times that make sense for the individual and when preferred.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

5

Review of Quality Indicators

CHOICE AND SELF-DIRECTED

	Yes	Needs Work	No
• Individuals have the information and opportunity to look at different living arrangements in order to make a choice that make sense for them.	☐	☐	☐
• The service provider has a procedure for assessing potential risks involved in making choices and staff, individuals supported, family members and others are trained in this process.	☐	☐	☐
• Staff are trained in listening and, when requested, assisting people to use their support system in making choices.	☐	☐	☐
• Individuals have the optimal means of communication possible and when individuals do not use standard forms of communication, there is a network of support that best represents their interests and wishes.	☐	☐	☐
• Individuals and their families have information about their rights and responsibilities.	☐	☐	☐
• The agency mission, strategic plan, policies and procedures all reflect consistent values about choice.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

Review of Quality Indicators

RELATIONSHIPS

	Yes	Needs Work	No
• Individuals have opportunities to and support for building and maintaining relationships with family, friends and community members.	☐	☐	☐
• Individual cultural, ethnic and religious preferences are honored and supported.	☐	☐	☐
• Individuals have caring, committed support staff who will watch out for and guard against loneliness or isolation, exploitation, abuse and neglect.	☐	☐	☐
• Individuals have opportunities to learn about relationships, including how to protect oneself against abuse and exploitation, developing and maintaining friendships and love relationships.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Review of Quality Indicators

COMMUNITY MEMBERSHIP

	Yes	Needs Work	No
• Individuals have access to generic community services and supports.	☐	☐	☐
• The agency maintains a directory of local (or has a process for exploring) community and generic services.	☐	☐	☐
• Support staff are knowledgeable about local community and generic services.	☐	☐	☐
• Staff are trained in building community connections and ways to help individuals become valued community members.	☐	☐	☐
• Individuals are supported in locating and accessing mental and physical health resources.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

Review of Quality Indicators

FLEXIBLE, TAILORED SERVICES AND SUPPORTS

	Yes	Needs Work	No

Individual Support Plan

- There a defined process for developing written support plans that keeps the individual at the center in the development of the plan.

- The planning process results in a support plan that: (1) builds on an individuals' strengths and gifts; and (2) indicates opportunities to learn new things, to have fun, to develop relationships, to be a part of their community, to expand who they are and what they do, to gain more respect and status, to have a stable, happy life.

- Individual support plans are: (1) written in understandable and respectful language; (2) include action steps for accomplishments and accountability; (3) have a method for reviews and updates; (4) are creative in the use of vendored, generic and natural supports; and (5) are cost effective.

- Individual support plans show adequate planning for health and safety needs and include plans for possible emergencies and disasters.

- Support plans are detailed enough to know who is responsible for what support.

- Support plans are include a method of documenting health and safety issues.

Training

- The agency has a training program for new staff which includes the basics of supported living and agency related information, plus an emphasis on training that is specific to the individuals they help support. Staff receive training prior to assuming support service responsibility.

- Individuals, families, and support staff receive

	Yes	Needs Work	No

Health and Safety

- There are established policies and procedures for addressing potential threats to an individual's health and safety, including a conflict resolution process for disagreements about issues of health, safety or risk. ☐ ☐ ☐

- Individuals have an emergency back up system for support in a crisis. ☐ ☐ ☐

- Support staff and significant others are trained in addressing health and safety issues. ☐ ☐ ☐

- Individuals with challenging behavior are provided with positive behavior support. ☐ ☐ ☐

- The agency hiring process includes a method for screening potential employees with criminal or harmful backgrounds or attitudes. ☐ ☐ ☐

- The agency has an established process for monitoring the performance of employees and the process includes individuals who receive services. ☐ ☐ ☐

Evaluation

- The agency has established methods of supporting positive staff performance; support staff feel valued and like their work. ☐ ☐ ☐

- Job descriptions reflect individualized support needs, health and safety expectations and are congruent with agency policies on choice, relationships and community membership. ☐ ☐ ☐

- The agency has ongoing formal and informal ways to evaluate service satisfaction from individuals, family members, regional center and other interested parties. ☐ ☐ ☐

- The agency has ongoing formal and informal ways to evaluate support service effectiveness and fiscal efficiency. ☐ ☐ ☐

	Yes	Needs Work	No
• Individuals and their families have access to service agency administrators to discuss problems or concerns as appropriate.	☐	☐	☐
• Individuals and families have an active role in the organization, including the board of directors, hiring of support staff and strategic planning.	☐	☐	☐

What is Working Well?

Suggestions for What Could be Better?

If <u>Needs Work</u> or <u>No</u>, what follow-up would be suggested?

Supported Living Service Quality Review Process

Self-Assessment for SLS Service Providers

Appendix F
Quality Check-Up for Supported Living Services

Supported Living Service Quality Review Process

Quality Check-Up

Quality Check-Up

The Individual Quality Check-Up for Supported Living Services (developed by Vickie Vining) is presented as a companion piece to the SLS Quality Review Process. While the SLS Quality Review Process is designed to review the overall quality of the provider as a agency, the Individual Quality Check-Up reviews and reports on the quality of services for a particular individual in supported living. It is designed to be used for the regional center service coordinator's annual review of SLS for an individual's person centered plan, as required by regulation.

The instrument is based on the opinions of the person using services, a circle member or members (usually family members) and the service coordinator regarding the provider's efforts and outcomes in addressing key elements of supported living services. It is designed to be used at the time of the annual review for the regional center Person Centered Plan (or any other time someone has a question about the quality of the person's supported living services.)

The service coordinator can collect the information at the PCP/IPP meeting or in other meetings or phone calls with the individuals involved. Blank copies of the form can be sent to circle members to complete as well.   (The companion guide lists possible questions to ask for each section to elicit an opinion on that subject. The person completing the form does not have to ask all the guide questions listed. They are there to assist the interviewer if the person does not understand the section or needs some help to think about it.) The last column allows space for giving narrative explanations or examples and for recording the follow up that needs to occur in an area.

The last section of the instrument is a place for the person (with the help of their circle as appropriate) to list the most important things to them about their services and their agency. The interviewer should ask the person to name the three main things they have wanted or expected the agency to do for them. Then ask the person, their circle and the service coordinator to rate how the agency is doing on each of those.

The information gathered should be used primarily to identify any issues that need to be addressed for the individual, including whether the current service provider continues to be the choice of the individual receiving services.   Any areas of follow up that are identified should be translated to new goals or objectives for

Guide to Gathering Information on the Individual Quality Check-Up for Supported Living

Home of One's Own

Possible questions, considerations, explanations about this section:

1. Person lives in a home they rent or own. Person controls what happens there.

- Does the person have their name on the rental agreement or mortgage?
- Have their own key to the place? Control who can come in?
- Decide how things are decorated; who uses what space?
- Did the person choose the place to live?
- Choose whether to have housemates or not? Choose which housemates to live with?
- Does the person and their circle feel like it's this person's own place (not the agency's place or a group living situation)?

2. Person can stay in own home even if needs or providers change.

- If the person wanted to change providers would it affect where the person lives?
- Does the provider have any control over the property that would affect the person's ability to easily change providers?

3. It's a "good" place to live (safe, affordable, good location, etc.)

- Is it in a safe neighborhood? Is the home safe?
- Has anything bad happened to the person there?
- Is it relatively affordable?
- Is it close to things that the person likes to do? Accessible to public transportation?
- Does the place itself make sense in terms of the person's preferences, needs and wants?
- Does the person wish they could move? Does the circle or the service coordinator wish they could move? Why?

4. Provider has been effective in assisting the person to have a good place to live.

- Did the provider help the person to have several choices of places to live?
- Was the provider effective in helping them to find affordable housing or subsidies to assist with rent?
- Did the provider involve the circle and others in the search for the place?
- Has the provider been responsive to the person's wishes involving where the person would live? • Did the provider impose any restrictions about where the person would live or make any major decisions about the living arrangement separate from the focus person?

5

Choice and Self-Directed	**Possible questions, considerations, explanations about this section:**
5. Person has a good means of communication that is used by the people around them.	• Is the person able to express their wants and needs? How? • Does this means of communication work for the person? • Does everybody around them use the preferred choice of communication? • Is there a need to find a better way for the person to communicate? • If the person is non-verbal, does the provider and the circle have a way for determining how the person's needs and preferences direct their supports?
6. Person directs or controls every day life decisions and activities.	• Does the person choose (or their preferences, wants, etc. direct): • What to do each day? Who to do it with? When to do things? • What to eat? When to sleep? • How to spend their money? • Does the provider have any "rules" that govern what happens in the person's place?
7. Person has the support needed to pursue personal goals for the future.	• Has the provider given the person an opportunity to plan out long term or big goals about what they want to do in life? • Is there a written plan about how to pursue these goals (if the person wishes to pursue them?) • Does the person have life goals that the provider doesn't know about? • Is the provider developing and implementing support for the person's life goals as well as the day to day support needs?
8. Person controls who provides their support (both staff hired and choice of agencies.)	• Did the person choose the agency that they use? • Does the person play a significant role in choosing who works with him or her? • For people who are non-verbal, does the provider have a method for finding out what the person wants in regard to who works with them?
9. Provider is effective in assisting the person to direct own life and manage risks.	• Does the provider demonstrate respect for the person and their personal and cultural preferences in their life? • Does the provider have a method for looking at and resolving conflicts and risks with decision making in the person's life? • What is the provider's role in decision making in

	Possible questions, considerations, explanations about this section:
Relationships 10. Person has a good network of friends, family, neighbors, community people.	• Does the person have friends to do things with and have fun with (that are not paid to be in his or her life)? • Does the person have as much contact with his or her family as they wish? • Does the person have people to call on when they need help? • Who celebrates with them? • Who does this person know in the community?
11. Person has a dependable circle of support that works together as a team to assist the person to have a good life.	• Does the person have people other than paid staff of the agency who help them sometimes? • Does the provider assist in helping the circle or network of support to work together? • Do the people in the person's life ever get together (circle meetings, celebrations, etc.)? • Does the provider use the circle of support to help solve problems that come up (in accordance with the focus person's wishes)?
12. Provider has been effective in assisting the person to pursue relationships that enrich his/her life.	• Does the provider actively assist the person to extend their circle of support and relationships? • Does the provider know what the person wants in terms of relationships with others? • Does the provider's relationship with the person ever get in the way of relationships with others?
13. Person has been able to access community and generic services.	• Which generic resources does the person use (IHSS, section 8 housing assistance, SSI/SSA, etc.)? • What kind of community services does the person utilize? • Does the provider have a directory or information about community resources? • Has the provider provided advocacy with generic agencies to assist the person to get more generic services (i.e., appealing IHSS decisions, getting them on HUD lists, etc.)?
14. Person partici-pates in community life (belongs to community groups, clubs, religious groups, etc.)	• What clubs, community groups, religious organizations does the person belong to and/or regularly participate in? • What people in the community does the person regularly interact with? • Does the person have any ways to contribute to the community (volunteer work, community

	Possible questions, considerations, explanations about this section:
15. Provider is effective in assisting the person to be a valued member of the community (in accordance with the person's wishes.)	• How does the provider assist the person to connect with people in the community? • How does the provider help to resolve conflicts with others? • Is the provider knowledgeable about how to help people connect with their community (knows clubs, organizations, etc.; is creative in finding ways that they can help people they support to use personal interests as ways to meet and get acquainted with other people?) • Is the provider aware of the person's level of loneliness or isolation? Does the provider actively work to reduce it?
Flexible, tailored services and supports 16. Person has a good written plan of services and supports that is based on his/her own wants, needs and preferences, and changes as those change	• Is there a written support plan? • Does it reflect the person's wishes, personal goals, cultural/ethnic preferences? • Is it based on supporting the person to be who they want to be or on trying to change or control the person? (Are there objectives or goals on it that are not the idea of the person?) • How was it developed? Does the provider have a good method for learning who people are and what they want to do with their lives? • When the person's needs or wants changed, did the plan change? • What kind of control does the person have over what the support looks like?
17. Person is as safe and healthy as possible.	• Does the provider make sure the person has the medical care that they need to be as healthy as possible? • Is the provider a good advocate with the health care system for or with the person; are they knowledgeable about accessing medical resources? • Is the provider effective in having the person take as much responsibility as possible for their own health and safety? • Has anything bad happened to the person in the last year? Do you think the provider should have handled it differently (either in preventing it from happening or in handling it after it happened?) • Does the provider have a good emergency response service? Does the person know how to

	Possible questions, considerations, explanations about this section:
18. Person has opportunities to increase abilities, confidence and quality of life.	• Does the person have opportunities to learn new things, take classes, have new experiences? • Does the provider make an effort to expand the person's world of experience? • Is the provider aware of the person's quality of life and do they initiate a process for making changes if the quality falls below an acceptable level? • Is the provider effective in assisting the person to increase their status in life?
19. Provider is effective in assisting the person to plan and implement support needs.	• Does the provider have a way of checking on the person to make sure that support plans are being carried out? • Does the provider document progress on the goals of the plan? • Is the provider creative and thoughtful about how they set up support for the person (using different approaches for different people and situations) or does everyone they serve have a similar support plan? • Has the provider let the person down in a significant way in the last year? • Does the person or their circle feel like they have to do things that they think the provider should be doing? • Does the provider regularly check with the person to see if their support needs have changed?

Overall Satisfaction 20. Overall everyone is happy with the living arrangement and the supports and service received from the provider.	**Possible questions, considerations, explanations about this section:** • Has the provider done most of the things the person or their circle thought they should do? • Have there been conflicts with the provider that the person or their circle or others involved could not resolve? • Does the person or others involved with them feel that they have ever let the person down? • Would the people involved recommend this provider to someone looking for supported living services? • Would the person or their circle change anything about the living arrangement? • Is everybody satisfied with the level of support and assistance the person receives? • Does the provider seem to understand the principles and philosophy of supported living?
Person's expectations: Main things I want my SLS agency to do for me: 1.	The service coordinator should get the person (or their circle if the person is not able to speak for themselves) to identify the three main things they want from the SLS provider. They can be specific things (like "get my refrigerator fixed" or general things like "treat me nice.") Then ask the person and their circle and the service coordinator to rate how well they are doing on those things.

General Comments:

Individual Quality Check-Up
for Supported Living Services

Name: _____ Date: _____

Service Coordinator: _____

Name(s) of individuals who contribute as "Circle" members:

_____ _____ _____

_____ _____ _____

Home of One's Own

1. Person lives in a home they rent or own. Person controls what happens there.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

2. Person can stay in own home even if needs or providers change.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

3. It's a "good" place to live (safe, affordable, good location, etc.)

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

4. Provider has been effective in assisting the person to have a good place to live.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

Choice and Self-Directed

5. Person has a good means of communication that is used by the people around them.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

6. Person directs or controls every day life decisions and activities.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

7. Person has the support needed to pursue personal goals for the future.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

8. Person controls who provides their support (both staff hired and choice of agencies.)

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

9. Provider is effective in assisting the person to direct own life and manage risks.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

Relationships

10. Person has a good network of friends, family, neighbors, community people.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

11. Person has a dependable circle of support that works together as a team to assist the person to have a good life.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

12. Provider has been effective in assisting the person to pursue relation-ships that enrich his/her life.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

13. Person has been able to access community and generic services.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

14. Person participates in community life (belongs to community groups, clubs, religious groups, etc.)

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

15. Provider is effective in assisting the person to be a valued member of the community (in accordance with the person's wishes.)

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

Flexible, tailored services and supports

16. Person has a good written plan of services and supports that is based on his/her own wants, needs and preferences and changes as those change.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

17. Person is as safe and healthy as possible.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

18. Person has opportunities to increase abilities, confidence and quality of life.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

19. Provider is effective in assisting the person to plan and implement support needs.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

Overall Satisfaction

20. Overall everyone is happy with the living arrangement and the supports and service received from the provider.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

Person's expectations:

Main things I want my SLS agency to do for me:

1.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

2.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

3.

	Self	Circle	Serv. Coor.	Examples / Explanations / Follow Up Needed
Yes	❏	❏	❏	
Somewhat	❏	❏	❏	
No	❏	❏	❏	
Not sure	❏	❏	❏	

General Comments:

Signed:

_____ Date: _____
Focus Person

_____ Date: _____
Advocate

_____ Date: _____
Advocate

_____ Date: _____
Service Coordinator

**Supported Living Service
Quality Review Process**

Quality Check-Up