

The Place that Quality Built

A Quality Place is designed and built around



the needs of the people who will use it.

The Council on Quality and Leadership first published the *Personal Outcome Measures* in 1993. During this decade we have been both pleased and proud to trace (follow) our outcomes, language, and methodology as they have made their way into subsequent quality measures in the public and private sectors.

About four years ago, however, a series of exposés on terrible conditions in services and supports for people with disabilities rolled across the country in the print media, radio, and television. In response, The Council convened a national invitational conference that met at the Johnson Foundation's Wingspread conference center in Racine, Wisconsin, in the fall of 2000. Shortly thereafter, The Council participated in the creation of the national Developmental Disabilities Quality Coalition (DDQC). The DDQC has since grown into the Alliance for Full Participation and is planning a national developmental disabilities summit conference in 2005 in Washington, DC.

In addition to these national organizational initiatives to demonstrate the compatibility of full community participation and health and safety, The Council has continued to collect, analyze, and publish data that demonstrate that the *Personal Outcome Measures* are consistent with these goals of basic assurances in health and safety and full community participation. The Council maintains that with the right vision, values, and leadership, we can specifically design different organizational structures to facilitate outcomes of choice, self-determination, health, and safety.

We are pleased that the leadership and senior staff at Bethphage, Inc. initiated a dialogue and volunteered to develop a practical manual on how to design quality in services and supports. *The Place that Quality Built* will make the argument for a personal outcomes approach to quality design, the promotion of basic assurances, and an improved quality of life for people with disabilities, their families, volunteers, employees, and the community.

More importantly, *The Place that Quality Built* will make these points for people with disabilities and families receiving services and supports, direct support professionals, managers, and board members responsible for delivering those services and supports, and those community, civic, religious, and public officials whose support and leadership is so vital to our work.

To all the dedicated people at Bethphage, Linda Timmons, Donna Werner, Nancy Potter... thank you for this resource.

James F. Gardner, Ph.D.
President and Chief Executive Officer
The Council on Quality and Leadership
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Introduction

During our many years engaged in the work of supporting people with disabilities to live full and satisfying lives, we have come to an important realization:

Balance is essential.

Within the context of *Personal Outcome Measures* and this book, balance is our goal. We strive to balance progressive with practical, creative with sensible, inventive with elementary. And so, with this book we give you an allegory partnered with practical tips and techniques designed to both inspire you to ever deepening creativity and passion and to share with you proven and practical methods of supporting people.

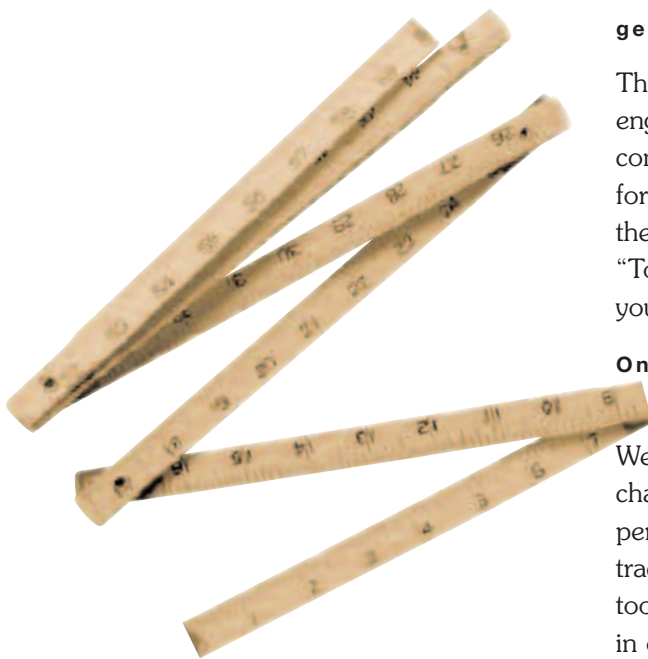
So what does that really mean? It means you get the best of both worlds.

This book provides you a blend of an entertaining and engaging story – a light read to set the stage – and concrete tips and tools that could be used as templates for policies and practices within your organization. In the appendices, you will find the “Blueprint” and “Tools” checklists that can be used to shape the way your organization partners with the people you support.

One more thing, before you begin the story... language.

We are acutely aware that language in our work is a challenge. Language can categorize us - either as person-centered, progressive thinkers, or as old-school traditionalists. Within our allegory and the tips and tools, we worked to balance progressive with practical in our language, as well. Some words - restrictive, modify, assessment, analysis - while they are “old school” words, have such concrete meaning within our field that we found it difficult to replace them with something more progressive and maintain the true meaning, the practical meaning of the word within our field. After great debate, we decided the concrete message should not be muddled and we stayed with conventional words when necessary.

We hope you enjoy the story and find the tips and tools to be ultimately usable.



Setting the Stage

Agencies serving people with disabilities want to build solid, high-quality services and supports. To explain the process for achieving this, let's use a construction analogy. Just like services, buildings are constructed to meet the needs of people. They are designed around the purposes of the people who will use them. High quality construction lasts for centuries, but remodeling will occur whenever the needs of the users change.

You are on-site at Quality Place, a truly outstanding structure that has been recently completed. A reporter from Quality Innovations Magazine is interviewing the General Contractor, who is played by the Agency Director. During the course of the interview, you may meet other members of the construction crew and they are listed below.

Crew:	Played by:
Architects	Board of Directors
General Contractor	Agency
Framers	QMRPs and Plan Coordinators
Construction Site Supervisors	Managers
Craftspeople and Journeymen	Direct Support Personnel
Shareholders	People Served and Families
Subcontractors	Nurses/PT/OT/Host Home Providers
Building Inspectors	Surveyors & Regulators

Time: Today

Setting: Quality Place

The Place that Quality Built

REPORTER: The whole community is impressed with Quality Place, and I understand your shareholders are delighted with the results you have achieved. Thanks for taking the time to meet with me and for sharing with our readers how you built Quality Place. Tell me about how the concept of Quality Place was developed.

GENERAL CONTRACTOR: Let's take a walk around Quality Place while we talk. I know a few of our shareholders, Bob and his family, are at the front of the building, and they can answer your first question better than I. Hello, Bob, this is a reporter from *Quality Innovations Magazine*, and she wants to know how we came up with the idea for Quality Place.

BOB: We shareholders (people with disabilities and their families) want flexible services and supports that are designed around how we want to live our lives. We want to be listened to, respected, and to make decisions about those things that are important to us. I know my family is also interested in stability and continuity so they are sure I will continue to have what I need for as long as I need it. We looked at other places, but none of them had what we wanted. We when talked with the General Contractor and the Architects, they said they would build Quality Place the way we want it, and that it would be a flexible design that could be easily changed, as needed.

Hey, I just saw Archie, the Chief Architect (Chair of the Board of Directors), a few minutes ago. You should talk about the project with him to get the Architects' (Board of Directors) point of view.

REPORTER: Thanks, Bob. I'll do that.

The Foundation

The Reporter and General Contractor (Agency Director) continue their walk around Quality Place.

GENERAL CONTRACTOR: It's been exciting to work with the shareholders from the beginning of this project. The standard way of work is to put together plans, then go out and find investors. In this project, the shareholders told us what they wanted before we did our design so we didn't have to worry about selling our project.

Here is Archie, the Chief Architect. Let's talk with him.

REPORTER: I am doing an article about Quality Place and would like to talk to you more about the details of its design.

ARCHIE: I'd be delighted. I love to talk about this project!

Our firm – Board of Directors – prides itself on listening to shareholders and being responsive to what they want. Our mission and values emphasize our commitment to them and to quality. Shareholders always serve on our Board during a project so they can take part in decisions every step of the way. I know that is the main reason we were selected for this project.

Another reason is that we work with our Building Inspectors (Surveyors and Regulators) right from the beginning to make sure that everything is done according to Code. We know that if we don't meet Code that we will not be allowed to open Quality Place, then all of our work will have been wasted. Our crewmembers are trained on the Codes that apply to their jobs, and they have a copy of the Codes for reference. I know sometimes the crewmembers feel that the Codes restrict their creativity, but by building partnerships with the Inspectors from the beginning, we have been able to resolve any conflicts.

REPORTER: Thanks, Archie. This is definitely an exciting new way to work.

REPORTER (TO GENERAL CONTRACTOR): Now I'm intrigued. Can you show me specifically how Quality Place is designed?

GENERAL CONTRACTOR: You bet. Let's start with the foundation. A building is only as strong as its foundation. Our foundation is made up of four key elements carefully blended in just the right proportions to assure the strength and stability our shareholders demand.

The first element is ethical and responsive governance. Archie mentioned earlier that our mission and values focus on the customer and on quality. Our Board is made up of people with diverse skills and abilities and, of course, always includes our shareholders. They use a variety of tools, like data analysis and strategic planning, to help them make good decisions and complete their projects on schedule.



Here are the blueprints for Governance, in case you are interested in knowing more about it.

GOVERNANCE	
<ul style="list-style-type: none"> ✎ The organization has a Board of Directors that is diverse and includes representatives of the people who receive services and supports. ✎ Expertise in a variety of areas exists within the Board membership. ✎ The Board maintains a conflict of interest policy that is reviewed regularly. ✎ New Board members are provided with orientation to the organization and the workings of the Board. ✎ A high standard of ethical behavior is required for Board members and is clearly articulated in a governance manual or similar document. ✎ Board meetings are held regularly, and actions are documented in meeting minutes. ✎ By-laws, articles of incorporation, and other legal requirements are met. ✎ Staff report to the Board regularly on issues related to the operation of the organization, including financial performance, service delivery, and legal issues. ✎ Where services exist within a variety of locations, the organization engages local citizens in the work of the organization. 	
TOOLS	
Board Membership Roster By-laws, Articles of Incorporation, and Other Legal Documents Conflict of Interest Policy Governance Manual Board Orientation and Training Materials	

MISSION/VALUES/PLAN	
<ul style="list-style-type: none"> ✍ The organization has a written mission statement that articulates the reasons for its existence. ✍ Values for the organization have been identified and serve as a driving force for decisions. ✍ The mission statement and values are made available to people served, families, staff, and other stakeholders. ✍ The mission statement and values are reviewed regularly to ensure that they reflect the current operations and working environment. ✍ The organization uses a variety of information and data to create a quality enhancement plan with measurable goals and objectives. ✍ An analysis of the organization's strengths, opportunities for improvement, and threats is conducted as part of the planning process. ✍ The quality enhancement plan is reviewed by the Board and communicated broadly to an audience that includes people served, families, staff, and other stakeholders. 	
	TOOLS Mission Statement Value Statement(s) Quality Enhancement Plan Data Related to Quality Enhancement Planning Process and Priorities

The second element is sound fiscal management. Resources are limited in our business, and we know if we don't use them responsibly, we jeopardize the whole project. Fortunately, we have personnel skilled in accounting and budgeting, and they use the latest tools to help us tie the way we are using resources to meeting the wishes of the shareholders. Take time to study the Fiscal blueprint, and you'll see why it is so important.

FISCAL MANAGEMENT	
<ul style="list-style-type: none"> ✍ The organization has a budget that is developed at least annually and approved by the Board of Directors. ✍ Management reviews fiscal performance regularly to ensure policy compliance, good business practices, and financial accountability. ✍ Funding contracts are reviewed regularly against billing and documentation of service requirements. ✍ The organization advocates for appropriate funding to ensure that supports can be provided to meet people's needs. ✍ Staff at all levels of the organization are included in the financial management of the organization. ✍ The accounts of people supported are maintained in accordance with regulations. ✍ People are afforded the opportunity to participate in the management of their funds and training is offered to enhance money management skills. ✍ Insurance is maintained for organization property, vehicles, professional liability, workers compensation, etc., as required by law, regulation, or contract. ✍ An annual financial audit is completed by an outside auditor and presented to the Board of Directors for review and approval. 	
	TOOLS Financial Monitoring System Policies and Procedures Board Minutes Financial Audit/Annual Report

The final elements are Personnel and Training. Well-trained and fairly compensated personnel are critical to a strong foundation. We use only the finest personnel in our foundation, and we give them the tools they need to do their job. These elements are complex, as you can see from the blueprint. It is certainly worth a closer look.

PERSONNEL AND TRAINING	
<ul style="list-style-type: none"> ✎ Organizations comply with all applicable personnel laws, including non-discrimination practices and pre- and post-employment checks. ✎ Hiring practices have been documented and are regularly assessed for effectiveness. ✎ Staff has appropriate credentials for their positions and credentials are verified on a regular basis. ✎ All positions are described in job descriptions that state the essential job functions and qualifications. ✎ Each employee has a personnel file with information, such as the results of background checks, performance evaluations, and materials required by law or regulations. ✎ Employees receive regular performance feedback that is documented and contains goals for performance. ✎ Appropriate interventions are used when staff is not meeting performance expectations and organization requirements. Documentation is placed in the personnel file and follow-up action is taken as needed. ✎ Initial orientation is provided to all staff. Orientation includes specific information on what constitutes effective job performance. ✎ Training is competency based and a variety of teaching and training delivery methods are employed. ✎ Training materials are available and in good condition. ✎ Training is documented and regularly reviewed to ensure that organization expectations are being met. ✎ Training is assessed for effectiveness through a variety of activities including feedback forms and competency testing trend analysis. ✎ Ongoing staff development opportunities are offered to assist staff in maintaining existing skills or gaining new skills. ✎ The organization provides career development opportunities to all interested employees. 	
	<p>TOOLS</p> <p>Personnel Files</p> <p>Personnel File Audits</p> <p>Reference Materials on Personnel Law and Practices</p> <p>Employee Handbook</p> <p>Analysis of Staff Turnover</p> <p>Training Curricula</p> <p>System for Tracking and Analyzing Staff Training Activities</p>

GENERAL CONTRACTOR: Well, now that we've had a chance to check out the foundation and visit with one of our architects, let's take a look at another central feature of our construction – the cornerstones. Strong cornerstones are central to the soundness of Quality Place. Only after the foundation is poured and the cornerstones are laid, can the rest of the building begin. You see, in construction of a place of quality such as ours, the entire weight of the structure rests on the cornerstones. Our framers (plan coordinators and QMRPs) anchor the frame of the building to the cornerstones; the craftspeople (direct support personnel) use the cornerstones as reference points when laying the electrical and plumbing systems. Without sound, person-centered cornerstones, our building couldn't exist.

Let's take a closer look at each of the four cornerstones.

The Rights Cornerstone

Our first cornerstone is rights. The strength of this cornerstone is derived from its rigorous systems, commitment to advocacy, and understanding that people with disabilities must be heard and valued as significant members of our community. You'll notice that due process figures prominently in this cornerstone. Effective due process provides a safeguard to the people we serve. It is a system for respecting and protecting rights, personal freedom, choices, and decisions. Without due process, this cornerstone would be fragile indeed.

Other pivotal elements of this cornerstone are advocacy and education. These were called for by our shareholders because of their scope and power to shape quality and the capacity of our organization, Quality Place. When inserting these elements into the rights cornerstone, we used some specific construction tools. As you know, tools must be appropriate to the task when constructing a building such as ours. Some of the tools we use in advocacy and education are the Human Rights Committee, which helps keep us on track and

acts as a rights watch-dog group, and innovative speakers and presenters, who provide us with insight, passion, and creative approaches to supporting rights and spreading the word. We often seek out speakers and presenters from self-advocacy groups, Legal Aid, and the League of Women Voters.

Now, if you'd like to see more specific information about this cornerstone, here are our blueprints, which lay out for you each of the elements.

RIGHTS EDUCATION	
<ul style="list-style-type: none"> ✎ All people served and their legal representatives are informed of their rights upon the initiation of services and regularly thereafter. ✎ Information about rights is available in a variety of formats and in a manner that is understandable to the person. ✎ People are afforded opportunities to exercise their rights and to discover what rights and personal freedoms are most important to them. ✎ Education is provided to people served and staff regarding human, legal, and civil rights, responsibilities, and self-advocacy. 	
TOOLS	
<p>Organization Bill of Rights Training Curricula for People in Service, Family Members, and Staff Consumer Handbook</p>	

DUE PROCESS	
<ul style="list-style-type: none"> ✎ The Human Rights Committee reviews all rights restrictions. ✎ A plan and supports to reinstate a restricted right accompanies all rights restrictions. ✎ Restoration of rights is achieved as quickly as possible. ✎ Rights restrictions are reviewed regularly to ensure appropriateness and the need for continuation. ✎ All staff supporting the person are trained on the restriction and related support prior to the implementation of a rights restriction. ✎ The organization has a formal grievance procedure and appeal process. ✎ People served and their legal representatives are provided with information about the organization's grievance and appeal process in a manner that is understandable to the person. ✎ Support is provided to people who wish to grieve or appeal a decision. ✎ Retaliation for filing a grievance or appealing a decision is strictly prohibited. ✎ Grievances are resolved in a timely manner and communicated to the person and/or the legal representative. ✎ Grievances and their resolution are documented and entered into the record. 	
TOOLS	
<p>Organization Bill of Rights Grievance Procedure and Appeals Process Consent Forms and Releases Rights Assessments Policies and Procedures Human Rights Committee Consumer Handbook</p>	

INFORMED CONSENT	
<ul style="list-style-type: none"> ✎ For consent to be truly informed, the information must be presented in an understandable manner, the person must be able to make decisions, and decisions must be made voluntarily. ✎ Informed consent is obtained prior to implementation of any restriction or restrictive procedure. ✎ Informed consent is obtained prior to the release of protected health information outside of the organization. ✎ People are supported to protect the information they do not want to share <u>inside</u> or outside of the organization. ✎ Informed consents are specific and time limited, not to exceed one year. ✎ Informed consents are signed by the person (always), by a parent, if the person is a minor, and/or guardian, if appropriate. ✎ Records are maintained in a secure location. 	
TOOLS	
<p>Consent Forms Release of Information Forms Policies and Procedures Informed Consent Assessments</p>	



CONFIDENTIALITY	
<ul style="list-style-type: none"> ☞ People are educated about their right to confidential handling of personal information. ☞ People are given the opportunity to consent to or refuse to share personal information outside the organization. ☞ Consents are specific to: <ul style="list-style-type: none"> – what information is being released, – the persons or entities receiving the information, – the purpose for which the information is being released, and – the period of time the release is in effect. ☞ Documentation of information releases is maintained. ☞ Employees receive training on their responsibilities regarding confidentiality. ☞ State and Federal laws and regulations regarding confidentiality are followed. 	
	TOOLS Organization Policies and Procedures HIPAA Regulations Notice of Privacy Practices Consent Format that Contains All Required Elements

ADVOCACY	
<ul style="list-style-type: none"> ☞ People are educated about how decisions are made. ☞ Organization practices include opportunities for people to exercise rights and participate in decision-making. ☞ People are supported to form advocacy organizations or to join existing groups. ☞ People are supported to serve in leadership roles, such as on Boards of Directors, safety committees, and quality improvement work groups. ☞ People receive citizenship training. ☞ People are supported to contact public officials. ☞ People are supported to practice advocacy in a variety of areas of interest to them (disability issues, political issues, moral issues, animal rights, environmental issues, etc.). ☞ People are supported to obtain the services of an advocate, when needed. 	
COMMUNITY RESOURCES	TOOLS
Protection and Advocacy Organization Legal Aid Self-advocacy Groups League of Women Voters Special Interest Groups Citizenship Education	Rights Assessments Interest Assessments Participation in Organization Committees Board Memberships Current Affairs Education

HUMAN RIGHTS COMMITTEE	
<ul style="list-style-type: none"> ✎ The Human Rights Committee is a standing committee that meets regularly in order to ensure that human, legal, and civil rights are supported and protected. ✎ Membership for the committee is comprised of people served and their representatives, people who have training or experience with issues and decisions regarding human rights and people with expertise in areas such as social work, psychology, and pharmacology. ✎ Conflicts of interest are avoided and people who participated in the development of the issue coming before the committee refrain from engaging in the actions of the committee. ✎ The committee ensures that appropriate consents are obtained when rights restrictions occur. ✎ The committee reviews restrictions of rights frequently and requires that efforts are made to reinstate rights as soon as possible. ✎ The Human Rights Committee: <ul style="list-style-type: none"> – reviews, approves or denies, and monitors any restrictive programs or procedures, – reviews alleged incidents of abuse/neglect/exploitation and the organization’s response, and analyzes incidents to determine organizational trends and necessary responses, such as training, – reviews and approves or denies any policy or system that impacts the rights of people, – reviews and approves or denies the use of medications to change behavior, – reviews and approves or denies proposals for research, – reviews the use of emergency restraint procedures, and – analyzes trends across the organization in the area of human rights, including incident management. ✎ The committee maintains a record of its activities and documents issues reviewed, actions taken, and follow-up. ✎ Committee members receive orientation and ongoing training in the areas of committee responsibility. 	
	TOOLS
	Practice Manual for Good Committee Operations
	Community Resources, such as Protection and Advocacy Organizations and Self-advocates
	Organization Bill of Rights
Orientation and Training Manual for Committee Members	

GUARDIANSHIP	
<ul style="list-style-type: none"> ✎ A guardian is only obtained after an assessment has been completed and the person is determined to need guardianship. ✎ Limited guardianship is pursued rather than full guardianship whenever possible. ✎ Regular review of the guardianship is completed to determine the need for continued guardianship and the appropriateness of the guardianship situation. ✎ Education for the person served is provided, where appropriate, to increase the person’s autonomy in decision-making. ✎ The guardian consults the person prior to decisions, where possible. 	
	TOOLS
	Rights Assessments
	COMMUNITY RESOURCES
	Guardianship and Advocacy Organization

REPORTER: Before we move on, I've been wondering something. What is that luminous stuff between the blocks of this cornerstone formation?

GENERAL CONTRACTOR: Well, I'm glad you asked. That is the stuff from which dreams are made – The *Personal Outcome Measures*. Early on in our design process, we asked our shareholders how to define true quality. They told us, resoundingly, that true quality must reflect the individual preferences, goals, and desires of each individual we support. Our crew decided the only way to create that level of quality was to infuse our entire construction with *Personal Outcomes*. We knew that by focusing on personal outcomes, by listening to the people we support and those who love them, by demanding that every aspect of our organization focus on the dreams, desires, and personal goals of the people we served, we would be creating a structure, Quality Place, of which we could be proud. One that would last for centuries amid the growth and change that characterizes our community.

Personal Outcome Measures are the mortar that binds each block, each element of our organization, together. In this cornerstone, while all of the personal outcome measures contribute to the luster of our construction, two most specifically tie the cornerstone together: People are Treated Fairly, and People Exercise Their Rights.

REPORTER: Amazing! With such a high level of commitment to quality, it's no wonder your shareholders are so pleased with your organization and Quality Place. Can we look at another cornerstone?

GENERAL CONTRACTOR: Let's go visit the Safety cornerstone. I think there are some interesting facets of that construction that you'll enjoy. We are also expecting a visit from one of the local building inspectors (surveyors and regulators), who might have some time to talk with you.

The Safety Cornerstone

GENERAL CONTRACTOR: Here we are at the safety cornerstone. You might notice already that, while the cornerstone is foundationally similar to the rights cornerstone, there are a number of significant differences.

REPORTER: Yes, I can see some differences immediately. The first thing I notice is the difference in the mortar.

GENERAL CONTRACTOR: Good catch. The mortar here is slightly different than the mortar of the rights cornerstone. This mortar illuminates our commitment to supporting people to have close relationships, remain connected to their family and life-long friends, and be free from abuse and neglect, all of which assist those we serve to feel safe. Again, all *Personal Outcome Measures* contribute to the overall strength and quality of our construction; but specific *Personal Outcome Measures* have vast impact on the cornerstone of safety: People Experience Continuity and Security, People are Safe, People are Free from Abuse and Neglect, People have Intimate Relationships, People Remain Connected to Natural Support Networks

When you look closely, you may also notice a difference in the elements of this cornerstone. As with the rights cornerstone, much of the strength of this cornerstone lies in its thorough systems and commitment to supporting people with disabilities to be strong, capable members of our community. But, additional elements such as safe environments, emergency preparedness, and community support, such as external inspections, really beef up this cornerstone. Some of the tools we used to construct this cornerstone are also different than the previous one.

When we began construction of this cornerstone, we first made certain that its ties to the foundation were solid. With solid ties to our foundation, specifically the components of personnel and training, we readied ourselves to build a strong structure for safety that was person-centered and outcome driven. This was an innovative and exciting process.

In the past, we've seen so often that safety systems and supports were typically "canned" with a one-size fits all approach. We knew our stakeholders expected more from us. We worked hard to find a sensible balance between solid systems and valuing individual differences. One of our long-time craftspeople found the answer for us – create a process that can be modified for each individual we serve, while maintaining the integrity of the system.

REPORTER: Well, that's brilliant. Tell me more.

GENERAL CONTRACTOR: By establishing core systems that accommodate individualization, our organization again infuses person-centeredness into its very essence. With that person-centered focus, our shareholders experience not only more effective systems, but also experience a higher level of satisfaction since, again, we are asking and listening before building.

We also found that our craftspeople were more excited about being able to play a creative role in the construction, which is pivotal to the success of our project. So, basically, it's a win-win arrangement.

Now, it looks like we are in luck. Here comes Chad, one of the many building inspectors (surveyors and regulators) I told you about.

REPORTER: I'm doing an article on Quality Place and would like to talk with you about the inspection process.

BUILDING INSPECTOR: I'd be glad to talk with you.

The building inspection is a process designed to assess if a building, or organization, is meeting appropriate codes, regulations, and licensing requirements established by local, state, and federal regulators. We're here to keep people safe. I've been doing building inspections for 20 years and the codes haven't changed much! I know what I'm looking for when I see it. And, these folks here do a pretty darn good job.

Now, I'd better get inspecting. I have a lot to look at today.


GENERAL CONTRACTOR: Thanks, Chad, let me know if you need anything during the inspection.

(To the reporter) That Chad is an all-right guy. He really believes in what he's doing.

But, let me tell you, our organization views these inspections as an assurance of a very basic level of quality. While passing a building inspection means that we have attained an acceptable level of quality in our construction, we work to establish, internally, higher levels of quality. Good enough is not good enough for us. We know that our shareholders count on more from us; and, we aim to deliver.

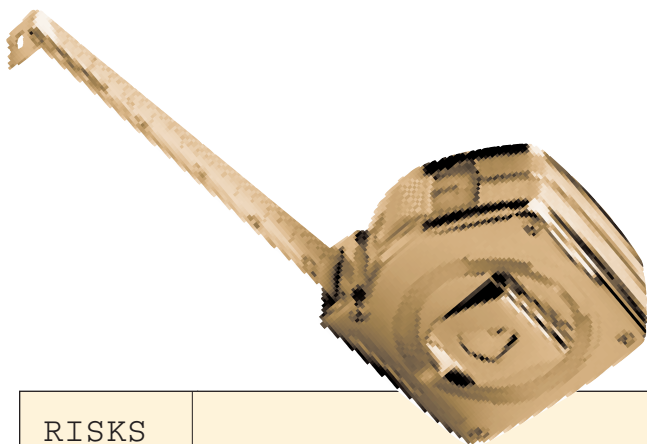
Here's a place where our tools become important. Just like I said with the rights cornerstone, the tools you use must match the job. Tools we use to meet, and then exceed, building inspections include our safety committee, accessibility plans, and incident management systems, among others. The way we make these systems meet both building inspection requirements and meet our person-centered philosophy is by making core systems that accommodate individualization. We take the basic and tailor it to the person. That's our secret for a strong cornerstone of safety.

Our blueprints for safety provide more detail on the elements and tools for constructing a solid cornerstone of safety. Take a closer look.

ENVIRONMENTS (SAFETY)	
<ul style="list-style-type: none"> ✎ Environments are clean, comfortable, and safe. ✎ Environments are maintained in good repair. ✎ Vehicles meet applicable legal requirements for operation. ✎ Inspections for all vehicles and service locations are current and meet applicable local, state, and federal standards. ✎ Drivers meet applicable legal requirements and are deemed competent to safely operate vehicles. ✎ Drivers receive training in: <ul style="list-style-type: none"> – handling emergencies and disasters, – medical emergency procedures, – first aid and CPR, and – related procedures regarding the people they support. ✎ Records of environmental inspections are maintained, including Plans of Corrections (POCs) and actions taken to remediate inspection deficiencies. ✎ Environments are equipped with appropriate fire-fighting equipment. ✎ Provisions are made for alternative places to stay in times of disaster/emergency. ✎ The Safety Committee reviews environmental audits, inspections, and POCs. ✎ Self-inspections of environments are completed regularly. ✎ The Safety Committee reviews results of internal/self-inspections. ✎ Personal protective equipment is available on-site and staff is trained in its use. ✎ Hazard communication practices are in accordance with OSHA regulations. ✎ Staff and people served receive safety training, as needed, for the environments they encounter and the duties they perform. 	
	TOOLS
	Environmental Checklists Staff Training Safety Committee OSHA Regulations
	COMMUNITY RESOURCES
	Fire Department Red Cross

ACCESSIBILITY	
<ul style="list-style-type: none"> ✎ The accessibility needs of people served are assessed. ✎ Accessibility barriers are identified including: <ul style="list-style-type: none"> – architectural – attitudinal – financial – employment – communication – transportation ✎ The organization complies with state and federal accessibility requirements. ✎ Environments are accessible for those who utilize the environments. ✎ Multi-story buildings are equipped to afford access to all levels on which services are provided and all common areas. ✎ Vehicles are adapted/modified to meet user needs. ✎ The organization has a plan to remove or compensate for barriers. ✎ The Person-Centered Plan identifies supports to meet the accessibility needs of individuals. 	
	TOOLS Accessibility Assessments ADA Guidelines

EMERGENCY PREPAREDNESS	
<ul style="list-style-type: none"> ✎ Plans are developed and communicated for a variety of emergencies (flood, tornado, earthquake, nuclear disaster, etc.) based on the geographical area. ✎ There is an overall organization plan for emergency preparedness; however, individualized plans are developed based on the needs of each person rather than a standard plan for everyone. ✎ Through training and ongoing communication, people served and staff are made aware of emergency plans and support needs. ✎ Drills are conducted that are realistic and occur at different times. Drills provide opportunities to test the effectiveness of emergency plans, monitor skill acquisition, and practice responses to emergencies. ✎ Policies and procedures, as well as the emergency plans, are easy to understand and readily accessible. ✎ Supplies and equipment are available and in good condition. ✎ Emergency contact information is available. ✎ The organization complies with all applicable rules and regulations regarding emergency procedures, including the presence of fire extinguishers and the posting of evacuation routes. 	
	TOOLS Policies and Procedures Emergency Manuals that are Designed to Support Each Person and the Site as a Whole Safety Committee Risk Assessment Tool
	COMMUNITY RESOURCES Civil Defense Fire Department Emergency Medical Services



RISKS	
<ul style="list-style-type: none"> ☞ The safety needs of people receiving services are determined. In some cases a formal assessment is essential. ☞ The Person-Centered Plan describes the needed safety supports for the individual. ☞ People served receive safety education and training specific to the environments and conditions they encounter. 	
	TOOLS Safety Review or Assessment Home Alone Review or Assessment Safety Training Curriculum (Fire Safety, Pedestrian Safety, Stranger Danger, Crime Awareness, etc.)
	COMMUNITY RESOURCES Fire Department Police Department

WATER TEMPERATURE SAFETY	-
<p>TY</p> <ul style="list-style-type: none"> ☞ A determination is made of the needs for support in maintaining safe water temperatures. One concrete way to make this determination is to conduct a risk assessment. ☞ People served and staff are trained in water temperature safety practices. ☞ Appropriate safeguards are taken based on the needs of the person. ☞ Systems are in place to regularly monitor and review adequacy of safety systems, such as adjusting the temperature on the water heater or replacing mixing valves. 	
	TOOLS Risk Tools Safety Committee Review of Preventative Measures and Incident Reviews Regular On-site Monitoring and Accountability Tools

INCIDENT MANAGEMENT	
<ul style="list-style-type: none"> ✎ People served and staff receive training on the prevention and reporting of abuse, neglect, and exploitation. ✎ Organization policies clearly define and expressly prohibit abuse, neglect, and exploitation. ✎ State regulations for the reporting and investigation of incidents of abuse, neglect, and exploitation are followed. ✎ Incidents of abuse, neglect, and exploitation are reported as soon as they are detected. ✎ Investigations are initiated within 24 hours of the receipt of the report. ✎ Actions are taken to prevent further incidents while an investigation is being conducted. ✎ Staff receives training to conduct investigations. ✎ Only people who have been trained may conduct investigations. ✎ Investigations are completed in a timely manner. ✎ Investigation reports include: <ul style="list-style-type: none"> – description of the alleged incident (who, what, when, where), – signed statements from witnesses, – photos or drawings of the physical evidence, – a list of documents reviewed, – a chronological statement of facts and the supporting evidence, and – a conclusion as to the accuracy of the allegation. ✎ Appropriate action is taken if an allegation is verified. ✎ The appropriate organizations and individuals are notified of the outcome of the investigation. ✎ Confidentiality of investigation information is respected. ✎ Incidents of unknown origin are investigated. ✎ The Human Rights Committee reviews incidents and investigations to assure appropriate follow-up and to identify system deficiencies. ✎ All accidents and incidents are reported. ✎ Injuries of unknown origin are investigated. ✎ The Safety Committee reviews all accident reports to assure appropriate follow-up. ✎ Follow-up on accidents includes actions to lessen the chance of reoccurrence. ✎ Accidents and incidents are reviewed for trends at least annually. ✎ Records and reports of occupational illnesses and injuries are filed as required by OSHA. 	
	<p>TOOLS</p> <ul style="list-style-type: none"> Organization Policies and Procedures Organization Accident and Incident Report Formats Organization Hot Line Abuse, Neglect, and Exploitation Training Curriculum Conducting Investigations Training Curriculum Investigation Tracking Form/System Human Rights Committee Safety Committee

SAFETY COMMITTEE

- ✍ The Safety Committee involves people served and employees at all levels of the organization.
- ✍ Safety Committee members receive training on their roles and responsibilities.
- ✍ The Safety Committee meets no less than quarterly.
- ✍ Safety Committee minutes are kept in a set format.
- ✍ The Safety Committee inspects environments for potential hazards and unsafe practices.
- ✍ The Safety Committee assures follow-up and correction of unsafe conditions.
- ✍ The Safety Committee reviews all accident and injury reports.
- ✍ The Safety Committee monitors reports of emergency and disaster drills.
- ✍ The Safety Committee reviews reports of external safety inspections.
- ✍ The Safety Committee accumulates accident and injury data and examines them for trends and system deficiencies.
- ✍ The Safety Committee establishes action plans to prevent the reoccurrence of accidents and injuries.

TOOLS

Safety Committee Policies and Procedures

Property Safety Checklists

Vehicle Safety Checklists

Emergency/Disaster Drills Tracking Form/System

Accident/Injury Report Format

Accident/Injury Tracking Form/System

Corrective Action Tracking Form/System



EXTERNAL INSPECTIONS

- ✍ Inspections for all locations are conducted by identified external resources, as required by local, state, and federal laws and regulations.
- ✍ Actions taken to correct deficiencies identified in inspections are documented.
- ✍ The Safety Committee reviews external inspection reports and monitors plans of correction.

TOOLS

Plans of Correction

External Inspection Reports

The Health Cornerstone

GENERAL CONTRACTOR: Now that you have spent time studying the blueprints for safety, the next logical stop on our tour is the Health cornerstone. There are similarities with the safety cornerstone, such as the use of a safety committee as a quality assurance tool. There are differences, however, and an obvious one is that we are using a lot of subcontractors (nurses, doctors, PT, OT, etc.) in this part of Quality Place. People with disabilities have not always had access to good health care so this part of the building is very important to them. You'll notice some of the blocks that make up this section: preventive screenings, good nutrition, meeting physical and mental health needs, and appropriate adaptive equipment interlock to produce a comprehensive and coordinated system.

REPORTER: I see that special mortar you've been talking about—the *Personal Outcome Measures*—in this section also, but it's a bit different than in the other sections.

GENERAL CONTRACTOR: You are getting a good eye for the subtle details of construction! There are two very different compounds in this mortar. The first is People Have the Best Possible Health. This includes defining what the best possible health is for the individual, and supporting people to choose their own health providers and to manage as many aspects of their health care as they can.

Here comes another building inspector. He's a pretty outspoken fellow, and I know he'd be delighted to answer any questions. I'll let him tell you what else is in the mortar.

Frank, do you have time to talk to a reporter who is doing an article about Quality Place?

FRANK: Sure. I am here doing quality control checks anyway. How can I help you?

REPORTER: I'm interested in the mortar that binds all the building blocks to the health cornerstone. I understand you have an interest in one of the compounds.

FRANK: My job is to make sure all construction meets the codes for sharing personal information. There's the new federal HIPAA code you know, but states have also had regulations about this for years. Meeting these codes provides a basic assurance that information about people is only shared when necessary and with their permission. What impresses me during my inspections of Quality Place is the way they use People Decide When to Share Personal Information in their mortar. They use tools, such as consents, as many others do, but Quality Place actively supports the people they serve to be informed health care consumers and to control if and how information is shared. They keep records in a way the people understand, and assist people to use those records, if they are interested.

Well, I need to move on and try to ferret out some violations. I know I won't find any here.

REPORTER: Interesting guy. He is certainly impressed with your Health cornerstone.

GENERAL CONTRACTOR: He seems to enjoy his time here because he knows that we want to exceed the minimum expectations. Here is the tool shed. I thought you might like to see some of the tools we used when building the Health section. The Safety Committee is an important tool here. It reviews accident reports, medication errors and recommends changes in practices, when needed. It also assures that all adaptive equipment is regularly checked and kept in good working order. We also use a variety of tracking and monitoring tools to assure follow-up on medical appointments and implementation of health care orders. This whole section of the shed is full of staff training tools. There are curricula for first-aid, CPR, universal precautions, signs and symptoms of illness, storage and administration of medication, to name just a few. Staff cannot support the best possible health for the people they serve, if they are not knowledgeable about it themselves.

I'm going to leave you in this section for a while so you can get a better look at all the tools and blueprints. We can meet up again later.

REPORTER: Thanks. There is a lot to see here and I would appreciate some extra time to look at the components in more detail.

HEALTH	
	<ul style="list-style-type: none"> ✍ Organization policy and procedures support the right of people to receive a variety of preventive and treatment services to maintain the best possible health. ✍ People served receive the education and support they need to be active participants in their health care, including scheduling appointments, selecting medical providers, and maintaining health records. ✍ People served receive regular medical follow-along by a health care professional that is appropriate for the individual's health issues. ✍ A schedule for recommended preventive health care is available to people served and their families and the importance of preventive health care is discussed regularly. ✍ When significant health issues occur people are afforded the opportunity to be informed of their medical condition and treatment options including risks, side effects, and probable outcomes. ✍ Informed consent is obtained prior to medical treatment and procedures. ✍ A variety of medical services are available – general health care, specialized care, dental services, and ancillary services, such as speech, hearing, and nutritional services. ✍ Records related to health care are maintained with information accessible to people served, staff, and health care professionals. Medical history is documented, indicating family history, when available, and dates and results of medical care.
	TOOLS
	<p>Organization Policies and Procedures Record-keeping Systems Professional Standards for Routine & Preventive Health Care Best Practices Training for People in Service and Staff Regarding Medical Issues Advocacy and Self-advocacy Resources</p>

ENVIRONMENTS	(HEALTH)
	<ul style="list-style-type: none"> ✍ Environments are sanitary and free of offensive odor. ✍ Environments are free of vermin, insects, and infestation. ✍ The organization has a regular schedule of maintenance and cleaning to ensure a sanitary environment. ✍ Waste and garbage are stored, transferred, and disposed of in a manner that does not create a nuisance or permit the transmission of disease. ✍ The organization has a process for prevention, control, and investigation of infection and communicable diseases. ✍ Personal protective equipment is available at all locations, as needed. ✍ The Safety Committee reviews accident and incident reports.
	<p>TOOLS</p> <p>Maintenance Records Safety Committee Policies and Procedures</p>



EQUIPMENT	
<ul style="list-style-type: none"> ✎ People who use therapeutic adaptive, mobility, orthotic, prosthetic, communication, corrective, and safety devices or other assistive devices receive professional assessments to determine the continued applicability and fitness of those devices annually or otherwise as prescribed. ✎ Anticipated outcomes for physical development and health are included in the plan of each person who uses or needs therapeutic adaptive, mobility, orthotic, prosthetic, communication, corrective, and safety devices or other assistive devices to achieve proper body position, balance, or alignment. ✎ People using the listed equipment have a plan or strategies that specify the situation in which each is to be applied and used. ✎ Equipment necessary to provide appropriate services and supports is provided or obtained. ✎ Equipment is maintained, in good repair, and is readily available to the person who uses it. ✎ A schedule of regular, preventive maintenance is followed. ✎ People served and staff are taught the use and care of equipment. 	
	TOOLS Maintenance Records Assessments Staff Training Policies and Procedures

MEDICATION ADMINISTRATION, STORAGE, & DESTRUCTION	
<ul style="list-style-type: none"> ✎ Medication and immunization histories are maintained for people served. ✎ The organization has written policies and procedures for medication administration, handling, storage, and destruction in accordance with local, state, and federal regulations and standards. ✎ Staff receives competency-based training in medication administration, handling, storage, and destruction. ✎ Physicians order medications. Physicians' orders are maintained in each person's record. ✎ Medication orders are filled by registered pharmacists and received in a container that is properly labeled. ✎ Medication is stored according to local, state, and federal standards. ✎ People are supported to administer their own medications, based on each person's interests and preferences. ✎ Each person has a medication administration record, documenting every time a medication is given. ✎ Narcotics, as identified in the state schedule, are stored under double lock and a narcotic record is kept. ✎ Each time a medication error occurs, a medication error report is completed and appropriate follow-up action is taken and tracked. ✎ Medications that are outdated or discontinued are destroyed in accordance with local, state, and federal regulations. ✎ A medication destruction record is maintained. ✎ The Human Rights Committee and the individual's team approve all medications used for behavior support. ✎ Medications for behavior support are monitored quarterly, or more frequently as needed, by the prescribing physician. ✎ A medication reduction plan is established for each person who takes medications for behavior support, unless clinically contraindicated, with close scrutiny of the attending physician. ✎ The person's team and Human Rights Committee review medication changes in accordance with local, state, and federal standards. ✎ People served, families, and/or guardians are apprised, in writing, of the risks associated with medication for behavior support prior to its implementation. 	
	TOOLS
	Informed Consent Medication Administration Records Staff Training Policies and Procedures Narcotic Records Medication History and Immunization Records

The Person-Centered Supports Cornerstone

GENERAL CONTRACTOR: Are you ready to continue the tour? I am anxious to show you the final cornerstone.

REPORTER: Lead on. This is without a doubt the most exciting project I have ever reviewed!

GENERAL CONTRACTOR: Person-Centered Supports is the final and, perhaps, most complex, cornerstone. It is the one that provides the foundation for everything we do for our shareholders—the people we serve. Elements in this section include getting to know the person served and what is really important to him or her. Services and supports exist for people and need to be crafted in a way that makes sense for each individual. By having the “asking” block right at the beginning of this section, the person served establishes the direction for everything else that happens.

REPORTER: I guess your company doesn’t subscribe to the “if you build it, they will come” school of construction.

GENERAL CONTRACTOR: Horrors! I wouldn’t know where to begin to build supports without first asking the shareholders what they want. What a colossal waste of time!

REPORTER: What is that block that seems to be holding a large part of this section together?

GENERAL CONTRACTOR: That is the keystone called the Person-Centered Plan. A lot of the crew, including the shareholders, worked on this section. It was truly a team effort. The Plan section rises from what people want and contains goals, objectives, services, and supports that help people get what they want and live the life they want to live. You’ll notice this part of the structure has lots of open space and moveable walls. It is a very fluid and flexible design because it is anticipated

that it will have to be remodeled often as the interests of our shareholders change.

The keystone by itself does nothing. It is only important if all of the smaller stones are attached to it. These stones implement the plan so that good things really start to happen for the person served. These implementing stones include teaching methods, support strategies, formal and informal data collection. We use tools to monitor this part of the Quality Place closely because we want to make sure it reflects what is most important to the person and is meeting the person’s needs. We never hesitate to make adjustments and modifications to this section; in fact, we expect to need to do that on a regular basis.

REPORTER: What is this balcony sticking out? It looks kind of old but I notice you have reworked it a bit and given it a new look.

GENERAL CONTRACTOR: That’s the Active Treatment terrace. Some parts of the center are required to have it by regulations, but the inspectors sometimes have a hard time deciding what it should look like. We have found when it has a rigid design; the people we serve don’t really like it. They find it cold, inflexible, and not very inviting. We don’t want to design a terrace no one wants to go out on. So we got the people we serve involved in choosing the design of the terrace and what goes on it, and now they use it a lot.

REPORTER: These plants make the terrace very attractive.

GENERAL CONTRACTOR: Those are opportunity, experience, choice, community presence, and community participation. They make the Active Treatment terrace a very attractive place to spend time.

REPORTER: There is one large section that we haven’t talked about. It’s attached to the Plan keystone but it also contains a lot of different parts on its own.

GENERAL CONTRACTOR: This is Behavior Support and it does have lots of important parts. If it is not built right, people might be subjected to dehumanizing procedures or may even be hurt. There are many tools, such as behavioral assessments, informed consent procedures, and a Behavior Review Committee, we use

to make sure this section is carefully crafted. When we are done, we have the Human Rights Committee study it to make sure that what we have is positive and respectful of the person served.

The blueprints will show you in detail how these parts are designed and constructed, and there will be more information on the tools that we use here.

REPORTER: By this time in the tour, I recognize the mortar and notice it is extensive in this corner.

GENERAL CONTRACTOR: The *Personal Outcome* mortar is critical here because it most affects whether

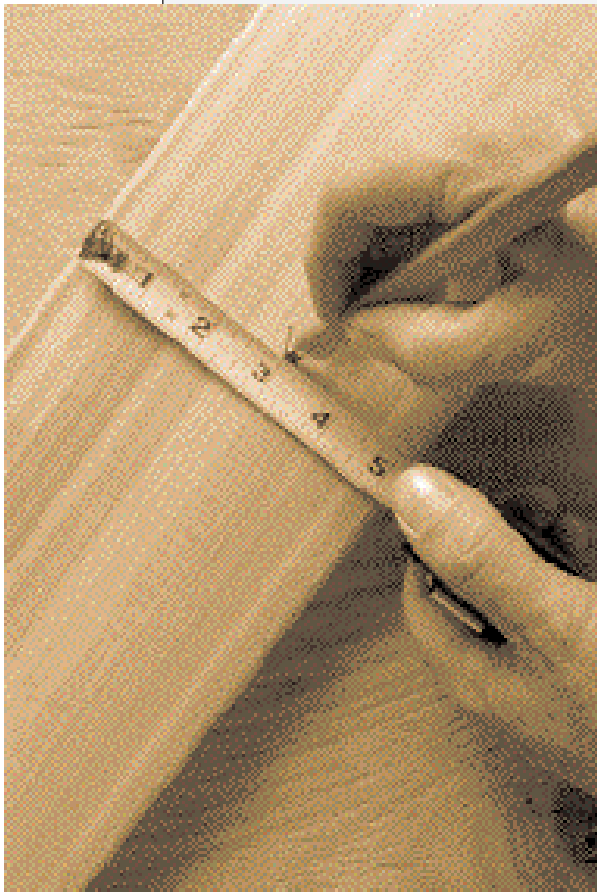
people will get what they want from Quality Place. Look at everything that goes into the mortar here: People Live in Integrated Environments; People Choose Services; People Interact with Other Members of the Community; People Choose Where and With Whom They Live; People Choose Where They Work; People Use Their Environments; and People Choose Personal Goals. Without this mortar made from the *Personal Outcome Measures*, we could have a service, but not a person-centered service.

Spend some time with the blueprints so you get a better appreciation of everything that has gone into this section. We'll meet up again when you have finished.

THE ASKING BLOCK	
FINDING OUT WHAT PEOPLE WANT	
<ul style="list-style-type: none"> ✎ Self-exploration or self-assessments are conducted prior to plan development to learn personal goals, desires, preferences, and needed services and supports. ✎ Self-exploration or self-assessments result in determination of what services and supports are needed and who will provide these supports. ✎ Certain state and federal regulations also require the following: <ul style="list-style-type: none"> – social evaluation, including social and interpersonal skills and community access – psychological evaluations – independent living skills, including self care, financial management, and home maintenance evaluations – developmental or educational evaluation – employment and work skills evaluation – therapy evaluations – speech/language, occupational, physical, etc. ✎ When a person does not identify personal goals, desires, and preferences, opportunities to experience new situations are included as part of the assessment process. ✎ Assessment reports identify individual abilities and needs as they relate to the person's personal goals. ✎ Assessment reports provide information about how the person's current state contributes to or inhibits the achievement of personal goals. ✎ Assessment reports provide suggestions for supporting the person in the pursuit of personal goals. ✎ Assessment results are discussed with the person, those who support the person (the team), and others, as the person desires. ✎ At least annually, assessment results are reviewed by the person, his/her supporters, and the team to determine continued relevancy and the need for updates. 	
TOOLS Self-exploration/Self-assessment Individual Plan Forms Monthly/Regular Review Forms Data Collection Forms Staff Training Meeting Agenda	

CRAFTING THE PLAN	
<ul style="list-style-type: none"> ✎ Each person has a current (most regulations require within the year) plan of services and supports. ✎ Each person determines who will be involved in the planning process (the people who constitute the team). ✎ People receive the training and support they need to participate actively in the planning process, to the extent they are interested. ✎ The plan is based on an exploration or assessment of the person's desired personal outcomes and needs. ✎ The plan includes a statement of the person's goals and objectives that will lead to the attainment of the desired personal outcomes. ✎ The plan identifies supports and strategies needed to achieve the goals. ✎ The plan identifies methods/approaches the person wants/needs to achieve goals. ✎ The plan identifies time frames for accomplishment of goals and objectives. ✎ The plan identifies those responsible for implementing support strategies. ✎ A plan coordinator, who meets local, state, and federal guidelines, is identified. ✎ Each plan is reviewed at least annually, more frequently as needed for the person, or to meet local, state, and federal expectations. ✎ Each plan supports the person to pursue and experience personal outcomes and a full and rewarding life. 	
	TOOLS Self-exploration/Self-assessment Individual Plan Forms Monthly/Regular Review Forms Data Collection Forms Staff Training Training for People Served Meeting Agenda
PLAN IMPLEMENTATION	
<ul style="list-style-type: none"> ✎ Plans are implemented in a timely manner, not to exceed 30 days following the planning meeting. ✎ Plans and objectives include strategies and methods, implementation schedules, and reporting procedures. NOTE: Specific data collection plans should be included even if the data collected are anecdotal. ✎ Plans and objectives identify those responsible for implementation, who may be the person, family members, staff, etc. ✎ The person is engaged in the development and implementation of the plan and objectives to the level the person desires. ✎ Staff members receive training on how to implement the plan. ✎ Regular monitoring of plans and objectives is completed in accordance with local, state, and federal guidelines, as relevant to the person served. NOTE: Monthly reviews are most common; however, more or less frequent monitoring may be appropriate depending on the person and the situation. ✎ Progress is documented using methods appropriate to the plan and objectives. ✎ Documentation yields meaningful, measurable results, and information is used to evaluate the effectiveness of the services and supports contained in the plan. ✎ Plans and objectives are revised and action is taken when indicated by progress documentation (progress made, lack of progress, changed expectations of person served). 	
	TOOLS Self-exploration/Self-assessment Individual Plan Forms Monthly/Regular Review Forms Data Collection Forms Staff Training Meeting Agenda

POSITIVE APPROACHES	
<ul style="list-style-type: none">✎ Organization policy supports the use of positive approaches in all support and service delivery.✎ Emphasis is placed on the reinforcement of positive behavior.✎ Organization policy prohibits the use of restrictive procedures that may cause physical or psychological harm.✎ Organization policy prohibits the limitation of freedom except for emergency or medical situations. When limitations are necessary, there must be careful professional and ethical review.✎ Behaviors that cause, or have the potential to cause, injury to self or others are the priorities for the development of alternative behaviors.✎ Staff are trained on the organization's positive approaches policies, including communication, respectful interactions, and confrontation avoidance.	
	TOOLS
	Organization Policies and Procedures Staff Training Curriculum



BEHAVIOR SUPPORT PLANS

- ✎ Behavior Support Plans are integrated into the person's plan.
- ✎ Behavior Support Plans emphasize the development of behaviors that assist the person to achieve personal outcomes.
- ✎ Behavior Support Plans are based on a thorough review of the behavior. Most commonly this includes formal assessment and a functional analysis.
- ✎ Behavioral reviews and analysis include an investigation of the medical or psychiatric causes for the behavior and environmental or social stresses that may be impacting the behavior.
- ✎ The analysis of the behavior includes a clear description of the behavior, an investigation of the setting, events, antecedents, and consequences surrounding occurrences of the behavior.
- ✎ The analysis states a likely function or reason of the behavior (what the person is getting or avoiding or trying to communicate through the behavior).
- ✎ An alternate behavior that meets the same need is supported.
- ✎ Behavior Support Plans contain: a clear description of the behavior, strategies to support alternative behaviors, a reactive support strategy with instructions to staff for what to do if the behavior does occur, and an explanation of how data will be collected.
- ✎ The planning team, which includes the person and others acting on his or her behalf approves the Behavior Support Plan.
- ✎ Behavior Support Plans should be reviewed by a Behavior Review Committee whose members have the expertise to assess the technical soundness of the plan.
- ✎ The Behavior Support Plan is regularly reviewed and data are analyzed monthly to assess its effectiveness.
- ✎ All staff who work with the person are trained to properly implement the Behavior Support Plan.

TOOLS

Behavior Assessment and Review Format

Functional Analysis

Behavior Support Plan Format

ABC (Antecedent/Behavior/Consequence) Chart

Behavior Incident Report Format

Behavior Review Committee

RESTRICTIVE PROCEDURES

- ✎ Prior to implementation, the organization's Human Rights Committee reviews Behavior Support Plans that contain limitations of freedoms, or restrictions, or include the use of medications for behavior support.
- ✎ The Human Rights Committee assures that restrictive procedures are used only for protection from harm and not for staff convenience or control.
- ✎ The Human Rights Committee reviews plans that contain limitations or restrictions, no less than every six months.
- ✎ Persons for whom medication has been prescribed for behavior support have a Behavior Support Plan in place that addresses the same behavior for which the medication is given.
- ✎ Data are collected on behaviors for which medication is given and are regularly analyzed to assess the benefit of the medication.
- ✎ Restrictive procedures are not employed until non-restrictive procedures have been proven ineffective.
- ✎ When restrictive procedures are proposed, an analysis is done to assure that the harmful effects of the problem behavior outweigh the potential harmful side effects of the procedure.
- ✎ Implementation of restrictive procedures requires the informed consent of the person and/or legal guardian.
- ✎ Staff is trained to properly implement restrictive procedures.

TOOLS

Organization Policies and Procedures
Organization Human Rights Committee
Informed Consent Forms
Data Collection Documents
Behavior Incident Report Forms
Competency-based Curricula on
Physical Intervention



The Penthouse— Social Value— Pinnacle of Our Success

GENERAL CONTRACTOR: Well, I hope you are finding this tour to be interesting and exciting. My crew and I often find ourselves so pleased with both the outcomes of our construction and the processes we used to get here that we are anxious to share it.

REPORTER: I have really found this to be a wonderful learning experience. I'm confident my article will be stellar.

GENERAL CONTRACTOR: I have one more element of our construction I'd like to show you. I've saved the best for last. Let's take the elevator to the penthouse. (Rides up in the elevator)

Here it is – the penthouse of Quality Place – Social Value – our pinnacle of success!

REPORTER: Oh my... It's all windows and light and freedom. Beautiful freedom to be whoever you want to be, to achieve whatever you want to achieve, to fully live the life you were given with pride and pleasure and distinctiveness. It's magnificent.

GENERAL CONTRACTOR: I knew you'd understand. Here is where all the elements converge to create the quality our shareholders demanded. Here is where our foundation of mission, inspired leadership, committed and appreciated personnel, and strong fiscal accountability meshes with our steadfast cornerstones of rights, health, safety, and person-centered supports. Here is where our resplendent mortar of personal outcomes blends with sensible, responsive systems. Here is where we truly support people to live fully,

proudly, and confidently within their community. Here is where family and friends join with staff and professionals to seamlessly support people with disabilities to be – simply to be exactly who and what they want to be. Here is where the walls fall away and you can see, for miles, the road upon which we all travel – together as human beings.

Here is true quality.

REPORTER: I think I am beginning to really understand the journey you and your crew undertook when you began construction of Quality Place. You weren't creating a place; you were creating a path upon which you can fulfill your mission. You were opening a door – the door that quietly keeps people with disabilities from being embraced as valuable partners in their communities. You were just doing your work, building quality.

GENERAL CONTRACTOR: Exactly.



Tools Checklist

☐ **GOVERNANCE**

- ☐ Board Membership Roster
- ☐ By-laws, Articles of Incorporation, and Other Legal Documents
- ☐ Conflict of Interest Policy
- ☐ Governance Manual
- ☐ Board Orientation and Training Materials

☐ **MISSION/VALUES/PLAN**

- ☐ Mission Statement
- ☐ Value Statement(s)
- ☐ Quality Enhancement Plan
- ☐ Data Related to Quality
- ☐ Enhancement Planning Process and Priorities

☐ **FISCAL MANAGEMENT**

- ☐ Financial Monitoring System
- ☐ Policies and Procedures
- ☐ Board Minutes
- ☐ Financial Audit/Annual Report

☐ **PERSONNEL AND TRAINING**

- ☐ Personnel Files
- ☐ Personnel File Audits
- ☐ Reference Materials on Personnel Law and Practices
- ☐ Employee Handbook
- ☐ Analysis of Staff Turnover
- ☐ Training Curricula
- ☐ System for Tracking and Analyzing Staff Training Activities

☐ **RIGHTS EDUCATION**

- ☐ Organization Bill of Rights
- ☐ Training Curricula for People in Service, Family Members, and Staff
- ☐ Consumer Handbook

☐ **DUE PROCESS**

- ☐ Organization Bill of Rights
- ☐ Grievance Procedure and Appeals Process
- ☐ Consent Forms and Releases
- ☐ Rights Assessments
- ☐ Policies and Procedures
- ☐ Human Rights Committee
- ☐ Consumer Handbook

☐ **INFORMED CONSENT**

- ☐ Consent Forms
- ☐ Release of Information Forms
- ☐ Policies and Procedures
- ☐ Informed Consent Assessments

☐ **CONFIDENTIALITY**

- ☐ Organization Policies and Procedures
- ☐ HIPAA Regulations
- ☐ Notice of Privacy Practices
- ☐ Consent Format that Contains all Required Elements

☐ **ADVOCACY**

- ☐ Rights Assessments
- ☐ Interest Assessments
- ☐ Participation in Organization Committees
- ☐ Board Memberships
- ☐ Current Affairs Education

COMMUNITY RESOURCES:

- ☐ Protection and Advocacy Organization
- ☐ Legal Aid
- ☐ Self-advocacy Groups
- ☐ League of Women Voters
- ☐ Special Interest Groups
- ☐ Citizenship Education

☐ **HUMAN RIGHTS COMMITTEE**

- ☐ Practice Manual for Good Committee Operations
- ☐ Community Resources, such as Protection and Advocacy
- ☐ Organizations and Self-advocates
- ☐ Organization Bill of Rights
- ☐ Orientation and Training Manual for Committee Members

☐ **GUARDIANSHIP**

- ☐ Rights Assessments
- COMMUNITY RESOURCES:**
- ☐ Guardianship and Advocacy Organization

☐ **ENVIRONMENTS (SAFETY)**

- ☐ Environmental Checklists
- ☐ Staff Training
- ☐ Safety Committee
- ☐ OSHA Regulations

COMMUNITY RESOURCES:

- ☐ Fire Department
- ☐ Red Cross

☐ **ACCESSIBILITY**

- ☐ Accessibility Assessments
- ☐ ADA Guidelines

☐ **EMERGENCY PREPAREDNESS**

- ☐ Policies and Procedures
- ☐ Emergency Manuals that are Designed to Support Each Person and the Site as a Whole
- ☐ Safety Committee
- ☐ Risk Assessment Tool

COMMUNITY RESOURCES:

- ☐ Civil Defense
- ☐ Fire Department
- ☐ Emergency Medical Services

☐ **RISKS**

- ☐ Safety Review or Assessment
- ☐ Home Alone Review or Assessment
- ☐ Safety Training Curriculum (Fire Safety, Pedestrian Safety, Stranger Danger, Crime Awareness, etc.)

COMMUNITY RESOURCES:

- ☐ Fire Department
- ☐ Police Department

❑ WATER TEMPERATURE SAFETY

- ❑ Risk Tools
- ❑ Safety Committee Review of Preventative Measures and Incident Reviews
- ❑ Regular On-site Monitoring and Accountability Tools
- ❑ Training for People Served and Staff

❑ INCIDENT MANAGEMENT

- ❑ Organization Policies and Procedures
- ❑ Organization Accident and Incident Report Formats
- ❑ Organization Hot Line
- ❑ Abuse, Neglect, and Exploitation Training Curriculum
- ❑ Conducting Investigations Training Curriculum
- ❑ Investigation Tracking Form/System
- ❑ Human Rights Committee
- ❑ Safety Committee

❑ SAFETY COMMITTEE

- ❑ Safety Committee Policies & Procedures
- ❑ Property Safety Checklists
- ❑ Vehicle Safety Checklists
- ❑ Emergency/Disaster Drills Tracking Form/System
- ❑ Accident/Injury Report Format
- ❑ Accident/Injury Tracking Form/System
- ❑ Corrective Action Tracking Form/System

❑ EXTERNAL INSPECTIONS

- ❑ Plans of Correction
- ❑ External Inspection Reports

❑ HEALTH

- ❑ Organization Policies and Procedures
- ❑ Record-keeping Systems
- ❑ Professional Standards for Routine & Preventive Health Care Best Practices
- ❑ Training for People in Service and Staff Regarding Medical Issues
- ❑ Advocacy and Self-advocacy Resources

❑ ENVIRONMENTS (HEALTH)

- ❑ Maintenance Records
- ❑ Safety Committee
- ❑ Policies and Procedures

❑ EQUIPMENT

- ❑ Maintenance Records
- ❑ Assessments
- ❑ Staff Training
- ❑ Policies and Procedures

❑ MEDICATION ADMINISTRATION, STORAGE, & DESTRUCTION

- ❑ Informed Consent
- ❑ Medication Administration Records
- ❑ Staff Training
- ❑ Policies and Procedures
- ❑ Narcotic Records
- ❑ Medication History & Immunization Records

❑ THE “ASKING BLOCK”

- ❑ Self-exploration/Self-assessment
- ❑ Individual Plan Forms
- ❑ Monthly/Regular Review Forms
- ❑ Data Collection Forms
- ❑ Staff Training
- ❑ Meeting Agenda

❑ CRAFTING THE PLAN

- ❑ Self-exploration/Self-assessment
- ❑ Individual Plan Forms
- ❑ Monthly/Regular Review Forms
- ❑ Data Collection Forms
- ❑ Staff Training
- ❑ Training for People Served
- ❑ Meeting Agenda

❑ PLAN IMPLEMENTATION

- ❑ Self-exploration/Self-assessment
- ❑ Individual Plan Forms
- ❑ Monthly/Regular Review Forms
- ❑ Data Collection Forms
- ❑ Staff Training
- ❑ Meeting Agenda

❑ POSITIVE APPROACHES

- ❑ Organization Policies and Procedures
- ❑ Staff Training Curriculum

❑ BEHAVIOR SUPPORT PLANS

- ❑ Behavior Assessment and Review Format
- ❑ Functional Analysis
- ❑ Behavior Support Plan Format
- ❑ ABC (Antecedent/Behavior/Consequence) Chart
- ❑ Behavior Incident Report Format
- ❑ Behavior Review Committee

❑ RESTRICTIVE PROCEDURES

- ❑ Organization Policies and Procedures
- ❑ Organization Human Rights Committee
- ❑ Informed Consent Forms
- ❑ Data Collection Documents
- ❑ Behavior Incident Report Forms
- ❑ Competency-based Curricula on Physical Intervention

Blueprint Checklist

Governance

GOVERNANCE

- ❑ The organization has a Board of Directors that is diverse and includes representatives of the people who receive services and supports.
- ❑ Expertise in a variety of areas exists within the Board membership.
- ❑ The Board maintains a conflict of interest policy that is reviewed regularly.
- ❑ New Board members are provided with orientation to the organization and the workings of the Board.
- ❑ A high standard of ethical behavior is required for Board members and is clearly articulated in a governance manual or similar document.
- ❑ Board meetings are held regularly, and actions are documented in meeting minutes.
- ❑ By-laws, articles of incorporation, and other legal requirements are met.
- ❑ Staff report to the Board regularly on issues related to the operation of the organization, including financial performance, service delivery, and legal issues.
- ❑ Where services exist within a variety of locations, the organization engages local citizens in the work of the organization.

MISSION/VALUES/PLAN

- ❑ The organization has a written mission statement that articulates the reasons for its existence.
- ❑ Values for the organization have been identified and serve as a driving force for decisions.
- ❑ The mission statement and values are made available to people served, families, staff, and other stakeholders.
- ❑ The mission statement and values are reviewed regularly to ensure that they reflect the current operations and working environment.
- ❑ The organization uses a variety of information and data to create a quality enhancement plan with measurable goals and objectives.
- ❑ An analysis of the organization's strengths, opportunities for improvement, and threats is conducted as part of the planning process.
- ❑ The quality enhancement plan is reviewed by the Board and communicated broadly to an audience that includes people served, families, staff, and other stakeholders.

FISCAL MANAGEMENT

- ❑ The organization has a budget that is developed at least annually and approved by the Board of Directors.
- ❑ Management reviews fiscal performance regularly to ensure policy compliance, good business practices, and financial accountability.
- ❑ Funding contracts are reviewed regularly against billing and documentation of service requirements.
- ❑ The organization advocates for appropriate funding to ensure that supports can be provided to meet people's needs.
- ❑ Staff at all levels of the organization are included in the financial management of the organization.
- ❑ The accounts of people supported are maintained in accordance with regulations.
- ❑ People are afforded the opportunity to participate in the management of their funds and training is offered to enhance money management skills.
- ❑ Insurance is maintained for organization property, vehicles, professional liability, workers compensation, etc., as required by law, regulation, or contract.
- ❑ An annual financial audit is completed by an outside auditor and presented to the Board of Directors for review and approval.

PERSONNEL AND TRAINING

- ❑ Organizations comply with all applicable personnel laws, including non-discrimination practices and pre- and post-employment checks.
- ❑ Hiring practices have been documented and are regularly assessed for effectiveness.
- ❑ Staff has appropriate credentials for their positions and credentials are verified on a regular basis.
- ❑ All positions are described in job descriptions that state the essential job functions and qualifications.
- ❑ Each employee has a personnel file with information, such as the results of background checks, performance evaluations, and materials required by law or regulations.
- ❑ Employees receive regular performance feedback that is documented and contains goals for performance.
- ❑ Appropriate interventions are used when staff is not meeting performance expectations and organization requirements. Documentation is placed in the personnel file and follow-up action is taken as needed.
- ❑ Initial orientation is provided to all staff. Orientation includes specific information on what constitutes effective job performance.
- ❑ Training is competency based and a variety of teaching and training delivery methods are employed.
- ❑ Training materials are available and in good condition.
- ❑ Training is documented and regularly reviewed to ensure that organization expectations are being met.
- ❑ Training is assessed for effectiveness through a variety of activities including feedback forms and competency testing trend analysis.
- ❑ Ongoing staff development opportunities are offered to assist staff in maintaining existing skills or gaining new skills.
- ❑ The organization provides career development opportunities to all interested employees.

Rights Cornerstone

RIGHTS EDUCATION

- ❑ All people served and their legal representatives are informed of their rights upon the initiation of services and regularly thereafter.
- ❑ Information about rights is available in a variety of formats and in a manner that is understandable to the person.
- ❑ People are afforded opportunities to exercise their rights and to discover what rights and personal freedoms are most important to them.
- ❑ Education is provided to people served and staff regarding human, legal, and civil rights, responsibilities, and self-advocacy.

DUE PROCESS

- ❑ The Human Rights Committee reviews all rights restrictions.
- ❑ A plan and supports to reinstate a restricted right accompanies all rights restrictions.
- ❑ Restoration of rights is achieved as quickly as possible.
- ❑ Rights restrictions are reviewed regularly to ensure appropriateness and the need for continuation.
- ❑ All staff supporting the person are trained on the restriction and related support prior to the implementation of a rights restriction.
- ❑ The organization has a formal grievance procedure and appeal process.
- ❑ People served and their legal representatives are provided with information about the organization's grievance and appeal process in a manner that is understandable to the person.
- ❑ Support is provided to people who wish to grieve or appeal a decision.
- ❑ Retaliation for filing a grievance or appealing a decision is strictly prohibited.
- ❑ Grievances are resolved in a timely manner and communicated to the person and/or the legal representative.
- ❑ Grievances and their resolution are documented and entered into the record.

INFORMED CONSENT

- ❑ For consent to be truly informed, the information must be presented in an understandable manner, the person must be able to make decisions, and decisions must be made voluntarily.
- ❑ Informed consent is obtained prior to implementation of any restriction or restrictive procedure.
- ❑ Informed consent is obtained prior to the release of protected health information outside of the organization.
- ❑ People are supported to protect the information they do not want to share inside or outside of the organization.
- ❑ Informed consents are specific and time limited, not to exceed one year.
- ❑ Informed consents are signed by the person (always), by a parent, if the person is a minor, and/or guardian, if appropriate.
- ❑ Records are maintained in a secure location.

CONFIDENTIALITY

- ❑ People are educated about their right to confidential handling of personal information.
- ❑ People are given the opportunity to consent to or refuse to share personal information outside the organization.
- ❑ Consents are specific to:
 - what information is being released,
 - the persons or entities receiving the information,
 - the purpose for which the information is being released, and
 - the period of time the release is in effect.
- ❑ Documentation of information releases is maintained.
- ❑ Employees receive training on their responsibilities regarding confidentiality.
- ❑ State and Federal laws and regulations regarding confidentiality are followed.

ADVOCACY

- ❑ People are educated about how decisions are made.
- ❑ Organization practices include opportunities for people to exercise rights and participate in decision-making.
- ❑ People are supported to form advocacy organizations or to join existing groups.
- ❑ People are supported to serve in leadership roles, such as on Boards of Directors, safety committees, and quality improvement work groups.
- ❑ People receive citizenship training.
- ❑ People are supported to contact public officials.
- ❑ People are supported to practice advocacy in a variety of areas of interest to them (disability issues, political issues, moral issues, animal rights, environmental issues, etc.).
- ❑ People are supported to obtain the services of an advocate, when needed.

HUMAN RIGHTS COMMITTEE

- ❑ The Human Rights Committee is a standing committee that meets regularly in order to ensure that human, legal, and civil rights are supported and protected.
- ❑ Membership for the committee is comprised of people served and their representatives, people who have training or experience with issues and decisions regarding human rights and people with expertise in areas such as social work, psychology, and pharmacology.
- ❑ Conflicts of interest are avoided and people who participated in the development of the issue coming before the committee refrain from engaging in the actions of the committee.
- ❑ The committee ensures that appropriate consents are obtained when rights restrictions occur.
- ❑ The committee reviews restrictions of rights frequently and requires that efforts are made to reinstate rights as soon as possible.
- ❑ The Human Rights Committee:
 - reviews, approves or denies, and monitors any restrictive programs or procedures,
 - reviews alleged incidents of abuse/neglect/exploitation and the organization's response, and analyzes incidents to determine organizational trends and necessary responses, such as training,
 - reviews and approves or denies any policy or system that impacts the rights of people,
 - reviews and approves or denies the use of medications to change behavior,
 - reviews and approves or denies proposals for research,
 - reviews the use of emergency restraint procedures, and
 - analyzes trends across the organization in the area of human rights, including incident management.
- ❑ The committee maintains a record of its activities and documents issues reviewed, actions taken, and follow-up.
- ❑ Committee members receive orientation and ongoing training in the areas of committee responsibility.

GUARDIANSHIP

- ❑ A guardian is only obtained after an assessment has been completed and the person is determined to need guardianship.
- ❑ Limited guardianship is pursued rather than full guardianship whenever possible.
- ❑ Regular review of the guardianship is completed to determine the need for continued guardianship and the appropriateness of the guardianship situation.
- ❑ Education for the person served is provided, where appropriate, to increase the person's autonomy in decision-making.
- ❑ The guardian consults the person prior to decisions, where possible.

Safety Cornerstone

ENVIRONMENTS (SAFETY)

- ☐ Environments are clean, comfortable, and safe.
- ☐ Environments are maintained in good repair.
- ☐ Vehicles meet applicable legal requirements for operation.
- ☐ Inspections for all vehicles and service locations are current and meet applicable local, state, and federal standards.
- ☐ Drivers meet applicable legal requirements and are deemed competent to safely operate vehicles.
- ☐ Drivers receive training in:
 - handling emergencies and disasters,
 - medical emergency procedures,
 - first aid and CPR, and
 - related procedures regarding the people they support.
- ☐ Records of environmental inspections are maintained, including Plans of Corrections (POCs) and actions taken to remediate inspection deficiencies.
- ☐ Environments are equipped with appropriate fire-fighting equipment.
- ☐ Provisions are made for alternative places to stay in times of disaster/emergency.
- ☐ The Safety Committee reviews environmental audits, inspections, and POCs.
- ☐ Self-inspections of environments are completed regularly.
- ☐ The Safety Committee reviews results of internal/self-inspections.
- ☐ Personal protective equipment is available on-site and staff is trained in its use.
- ☐ Hazard communication practices are in accordance with OSHA regulations.
- ☐ Staff and people served receive safety training, as needed, for the environments they encounter and the duties they perform.

ACCESSIBILITY

- ☐ The accessibility needs of people served are assessed.
- ☐ Accessibility barriers are identified including:
 - architectural
 - attitudinal
 - financial
 - employment
 - communication
 - transportation
- ☐ The organization complies with state and federal accessibility requirements.
- ☐ Environments are accessible for those who utilize the environments.
- ☐ Multi-story buildings are equipped to afford access to all levels on which services are provided and all common areas.
- ☐ Vehicles are adapted/modified to meet user needs.
- ☐ The organization has a plan to remove or compensate for barriers.
- ☐ The Person-Centered Plan identifies supports to meet the accessibility needs of individuals.

EMERGENCY PREPAREDNESS

- ☐ Plans are developed and communicated for a variety of emergencies (flood, tornado, earthquake, nuclear disaster, etc.) based on the geographical area.
- ☐ There is an overall organization plan for emergency preparedness; however, individualized plans are developed based on the needs of each person rather than a standard plan for everyone.
- ☐ Through training and ongoing communication, people served and staff are made aware of emergency plans and support needs.
- ☐ Drills are conducted that are realistic and occur at different times. Drills provide opportunities to test the effectiveness of emergency plans, monitor skill acquisition, and practice responses to emergencies.
- ☐ Policies and procedures, as well as the emergency plans, are easy to understand and readily accessible.
- ☐ Supplies and equipment are available and in good condition.
- ☐ Emergency contact information is available.
- ☐ The organization complies with all applicable rules and regulations regarding emergency procedures, including the presence of fire extinguishers and the posting of evacuation routes.

RISKS

- ☐ The safety needs of people receiving services are determined. In some cases a formal assessment is essential.
- ☐ The Person-Centered Plan describes the needed safety supports for the individual.
- ☐ People served receive safety education and training specific to the environments and conditions they encounter.

WATER TEMPERATURE SAFETY

- ❑ A determination is made of the needs for support in maintaining safe water temperatures. One concrete way to make this determination is to conduct a risk assessment.
- ❑ People served and staff are trained in water temperature safety practices.
- ❑ Appropriate safeguards are taken based on the needs of the person.
- ❑ Systems are in place to regularly monitor and review adequacy of safety systems, such as adjusting the temperature on the water heater or replacing mixing valves.

INCIDENT MANAGEMENT

- ❑ People served and staff receive training on the prevention and reporting of abuse, neglect, and exploitation.
- ❑ Organization policies clearly define and expressly prohibit abuse, neglect, and exploitation.
- ❑ State regulations for the reporting and investigation of incidents of abuse, neglect, and exploitation are followed.
- ❑ Incidents of abuse, neglect, and exploitation are reported as soon as they are detected.
- ❑ Investigations are initiated within 24 hours of the receipt of the report.
- ❑ Actions are taken to prevent further incidents while an investigation is being conducted.
- ❑ Staff receives training to conduct investigations.
- ❑ Only people who have been trained may conduct investigations.
- ❑ Investigations are completed in a timely manner.
- ❑ Investigation reports include:
 - description of the alleged incident (who, what, when, where),
 - signed statements from witnesses,
 - photos or drawings of the physical evidence,
 - a list of documents reviewed,
 - a chronological statement of facts and the supporting evidence, and
 - a conclusion as to the accuracy of the allegation.
- ❑ Appropriate action is taken if an allegation is verified.
- ❑ The appropriate organizations and individuals are notified of the outcome of the investigation.
- ❑ Confidentiality of investigation information is respected.
- ❑ Incidents of unknown origin are investigated.
- ❑ The Human Rights Committee reviews incidents and investigations to assure appropriate follow-up and to identify system deficiencies.
- ❑ All accidents and incidents are reported.
- ❑ Injuries of unknown origin are investigated.
- ❑ The Safety Committee reviews all accident reports to assure appropriate follow-up.
- ❑ Follow-up on accidents includes actions to lessen the chance of reoccurrence.
- ❑ Accidents and incidents are reviewed for trends at least annually.
- ❑ Records and reports of occupational illnesses and injuries are filed as required by OSHA.

SAFETY COMMITTEE

- ❑ The Safety Committee involves people served and employees at all levels of the organization.
- ❑ Safety Committee members receive training on their roles and responsibilities.
- ❑ The Safety Committee meets no less than quarterly.
- ❑ Safety Committee minutes are kept in a set format.
- ❑ The Safety Committee inspects environments for potential hazards and unsafe practices.
- ❑ The Safety Committee assures follow-up and correction of unsafe conditions.
- ❑ The Safety Committee reviews all accident and injury reports.
- ❑ The Safety Committee monitors reports of emergency and disaster drills.
- ❑ The Safety Committee reviews reports of external safety inspections.
- ❑ The Safety Committee accumulates accident and injury data and examines them for trends and system deficiencies.
- ❑ The Safety Committee establishes action plans to prevent the reoccurrence of accidents and injuries.

EXTERNAL INSPECTIONS

- ❑ Inspections for all locations are conducted by identified external resources, as required by local, state, and federal laws and regulations.
- ❑ Actions taken to correct deficiencies identified in inspections are documented.
- ❑ The Safety Committee reviews external inspection reports and monitors plans of correction.

Health Cornerstone

HEALTH

- ❑ Organization policy and procedures support the right of people to receive a variety of preventive and treatment services to maintain the best possible health.
- ❑ People served receive the education and support they need to be active participants in their health care, including scheduling appointments, selecting medical providers, and maintaining health records.
- ❑ People served receive regular medical follow-along by a health care professional that is appropriate for the individual's health issues.
- ❑ A schedule for recommended preventive health care is available to people served and their families and the importance of preventive health care is discussed regularly.
- ❑ When significant health issues occur people are afforded the opportunity to be informed of their medical condition and treatment options including risks, side effects, and probable outcomes.
- ❑ Informed consent is obtained prior to medical treatment and procedures.
- ❑ A variety of medical services are available – general health care, specialized care, dental services, and ancillary services, such as speech, hearing, and nutritional services.
- ❑ Records related to health care are maintained with information accessible to people served, staff, and health care professionals. Medical history is documented, indicating family history, when available, and dates and results of medical care.

ENVIRONMENTS (HEALTH)

- ❑ Environments are sanitary and free of offensive odor.
- ❑ Environments are free of vermin, insects, and infestation.
- ❑ The organization has a regular schedule of maintenance and cleaning to ensure a sanitary environment.
- ❑ Waste and garbage are stored, transferred, and disposed of in a manner that does not create a nuisance or permit the transmission of disease.
- ❑ The organization has a process for prevention, control, and investigation of infection and communicable diseases.
- ❑ Personal protective equipment is available at all locations, as needed.
- ❑ The Safety Committee reviews accident and incident reports.

EQUIPMENT

- ❑ People who use therapeutic adaptive, mobility, orthotic, prosthetic, communication, corrective, and safety devices or other assistive devices receive professional assessments to determine the continued applicability and fitness of those devices annually or otherwise as prescribed.
- ❑ Anticipated outcomes for physical development and health are included in the plan of each person who uses or needs therapeutic adaptive, mobility, orthotic, prosthetic, communication, corrective, and safety devices or other assistive devices to achieve proper body position, balance, or alignment.
- ❑ People using the listed equipment have a plan or strategies that specify the situation in which each is to be applied and used.
- ❑ Equipment necessary to provide appropriate services and supports is provided or obtained.
- ❑ Equipment is maintained, in good repair, and is readily available to the person who uses it.
- ❑ A schedule of regular, preventive maintenance is followed.
- ❑ People served and staff are taught the use and care of equipment.

MEDICATION ADMINISTRATION, STORAGE, & DESTRUCTION


- ☐ Medication and immunization histories are maintained for people served.
- ☐ The organization has written policies and procedures for medication administration, handling, storage, and destruction in accordance with local, state, and federal regulations and standards.
- ☐ Staff receives competency-based training in medication administration, handling, storage, and destruction.
- ☐ Physicians order medications. Physicians' orders are maintained in each person's record.
- ☐ Medication orders are filled by registered pharmacists and received in a container that is properly labeled.
- ☐ Medication is stored according to local, state, and federal standards.
- ☐ People are supported to administer their own medications, based on each person's interests and preferences.
- ☐ Each person has a medication administration record, documenting every time a medication is given.
- ☐ Narcotics, as identified in the state schedule, are stored under double lock and a narcotic record is kept.
- ☐ Each time a medication error occurs, a medication error report is completed and appropriate follow-up action is taken and tracked.
- ☐ Medications that are outdated or discontinued are destroyed in accordance with local, state, and federal regulations.
- ☐ A medication destruction record is maintained.
- ☐ The Human Rights Committee and the individual's team approve all medications used for behavior support.
- ☐ Medications for behavior support are monitored quarterly, or more frequently as needed, by the prescribing physician.
- ☐ A medication reduction plan is established for each person who takes medications for behavior support, unless clinically contraindicated, with close scrutiny of the attending physician.
- ☐ The person's team and Human Rights Committee review medication changes in accordance with local, state, and federal standards.
- ☐ People served, families, and/or guardians are apprised, in writing, of the risks associated with medication for behavior support prior to its implementation.

Person-Centered Supports Cornerstone

THE ASKING BLOCK

- ❑ Self-exploration or self-assessments are conducted prior to plan development to learn personal goals, desires, preferences, and needed services and supports.
- ❑ Self-exploration or self-assessments result in determination of what services and supports are needed and who will provide these supports.
- ❑ Certain state and federal regulations also require the following:
 - social evaluation, including social and interpersonal skills and community access
 - psychological evaluations
 - independent living skills, including self care, financial management, and home maintenance evaluations
 - developmental or educational evaluation
 - employment and work skills evaluation
 - therapy evaluations – speech/language, occupational, physical, etc.
- ❑ When a person does not identify personal goals, desires, and preferences, opportunities to experience new situations are included as part of the assessment process.
- ❑ Assessment reports identify individual abilities and needs as they relate to the person's personal goals.
- ❑ Assessment reports provide information about how the person's current state contributes to or inhibits the achievement of personal goals.
- ❑ Assessment reports provide suggestions for supporting the person in the pursuit of personal goals.
- ❑ Assessment results are discussed with the person, those who support the person (the team), and others, as the person desires.
- ❑ At least annually, assessment results are reviewed by the person, his/her supporters, and the team to determine continued relevancy and the need for updates.

CRAFTING THE PLAN

- ❑ Each person has a current (most regulations require within the year) plan of services and supports.
- ❑ Each person determines who will be involved in the planning process (the people who constitute the team).
- ❑ People receive the training and support they need to participate actively in the planning process, to the extent they are interested.
- ❑ The plan is based on an exploration or assessment of the person's desired personal outcomes and needs.
- ❑ The plan includes a statement of the person's goals and objectives that will lead to the attainment of the desired personal outcomes.
- ❑ The plan identifies supports and strategies needed to achieve the goals.
- ❑ The plan identifies methods/approaches the person wants/needs to achieve goals.
- ❑ The plan identifies time frames for accomplishment of goals and objectives.
- ❑ The plan identifies those responsible for implementing support strategies.
- ❑ A plan coordinator, who meets local, state, and federal guidelines, is identified.
- ❑ Each plan is reviewed at least annually, more frequently as needed for the person, or to meet local, state, and federal expectations.
- ❑  Each plan supports the person to pursue and experience personal outcomes and a full and rewarding life.

PLAN IMPLEMENTATION

- ❑ Plans are implemented in a timely manner, not to exceed 30 days following the planning meeting.
- ❑ Plans and objectives include strategies and methods, implementation schedules, and reporting procedures. NOTE: Specific data collection plans should be included even if the data collected are anecdotal.
- ❑ Plans and objectives identify those responsible for implementation, who may be the person, family members, staff, etc.
- ❑ The person is engaged in the development and implementation of the plan and objectives to the level the person desires.
- ❑ Staff members receive training on how to implement the plan.
- ❑ Regular monitoring of plans and objectives is completed in accordance with local, state, and federal guidelines, as relevant to the person served. NOTE: Monthly reviews are most common; however, more or less frequent monitoring may be appropriate depending on the person and the situation.
- ❑ Progress is documented using methods appropriate to the plan and objectives.
- ❑ Documentation yields meaningful, measurable results, and information is used to evaluate the effectiveness of the services and supports contained in the plan.
- ❑ Plans and objectives are revised and action is taken when indicated by progress documentation (progress made, lack of progress, changed expectations of person served).

POSITIVE APPROACHES

- ❑ Organization policy supports the use of positive approaches in all support and service delivery.
- ❑ Emphasis is placed on the reinforcement of positive behavior.
- ❑ Organization policy prohibits the use of restrictive procedures that may cause physical or psychological harm.
- ❑ Organization policy prohibits the limitation of freedom except for emergency or medical situations. When limitations are necessary, there must be careful professional and ethical review.
- ❑ Behaviors that cause, or have the potential to cause, injury to self or others are the priorities for the development of alternative behaviors.
- ❑ Staff are trained on the organization's positive approaches policies, including communication, respectful interactions, and confrontation avoidance.

BEHAVIOR SUPPORT PLANS

- ❑ Behavior Support Plans are integrated into the person's plan.
- ❑ Behavior Support Plans emphasize the development of behaviors that assist the person to achieve personal outcomes.
- ❑ Behavior Support Plans are based on a thorough review of the behavior. Most commonly this includes formal assessment and a functional analysis.
- ❑ Behavioral reviews and analysis include an investigation of the medical or psychiatric causes for the behavior and environmental or social stresses that may be impacting the behavior.
- ❑ The analysis of the behavior includes a clear description of the behavior, an investigation of the setting, events, antecedents, and consequences surrounding occurrences of the behavior.
- ❑ The analysis states a likely function or reason of the behavior (what the person is getting or avoiding or trying to communicate through the behavior).
- ❑ An alternate behavior that meets the same need is supported.
- ❑ Behavior Support Plans contain: a clear description of the behavior, strategies to support alternative behaviors, a reactive support strategy with instructions to staff for what to do if the behavior does occur, and an explanation of how data will be collected.
- ❑ The planning team, which includes the person and others acting on his or her behalf approves the Behavior Support Plan.
- ❑ Behavior Support Plans should be reviewed by a Behavior Review Committee whose members have the expertise to assess the technical soundness of the plan.
- ❑ The Behavior Support Plan is regularly reviewed and data are analyzed monthly to assess its effectiveness.
- ❑ All staff who work with the person are trained to properly implement the Behavior Support Plan.

RESTRICTIVE PROCEDURES

- ❑ Prior to implementation, the organization's Human Rights Committee reviews Behavior Support Plans that contain limitations of freedoms, or restrictions, or include the use of medications for behavior support.
- ❑ The Human Rights Committee assures that restrictive procedures are used only for protection from harm and not for staff convenience or control.
- ❑ The Human Rights Committee reviews plans that contain limitations or restrictions, no less than every six months.
- ❑ Persons for whom medication has been prescribed for behavior support have a Behavior Support Plan in place that addresses the same behavior for which the medication is given.
- ❑ Data are collected on behaviors for which medication is given and are regularly analyzed to assess the benefit of the medication.
- ❑ Restrictive procedures are not employed until non-restrictive procedures have been proven ineffective.
- ❑ When restrictive procedures are proposed, an analysis is done to assure that the harmful effects of the problem behavior outweigh the potential harmful side effects of the procedure.
- ❑ Implementation of restrictive procedures requires the informed consent of the person and/or legal guardian.
- ❑ Staff is trained to properly implement restrictive procedures.



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