

Massachusetts Department of Mental Retardation
QUALITY ASSURANCE REPORT
For Fiscal Years 2002 and 2003
September 2004

INTRODUCTION

In March of 2001 the Department of Mental Retardation (DMR) began a strategic management planning process to develop a department-wide quality management and improvement system. An integral component of this process involved the development of a series of outcomes that stakeholders identified as important to measure and upon which to report on a periodic (e.g., annual) basis. A representative group consisting of self advocates, family members, providers and DMR staff developed an extensive list of individual and system outcomes. These were then distributed to a larger audience of both internal and external stakeholders who rated them in terms of importance.

This broad set of outcomes was then refined to reflect the consensus view of respondents and ultimately formed the foundation for the department's annual quality assurance reporting process.

A description of these outcomes and their associated indicators and data sources is contained in Appendix A and a summary listing is presented to the right and on the next page of this report.

The first annual quality assurance report was published in December of 2001. It focused primarily on health, safety and human rights issues. This report (for FY2002 and 2003) expands upon information concerning health, safety and rights by including outcomes related to choice, control, community integration and relationships.

The 2002/2003 report derives its information from a variety of quality assurance systems and databases (See Appendix B for a description of the databases utilized for this report). It is intended to be a starting point in our collective review and analysis of service quality. It is important to note that the data provided in this report should be viewed as

QUALITY OUTCOMES

reflect what is important for people and form the foundation for evaluating progress toward meeting DMR's strategic objectives.

- **Health**
- **Protection from Harm**
- **Safe Environments**
- **Human & Civil Rights**
- **Decision-making & Choice**
- **Community Integration & Membership**
- **Relationships**
- **Achievement of Goals**
- **Work**
- **Qualified Providers**

an opportunity to point out areas where we are *doing well* as well as areas *where improvements are needed*.

The Department urges readers to use the information contained in this report as a “spark” for critical thinking and probative questions – all designed with one purpose in mind: improvement to the quality of supports we offer to individuals with mental retardation!

Quality assurance and improvement is a shared and ongoing responsibility – both for those within DMR as well as all of our external partners. Readers are cautioned to use the information in this report as a starting point for further review and analysis. Final conclusions should not be drawn with respect to patterns and trends without further more in-depth review.

OUTCOMES & INDICATORS

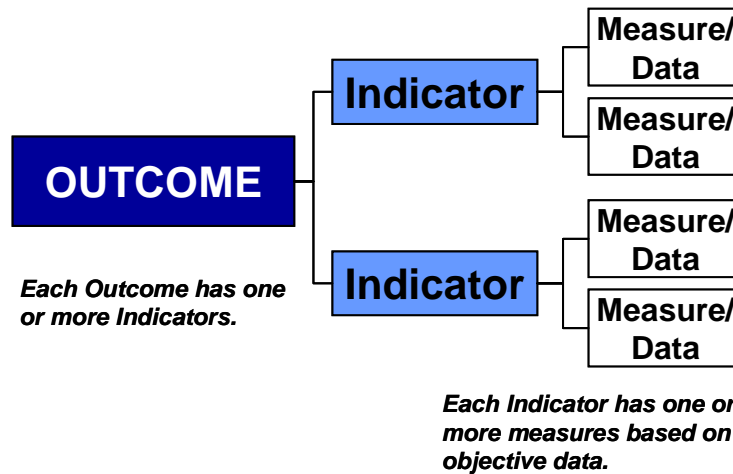
The data that forms the basis for this report is drawn from a wide variety of quality assurance processes in which the department is routinely engaged. These quality assurance processes allow for continuous review, intervention and follow-up on issues of concern in a timely manner. Additionally, the aggregation of information in this report facilitates the identification and analysis of important patterns and trends and allows for a more objective evaluation of our performance over time. Such integration of information represents an important strength of the quality assurance system in that no one process or data set is used in isolation to draw any firm conclusion, but rather, conclusions flow from convergence of information obtained from many different perspectives.

In the pages that follow, the main sections are based on each of the following 12 major *outcomes*:

1. People are supported to have the best possible health.
2. People are protected from harm.
3. People live and work in safe environments.
4. People understand and practice their human and civil rights.
5. People’s rights are protected.
6. People are supported to make their own decisions.
7. People use integrated community resources and participate in everyday community activities.
8. People are connected to and are valued members of their community.
9. People gain/maintain friendships and relationships.
10. People are supported to develop and achieve goals.
11. Individuals are supported to obtain work.
12. People receive services from qualified providers.

Information regarding each of the identified outcomes is presented in the form of *indicators* and their associated *measures* or *data*. The relationship between outcomes, indicators and measures is illustrated below in Figure 1. As can be seen, each of the outcomes will have one or more indicators or statements regarding how that outcome is evaluated. Each of the indicators, in turn, will have one or more specific objective sets of data that help determine whether or not the criteria contained in the indicator are being met. A description of the data sources is contained in Appendix B.

Figure 1
Relationship between Outcomes, Indicators & Data



DATA SOURCES

As noted above, the Q.A. report derives its information from a wide variety of different sources, including:

Survey and Certification

Data based on the number of individual surveys conducted during each fiscal year for persons over the age of 18-yrs served in settings that are licensed and/or certified by DMR. The number of individual surveys will vary depending upon whether the indicator is measured for all supports or for residential/day supports only.

National Core Indicators

Data reported by the NCI initiative that includes over half of all the U.S. state MR/DD systems.

Medication Occurrence Reporting System

Data based on the number and distribution of Medication Occurrence reports provided by over 165 service/support providers and 2,043 Medication Administration Program registered sites.

Investigations

Data regarding complaints filed and substantiated by the Disabled Persons Protection Commission or DMR for persons served by DMR who are between the ages of 18- and 59-yrs.

Critical Incident Reporting System





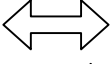

Data based on the number and type of critical incident reports filed in each of the fiscal years.

Restraint Reporting

Data based on the number of restraints used during each of the fiscal years.

HOW TO REVIEW THE DATA

As noted above, information is presented in sections based on the major outcomes. The first page of each section will state the associated indicators (important predictors of the outcome) and will present a brief summary of findings that includes arrows in the last column that illustrate the trend between 2002 and 2003. Arrows pointing upward indicate an increase in the measure. Arrows pointing down indicate a decrease, and arrows pointing left-right indicate a stable trend (no meaningful change). Colors and “+” or “-” signs are used to illustrate whether or not the trend is positive or negative; green indicating the change is positive, black indicating it is negative. White represents a neutral trend (no change) or relatively minor change. Green (+) or Black (-) arrows indicate the change was $\pm 10\%$. White arrows are used to illustrate a potential trend, *i.e.*, the change is close to but less than the $\pm 10\%$ criteria.

TYPE OF CHANGE	SYMBOL
Positive Increase	 +
Negative Increase	 -
Positive Decrease	 +
Negative Decrease	 -
Neutral Stable Trend	
Potential Trend	

This is followed by a more detailed review of each indicator and its related measures or data sources. These sections will include a variety of tables and graphs that, in most instances, will reference data for a three-year period (fiscal years 2001, 2002 and 2003). Narrative will provide a very brief explanation of findings and trends.

Readers are cautioned to use the information contained in this report as only one component of a more complete assessment of quality and progress toward improvement. More in-depth analyses should be conducted and probative questions explored before drawing any definitive conclusions with respect to patterns and trends.

HEALTH

OUTCOME: People are supported to have the best possible health.

- Indicators:**
1. Individuals are supported to have a healthy lifestyle.
 2. Individuals get annual physical exams.
 3. Individuals get routine dental exams.
 4. Individual's medications are safely administered.
 5. Serious health and medication issues are identified and addressed.

RESULTS:

Five indicators – with 8 distinct measures - were utilized to evaluate patterns and trends related to health. In general, a trend toward improvement in achieving the first outcome, health, is noted. Of the 8 measures, five show positive change and three illustrate relative stability (i.e., little or no change). Data re: Medication Occurrences suggests the possibility of an emerging trend (increase in the rate), although there is not sufficient consistency with regard to estimated doses to identify a clear trend at this time. These results are summarized below in Figure 2 and explained in more detail on the following pages.

Figure 2
Summary of Trends for Health Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Health - <i>people are supported to have the best possible health.</i>	1. Healthy Lifestyle	Receive Support	↔
	2. Physical Exams	Receive Annual Exams	↑ +
	3. Dental Exams	Receive Annual Exams	↑ +
	4. Safe Medication	MOR No. and Rate	↔
		Percent Hotlines	↓ +
	5. Issues Identified and Addressed	Action Required Reports	↓ +
		Medication Investigations	↓ +
		Denial of Tx Investigations	↔

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

HEALTH

OUTCOME: People are supported to have the best possible health.

Indicator 1: Individuals are supported to have a healthy lifestyle.

Measures: Percentage of persons who receive support to eat healthy foods and exercise on a regular basis (who live in settings that received a DMR survey during the FY.)

Data Source: Survey and Certification

FINDINGS: During FY03 almost 98% of persons surveyed living in certified residential settings were supported to have a healthy lifestyle. Across the past 3 years this percentage has remained relatively constant (ranging from 97.8% in 2001 to 97.5% in both 2002 and 2003).

Indicator 2: Individuals receive annual physical exams.

Measure: Percentage of persons who receive annual physical exams over time and compared to a national benchmark (NCI).

Data Source: DMR Survey and Certification
National Core Indicators

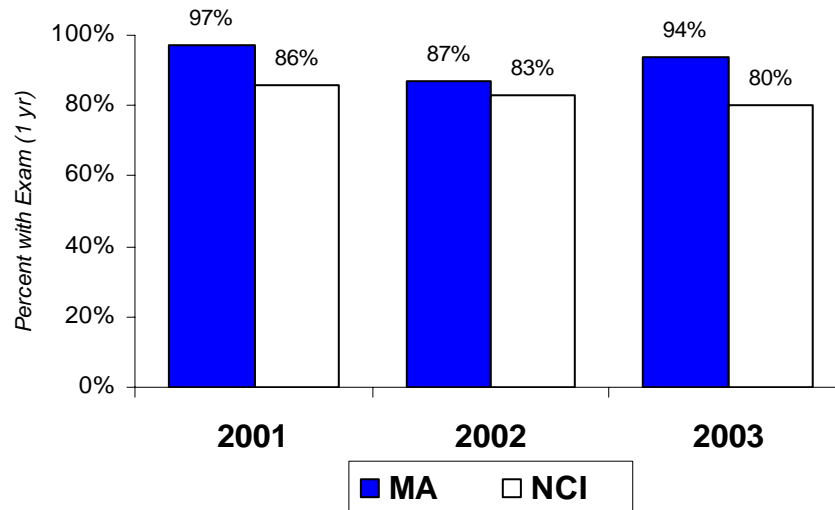
FINDINGS: As can be seen in Figure 3, during FY02 87% of the individuals included in the DMR Certification and Survey process received an annual physical exam. In FY03 this rate rose to 94%. This compares to an average national rate of approximately 80% as reported by the National Core Indicators.¹

A comparison across FY02 and FY03 suggests an improving trend for timely physical exams for persons living in certified/licensed settings. It should be noted that the Massachusetts data for 2001 was based only on NCI responses and therefore cannot be directly compared to results for the following two fiscal years (Survey and Certification data).

¹ The National Core Indicators (NCI) represents a national initiative to establish benchmarks for use by mental retardation and developmental disability state systems. Over half of all states in the U.S. participate in the NCI. Reported rates reflect the average of those states providing outcome data during the reference year for each indicator or outcome area.

HEALTH

Figure 3
Percentage of Persons Receiving a
Physical Exam within the Year
2001 – 2003



Indicator 3: Individuals receive routine dental exams.

Measures: Percentage of persons who have received dental exams over time and compared to a national benchmark (NCI).

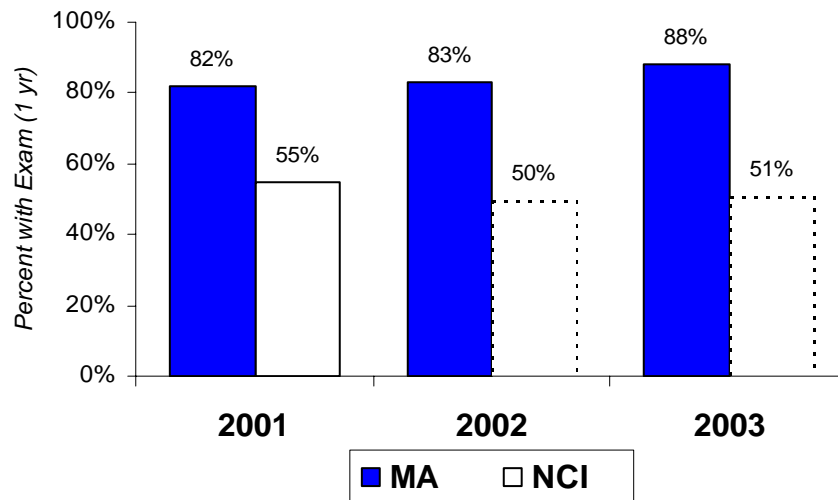
Data Source: DMR Survey and Certification
National Core Indicators

FINDINGS: Figure 4 illustrates the findings for routine dental exams for the Massachusetts DMR and the NCI across a three year time period. It should be noted that during FY01 the data reflects NCI findings only. During FY02 and FY03 the DMR data was obtained from survey and certification reviews where the criteria was different from that of the NCI, i.e., the NCI reports on dental exams within the past 6 months whereas the DMR certification data is based on an exam within the past year. Consequently the NCI data may not be a completely valid benchmark for those two years.

Nonetheless, trends would suggest that consumers in Massachusetts receive dental exams at a higher rate than the national average, with 83% and 88% receiving an exam within the past year for FY02 and FY03, respectively. Data suggest an improvement in the rate of dental exams.

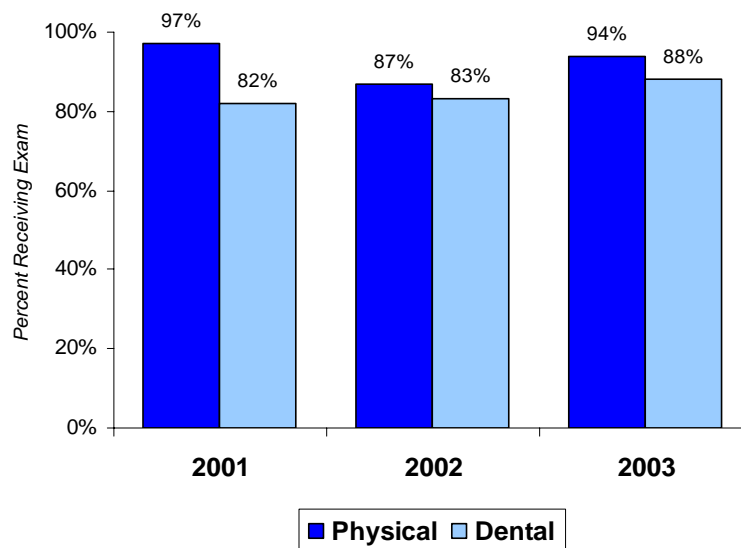
HEALTH

Figure 4
Percentage of Persons Receiving Routine Dental Care
2001 – 2003



A review of findings also shows that in all three fiscal years the percentage of individuals receiving physical (medical) exams exceeded the percentage who received dental exams. This is consistent with anecdotal reports from the field regarding ongoing difficulty obtaining timely dental services for the individuals supported by DMR. This difference is illustrated below in Figure 5.

Figure 5
Comparison of Physical and Dental Exam Rates within DMR
2001 – 2003



HEALTH

Indicator 4: Medications are safely administered.

Measures: Medication Occurrence Rate (MOR) over time.
No. of Medication Occurrence Reports (MOR) by Cause over time.
Percent of MORs that were classified as “Hotlines” over time.

Data Source: DMR Medication Occurrence Reports

FINDINGS: MOR Rate. As can be seen in Table 1, there was a reduction in the number of MORs between 2002 and 2003.² However, while the number of MORs decreased, the rate actually increased slightly due to a concurrent reduction in the estimated number of doses administered.³

Table 1
MOR Rate (no. per 1000)
2002 – 2003

Year	No. Doses	No. MORs	MOR Rate
2002	34,950,936	4,370	0.125
2003	27,010,000	4,043	0.150

FINDINGS: Type of MOR. Data suggest that between 2002 and 2003 there has been a small change in the type of MOR. Incidents related to administering the wrong medication have experienced a proportional reduction while incidents due to administering medications at the wrong time have increased. A MOR is listed as “Wrong Time” when the medication is given more than an hour before or after the specific time ordered by the prescriber or if the medication is not given at all. These trends are illustrated in Figures 6 and 7 below.

² Data for this indicator does not include 2001 due to reporting changes that took place in 2002 to make the data more consistent with that utilized by the Department of Mental Health. In addition, the method of estimating annual doses has been refined over time. Consequently, it is not appropriate to directly compare data from 2001 with that for the following two years.

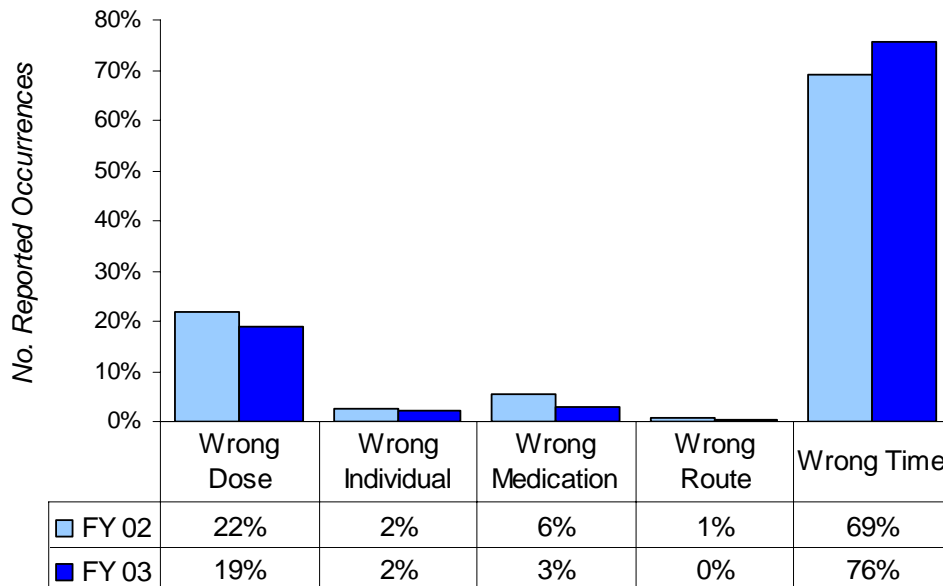
³ It is too early to identify this change in MOR rate as a clear trend. There was a reduction in the actual no. of occurrences, but this was accompanied by a rather substantial reduction in the estimated no. of doses. It will be necessary to explore whether this dose change is an artifact of the estimation methodology, or a real change over time. Current methodology involves a quarterly count of actual doses given on a designated day in over 40 homes. This count is then extrapolated across the DMR residential system to arrive at an estimate of doses per day administered statewide.

HEALTH

Figure 6
Change Trend in MORs by Cause
2002 – 2003

MOR Type	Trend
Wrong Dose	↔
Wrong Individual	↔
Wrong Medication	↓ +
Wrong Route	↔
Wrong Time	↑

Figure 7
Percentage of MORs by Cause
2001 – 2003



FINDINGS: Hotlines. Any medication occurrence that results in any type of medical intervention (e.g., lab test, emergency room visit, hospital admission) is categorized as a “hotline.” The number and percentage of MORs that were classified as “Hotlines” decreased from 2002 to 2003.

HEALTH

Table 2
No. and Percentage of MOR “Hotlines”
2001 – 2003

Year	No. MORs	No. Hotlines	Percent Hotlines	Change
2002	4,370	56	1.3%	
2003	4,043	36	0.9%	↓ +

Indicator 5: Serious health and medication issues are identified and addressed.

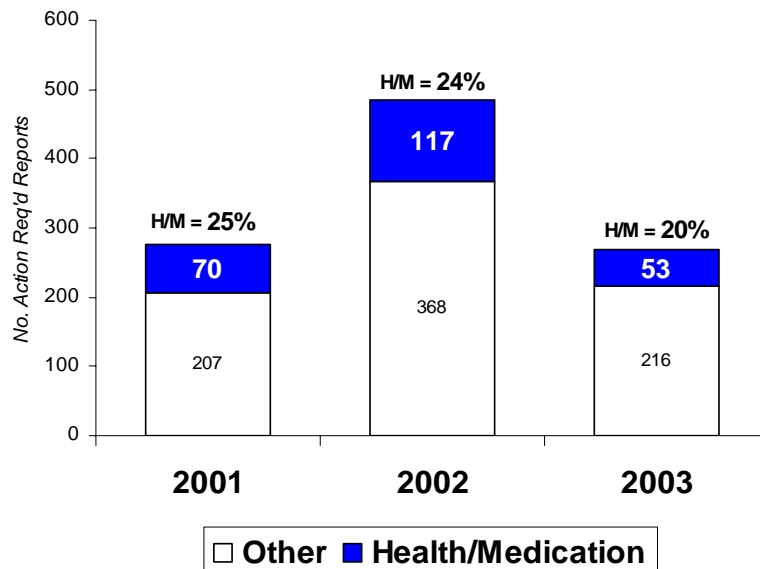
Measures: No. and Percent of Action Reports re: Health/Medication Issues
No. of substantiated Medication related Investigations.
No. of substantiated Denial of Treatment/Medical Neglect Investigations.

Data Source: Survey and Certification Action Reports, DMR Investigations

FINDINGS: Action Reports. Action Required forms are completed during surveys when issues relating to health, medication, human rights, safe evacuation, safe environments or consumer funds are identified. Providers must respond within 24-48 hours for issues of “immediate jeopardy” and within 30-60 days for less serious issues of concern.

As can be seen in Figure 8 below, 2002 experienced an increase in the total number of Action Reports from the previous year, although the relative percentage that was related to health and medication remained about the same. In contrast, there was a substantial reduction both in the number of Action Reports and the relative percentage associated with health and medication for 2003.

Figure 8
No. and Percentage of Health/Medication Action Reports
2001 – 2003



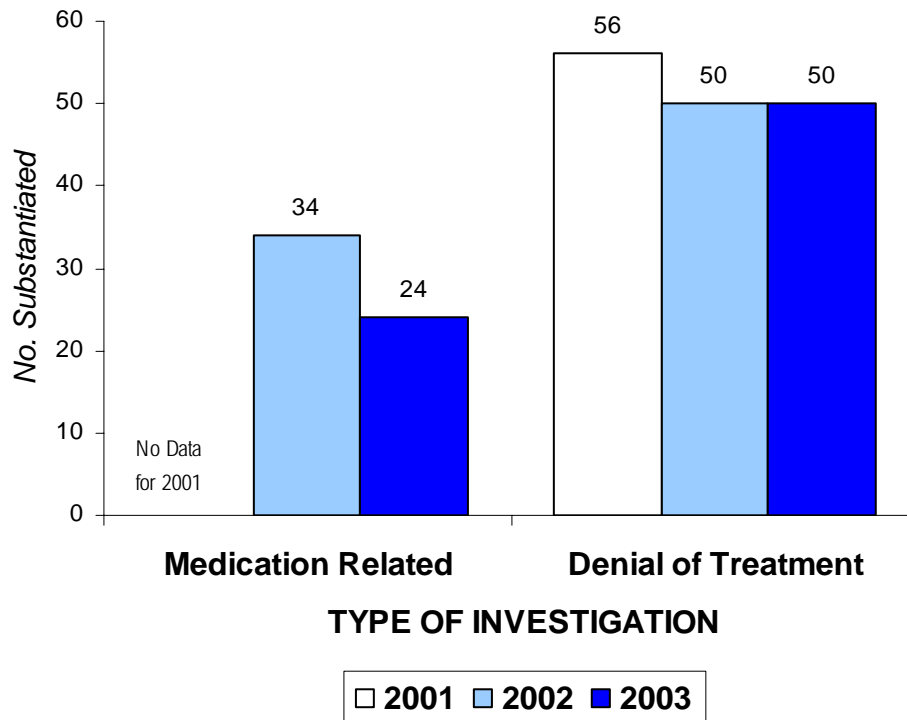
HEALTH

FINDINGS: Medication Investigations. Data regarding investigations specific to medication was not available for 2001 and is therefore not included in the tables and graphs below. As shown in Table 3 and Figure 9, during 2003 there was a decrease from the previous year in the number of medication-related investigations and both the number and percentage that were substantiated. It is important to note that medication-related complaints that lead to investigation represent a very small percentage of the total number of investigations (3.7% of 1,351 in 2002 and 3.2% of 1,257 in 2003).

Table 3
Medication Investigations
2002 – 2003

Variable	FY 02	FY 03
<i>No. Investigations re: Medication</i>	51	40
<i>No. Investigations Substantiated</i>	34	24
<i>Percent Investigations Substantiated</i>	65%	60%

Figure 9
No. Substantiated Medication and Denial of Treatment Investigations
2001 - 2003



FINDINGS: Denial of Treatment Investigations. A review of data regarding investigations shows that substantiated complaints regarding denial of medical treatment/medical neglect have slowly decreased between 2001 and 2003. This trend is illustrated above in Figure 9.

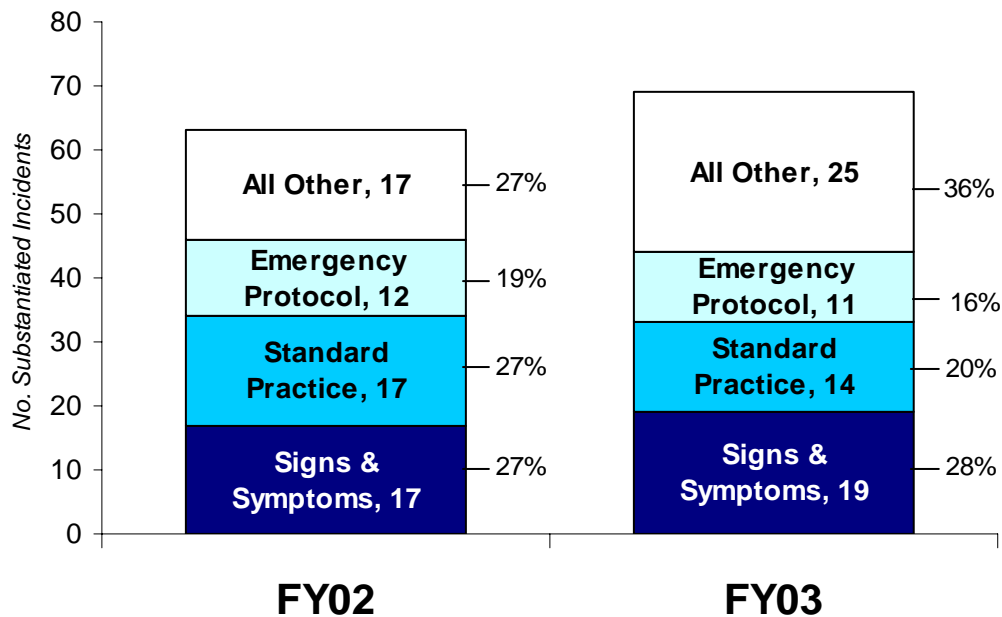
HEALTH

Across the three year time period there was relative consistency for the top three leading causes or reasons for substantiation of denial treatment/medical neglect:

1. Failure to seek attention for signs and symptoms of illness
2. Failure to treat conditions in accordance with standard practice
3. Failure to follow proper emergency protocols and procedures when required.

Figure 10 illustrates the number and percentage of substantiated complaints⁴ by cause for both FY02 and FY03. As can be seen, the majority are related to the three reasons noted above. There has been only minor change in the relative distribution of causes, although FY03 did experience a reduction in those findings related to failing to follow standard practice and emergency procedures. An increase in “other” types of substantiated complaints is also noted, with the largest rise seen for failures to use standard assessment protocols and failures to keep medical appointments.

Figure 10
Leading Causes for Substantiation of Denial of Treatment and Medical Neglect
Complaints
2002 – 2003



⁴ Figure 10 includes data related to findings resulting from each investigation, whereas Figure 9 illustrates investigations. Since one investigation may result in more than one finding there is a difference in the totals.

PROTECTION FROM HARM

OUTCOME: People are protected from harm.

- Indicators:**
1. Individuals are protected when there are allegations of abuse, neglect or mistreatment.
 2. CORI checks are completed for staff and volunteers working directly with individuals.
 3. Safeguards are in place for individuals who are at risk.

RESULTS:

Three basic indicators – with 7 distinct measures - were utilized to evaluate patterns and trends related to protection from harm. A relatively stable trend (little or no change) is noted for the number of abuse/neglect investigations as well as the percent of complaints that are substantiated. Results for measures associated with provider compliance with CORI (criminal background reviews for employees and volunteers who work directly with individuals served by DMR) show an interesting pattern wherein fewer providers are cited for violations, but the number of violations per provider (for those with violations) has grown rather substantially. This suggests that a smaller group of providers is becoming responsible for the vast majority of violations. In addition, trends suggest that the proportion of violations related to lack of adequate records is growing in comparison to other types of violations.

Data from the DMR Survey and Certification review process related to provider response to identification of concerns of mistreatment shows a relatively stable trend, with about 95% of concerns being corrected. About the same percentages are noted for provider actions to prevent future occurrences. These results are summarized below in Figure 11 and explained in more detail on the following pages.

Figure 11
Summary of Trends for Protection from Harm Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Protection - people are protected from harm.	1. Investigations	No. & Percent Substantiated	↔
		Trends: Most Common Types	NA
	2. CORI checks	No. Without Violations	↑ +
		Violations per Provider	↑ -
		Percent Lack of Records	↑ -
	3. Safeguards for Persons at Risk	Corrective Action	↔
		Preventive Action	↔
		CIR Rates	↑ -
		CIR by Type	NA

Direction of Arrow = increase, decrease, stable
 Green = positive trend (+)
 Black = negative trend (-)
 White = slight change/neutral trend

PROTECTION FROM HARM

OUTCOME: People are protected from harm.

Indicator 1: Individuals are protected when there are allegations of abuse, neglect or mistreatment.

Measures: No. of Investigations and Percentage Substantiated
Trends in Most Common Types of Substantiated Abuse/Neglect

Data Source: Investigations

FINDINGS: As can be seen in Table 4, the total number of investigations for complaints of abuse/neglect fell slightly from FY02 to FY03 but represents a relatively stable trend over the 3 year time period between 2001 and 2003. The percentage of investigations that were substantiated shows a somewhat steady decline although the trend over the past 2 years is stable.⁵ However, when the increase in population is also considered, the no. of substantiated investigations per 1000 persons served has shown a steady decline, falling from 21.0 to 15.7 substantiated investigations per 1000 people 18-years of age and older (an 18% reduction between just 2002 and 2003).

Table 4
No. of Investigations, Percent and Rate Substantiated
2001 - 2003

Variable	2001	2002	2003	Change FY02-FY03
<i>Total Investigations</i>	1,213	1,351	1,257	↔
<i>Completed</i>	1,213	1,311	1,148	
<i>No. Substantiated</i>	460	431	358	
<i>Open</i>	0	40	109	
<i>Percent Substantiated</i>	38%	33%	31%	↔
<i>Population (> 18 yrs)</i>	21,898	22,604	22,802	
<i>No. Substantiated Investigations per 1000</i>	21.0	19.1	15.7	↓ +

There has been relative consistency in the top five causes for substantiation of abuse/neglect between 2001 and 2003. The leading causes include:

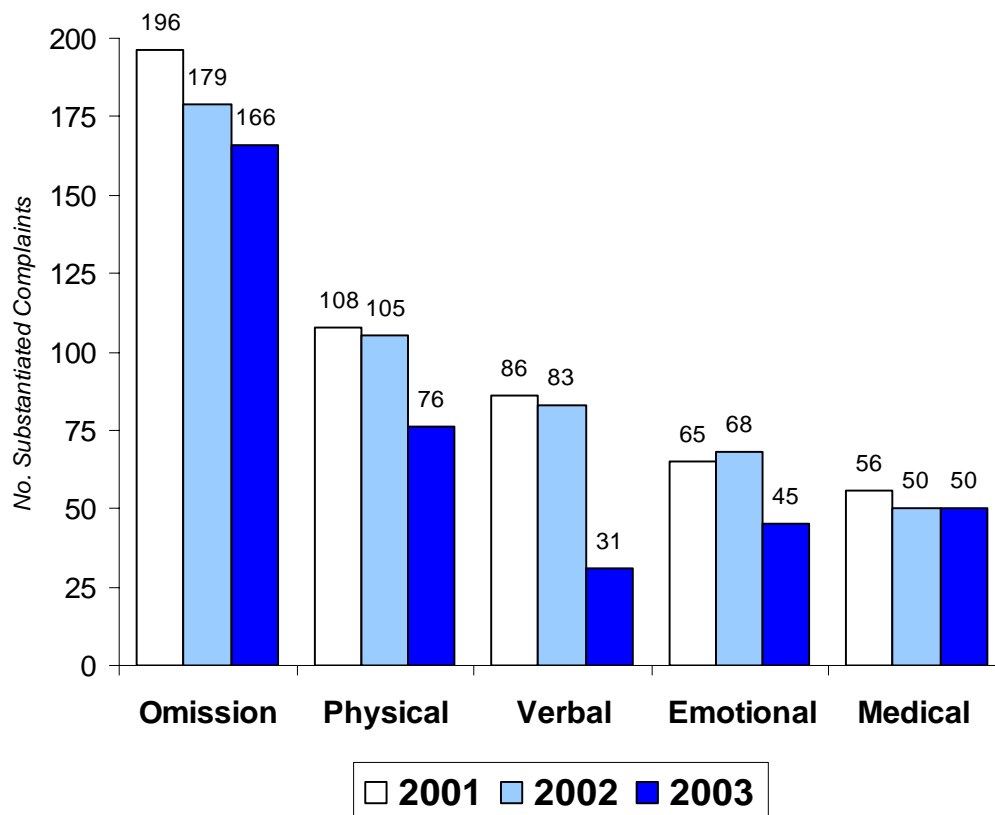
1. **Omission** on part of caretaker, placing individual at risk
2. **Physical** abuse or assault by caretaker
3. **Verbal** abuse
4. **Emotional** abuse by the caretaker
5. **Medical** neglect and denial of treatment

⁵ The larger number of open cases for 2003 is most likely a contributing factor to the lower reported substantiation rate in that year.

PROTECTION FROM HARM

Figure 12 illustrates the total number of substantiated complaints by type for these leading causes across the three year time period between 2001 and 2003. As can be seen, in 2003 findings associated with denial of medical treatment/medical neglect moved up to become the third leading cause, with findings associated with emotional and verbal abuse becoming the fourth and fifth leading causes, respectively, in that year. It should also be noted that the smaller numbers for 2003 may be only a partial reflection of the true totals since there were still 109 open cases at the time of data analysis. The vast majority of open cases are those that were deferred to law enforcement agencies. The deferral to law enforcement agencies reflects a positive trend with regard to law enforcement agencies' willingness and ability to pursue criminal complaints involving people with mental retardation.

Figure 12
Trends in Most Common Types of Substantiated Abuse/Neglect
2001 – 2003



Indicator 2: CORI checks are completed for staff and volunteers working directly with individuals.

Measures: No. of providers without CORI violations over time

Comparison of no. providers with CORI violations and no. of violations over time

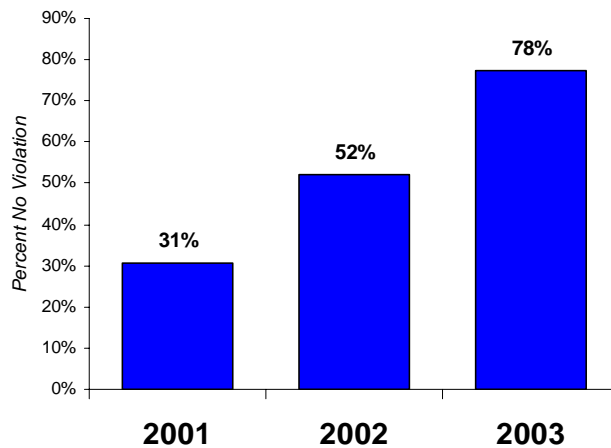
Percentage of violations caused by lack of records over time

PROTECTION FROM HARM

Data Source: CORI Audit Database

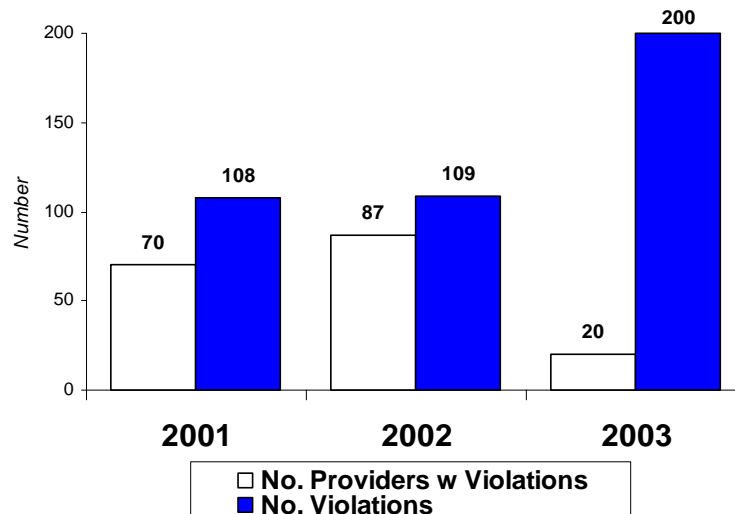
FINDINGS: There appears to be a clear trend toward increasing compliance with CORI requirements over the past three years. As can be seen in Figure 13, the percentage of audited providers without violations has been steadily increasing, rising from 31% in 2001 to 78% in 2003.

Figure 13
Percentage of Providers with No CORI Violations
2001 – 2003



However, the number of actual violations has been increasing and appears to be confined to a smaller and smaller group of providers. As can be seen in Figure 14, during 2003 only 20 of the 89 audited providers accounted for a total of 200 violations. In comparison, in 2002 there were 87 out of 181 audited providers who accounted for a total of 109 violations.

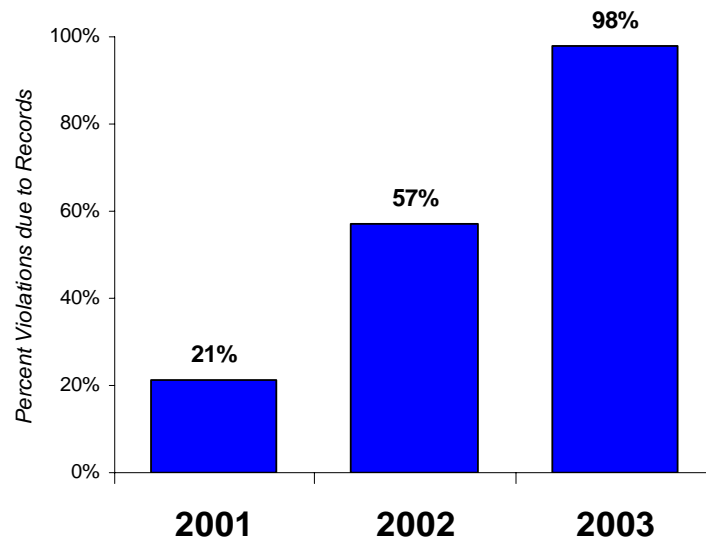
Figure 14
Comparison of No. of Providers with CORI Violations
and Total No. of Violations
2001 – 2003



PROTECTION FROM HARM

Data also shows that the single largest reason for CORI violations is related to lack of adequate records. This category is listed as a violation when a provider cannot show written proof that it requested a CORI on individuals in its employ. This does not necessarily mean that a CORI was not requested and completed; only that proper documentation is not on file with the provider. This cause has shown a steady increase over time, with almost all violations in FY03 due to this single cause. This trend is illustrated below in Figure 15.

Figure 15
Percentage of CORI Violations Caused by Lack of Adequate Records
2001 -2003



Indicator 3: Safeguards are in place for individuals who are at risk.

Measures: Percentage of situations in which people have been mistreated where corrective actions are taken.

Percentage of situations in which people have been mistreated in which steps are taken to prevent the situation from occurring again.

Critical incident report (CIR) rates.

No. CIR by type.

Data Source: Survey and Certification (5.2C and 5.2D)

Critical Incident database

FINDINGS: Corrective and Preventive Action. During the Survey and Certification process surveyors identify situations where concerns exist re: possible mistreatment (e.g., abuse/neglect) of the individuals being reviewed. This is done through a review of substantiated investigations and action plans that have occurred since the last review. They also identify whether or not the provider has taken appropriate actions to correct the situation and to prevent it from occurring in the future.

PROTECTION FROM HARM

Data from the Survey and Certification database (Indicators 5.2C and 5.2D) are presented below in Tables 5 and 6. As can be seen, there is a very high rate for both corrective and preventive actions by providers, with the trend remaining stable over the time period between FY01 and FY03.

Table 5

Trends in Corrective Action by Providers for Concerns about Mistreatment
2001 – 2003

FY	No. with Concerns	Corrective Action (5.2C)	Percent Corrected	Change FY02-FY03
2001	376	359	95%	
2002	510	491	96%	↔
2003	269	250	93%	↔

Table 6

Trends in Preventive Action by Providers for Concerns about Mistreatment
2001 – 2002

FY	No. with Concerns	Preventive Action (5.2D)	Percent Preventive Action	Change FY02-FY03
2001	376	359	95%	
2002	509	492	97%	↔
2003	269	248	92%	↔

FINDINGS: Critical Incident Reports. Staff and providers are required to report unusual incidents that place individuals at risk in order to provide DMR with a mechanism to track incidents and assure appropriate corrective actions are taken in a timely fashion. *Over the past few years there has been an ever increasing emphasis placed on assuring that Critical Incident Reports (CIR) are completed and filed. This focus has resulted in a significant increase in the number of reports that were filed between 2001 and 2003.* Specific examples of this include the policy of reporting every contact with law enforcement as a CIR as well as protocols to include all allegations for sexual inappropriateness or assault in the respective incident categories. It is important to note that there are currently initiatives underway to refine reporting categories in order to reduce any inconsistencies in reporting that may be present within the system.

Table 7 and Figure 16 below illustrate the impact of this increased focus on reporting. As can be seen, the rate of CIRs (no. of reports per thousand people served) more than doubled between 2001 and 2003, growing from 12.3 reports per thousand to 27.3 per thousand. In FY01 about 1.2% of the population served by DMR experienced a reportable incident. In FY02 this increased to almost 2% and in FY03 it grew to 2.7% of the population. As noted above, changes in policy emphasis are most likely a major contributory factor influencing this trend. Extreme caution must therefore be exercised in

PROTECTION FROM HARM

reviewing this change as it may or may not be representative of an actual increase in incidents placing people at risk.

Table 7
No., Percent and Rate of Critical Incidents
FY01-FY03

Year	No. CIR	Population	Percent	Rate (no. per 1000)	Change FY02-FY03
2001	378	30,722	1.2%	12.3	
2002	623	31,718	2.0%	19.6	↑ -
2003	875	32,004	2.7%	27.3	↑ -

Figure 16
Critical Incident Report Rate (No. per Thousand)
FY01-FY03

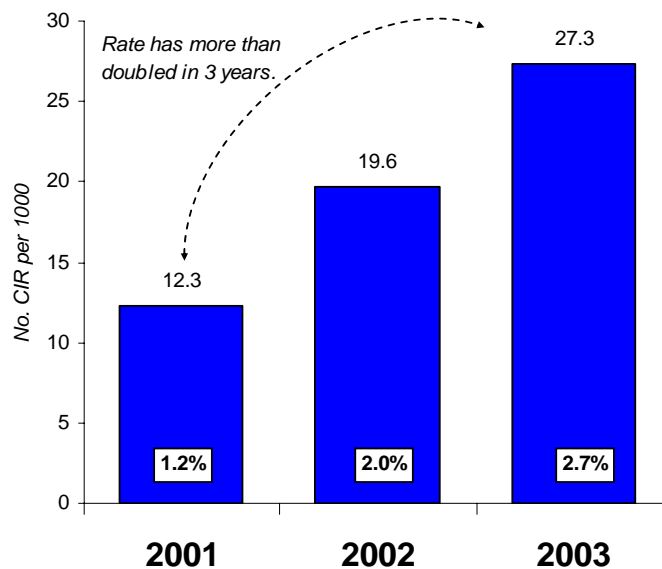


Table 8 provides additional information regarding the type of incidents that have been reported over the three-year time period. As can be seen, in FY01 there were a total of 378 incidents reported to DMR. In FY02 this increased to 623 and in FY03 it increased further to 875. Incidents associated with inappropriate behavior, criminal activity, assault and accidents (injuries) were the most frequently reported for all three years.

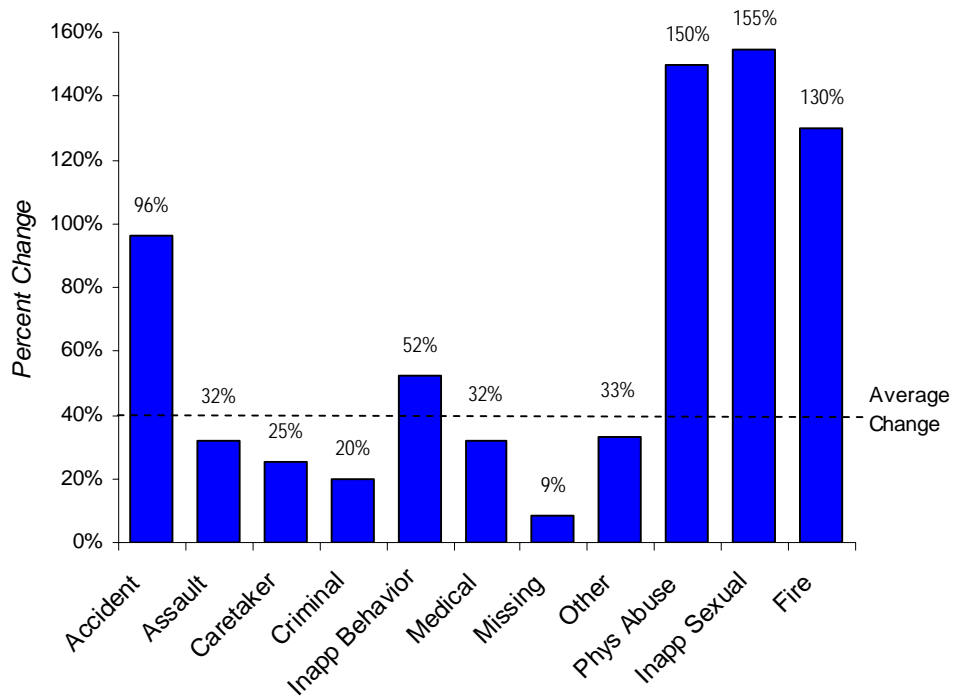
The greatest increase between 2002 and 2003 occurred for incidents related to inappropriate sexual contact, physical abuse, fire-related behavior and accidents. Once again, however, *it is extremely important to recognize that the increased numbers in these areas may be primarily driven by the increased emphasis on reporting, not actual changes in the frequency of real incidents.*

PROTECTION FROM HARM

Table 8
No. Critical Incident Reports by Type
FY01-FY03

Type of CIR	2001	2002	2003	Change FY02- FY03
Accident	25	53	104	↑ -
Assault	77	104	137	↑ -
Caretaker	12	32	40	↑ -
Criminal	50	116	139	↑ -
Inapp Behavior	63	109	166	↑ -
Medical	8	25	33	↑ -
Missing	29	69	75	↔
Other	70	90	120	↑ -
Phys Abuse	14	4	10	↑ -
Inapp Sexual	24	11	28	↑ -
Fire	6	10	23	↑ -
Total	378	623	875	↑ -

Figure 17
Percent Change (Increase) in CIR by Type
FY02-FY03



SAFE ENVIRONMENTS

OUTCOME: People live and work in safe environments.

- Indicators:**
1. Homes and work places are safe, secure and in good repair.
 2. People can safely evacuate in an emergency
 3. People and their supporters know what to do in an emergency.

RESULTS:

Survey and certification findings demonstrate that over 9 out of every 10 persons reviewed lived and/or worked in an environment that was safe, secure, in good repair and in which no specific safety issues were identified. Any issues that are identified, such as those relating to smoke detectors, for example, or required inspections, are immediately noted and follow-up is conducted within 24-48 hours. The same general finding (over 90%) was noted for both the ability of individuals to safely evacuate their residence or work site and for individual and support staff knowledge of what to do in emergency situations. No appreciable change for any of these indicators took place between FY01 and FY03.

Data from Action Required reports related to safety suggests a temporary increase in citations during 2002, across almost all types of areas of concern. However, by 2003 the number of such concerns fell back to 2001 levels.

Figure 18 illustrates the general trends for this outcome.

Figure 18
Summary of Trends for Safe Environments Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Safe Environments <i>People live and work in safe environments.</i>	1. Safe homes and work places	Percent Safe Environment	↔
		Action Required Reports	↓ +
	2. Evacuate Safely	Percent - Safely Evacuate	↔
		Action Required Reports	↓ +
	3. Know what to do in Emergency	Percent - Know what to do	↔

Direction of Arrow = increase, decrease, stable
 Green = positive trend (+)
 Black = negative trend (-)
 White = slight change/neutral trend

SAFE ENVIRONMENTS

OUTCOME: People live and work in safe environments.

Indicator 1: Homes and work places are safe, secure and in good repair.

Measures: Percentage of individuals found to be living and working in safe environments
 Percentage of Action Required citations due to environmental concerns

Data Source: Survey and Certification (5.1A)

FINDINGS: **Living/working in safe environments.** Table 9 below, based on survey and certification data, demonstrates that over 90% of individuals surveyed are determined to live and work in environments that are safe, secure and in good repair. This percentage has remained relatively stable over the past three years.

Table 9

No. and Percent of Persons Who Live and Work in Safe Environments
 FY01 – FY03

FY	No. Applicable	No. Safe - Secure - Good Repair	Percent Safe - Secure - Good Repair	Change FY02-FY03
2001	1810	1647	91%	
2002	2161	2025	94%	↔
2003	1881	1742	93%	↔

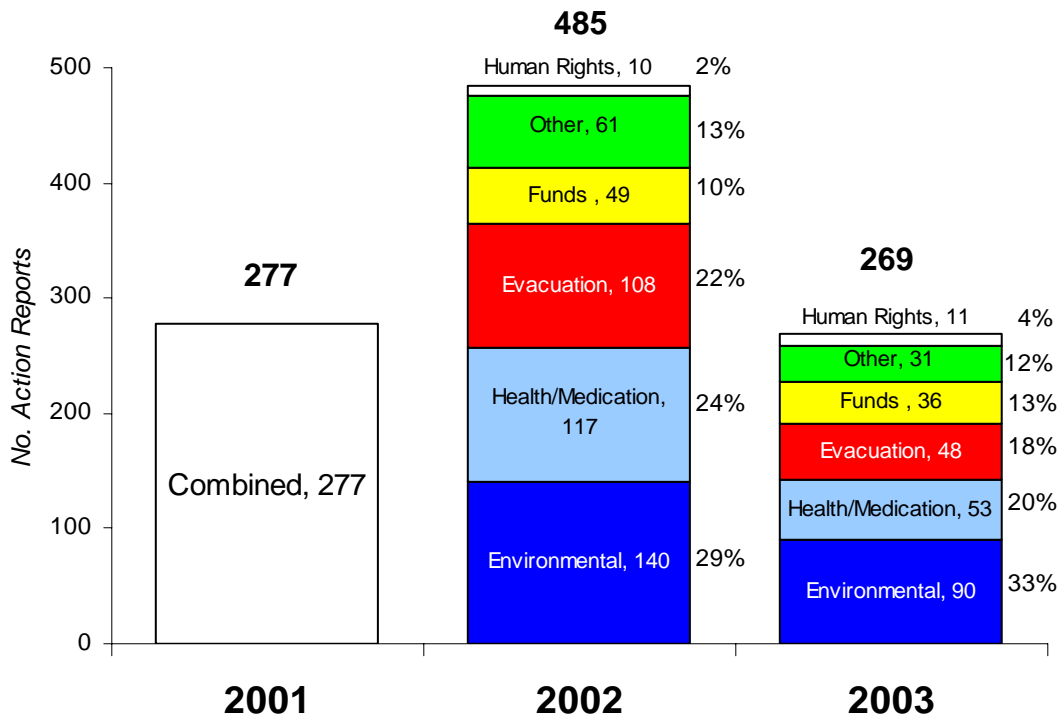
Action Required Reports. Action Required reports are issued by survey and certification personnel whenever there is a concern regarding the safety and welfare of individual consumers, including for issues associated with environmental safety. As can be seen below in both Table 10 and Figure 19, there was a substantial increase in the total number of reports issued between 2001 and 2002. However, in 2003 the number fell back to the level seen two years prior. A decrease from 2002 to 2003 took place for all categories of Action Required reports (including environmental concerns) except for those associated with human rights where a stable trend is noted. However, the total number of issues in this latter category was extremely small compared to the other categories.

SAFE ENVIRONMENTS

Table 10
Action Required Reports
FY01 – FY03

Type of Action Report	No. of Required Action Reports			Change FY02-FY03
	2001	2002	2003	
Environmental		140	90	↓ +
Health/Medic		117	53	↓ +
Evacuation		108	48	↓ +
Funds		49	36	↓ +
Other		49	31	↓ +
Human Rights		10	11	↔
Combined Total	277	473	269	↓ +

Figure 19
Comparison of Action Required Reports by Type
FY02 – FY03



SAFE ENVIRONMENTS

Indicator 2: People can safely evacuate in an emergency.

Measures: Percentage of individuals who can safely evacuate in an emergency

Data Source: Survey and Certification 5.1C

FINDINGS: Table 11 demonstrates a very stable trend over time in the percentage of persons deemed capable of safely evacuating. As can be seen, for both FY02 and FY03, 96% of all persons in residential and day sites that were reviewed could evacuate safely.

Table 11
Percentage of Persons Able to Safely Evacuate
FY01 – FY03

FY	No. Reviewed	No. Able to Evacuate	Percent Able to Evacuate	Change FY02-FY03
2001	2115	2006	95%	
2002	2514	2412	96%	↔
2003	2162	2079	96%	↔

Indicator 3: People and their supporters know what to do in an emergency.

Measures: Percentage of individuals who know what to do in an emergency

Data Source: Survey and Certification 5.1B

FINDINGS: The results for this indicator are almost identical to those for the preceding indicator, with both a very high percentage meeting criterion and a very stable trend noted. Results are presented below in Table 12.

Table 12
No. and Percentage of Persons who know what to do in an Emergency
FY01 – FY03

FY	No. Reviewed	No. Know What to do	Percent Know What to do	Change FY02-FY03
2001	2115	2006	95%	
2002	2514	2368	94%	↔
2003	2162	2030	94%	↔

PRACTICE HUMAN & CIVIL RIGHTS

OUTCOME: People understand and practice their human and civil rights.

Indicator: 1. People exercise their rights in their everyday lives.

RESULTS:

Survey and certification findings demonstrate that for all three measures a very high percentage of individual consumers appear to understand and practice their human and civil rights. Over time this finding has remained relatively stable, with no difference noted between 2002 and 2003. Findings are consistent with those reported in the NCI.

Figure 20 illustrates the general trends for this outcome.

Figure 20
Summary of Trends for Human and Civil Rights Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Practice Rights - <i>People understand and practice their human and civil rights.</i>	1. People exercise their rights	Percent Exercise Rights	↔
		Percent Treated Same	↔
		Percent Treated with Respect	↔

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

PRACTICE HUMAN & CIVIL RIGHTS

OUTCOME: People understand and practice their human and civil rights.

Indicator 1: People exercise their rights in their everyday lives.

Measures: Percentage of individuals found to be exercising their rights
 Percentage of people who receive the same treatment as other employees at work
 Percentage of people who experience respectful interactions compared to NCI

Data Source: Survey and Certification (1.2B, 1.2C, 1.1A)
 NCI

FINDINGS: Exercise rights. Table 13 below presents the results from three years of survey and certification reviews for findings associated with the extent to which people were seen as exercising their rights in their everyday lives. As can be seen a stable trend is present across all three years, with data suggesting that a very high percentage of persons are exercising their rights in surveyed programs.

Table 13
 No. and Percentage of Persons Who Exercise Rights
 FY01 – FY03

FY	No. Reviewed	No. Exercise Rights	Percent Exercise Rights	Change FY02-FY03
2001	1111	1053	95%	
2002	2514	2375	94%	↔
2003	2162	2027	94%	↔

Same treatment. Survey results regarding the extent to which DMR consumers are treated the same as other employees – within employment settings - is presented below in Table 14. Findings show a stable trend, with very high percentages, ranging from a low of 96% in 2001 to a high of 97% in both FY02 and FY03.

PRACTICE HUMAN & CIVIL RIGHTS

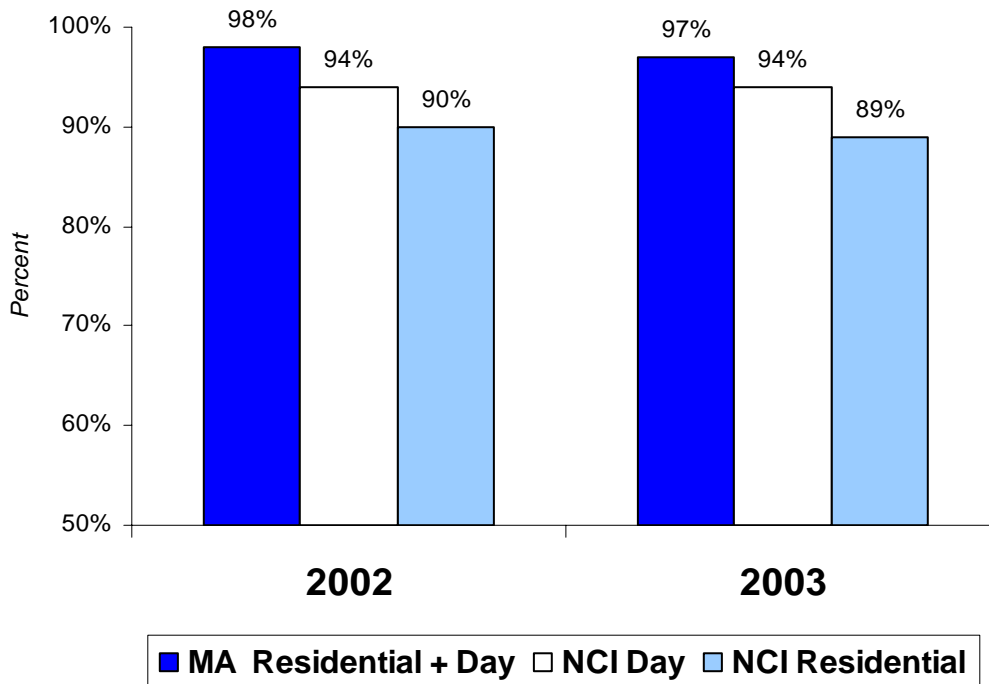
Table 14

No. and Percentage of Persons Who Receive the Same Treatment as Other Employees (Day Only)
FY01 – FY03

FY	No. Reviewed	No. Treated Same	Percent Treated Same	Change FY02-FY03
2001	914	877	96%	
2002	960	930	97%	↔
2003	948	916	97%	↔

Respectful interactions. Survey and certification data finds that over 97% of individuals experience interactions that are respectful of people. These results compare favorably with results reported in the 2002 and 2003 NCI. It should be noted that the Massachusetts data combines residential and day settings whereas the NCI data is reported separately for each type of service/support setting. Results are illustrated below in Figure 21.

Figure 21
Percent of Persons Experiencing Respectful Interactions
Comparison of DMR with NCI
2002 - 2003



RIGHTS ARE PROTECTED

OUTCOME: People’s rights are protected.

- Indicators:**
1. Less intrusive interventions are used before implementing a restrictive intervention.
 2. People and/or guardians give consent.
 3. People know where and how to file a complaint.
 4. Amount of emergency restraint used.

RESULTS:

Results show that a stable trend exists for some of the indicators associated with protection of rights and both a positive and a somewhat negative trend may be developing for others, particularly when a comparison is made between persons living in facilities and community settings. As can be seen in Figure 22 below, no real change has occurred between 2002 and 2003 for both the percentage of persons who had less intrusive interventions used before moving to a more intrusive program and for the percentage of persons who know how and are able to file complaints. However, a slightly negative trend may be developing for the percentage of persons who provide informed consent prior to the use of a restrictive procedure. The use of restraints shows a mixed pattern with a possible increasing trend in the use of emergency restraints in community settings. These findings are summarized below in Figure 22.

Figure 22
Summary of Trends for Rights are Protected Indicators and Measures
2002 – 2003

Rights Protected - <i>People's rights are protected</i>	1. Less Intrusive Interventions	Percent - Less Intrusive Used	
	2. Consent - Restrictive Interventions	Percent - with Consent	
	3. File Complaints	Percent - Able to File Complaint	
	4. Restraint Utilization	Facility: Percent Restrained	
		Community: Percent Restrained	-
		Facility: Ave No. Restraints	+
		Community: Ave No. Restraints	-

Direction of Arrow = increase, decrease, stable
 Green = positive trend (+)
 Black = negative trend (-)
 White = slight change/neutral trend

RIGHTS ARE PROTECTED

OUTCOME: People’s rights are protected.

Indicator 1: Less intrusive interventions are used before implementing a more restrictive intervention.

Measures: Percentage of individuals who have had less intrusive interventions tried.

Data Source: Survey and Certification (1.3A)

FINDINGS: Table 15 below presents the results for 2002 and 2003 survey and certification reviews regarding the use of less intrusive interventions. As can be seen, between 97% and 95% of individuals who were reviewed had evidence that less intrusive interventions were utilized before moving to more intrusive approaches. The trend is relatively stable.

Table 15
No. and Percentage of Persons with Less Intrusive Interventions Used First

FY	No. Surveyed	No. Less Intrusive Used First	Percent Less Intrusive Used First	Change FY02 FY03
2001	NA	NA		
2002	1663	1610	97%	
2003	1155	1097	95%	↔

Indicator 2: People and guardians give consent for restrictive interventions.

Measures: Percentage of individuals who provide informed consent for the use of restrictive interventions

Data Source: Survey and Certification (1.3C)

FINDINGS: Survey and Certification reviews indicate that between 85% and 78% of persons with restrictive interventions have had all appropriate processes followed with respect to obtaining informed consent between 2001 and 2003. As can be seen in Table 16, 2002 experienced a slight increase from the prior year. However, there was a decrease in 2003 to the lowest level of the 3 year time period. It should be noted that during this time period the standards under which this measure was rated were clarified and expanded to include consent for behavior modifying medications and supportive and protective devices in addition to the use of behavior plans. This may account for some of the issues noted in this measure.

RIGHTS ARE PROTECTED

Table 16

No. and Percentage of Persons with Restrictive Interventions Who Provided Informed Consent

FY	No. Applicable	No. with Consent	Percent with Consent	Change FY02 FY03
2001	794	642	81%	
2002	1238	1047	85%	
2003	921	716	78%	↓

Indicator 3: People know where and how to file a complaint.

Measures: Percentage of individuals who know where and how to file complaints.

Data Source: Survey and Certification (5.2E)

FINDINGS: Survey and Certification reviews show that an extremely high percentage of persons – 98% - know how to file a complaint and where it should be filed. A stable trend is noted over the two year time period between 2002 and 2003.

Table 17

No. and Percentage of Persons Able to File Complaints

FY	No. Reviewed	No. Able to File Complaintt	Percent Able to File Complaint	Change FY02-FY03
2001	NA	NA		
2002	2514	2476	98%	
2003	2162	2110	98%	↔

RIGHTS ARE PROTECTED

Indicator 4: Restraint utilization.

Measures: Number and percentage of individuals served by DMR who experience emergency restraint

Average number of restraints used per person restrained

Data Source: Restraint database

FINDINGS: Percent Restrained. An analysis of data from the DMR restraint database shows that there has been an increase in the percentage of persons served by DMR⁶ who have experienced emergency restraint between 2002 and 2003. This increase is most evident for those individuals who live in community settings, where there were 711 persons restrained in 2003 compared to 615 in the prior year. These results are illustrated below in Table 18 and Figure 23. As can be seen there has been a relatively consistent upward trend in community service settings. Some of this increase is attributable to a change in the means for entering data, which led to improved reporting to the database.

Table 18
Restraint Utilization for Persons in Facilities and Community Settings
FY01-FY03

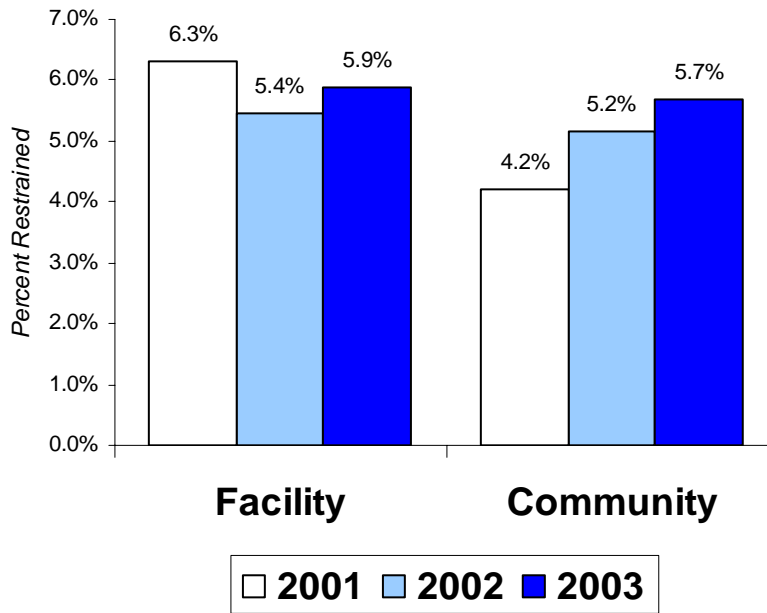
Year	Setting	No. People	No. Restrained	Percent of Poulation Restrained	Change FY02-FY03
2001	Facility	1,223	77	6.3%	
	Community	11,553	485	4.2%	
	<i>Combined</i>	12,776	562	4.4%	
2002	Facility	1,193	65	5.4%	
	Community	11,892	615	5.2%	
	<i>Combined</i>	13,085	680	5.2%	
2003	Facility	1,157	68	5.9%	↑
	Community	12,417	711	5.7%	↑ -
	<i>Combined</i>	13,574	779	5.7%	↑ -

⁶ The number of people subject to restraint was derived from the CRS database of all active individuals over the age of 18.

RIGHTS ARE PROTECTED

Figure 23

Percent Population Restrained in Facilities and Community Settings
FY01-FY03



FINDINGS: Average No. Restraints. Table 19 presents findings related to the average number of restraints per person (restrained) for the three year time period between FY01 and FY03. The rate has fluctuated in facilities but steadily increased in community settings.

Table 19

Average No. Restraints per Person
FY01-FY03

Year	Setting	No. Restrained	Total No. of Restraints	Average per Person	Change FY02-FY03
2001	Facility	77	328	4.3	
	Community	485	2243	4.6	
	<i>Combined</i>	562	2571	4.6	
2002	Facility	65	365	5.6	
	Community	615	3079	5.0	
	<i>Combined</i>	680	3444	5.1	
2003	Facility	68	340	5.0	↓ +
	Community	711	4043	5.7	↑ -
	<i>Combined</i>	779	4383	5.6	↑ -

RIGHTS ARE PROTECTED

Close examination of trends and patterns in restraint utilization reveal that some community providers are reporting physical holds used as part of an approved behavior plan as a restraint. This is less true at the facilities. Therefore, the number of restraints being reported in the community tends to be consistently higher relative to facility levels. The department will work to clarify the guidelines for reporting to improve consistency and standardization across settings.

CHOICE & DECISION-MAKING

OUTCOME: People are supported to make their own decisions.

- Indicators:**
1. People make choices about their everyday routines and schedules.
 2. People control important decisions about their home and home life.
 3. People choose where they work.
 4. People influence who provides their supports.

RESULTS:

Analysis of data related to choice and decision-making suggests a relatively stable trend across all measures with the possible exception of choices regarding work. This measure shows a decrease from 89% to 82%, and is substantially lower than the other measures associated with this outcome.

Figure 24
Summary of Trends for Choice & Decision-making Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Choice & Decision making - <i>People are supported to make their own decisions.</i>	1. Choices re: everyday routines	Percent - Choose schedule	↔
		Comparison with NCI	
	2. Decisions re: home and home life	Percent - Control decisions	↔
		Comparison with NCI	
	3. Choose where work	Percent - Choose where work	↓
		Comparison with NCI	
	4. Influence who provides support	Percent - Influence who supports	↔
		Comparison with NCI	

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

CHOICE & DECISION MAKING

OUTCOME: People are supported to make their own decisions.


Indicator 1: People make choices about their everyday routines and schedules.

Measures: Percentage of individuals who choose their own schedule
Comparison to NCI

Data Source: Survey and Certification (2.2A)
NCI

FINDINGS: Survey and Certification findings show a very high percentage of persons are able to choose their daily schedule. No real change is noted between 2002 and 2003. The degree of choice exercised by Massachusetts consumers compares favorably with results from the NCI as seen in Table 20 below. It is important to note that there are some differences between Massachusetts and the NCI in the exact measure and population evaluated, and therefore a direct comparison is not possible. Nonetheless, the NCI data does provide a general benchmark for viewing DMR performance.

Table 20
Percent Choose Daily Schedule Compared to NCI

FY	Choose Schedule MA	Choose Schedule NCI	Change MA FY02-FY03
2002	97%	82%	
2003	96%	84%	

Indicator 2: People control important decisions about their home and home life.

Measures: Percentage of individuals who control important decisions about home life
Comparison to NCI

Data Source: Survey and Certification (2.3C)
NCI

FINDINGS: Survey and Certification findings show that between 93% and 92% of individuals reviewed have exercised control over decisions regarding their home life. Results from the NCI show a substantially lower proportion of people who control important decisions about home life as measured by response to two questions: choose where they live and with whom they live. It should be noted, however, that the NCI questions represent a much more rigorous standard in that they measure actual choice and decision making rather than influence over and input into decisions. Therefore the NCI data cannot be used for direct comparison to the Massachusetts findings. Nonetheless, and as noted above for Indicator 1, the NCI results are provided as a general benchmark.

CHOICE & DECISION-MAKING

Table 21
Percent Who Control Important Decisions Compared to NCI

FY	MA	NCI		MA Change FY02-FY03
	Decisions re: Home/life	Choose Where Live	Choose Who Live With	
2002	93%	48%	47%	
2003	92%	49%	44%	↔

Indicator 3: People choose where they work.

Measures: Percentage of individuals who choose where they work and what type of work/day activity they are involved in.

Comparison to NCI

Data Source: Survey and Certification (2.3D)
NCI

FINDINGS: Survey and Certification findings show that the percentage of persons reviewed who exercised choice over where they work - or if not engaged in employment, were able to control their day activity – fell from 89% in 2002 to 82% in 2003. This is the only indicator for this outcome that experienced a reduction over the two year time period. The percentage of persons exercising choice over employment in Massachusetts was, however, generally higher than for the sample of persons assessed with the NCI. Interestingly, there was a slight improvement nationally whereas, as noted, there was a possible regression within Massachusetts.

Table 22
Percent Who Choose Where Work Compared to NCI

FY	Choose Work MA	Choose Work NCI	Change MA FY02-FY03
2002	89%	58%	
2003	82%	61%	↓

CHOICE & DECISION-MAKING

Indicator 4: People influence who provides their support.

Measures: Percentage of individuals who influence who provides their support (staff)

Comparison to NCI

Data Source: Survey and Certification (2.3B)
NCI

FINDINGS: Survey and Certification findings for this indicator are presented below in Table 23. As can be seen, between 93% and 91% of individuals reviewed were determined to have provided input into and influence over who provided them with assistance and support. As with Indicator 2, the NCI comparison measures are much more rigorous and related to actual choice (selection) of staff for both residential and day supports. Consequently, direct comparisons are not warranted, although the NCI data does provide a general benchmark for reviewing Massachusetts DMR performance.

Table 23
Percent Who Choose Support Staff Compared to NCI

FY	MA	NCI		MA Change FY02-FY03
	Influence Who Supports	Choose Staff Home	Choose Staff Work	
2002	93%	52%	55%	
2003	91%	61%	67%	↔

Comparison of Indicators for Choice and Decision Making

Findings for three of the four indicators associated with choice and decision making demonstrate a relatively high level of achievement, with percentages generally falling above 90%. The highest percentages were obtained for activities such as choosing one's daily schedule and how and when to complete household tasks where almost all individuals (more than 96%) were determined to exercise choice and control.

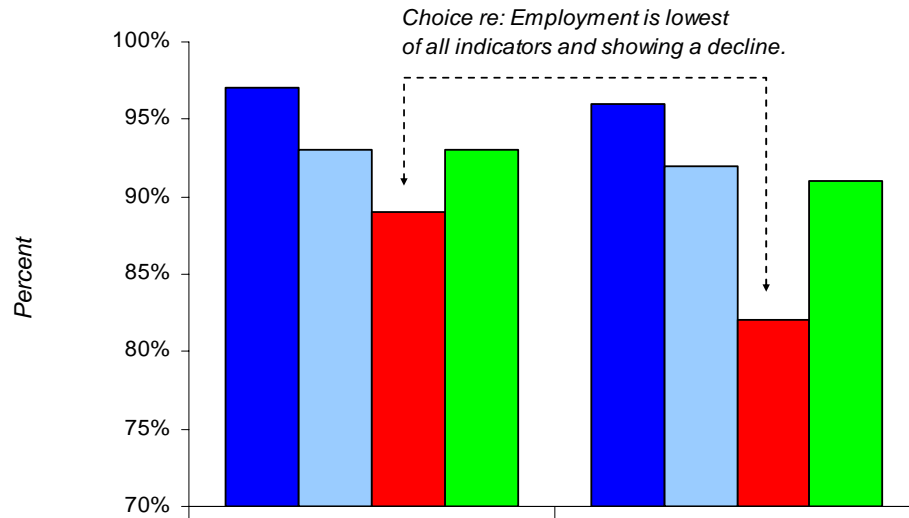
Relatively high, but slightly lower percentages were obtained for choice and control over home life (e.g., select furnishing, bedroom) and who provides support and assistance. In these areas slightly more than 9 out of every 10 persons were determined to exercise choice.

The area with the lowest demonstration of individual choice and control concerned where an individual worked or what type of work/day activity they were engaged in. Interestingly, this indicator also appears to be on the decline.

A comparison of the four indicators for choice and decision-making is illustrated below in Figure 25.

CHOICE & DECISION-MAKING

Figure 25
Comparison of Indicators for Choice and Decision Making
FY02 – FY03



	2002	2003
Choose Schedule	97%	96%
Control Decisions: Home	93%	92%
Choose where Work	89%	82%
Who provides Support	93%	91%

COMMUNITY INTEGRATION

OUTCOMES: People use integrated community resources and participate in everyday community activities.

People are connected to and valued members of their community

- Indicators:**
1. People use the same community resources as others on a frequent and on-going basis.
 2. People are involved in activities that connect them to other people in the community.

RESULTS:

Analysis of data related to community integration suggests a relatively stable trend for the percent of persons who use community resources, but a potentially negative trend for involvement in community activities that connect people to others.

Figure 26
Summary of Trends for Community Integration Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Community Integration - <i>People use integrated community resources and participate in everyday community activities.</i>	1. Use the same community resources as others	Percent Use Community Resources	↔
		Comparison to NCI	■
<i>People are connected to and valued members of their community.</i>	2. Involved in activities that connect to other people	Percent Involved in Community Activities	↓
		Comparison to NCI	■

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

COMMUNITY INTEGRATION

OUTCOME: People use integrated community resources and participate in everyday community activities.

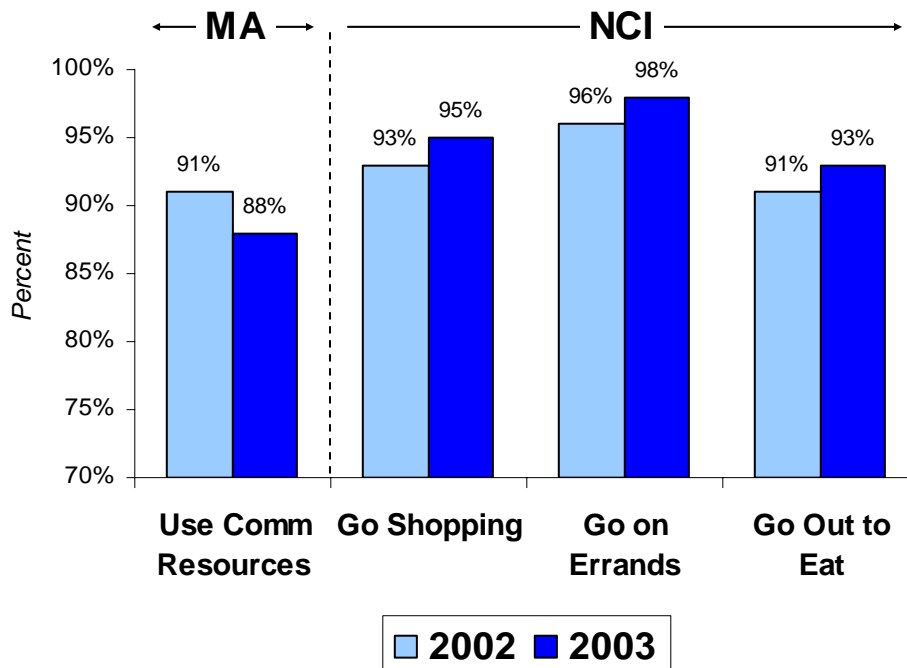
Indicator 1: People use the same community resources as others on a frequent and ongoing basis.

Measures: Percentage of individuals who use community resources
Comparison to NCI

Data Source: Survey and Certification (3.1B)
NCI

FINDINGS: Survey and Certification findings across 2002 and 2003 show that the percentage of persons who regularly use community resources has dropped slightly from 91% to 88%, although not enough to suggest a meaningful trend. When compared to national benchmarks (NCI), these rates of participation are somewhat lower. Interestingly, between 2002 and 2003 NCI rates suggest an increase in level of participation, opposite that of Massachusetts. These results are illustrated below in Figure 27.

Figure 27
Percentage of People Who Use Community Resources Compared to NCI
FY02-FY03



COMMUNITY INTEGRATION

OUTCOME: People are connected to and valued members of their community.

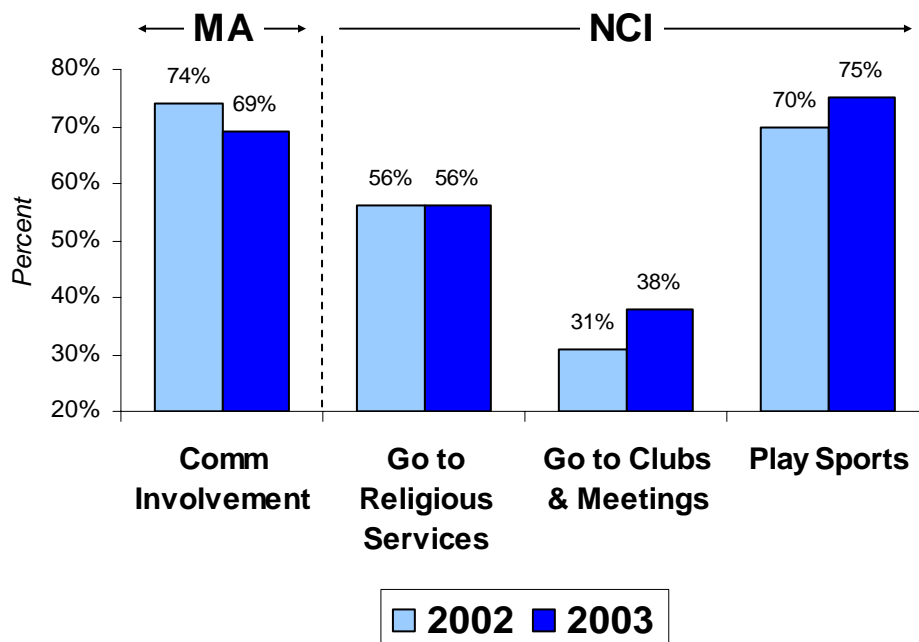
Indicator 2: People are involved in activities that connect them to other people in the community.

Measures: Percentage of individuals involved in activities that connect them to others
Comparison to NCI

Data Source: Survey and Certification (3.2B)
NCI

FINDINGS: Survey and Certification findings suggest that the percentage of persons who are involved in community activities that allow them to interact with and connect to others in the community has declined from 2002 to 2003 in Massachusetts. However, this rate of community involvement compares favorably to national benchmarks (NCI) as illustrated below in Figure 28. It should be noted that the NCI data is more specific with regard to the types of community involvement, with consumer responses suggesting that community sporting activities provide the greatest opportunity for involvement.

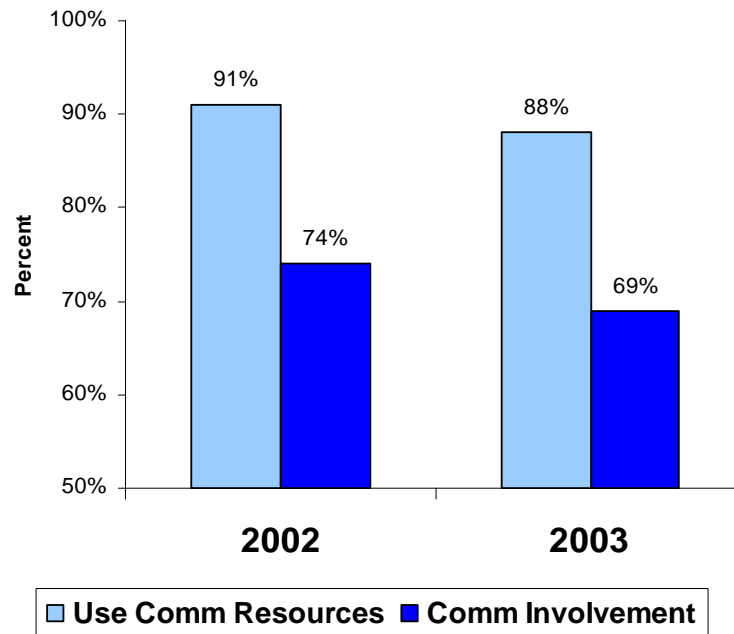
Figure 28
Percentage of People Involved in Community Activities Compared to NCI
FY02-FY03



A comparison of the extent to which people use community resources and have actual involvement with other community members is illustrated in Figure 29. As can be seen, the latter measure shows much lower levels of participation.

COMMUNITY INTEGRATION

Figure 29
Comparison of Use of Community and Involvement in Community Activities
FY02-FY03



RELATIONSHIPS/FAMILY CONNECTIONS

OUTCOME: People maintain/gain relationships with family and friends.

- Indicators:**
1. People are supported to maintain relationships with family, friends and co-workers.
 2. People are supported to gain new friendships.
 3. Individuals have education and support to understand and safely express their sexuality.

RESULTS:

Findings from Survey and Certification reviews across 2002 and 2003 show a very high percentage of persons who are supported to maintain existing relationships with family and friends but a lower percentage who are supported to gain new friendships. Data for this latter indicator also demonstrate a negative trend, with less support for assisting in the development of new friendships in 2003 than in 2002. The percentage of persons who have received education regarding intimacy has remained relatively stable across the two year time period under review, with about 88% receiving such support. These trends are illustrated in Figure 30 below.

Figure 30
Summary of Trends for Relationships and Family Connections
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Relationships & Family Connections <i>- People maintain and gain relationships with family and friends.</i>	1. Support to maintain relationships	Percent Maintain Relationships	↔
	2. Support to gain new relationships	Percent - New Relationships	↓ -
	3. Receive education about intimacy	Percent - Educated re: Intimacy	↔

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

RELATIONSHIPS/FAMILY CONNECTIONS

OUTCOME: People maintain and gain relationships with family and friends.

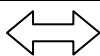
Indicator 1: People are supported to maintain relationships with family, friends and co-workers.

Measures: Percentage of individuals who maintain relationships.

Data Source: Survey and Certification (3.3A)

FINDINGS: Survey and Certification reviews for 2002 and 2003 indicate that between 99% and 98% of persons reviewed are receiving support to maintain their relationships with other people. No change is noted across the two years, as illustrated below in Table 24.

Table 24
Percentage of Persons Supported to Maintain Relationships
FY02-FY03

Year	No. Reviewed	No. Maintain Relationships	Percent Maintain Relationships	Change FY02-FY03
2002	2170	2155	99%	
2003	1968	1933	98%	


Indicator 2: People are supported to gain new relationships.

Measures: Percentage of individuals who gain new relationships.

Data Source: Survey and Certification (3.3B)

FINDINGS: Survey and Certification reviews for 2002 and 2003 show a lower percentage of persons who are supported to gain new relationships than for maintaining existing relationships. As can be seen in Table 25 below, in 2002 about 82% of those reviewed received such support. This dropped off to 76% in the following year.

Table 25
Percentage of Persons Supported to Gain New Relationships
FY02-FY03

Year	No. Reviewed	No. New Relationships	Percent New Relationships	Change FY02-FY03
2002	1580	1290	82%	
2003	1208	921	76%	 -

RELATIONSHIPS/FAMILY CONNECTIONS

Indicator 3: Individuals have education and support to understand and safely express their sexuality.

Measures: Percentage of individuals who are educated about intimacy.

Data Source: Survey and Certification (3.3C)

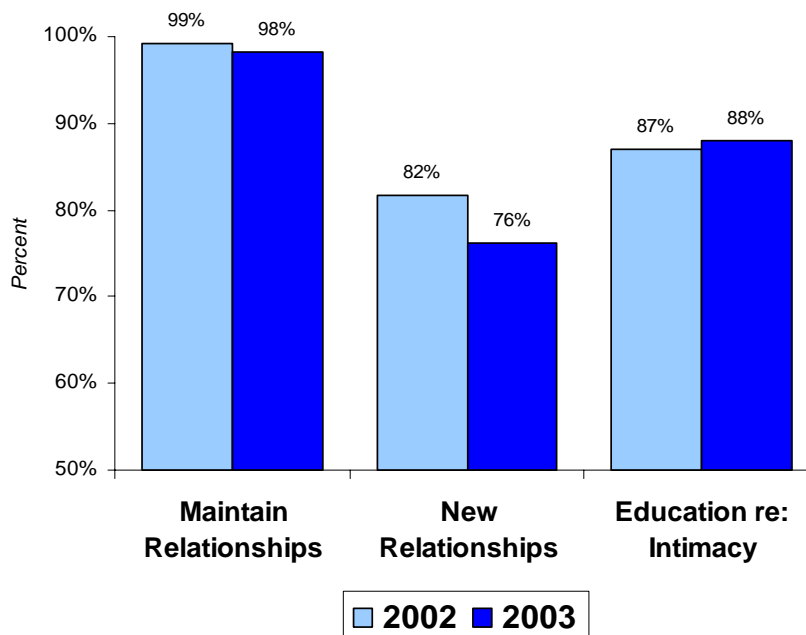
FINDINGS: Survey and Certification reviews for 2002 and 2003 indicated that about 88% of individuals reviewed are receiving support and education to assist them in appropriately expressing intimacy. No change is noted across the two time period.

Table 26
Percentage of Persons Educated about Intimacy and Sexuality
FY02-FY03

Year	No. Reviewed	No. Educated re: Intimacy	Percent Educated re: Intimacy	Change FY02-FY03
2002	1238	1077	87%	
2003	1014	892	88%	↔

A comparison of the three indicators that are used to assess performance in the area of relationships is illustrated below in Figure 31. As can be seen, a greater percentage of individuals receive needed support to maintain relationships than to gain new ones. The percentages who are assisted in the area of intimacy fall in between.

Figure 31
Comparison of Indicators for Evaluating Relationships
FY02-FY03



ACHIEVEMENT OF GOALS

OUTCOME: People are supported to develop and achieve goals.

- Indicators:**
1. People develop their personal goals.
 2. People have support to accomplish their goals.

RESULTS:

Survey and certification data for 2002 and 2003 show a relatively stable trend with regard to the extent to which people develop their personal goals. The percentage of persons who have access to needed resources to achieve their goals in 2003 has undergone a slight decline from the previous year. These trends are illustrated in Figure 32 below.

Figure 32
Summary of Trends for Community Integration Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Achievement of Goals - <i>People are supported to develop and achieve goals.</i>	1. Develop Personal Goals	Percent Develop Goals	↔
	2. Support to Accomplish Goals	Percent - Access to Resources	↓

Direction of Arrow = increase, decrease, stable
 Green = positive trend (+)
 Black = negative trend (-)
 White = slight change/neutral trend

ACHEIVEMENT OF GOALS

OUTCOME: People are supported to develop and achieve goals.

Indicator 1: People develop their personal goals.

Measures: Percentage of individuals who develop their personal goals.

Data Source: Survey and Certification (2.3A)

FINDINGS: Survey and Certification reviews for 2002 and 2003 indicate that between 90% and 88% of persons reviewed are developing their personal goals. There is a slight decrease in FY03, but not sufficient to suggest any meaningful trend.

Table 27
Percentage of Persons Who Develop Goals
FY02-FY03

Year	No. Surveyed	No. Develop Goals	Percent Develop Goals	Change FY02-FY03
2002	2186	1970	90%	
2003	1965	1720	88%	↔

Indicator 2: People have support to accomplish their goals.

Measures: Percentage of individuals who have access to resources to accomplish their personal goals.

Data Source: Survey and Certification (4.1C)

FINDINGS: Survey and Certification reviews show that a smaller percentage of persons have access to the resources they need to accomplish their personal goals, with fewer people having such access in 2003 than in 2002.

Table 28
Percentage of Persons with Access to Resources to Accomplish Goals
FY02-FY03

Year	No. Surveyed	No. with Access to Resources	Percent with Access to Resources	Change FY02-FY03
2002	2193	1879	86%	
2003	1970	1617	82%	↓

WORK







OUTCOME: People are supported to obtain work.

- Indicators:**
1. Average hourly earnings by type of job support.
 2. Average no. hours worked per month by type of job.

RESULTS:

Point in time review of wages and hours worked for a sample of persons receiving job supports conducted in April of each year shows that there is a significant difference in the amount of money people make and the amount of time they spend working based upon the type of employment support they receive. Trends over the two year time period between 2002 and 2003 also indicate that there has been a slight increase in the wages for persons with individual jobs, group jobs and for those in sheltered employment, although these figures have not been adjusted for inflation. The number of monthly hours worked has remained relatively stable for persons with individual and facility-based jobs, but a decrease for those in group jobs. These trends are illustrated in Figure 33 below.

Figure 33
Summary of Trends for Work Indicators and Measures
2002 – 2003

OUTCOME	Indicator	Measure	Change FY02-FY03
Work - <i>People are supported to obtain work.</i>	1. Average Hourly Wage	Individual Job - Average Wage	 +
		Group Job - Average Wage	
		Facility Job - Average Wage	
	2. Monthly Hours Worked	Individual Job - Mo. Hrs. Worked	
		Group Job - Mo. Hrs. Worked	 -
		Facility Job - Mo. Hrs. Worked	

Direction of Arrow = increase, decrease, stable

Green = positive trend (+)

Black = negative trend (-)

White = slight change/neutral trend

WORK

OUTCOME: People are supported to obtain work.

Indicator 1: Average hourly earnings by type of job support.




Measures: Hourly wage

Data Source: DMR Employment Support Study (April)

FINDINGS: A comparison across Individual, Group and Facility-based work demonstrates a clear difference in the hourly wages earned by persons in each of those categories of employment. For both 2002 and 2003 persons involved in individual jobs earned substantially more than their counterparts who had either group or facility jobs. Persons in the latter group (facility, or sheltered employment) were paid substantially less, averaging \$1.53 an hour in 2003.

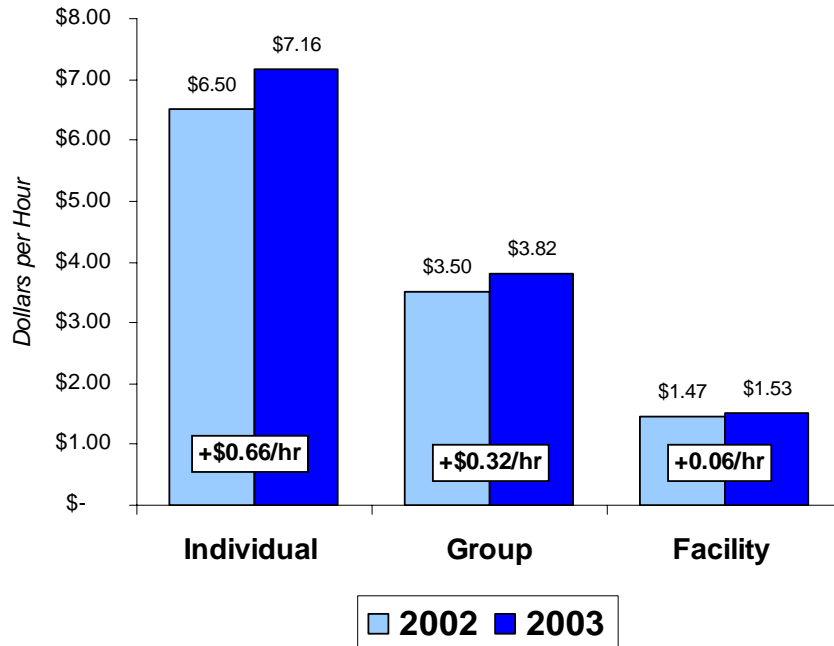
Of equal interest, persons with individual jobs experienced a 10% increase in their hourly wage. Persons in group employment had an increase of about 9% in hourly earnings between 2002 and 2003 while person employed in facility-based settings only saw a 4% increase. (Note: wages not adjusted for inflation). These results are presented below in Table 29 and Figure 34.

Table 29
Average Hourly Wages by Type of Employment
FY02-FY03

Year	Type of Employment	No. People Reviewed	Ave. Hourly Earnings	Earnings Change FY02-FY03
2002	Individual Job	1,686	\$ 6.50	
	Group Job	1,722	\$ 3.50	
	Facility Job	3,080	\$ 1.47	
2003	Individual Job	1,527	\$ 7.16	 +
	Group Job	1,484	\$ 3.82	
	Facility Job	3,120	\$ 1.53	

WORK

Figure 34
Changes in Hourly Earnings by Type of Job
FY02-FY03

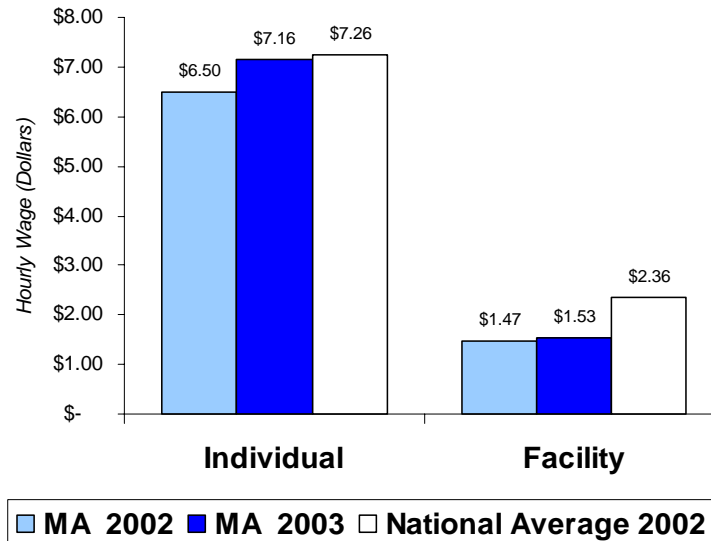


A comparison of wages for persons in individual and facility-based employment with national data suggests that Massachusetts consumers tend to earn slightly less than the national averages, particularly in facility-based employment. Figure 35 illustrates these differences. [Special Note: National data only available for 2002.]⁷

⁷ Information derived from summary of Rehabilitation Services Administration (RSA) 911 Case Service data compiled by the Institute for Community Inclusion.

WORK

Figure 35
Comparison of Hourly Wages with National Averages



Indicator 2: Average monthly hours worked by type of job.

Measures: Hours worked (per month)

Data Source: Employment Support Study (April)

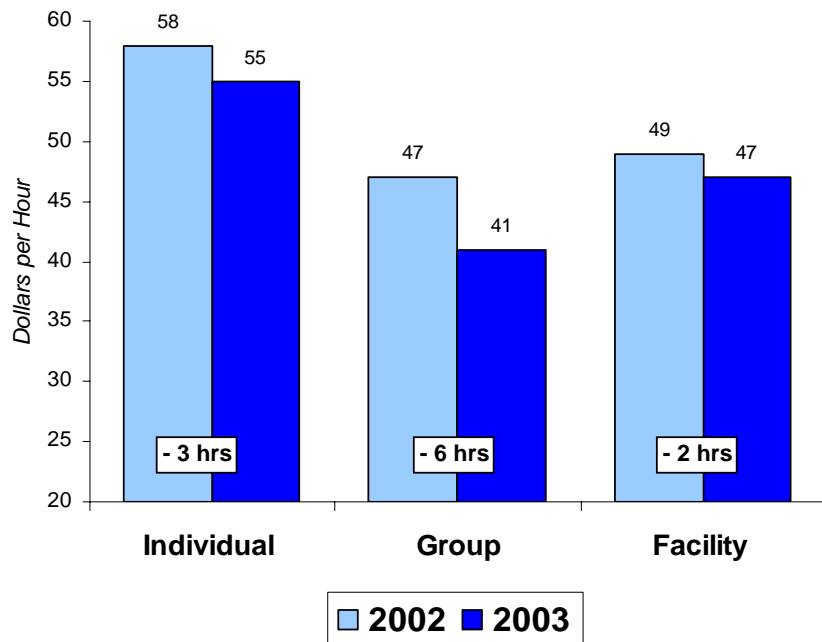
FINDINGS: A similar comparison across job categories for hours worked per month shows that once again persons with individual employment work the most hours, followed by persons in facility-based employment. Group employment had the lowest number of hours worked across both fiscal years. Interestingly, there was a trend toward working fewer hours in 2003 compared to 2002 for all three job categories. This decrease was relatively minor for individual employment and facility-based employment (no meaningful trend), but more pronounced for group employment, which witnessed a drop of 6 hours per month. These results are presented below in Table 30 and Figure 36.

Table 30
Average Hours of Work per Month by Type of Job Support
FY02-FY03

Year	Type of Employment	No. People Reviewed	Ave. No. Hrs/Month	Hours Change FY02-FY03
2002	Individual Job	1,686	58	
	Group Job	1,722	47	
	Facility Job	3,080	49	
2003	Individual Job	1,527	55	↔
	Group Job	1,484	41	↓ -
	Facility Job	3,120	47	↔

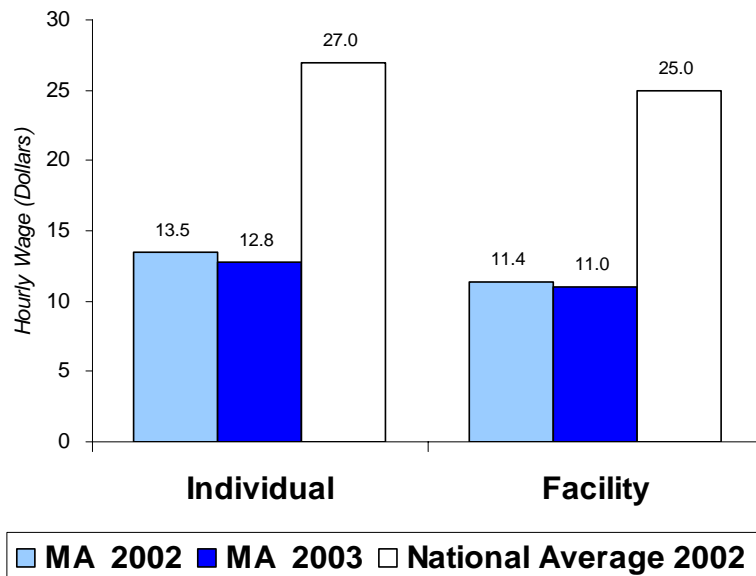
WORK

Figure 36
Changes in Monthly Hours Worked by Type of Job
FY02-FY03



The number of hours worked weekly for consumers in Massachusetts compared to national averages is presented below in Figure 37. As can be seen, there is a substantial difference, with consumers in Massachusetts working substantially fewer hours per week in both individual and facility based employment situations.

Figure 37
Comparison of Hours Worked with National Averages



QUALIFIED PROVIDERS

OUTCOME: People receive services from qualified providers.

- Indicators:**
1. Providers maintain their license/certification to operate.
 2. Quality of life citations.
 3. Additional oversight mechanisms are in place.

RESULTS:

Trends in the certification and licensure status of DMR providers and the number and types of citations resulting from the survey process are summarized below in Figure 38. As can be seen, there was little change between 2002 and 2003 in the percentage of providers who achieved the highest and lowest levels of certification, i.e., two year certification with distinction and one year certification with conditions. On the other hand, a greater proportion of providers achieved two year certification in 2003 than in 2002 while a smaller proportion was provided with only a one year certification. Both of these trends are positive.

In addition, the total number of citations and the number of providers with citations decreased (positive trend). However, the average number of citations per provider (those with citations) increased, suggesting that a smaller group of providers is accounting for a larger proportion of the citations.

Figure 38
Summary of Trends for Qualified Providers Indicators and Measures
FY02-FY03

OUTCOME	Indicator	Measure	Change FY02-FY03
Qualified Providers <i>People receive services from qualified providers.</i>	1. Maintain licensure/certification	Percent - 2 yr with distinction	↔
		Percent - 2 year	↑ +
		Percent - 1 year	↓ +
		Percent - 1 yr with conditions	↔
	2. Quality of life citations	No. Providers with Citations	↓ +
		Total No. Citations	↓ +
		Average No. Citations per Provider	↑ -
		Percent Citations by Area	■
	3. Oversight Mechanisms	Percent Qualified - No/Minor Issues	↔

Direction of Arrow = increase, decrease, stable
 Green = positive trend (+)
 Black = negative trend (-)
 White = slight change/neutral trend

QUALIFIED PROVIDERS

OUTCOME: People receive services from qualified providers.

Indicator 1: Providers maintain their certification/licensure to operate





Measures: Percent of Providers by Level of Certification

Data Source: Survey and Certification database

FINDINGS: Table 31 and Figure 39 below illustrate the percentage of providers who attained different levels of certification across the 3 year time period between 2001 and 2003. Data show that there was an increase in the percentage of providers who were able to achieve two-year certification and a decrease in those provided with only a one year certification. A slight increase is also noted for achievement of two-year certification with distinction (although not enough to suggest a meaningful trend). Very little change is seen for those with the lowest level of certification, i.e., one year with conditions.

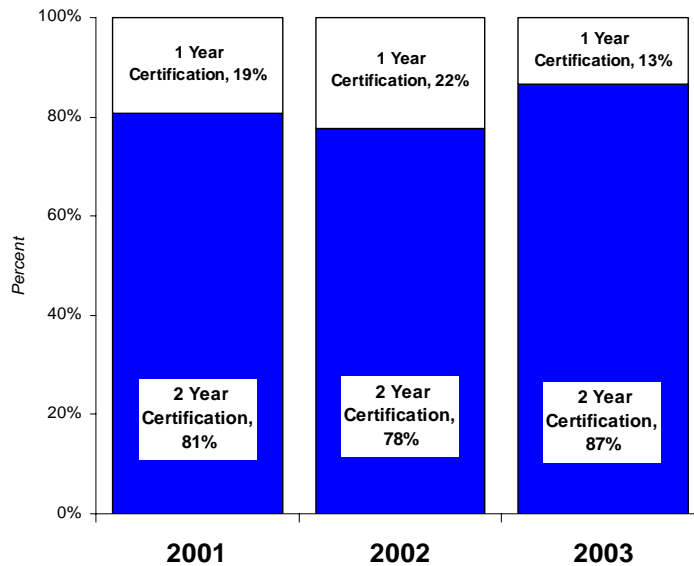
Overall these results show that the vast majority of providers fall within the top two levels, with the percentage of providers attaining a full two-year certification reaching 87% in 2003. Conversely, only about 13% were not able to achieve two-year certification in that same year.

Table 31
Trends in Level of Provider Certification
FY01-FY03

Level	Year			Change FY02-FY03
	2001	2002	2003	
2 Yr Distinction	27%	27%	30%	
2 Year	54%	50%	57%	 +
1 Year	14%	15%	7%	 +
1 Yr Conditions	5%	8%	6%	

QUALIFIED PROVIDERS

Figure 39
Percentage of Providers by Level of Certification
FY01-FY03



Indicator 2: Quality of Life citations

Measures: No. and Percent of Providers with citations

Average No. of citations per Provider

Data Source: Survey and Certification database

FINDINGS: Figures 40 and 41 show that the number of citations and the percentage of providers with citations increased in 2002 from 2001 levels, but then decreased during 2003. Figure 42 shows that the average number of citations per provider (with one or more citations) has shown a consistent increase. This suggests that from 2002 to 2003 a smaller group of providers is experiencing an increased number of citations, a trend previously noted for findings associated with CORI checks.

QUALIFIED PROVIDERS

Figure 40
Percent of Providers with Citations
FY01-FY03

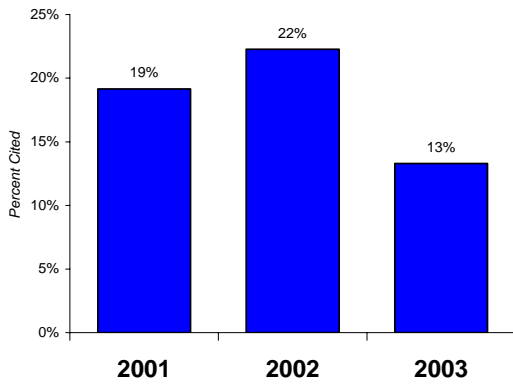


Figure 41
Total No. of Citations by Year
FY01-FY03

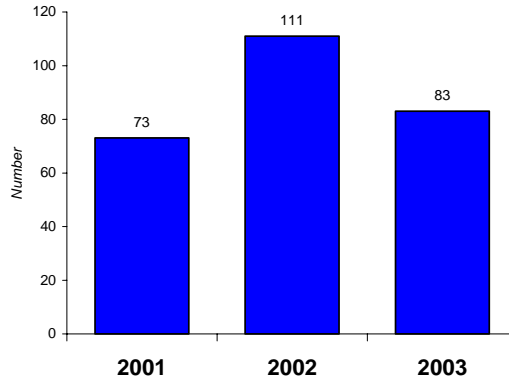


Figure 42
Average No. Citations per Provider with Citations
FY01-FY03

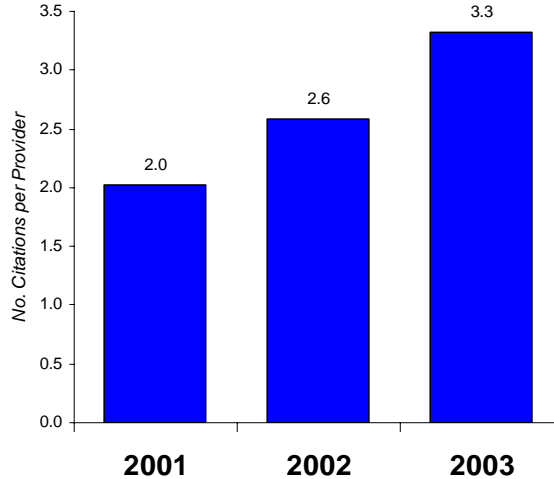


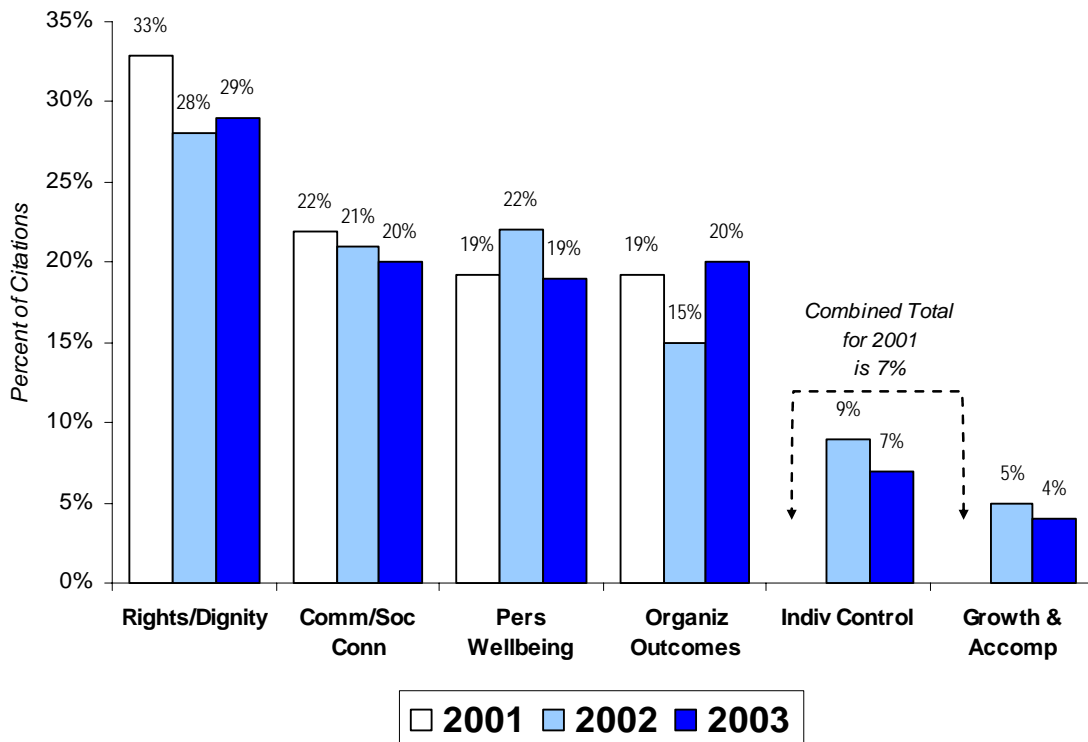
Table 32 provides information regarding the distribution of citations by type. As can be seen, the area of rights and dignity is the most frequently cited across all three years, followed by concerns associated with community and social connections. No significant trends are apparent, although there was a slight increase in the percentage of citations associated with organizational outcomes from 2002 to 2003.

QUALIFIED PROVIDERS

Table 32
Percentage of Citations by Type
FY01-FY03

Area	2001	2002	2003
<i>Rights/Dignity</i>	33%	28%	29%
<i>Comm/Soc Conn</i>	22%	21%	20%
<i>Pers Wellbeing</i>	19%	22%	19%
<i>Organiz Outcomes</i>	19%	15%	20%
<i>Indiv Control</i>		9%	7%
<i>Growth & Accomp</i>	7%	5%	4%

Figure 43
Distribution of Citations by Type
FY01-FY03



Indicator 3: Additional Oversight Mechanisms are in place

Measures: No. and Percent of Providers by Qualification Level

Data Source: Contracts pre-qualification database

FINDINGS: Prior to negotiating contracts for the following fiscal year DMR contracts personnel conduct a review of private provider financial stability. These reviews result in the assignment of a provider to one of five different categories ranging from qualified with no conditions to conditional status. Results of these reviews are presented below in Table 33 and Figure 44.

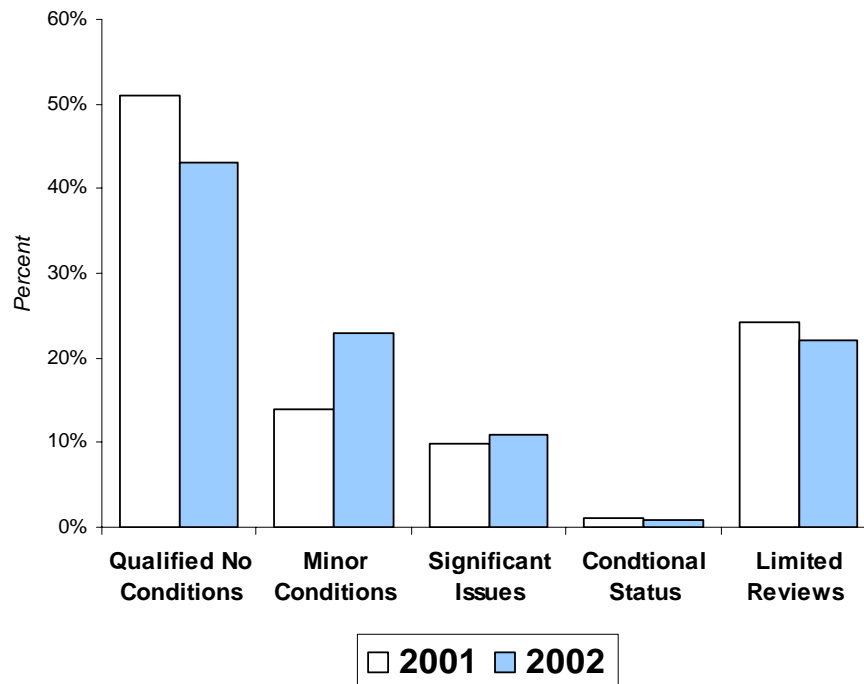
QUALIFIED PROVIDERS

A review of available data for fiscal years 2001 and 2002 shows that the vast majority of providers are rated as qualified with either no conditions or only minor conditions. Approximately 1 in 10 are identified as having significant issues or are assigned a conditional status.

Table 33
Levels of Pre-qualification
FY01-FY02⁸

Year	Qualified No Conditions	Minor Conditions	Significant Issues	Conditional Status	Limited Reviews
2001	51%	14%	10%	1%	24%
2002	43%	23%	11%	1%	22%
2003	<i>Not available</i>				

Figure 44
Status of Pre-qualification Provider Reviews
FY01-FY02



⁸ Data not available for FY03.

APPENDICES

- A** Summary of the Outcomes and Indicators
- B** Summary of Data Sources
- C** Summary of Findings: Statewide Quality Outcomes

APPENDIX A

SUMMARY OF THE OUTCOMES AND INDICATORS

The chart that follows summarizes the key outcomes and indicators that appear in this report. The data for this report draws its information from a variety of quality assurance processes in which the Department is routinely engaged. While the quality assurance processes allow for continuous review, intervention and follow-up on issues of concern, aggregation of data in this report allows for the analysis of patterns and trends in overall performance.

Outcome	Indicator	Data Source
People are supported to have the best possible health	<ol style="list-style-type: none"> 1. Individuals are supported to have a healthy lifestyle 2. Individuals get annual physicals 3. Individuals get dental exams 4. Individual's medications are safely administered 5. Serious health and medication issues are identified and addressed 	<ol style="list-style-type: none"> 1. Survey & Certification Outcome 5.3A 2. Survey & Certification Outcome 5.3C <ul style="list-style-type: none"> - National Core Indicators Project 3. Survey & Certification Outcome 5.3C <ul style="list-style-type: none"> - National Core Indicators Project 4. Survey & Certification Outcome 5.3E <ul style="list-style-type: none"> - Medication Occurrence database 5. Survey & Certification/Action Required <ul style="list-style-type: none"> - Investigations data - Risk Management data
People are protected from harm	<ol style="list-style-type: none"> 1. Individuals are protected when there are allegations of abuse, neglect or mistreatment 2. CORI checks are completed for staff and volunteers working directly with individuals 3. Safeguards are in place For individuals who are at risk 	<ol style="list-style-type: none"> 1. Survey & Certification Outcome 5.2C,D <ul style="list-style-type: none"> - Investigations database 2. CORI audit database 3. Survey & Certification Outcome 5.2A <ul style="list-style-type: none"> - Critical incident data - Risk Management data

Outcome	Indicator	Data Source
People live and work in safe environments	<ol style="list-style-type: none"> 1. Homes and work places are safe, secure and in good repair 2. People can safely evacuate in an emergency 3. People and supporters Know what to do in an emergency 	<ol style="list-style-type: none"> 1. Survey & Certification/Action Required Outcome 5.1A 2. Survey & Certification/Action Required Outcome 5.1C 3. Survey & Certification Outcome 5.1B
People understand and practice their human and civil rights	<ol style="list-style-type: none"> 1. People exercise their Rights in their everyday lives 2. People receive the same Treatment as other employees 3. People experience respectful interactions 	<ol style="list-style-type: none"> 1. Survey & Certification Outcome 1.2B - National Core Indicators Project 2. Survey & Certification Outcome 1.2C 3. Survey & Certification Outcome 1.1A
People's rights are protected	<ol style="list-style-type: none"> 1. % of instances where less intrusive interventions are used before implementing a restrictive intervention 2. People or guardians give consent to restrictive interventions 3. People and supporters know how and where to file a complaint 4. % of restraints and type of restraint 	<ol style="list-style-type: none"> 1. Survey & Certification Outcome 1.3A 2. Survey & Certification Outcome 1.3C 3. Survey & Certification Outcome 5.2E 4. Restraint database
People are supported to make their own decisions	<ol style="list-style-type: none"> 1. People make choices about their everyday routine and schedules 2. People control important decisions about their home and home life 3. People choose where they work 4. People influence who provides their supports 	<ol style="list-style-type: none"> 1. Survey & Certification Outcome 2.2A - National Core Indicators Project 2. Survey & Certification Outcome 2.3C - National Core Indicators Project 3. Survey & Certification Outcome 2.3D - National Core Indicators Project 4. Survey & Certification Outcome 3.1B - National Core Indicators Project

Outcome	Indicator	Data Source
People use integrated community resources and participate in everyday community activities	1. People use the same community resources as others on a frequent and on-going basis	1. Survey & Certification Outcome 3.1B - National Core Indicators Project
People are connected to and valued members of their community	1. People are involved in activities that connect them to other people in the community	1. Survey & Certification Outcome 3.2B - National Core Indicators Project
People gain/maintain friendships and relationships	1. People are supported to maintain relationships 2. People are supported to develop new friendships 3. Individuals have education and support to understand and safely express their sexuality	1. Survey & Certification Outcome 3.3A 2. Survey & Certification Outcome 3.3B 3. Survey & Certification Outcome 3.3C
People are supported to develop and achieve goals	1. People are supported to develop an individualized plan that identifies needs and desires 2. People have support to Accomplish goals	1. Survey & Certification Outcome 2.3A 2. Survey & Certification Outcome 4.1C
Individuals are supported to obtain work	1. Average hourly wage of people who receive work supports 2. Average number of hours worked per/month	1. Employment supports performance outcome data 2. Employment supports performance outcome data
People receive services from qualified providers	1. Providers maintain their license/certification to operate 2. Quality of Life citations 3. Additional oversight mechanisms are in place	1. Survey & Certification database 2. Survey & Certification database 3. Contracts pre-qualification data

Appendix B

SUMMARY OF DATA SOURCES

The Quality Assurance Annual Report derives its information from a variety of different data sources. One of the strengths of the quality assurance system lies in the fact that no one process or data set is used to arrive at conclusions. Rather, most outcomes reported on draw from a diverse array of departmental information systems and evaluation processes. Following is a brief description of the databases and the parameters of the information collected.

Survey and Certification

The survey and certification system is the process by which DMR licenses all public and private providers of community residential, work/day, placement and site based respite services. The tool used to license/certify providers, known as the Quality Enhancement Survey Tool (QUEST) evaluates the impact of a provider's services on the quality of life of individuals in 5 key domains. A random sample of individuals is selected in proportion to the number of individuals served by the provider in discrete service models.

The data presented in this report reflects the number of individual surveys conducted during each of the fiscal years 2002 and 2003. It includes individuals over the age of 18 served in the above-mentioned models. It does not include individuals living in State Developmental Centers, or those getting family and individual support services.

National Core Indicators

The National Core Indicators project is a joint project of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). States participate in collecting data on performance/outcome indicators that provide national benchmarks for quality. Massachusetts is a participating state.

Medication Occurrence Reporting System

Providers are subject to the requirements of the Medication Administration Program (MAP) when non-licensed (non-RN) staff are trained and certified to administer medications in community residential and day programs. The Medication Occurrence Reporting (MOR) system is the process whereby all public and private providers that come under the requirements of the MAP program report medication occurrences. A medication occurrence is defined as any time a medication is given at the wrong time, the wrong dose, the wrong route, or to the wrong person. A medication occurrence is defined as a "hotline" any time it results in a medical intervention of any kind.

The data presented in this report reflects the number of medication occurrence reports filed by providers in each of the fiscal years 2002 and 2003. This reflects information reported on 166 providers and 2043 MAP registered sites.

Investigations

Mandated reporters are required to notify the Disabled Persons Protection Commission (DPPC) whenever an individual with mental retardation is alleged to be the victim of abuse, neglect, mistreatment or omission. Complaints may be dismissed, resolved without investigation, referred for resolution or investigated.

The data presented in this report reflects the number of complaints filed and substantiated in each of fiscal years 2002 and 2003, for all individuals over the age of 18 regardless of where they reside.

Critical Incident Reporting System

The critical incident reporting system is the mechanism for reporting incidents, which rise to a certain threshold. The system is used to provide immediate communication to senior management of all major incidents involving individuals at serious risk and to bring prompt support to staff in responding to these incidents. The types of incidents reported include those with police involvement or indication that a felony may have been committed, serious physical injury, likely media interest, and situations in which a protective order is being sought.

The data presented in this report reflects the number of critical incident reports filed in each of the fiscal years 2002 and 2003.

Restraint Reporting System

Providers and facilities are required to report any time an emergency restraint is utilized to prevent an individual from harming themselves or others. Data is reported on the number of individuals restrained, the number of restraints utilized, the number of times individuals are restrained, and the duration of the restraint.

Employment Supports Performance Outcome Information

Providers submit information for a designated four-week time period in April of each year. Information is collected on individual, group and facility employment for both hours worked and wages earned.

APPENDIX C

SUMMARY OF FINDINGS STATEWIDE QUALITY OUTCOMES

OUTCOME	Indicator	Measure	Change FY02-FY03
Health - <i>people are supported to have the best possible health.</i>	1. Healthy Lifestyle	Receive Support	↔
	2. Physical Exams	Receive Annual Exams	↑ +
	3. Dental Exams	Receive Annual Exams	↑ +
	4. Safe Medication	MOR No. and Rate	↔
		Percent Hotlines	↓ +
	5. Issues Identified and Addressed	Action Required Reports	↓ +
		Medication Investigations	↓ +
		Denial of Tx Investigations	↔
	Protection - <i>people are protected from harm.</i>	1. Investigations	No. & Percent Substantiated
Trends: Most Common Types			NA
2. CORI checks		No. Without Violations	↑ +
		Violations per Provider	↑ -
		Percent Lack of Records	↑ -
3. Safeguards for Persons at Risk		Corrective Action	↔
		Preventive Action	↔
		CIR Rates	↑ -
		CIR by Type	NA
Safe Environments - <i>People live and work in safe environments.</i>	1. Safe homes and work places	Percent Safe Environment	↔
		Action Required Reports	↓ +
	2. Evacuate Safely	Percent - Safely Evacuate	↔
		Action Required Reports	↓ +
	3. Know what to do in Emergency	Percent - Know what to do	↔
	Practice Rights - <i>People understand and practice their human and civil rights.</i>	1. People exercise their rights	Percent Exercise Rights
Percent Treated Same			↔
Percent Treated with Respect			↔
Rights Protected - <i>People's rights are protected</i>	1. Less Intrusive Interventions	Percent - Less Intrusive Used	↔
	2. Consent - Restrictive Interventions	Percent - with Consent	↔
	3. File Complaints	Percent - Able to File Complaint	↔
	4. Restraint Utilization	Facility: Percent Restrained	↑
		Community: Percent Restrained	↑ -
		Facility: Ave No. Restraints	↓ +
		Community: Ave No. Restraints	↑ -

OUTCOME	Indicator	Measure	Change FY02-FY03
Choice & Decision making - <i>People are supported to make their own decisions.</i>	1. Choices re: everyday routines	Percent - Choose schedule	↔
		Comparison with NCI	
	2. Decisions re: home and home life	Percent - Control decisions	↔
		Comparison with NCI	
	3. Choose where work	Percent - Choose where work	↓
		Comparison with NCI	
	4. Influence who provides support	Percent - Influence who supports	↔
		Comparison with NCI	
Community Integration - <i>People use integrated community resources and participate in everyday community activities.</i>	1. Use the same community resources as others	Percent Use Community Resources	↔
		Comparison to NCI	
	2. Involved in activities that connect to other people	Percent Involved in Community Activities	↓
Comparison to NCI			
Relationships & Family Connections - <i>People maintain and gain relationships with family and friends.</i>	1. Support to maintain relationships	Percent Maintain Relationships	↔
	2. Support to gain new relationships	Percent - New Relationships	↓ -
	3. Receive education about intimacy	Percent - Educated re: Intimacy	↔
Achievement of Goals - <i>People are supported to develop and achieve goals.</i>	1. Develop Personal Goals	Percent Develop Goals	↔
	2. Support to Accomplish Goals	Percent - Access to Resources	↓
Work - <i>People are supported to obtain work.</i>	1. Average Hourly Wage	Individual Job - Average Wage	↑ +
		Group Job - Average Wage	↑
		Facility Job - Average Wage	↔
	2. Monthly Hours Worked	Individual Job - Mo. Hrs. Worked	↔
		Group Job - Mo. Hrs. Worked	↓ -
		Facility Job - Mo. Hrs. Worked	↔
Qualified Providers - <i>People receive services from qualified providers.</i>	1. Maintain licensure/certification	Percent - 2 yr with distinction	↔
		Percent - 2 year	↑ +
		Percent - 1 year	↑ +
		Percent - 1 yr with conditions	↔
	2. Quality of life citations	No. Providers with Citations	↓ +
		Total No. Citations	↓ +
		Average No. Citations per Provider	↑ -
		Percent Citations by Area	
	3. Oversight Mechanisms	Percent Qualified - No/Minor Issues	↔