

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

brjohnson@mt.gov

Developmental Disabilities Program
Region IV – Bozeman Office
300 N. Willson, Ste. 3001
Bozeman, MT 59715-3572
406-587-6066
January 16, 2008

Javid Spaulding, Board President
% Family Outreach Inc.
110 East Lyndale Ave.
Helena, MT 59601

Dear Mr. Spaulding,

Enclosed please find the Quality Assurance Report for Region IV Family Outreach Inc. It was a pleasure working with the staff of Family Outreach during the course of this report.

Sincerely,

Brad Johnson

Brad Johnson, M.S.
Quality Improvement Specialist

cc: Sandi Marisdotter, Executive Director, Family Outreach
Larry Lovelace, Regional Manager, DDP
Tim Plaska, Bureau Chief, DDP
Erica Swanson, Child and Family Specialist, DDP
Jackie Emerson, Child and Family Specialist, DDP
John Zeeck, Quality Assurance Specialist, DDP
Perry Jones, Medicaid Waiver Specialist, DDP

**SUMMARY REPORT
SERVICES EVALUATION
REGION IV FAMILY OUTREACH INC.
7/1/05 – 12/31/07**

GENERAL AREAS

A. Administrative

Family Outreach staff was very helpful in completing this review. Staff members were willing to work with tight timelines and answer any and all questions.

1. Significant Events from the Agency

- a. “Consumers continue to be included in agency planning and in this last plan we had an even higher participation and retention across the two years. Consumers continue to be extremely valuable in keeping the annual planning practical.
- b. Parent Councils for FE&S-I parents continue to meet in each office about 2 times a year. The focus of the groups has been on upcoming changes due to the rates project.
- c. The staff Leadership group that completed the training in 2005 experienced quite a bit of turnover and only 3 finished the last two year plan cycle. Those group leaders reported that the last 2 years were invaluable in consolidating skills. The latest group of 5 will begin facilitating the new plan in June, 2007. At this point there are not enough staff who qualify to begin a new class in the fall.
- d. We are currently finishing our latest two year plan cycle on competency building with the following results:
 - A process was developed to encourage medical professionals to participate in IFSPs.
 - Materials and training were provided to facilitate transitions for children moving into adult services.
 - A process was developed to provide consumers with better futures planning in the area of social and leisure skills.
 - Family training materials on advocacy were developed.
 - An in-service for staff was presented on increasing knowledge in the area of dual diagnosis.
 - Training and materials were developed on approaching behavior problems in a positive way.
- e. Family Outreach in Helena had outgrown the building it was in. There were no buildings in the Helena market large enough to house all the programs so in early 2007 a smaller building was purchased and the administrative staff moved to that building.

The new property has some room for expansion should the need arise in the future.

- f. Family Outreach continues to significantly over serve in Part C up again by 8% in this past year. Not only have we been unable to continue to provide services to children turning three but have been forced to exit some children in order to try to balance available funding with the need. Providing entitlement services has also been a struggle as cost of therapies increase and the availability of other resources such as insurance decrease.
- g. Staff turnover has again become a pressing issue. For the FSS and ISC staff the turnover rate last year reached 20%. The Direct Service Provider (DSP) turnover is even higher. In the Helena area it reached 86%. Last year we added some new positions to address recruitment and retention of DSPs. Also in an attempt to retain those important staff the agency made those positions permanent. Prior to July 2006 they had been considered temporary staff. With the change in status we are now offering leave time and the availability of some insurance coverage.
- h. The agency has been focused on understanding the possible impact of the rates project on FE&S-I. Unfortunately it has been a frustrating exercise with information not available and changes occurring weekly. One of the changes implemented to possible help with the transition is that information has been added to the agency Annual Report to focus on development of a Business Plan. The Board of Directors will be focusing on agency strategic planning at its annual meeting in May.” (provider response)

2. Policies and Administrative Directives

All required policies for Part C services, Family Education & Support (General Fund), and Intensive Family Education & Support (Waiver), were found in the corporation policy manual.

3. Accreditation

Since DDP does not now require accreditation, a decision has been made by the corporation board not to pursue further accreditation.

4. Fiscal Audits

The most current Desk Review of Audit Report is dated May 11, 2007. The findings were that the audit report was acceptable, the opinions on the financial statements and compliance for major programs are unqualified and there were no findings or questioned costs in the report. Family Outreach qualifies as a low risk auditee.

5. Appendix I

There were no special provisions in the Appendix I portion of the DDP contract.

6. Maintenance of Records

The corporation maintains copious records and many are computerized for ease of use and transmission from outlying offices.

SPECIFIC SERVICES PROVIDED – CHILD AND FAMILY

A. Part C Early Intervention Services

1. Public Awareness / Child Find

There was ample evidence of participation in Child Find activities. The Bozeman office alone had 29 documented contacts with outside agencies from 9/2/06 – 12/8/06. In all three offices, the child find activities appeared to be methodical and well thought out. Numerous written, interagency agreements were present between schools and special education cooperatives.

2. Eligibility

Quality Improvement Specialists participate in Eligibility Review panels and they are conducted according to DDP policies and procedures. Two files of kids who were no longer eligible for Part C services were reviewed. Both had good documentation that the kids were clearly no longer eligible for services and had been referred for other services where appropriate.

3. Timelines

All prescribed timelines were met with the sample of five Part C recipients.

4. IFSP

All components were accounted for in the five file reviews.

5. Family Centered Services and Coordination

All of the interviews with families (2 – Helena, 2 – Butte, 1 – Bozeman) indicated they felt the services were family centered and that there was lots of coordination. This was also noted in IFSPs.

6. Provision of Resources and Support

The IFSPs reviewed indicate the delivery of significant resources and support and this was verified in the family interviews.

7. Information and Referral

File reviews indicated that families do receive information as needed and referral to other services.

8. Transition Planning

All of the IFSPs reviewed for Part C had transition plans outlined in them where appropriate. Parents indicated that they had been informed that Part C services were time limited.

9. Procedural Safeguards

All families surveyed indicated that they were aware of the grievance process, knew how to implement it or at least knew where to find the information on filing a complaint. Families felt that the child's records were safeguarded for confidentiality and that there was sufficient documentation for releases of information. There is a consumer survey conducted by Family Outreach and reported on in their Annual Report.

10. Feedback from Families / Other Agencies

All surveys conducted with families indicated a good level of satisfaction. “Just really good with the family.” “Supportive financially and emotionally, positive experience.” “Child doing better than expected.” “Great service.” “Understandable.”

B. Intensive Family Education and Support

1. Eligibility

Quality Improvement Specialists participate in Eligibility Review panels and they are conducted according to DDP policies and procedures.

2. Family Centered Services

All of the interviews with families (1 – Helena, 2 – Butte, 2 – Bozeman) indicated they felt the services were family centered and that there was lots of coordination. This was also noted in IFSPs.

3. Individual Family Support Plans

All components were accounted for in the five file reviews. All IFSPs are reviewed by the respective QIS as they are completed.

4. Provision of Resources and Supports

The IFSPs reviewed indicate the delivery of significant resources and support and this was verified in the family interviews.

5. Timelines

Timelines for IFSPs were met for the files reviewed.

6. Transition Planning

There is ample evidence in the IFSPs and meeting notes of transition planning when it is appropriate. Referrals are made to adult DD case management.

7. Procedural Safeguards

All families surveyed indicated that they were aware of the grievance process, knew how to implement it or at least knew where to find the information on filing a complaint. Families felt that the child’s records were safeguarded for confidentiality and that there was sufficient documentation for releases of information. There is a consumer survey conducted by Family Outreach and reported on in their Annual Report.

8. Other Contract Requirements

Family Support Specialists achieve and maintain FSS certification.

C. State Funded Family Education and Support

1. Eligibility

Quality Improvement Specialists participate in Eligibility Review panels and they are conducted according to DDP policies and procedures.

2. Service Coordination

There was ample evidence of service coordination taking place. This was found in the case notes, family visit reports and family interviews.

3. Individual Family Support Plans

All components were accounted for in the five file reviews.

4. Family Centered Services

All of the interviews with families (1 – Helena, 2 – Butte, 2 – Bozeman) indicated they felt the services were family centered and that there was lots of coordination. This was also noted in IFSPs.

5. Provision of Resources and Support

The IFSPs indicated the delivery of resources and support and this was verified in the family interviews.

6. Procedural Safeguards

All families surveyed indicated that they were aware of the grievance process, knew how to implement it or at least knew where to find the information on filing a complaint. Families felt that the child’s records were safeguarded for confidentiality and that there was sufficient documentation for releases of information. There is a consumer survey conducted by Family Outreach and reported on in their Annual Report.

SUMMARY AND RECOMMENDATIONS – *CHILD AND FAMILY SERVICES*

In summary, it is clear that Region IV Family Outreach is in substantial compliance with its provision of services to children under Part C, IFES Waiver services and State Funded FES services. Families that were surveyed all indicated significant satisfaction with the services delivered and the Family Support Specialists that provided them.

SPECIFIC SERVICES PROVIDED – SUPPORTED LIVING AND COMMUNITY SUPPORTS

General Areas

A. ADMINISTRATIVE

Significant Events from the agency

- “Family Outreach, Inc. Direct Service Providers (DSPs) were given benefits and an increased rate of pay. This was prior to any state sponsored addition to wages.
- We kept administrative fees for CS and SL fixed over the past several years
- We refined the DSP hiring process.
- We compiled an analysis of DSP turnover as noted in the last Annual Report.
- We added at least 10 new consumers to Supported Living services, including Community Supports. At least four out of institutional settings.
- We coordinated with other agencies and local services and set several consumers up in their own apartments.
- We hired new Individual Support Coordinators, a Local Employment Coordinator and a Secretary to help in managing our support services.
- We developed a new orientation package for DSPs
- We piloted the state’s Incident Management System.
- We developed and refined our (FOCS) client information and IP document management system.
- We provide Social Skills training twice weekly to several consumers.
- We continue to conduct Social Skills group sessions at Helena Industries.
- We provide Sex Offender/Risk Management Training to many DSPs as well as other agency staff.
- We provided Abuse Prevention Training to Family Outreach DSPs.
- We coordinate Chaperone Training for DSPs with MDC staff
- We enrolled with and paid for the Mandt System to certify 2 Family Outreach professionals as Mandt Trainers.
- We provided Mandt training to many DSPs and Helena Industries staff.
- We attended PSP Training sponsored by the state.
- We sent the Supported Living Program Manager to St. Louis for a national conference on Dual Diagnosis.
- We sent an ISC to the 2 week IABA training.
- We sent several consumers on several vacations around the state and out of state.

- We delivered more than 160,000 doses of various medications since fall of 2002.
- We had all ISCs as well as many DSPs take and pass the State's Medication Certification Test
- We met with Local Law Enforcement and the local City Attorney to coordinate better services and communication.
- We reduced non-emergency calls to the Helena Police Department by implementing an individualized reinforcement system for one consumer.
- We dedicated an ISC to helping coordinate services for kids transitioning to adult services.
- We maintained an after-hours on-call system in each office, taking more than 5,000 after-hours calls in the past 5 years.
- We coordinated and sponsored informational meetings with Case Managers and QIS's.
- We provided monthly year-long in-service training to all Family Outreach staff on the topic of Dual Diagnosis.
- We have had ISCs attend conferences on such topics as Aging and Alzheimer's, Lou Brown, the Direct Care Conference in Great Falls." (provider response)

Policies & administrative (DDP) directives

All required policies for Supported Living Services, and Community Supports, were found in the corporation policy manual.

Licensing

There are no corporation owned residential facilities and so there are no licensing requirements.

Accreditation

Since DDP does not now require accreditation, a decision has been made by the corporation board not to pursue further accreditation.

Agency internal communication systems

Family Outreach has significantly computerized its communication systems and much of the communication internally is electronic and efficient. Family Outreach's Board of Director's has set aside \$100,000 to upgrade their Client System Database to further enhance this communication system.

Fiscal (results of A133 audit, referrals to Medicaid Fraud or QAD review).

The most current Desk Review of Audit Report is dated May 11, 2007. The findings were that the audit report was acceptable, the opinions on the financial statements and compliance for major programs are unqualified and there were no findings or questioned costs in the report. Family Outreach qualifies as a low risk auditee. There were no referrals to Medicaid Fraud or QAD.

Specific Services Reviewed

A. Supported Living

Accomplishments

See “Significant Events from the Agency”

Programmatic Deficiencies

None noted

Corrections to Deficiencies

Not applicable

i. HEALTH AND SAFETY

Vehicles

“Each office has one dedicated vehicle used for consumer and staff transportation. Direct Service Providers are required to provide proof of insurance at the time of hire. Staff may utilize either the agency vehicle, when available, or their own vehicle for transport of consumers. “(provider response) Proof of insurance was verified during staff file reviews.

Medication Safety (psychotropics, training, programs, prns, certification errors)

“We follow the ARMs concern administration of medications to consumers by agency paid staff. All Individual Support Coordinators, the Program Manager and many DSPs are state certified to dispense medication. IP teams have met to discuss most individual’s abilities to self-medicate. If they determine that an individual cannot self medicate then we schedule Med Certified staff to deliver prescribed medications. We also have medications locked away for each consumer that cannot manage their own medications. We provide the typical Medication Administration Records that track delivery by initialing times and doses that are delivered. We collect and review and trouble-shoot Medication Administration Records as these forms are completed. We report and review med errors via the Incident Reporting policy and we call pharmacies for their input as a matter of managing any medication errors that may occur.” (provider response)

The Quality Assurance Review verified the above provider response.

Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)

“ISCs follow a Health and Safety Checklist for regular checks of fire drills, smoke alarm and fire extinguisher function and clear exits.” (provider response) This was verified by a review of IP documents and safety records.

ii. SERVICE PLANNING AND DELIVERY

Individual Planning (Assessment, implementation, monitoring)

Four consumers were selected for review (2 in Helena, 1 in Butte and 1 in Bozeman) Their Individual Plans, training documentation, case notes and case manager's notes were reviewed. All appeared to be in good order.

Client Rights (restrictions/promotion of rights, grievance procedure)

"ISCs and DSPs sign off that they have read the Orientation Manual on Confidentiality and Safety; All ISCs and most DSPs attend Mandt Certification sessions; ISCs and DSPs follow IR Policies and Procedures and the Family Outreach, Inc. Mission Statement." (provider response) This was verified in the review by reviewing training logs and the staff survey

Medical / health care

"...the agency completes and submits recent DDP requirements concerning the Annual Health Care checklist; New DSPs are oriented to the details of the health and safety needs of consumers by meetings with ISCs and "shadowing" of ISCs and senior DSPs; All staff have individual emergency response procedures reviewed with them during orientation to individual consumers. ISCs review with the DSPs all health and safety concerns as expressed in the consumer's PSPs/IPs." (provider response) This was verified through the reviews of IP documents and staff training files.

Emotionally Responsible Care Giving

"ISCs follow the ARMs and IABA curriculum and guidelines as presented by the Program Managers. One ISC has attended the 2 week IABA training and Family Outreach, Inc. adheres to non-aversive strategies as much as possible." (provider response) Consumer Surveys: Consumer satisfaction surveys are complete with no unanswered questions. Surveys are attached to IP/PSP.

Agency's consumer satisfaction surveys: surveys (do you? what info? what do you do to address?)

"Consumer surveys are conducted annually. The summary of these surveys can be found in our corporation's annual report. This section is repeated below:

The following information summarizes and discusses the results of a Consumer Survey that was given this past spring. Supported Living staff determined that last year's responses broke out into two major categories those about Quality of Service and those about Quality of Life so we redesigned this survey again in 2007. We created twenty questions and divided the twenty questions into the two areas of ten questions each about Quality of Service and Quality of Life.

Quality of Service

Consumers made positive responses to most survey questions. We received the most negative responses to questions concerning having enough staff (32% said they had too much or not enough) and feeling important, wanted and needed by Family Outreach staff (11% negative). Additional comments made to this survey were generally positive: 6/8.

Quality of Life

These questions received the most negative responses. Do you have enough friends? 48% negative. Are you finding enough to do in your community? 35% negative. Do you have enough money? 24% negative and Do you get to choose the activities you want to do? 12% negative. Additional comments to this survey were generally negative: 3/3.

It appears that generally people are satisfied with most aspects of the service they receive from Family Outreach, Inc. but their lives leave more to be desired. More friends and more activities, more money and more choice would appear to be people want. Future analysis by Supported Living staff needs to be conducted and approaches developed that assist people to realize these goals.” (provider response)

iii. STAFFING

Screening/Hiring

Seven staff files were reviewed. The appropriate background checks were found and there were no issues with the checks.

Orientation/training

Orientation manual was reviewed and found to be complete. Staff are now being trained with the DDP College of Direct Support on-line curriculum.

Ratios

Staffing ratios are set as per each consumer’s IP plan and service definition. There were no issues with staffing ratios noted in the review.

Staff Surveys

Seven staff were given the Staff Survey Questionnaire. (3 in Helena, 2 in Bozeman and 2 in Butte) All standards were met with the answers given to the interviewers. Staff worked both for Supported Living and Community Supports as needed.

iv. INCIDENT MANAGEMENT

APS

“ISCs and DSPs follow the ARMs, Family Outreach, Inc. Orientation Manual and Arm’s on Incident reporting.” (provider response) There have been no reports to APS regarding Family Outreach staff in recent history.

Incident Reporting

“ISCs and DSPs follow the Arm’s, Family Outreach, Inc. Orientation Manual and Arm’s on Incident reporting.” (provider response) QIS attends all Incident Management Committee meetings.

Critical Incident Investigations

All investigations were completed within timelines or requested extensions. Follow-ups are addressed and revisited through the Incident Management Committee.

B. Community Employment

Accomplishments

Family Outreach recently completed the “Brief Plan” to become a qualified provider for supported employment for one individual in Bozeman. This service will be reviewed during the next QA cycle.

C. Community Supports

Accomplishments

See “Significant Events from the Agency”

Programmatic Deficiencies

None noted

Corrections to Deficiencies

Not applicable

i. HEALTH AND SAFETY

Vehicles

“Each office has one dedicated vehicle used for consumer and staff transportation. Direct Service Providers are required to provide proof of insurance at the time of hire. Staff may utilize either the agency vehicle, when available, or their own vehicle for transport of consumers.” (provider response) Proof of insurance was verified during staff file reviews.

Medication Safety (psychotropics, training, programs, prns, certification, errors)

“We follow the ARM’s concern administration of medications to consumers by agency paid staff. All Individual Support Coordinators, the Program Manager and many DSPs are state certified to dispense medication. IP teams have met to discuss most individual’s abilities to self-medicate. If they determine

that an individual cannot self medicate then we schedule Med Certified staff to deliver prescribed medications. We also have medications locked away for each consumer that cannot manage their own medications. We provide the typical Medication Administration Records that track delivery by initialing times and doses that are delivered. We collect and review and trouble-shoot Medication Administration Records as these forms are completed. We report and review med errors via the Incident Reporting policy and we call pharmacies for their input as a matter of managing any medication errors that may occur.” (provider response)

The Quality Assurance Review verified the above provider response.

Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)

“Each office is open during regular business hours of 8 to 5 p.m. Staff are available to help manage emergencies during these hours. After hours Family Outreach maintains an on-call phone system as required by contract. This phone is shared by the ISCs and Supported Living Program Manager. Each person has years of experience in managing challenging situations with people with developmental disabilities. Emergencies that occur after hours are referred to the on-call phone. All Consumers and Direct Service Providers are instructed to call this phone or the Family Outreach, Inc. office in the case of medical concerns, behavior intervention, natural disasters or other such emergencies. “ (provider response)

ii. SERVICE PLANNING AND DELIVERY

Individual Planning (Assessment, implementation, monitoring)

Six consumers were selected for review (2 in Helena, 2 in Butte and 2 in Bozeman) Their Individual Plans, training documentation, case notes and case manager’s notes were reviewed. All appeared to be in good order.

Client Rights (restrictions/promotion of rights, grievance procedure)

“ISCs and DSPs sign off that they have read the Orientation Manual on Confidentiality and Safety; All ISCs and most DSPs attend Mandt Certification sessions; ISCs and DSPs follow IR Policies and Procedures and the Family Outreach, Inc. Mission Statement.” (provider response) This was verified in the review by reviewing training logs and the staff survey.

Medical / health care

“...the agency completes and submits recent DDP requirements concerning the Annual Health Care checklist; New DSPs are oriented to the details of the health and safety needs of

consumers by meetings with ISCs and “shadowing” of ISCs and senior DSPs; All staff have individual emergency response procedures reviewed with them during orientation to individual consumers. ISCs review with the DSPs all health and safety concerns as expressed in the consumer’s PSP’s/IP’s.” (provider response)

Emotionally Responsible Care Giving

Consumer Surveys: Consumer satisfaction surveys are complete with no unanswered questions. Surveys are attached to IP/PSP. “ISCs follow the ARM’s and IABA curriculum and guidelines as presented by the Program Managers. One ISC has attended the 2 week IABA training and Family Outreach, Inc. adheres to non-aversive strategies as much as possible.” (provider response)

Agency’s consumer satisfaction surveys (do you? what info? what do you do to address?)

See same topic under “Supported Living”.

ii. STAFFING

Screening/Hiring

Seven staff files were reviewed. The appropriate background checks were found and there were no issues with the checks. (These are the same staff noted under “Supported Living”)

Orientation/training

Orientation manual was reviewed and found to be complete. Staff are now being trained with the DDP College of Direct Support on-line curriculum.

Ratios

Staffing ratios are set as per each consumer’s IP plan and service definition. There were no issues with staffing ratios noted in the review.

Staff Surveys

Seven staff were given the Staff Survey Questionnaire. (3 in Helena, 2 in Bozeman and 2 in Butte) All standards were met with the answers given to the interviewers. Staff worked both for Supported Living and Community Supports as needed.

iv. INCIDENT MANAGEMENT

APS

ISCs and DSPs follow the ARM’s, Family Outreach, Inc. Orientation Manual and ARM’s on Incident reporting. (provider response)

Incident Reporting

ISCs and DSPs follow the ARM’s, IP process and IR Policies and Procedures. (provider response) QIS attends all Incident Management Committee meetings.

Critical Incident Investigations

All investigations were completed within timelines or requested extensions. Follow-ups are addressed and revisited through the Incident Management Committee.

Conclusion

In summary, it is clear with this review that Region IV Family Outreach is in substantial compliance with its provision of services to adults via the Title 19 Waiver and the Community Supports Waiver.

Brad Johnson, M.S.

Date 12/31/07

Brad Johnson, Quality Improvement Specialist
DPHHS/DDP/Bozeman

Other Surveyors:

Paul Kindt, QIS - Helena

Michael Peterson, QIS - Butte

