

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND

UNITED STATES OF AMERICA
Plaintiff

v.

C.A. No 14-175

STATE OF RHODE ISLAND
Defendant

**REPORT OF THE COURT MONITOR ON RHODE ISLAND'S
CONSENT DECREE COMPLIANCE**

Review Period: August 1, 2017 - December 31, 2017.

Issued: April 6, 2018

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I. Introduction

The Consent Decree in *U.S. v. State of Rhode Island*, Case No. CA14-175 resolves the United States' findings of violations by the State of Rhode Island of Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12131, et seq., as interpreted by the United States Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999), through its administration and operation of its day activity service system, including employment, vocational, and day services, 46-1-14 R.I. Code R. § 43.0, for individuals with intellectual and developmental disabilities (IDD).

The Consent Decree was entered by the Court four years ago on April 9, 2014, launching the State of Rhode Island on a ten-year initiative to end its over-reliance on sheltered workshops and segregated facility-based day services by ensuring individuals with intellectual and developmental disabilities (IDD) receive employment and day services in the most integrated community settings, working alongside co-workers without disabilities earning minimum wage, or better, and receiving the support they need to fully participate in community groups and activities. During the past four years, the State has made needed and appropriate adjustments in the funding allocation process for individuals receiving support and has instituted performance-based payment systems to incentivize supported employment placements. Actions by the Governor and the State Legislature have provided long overdue pay increases to job coaches, job developers and direct support professionals. The State has increased opportunities for training and technical assistance to service providers and has developed and distributed clear program standards to guide the design and delivery of integrated employment and day services. Placement goals included in the Consent Decree have been met for the Sheltered Workshop Target Population and exceeded for the Day Target Population. A plan developed by the State to increase placements among members of the Youth Exit Population was implemented and has met its first placement benchmark. Data in this report documents the progress that is being made in meeting supported employment placement benchmarks as well as other key goals.

The Consent Decree includes additional provisions calling for changes in the nature and structure of day services, shifting from segregated facility-based programs to supporting people in an array of integrated community activities of their own choosing. Although more work needs to be done in this area, changes are being made as provider organizations begin to consider the steps that need to take to move to new person-centered approaches that enable people receiving support to take the lead in deciding the nature of the services and supports they will receive.

Progress is being made, but continued resources need to be provided and efforts need to take place to build the capacity of the State to assure and improve service quality, document performance, and support and sustain necessary system and provider infrastructure.

This report documents the State of Rhode Island's progress on meeting the terms and conditions of the Consent Decree during the period, August 1, 2017 through December 31, 2017. Additional updated information is provided to mark progress on some provisions covering the period January 1, 2018 to February 28, 2018. Emphasis is placed on assessing the efforts the State made during this period to carry out the requirements of the Consent Decree and to implement the recommendations included in the Consent Decree Compliance Report issued on January 25, 2017, the Addendum to the Consent Decree Report issued on February 10, 2017 and the Consent Decree Compliance Report issued on July 27, 2017.

During the past several months the Court Monitor and the State have worked to institute a quarterly reporting process for documenting the State's progress on completing compliance related actions recommended by the Monitor and ongoing Consent Decree requirements. The State continues to work within existing fiscal and personnel constraints to carry out the policy and procedural changes that are required by the Consent Decree. As noted in the Monitor's July 27, 2017 Consent Decree report, the Division of Developmental Disabilities (DDD) has taken steps to increase staffing in some areas to provide needed direction, oversight and management but additional personnel continue to be needed by the Division to carry out key Consent Decree requirements in the area of Quality Improvement. The State Consent Decree Coordinator resigned her position in August 2017. This role was filled on a temporary basis by the Executive Office of Health & Human Services (EOHHS) Chief Strategy Officer until a replacement was found. The new Consent Decree Coordinator was hired in January 2018. The State kept the Monitor and the Parties fully informed of the recruitment process. The transition of responsibilities during this period took place without disruption of the monitoring process and compliance related activities were completed as scheduled.

Report Organization. This report provides a targeted review of the State's progress on achieving and maintaining compliance with requirements related to seven key provisions of the Consent Decree listed above in the Table of Contents. This Introduction (Section I) provides basic information on the Consent Decree summarizing its background, scope and target populations, as well as the means used to gather information and evaluate performance, compliance and outcomes. The Findings Section (Section II) reports on the extent to which the actions taken by the State fully address the required performance benchmarks, policy revisions and operational changes. Also included are recommended actions that should be taken to comply with Consent Decree requirements.

A. Target Populations

Individuals belonging to the following target populations are eligible for Supported Employment Services, Integrated Day Services, and/or transition services under the Consent Decree (See CD Section III):

1. *Rhode Island Sheltered Workshop Target Population.* Individuals with IDD who receive day activity services in settings where they perform sheltered workshop tasks or have received day activity services in such settings during the year before the Consent Decree went into effect.
2. *Rhode Island Day Target Population.* Individuals with IDD who receive day activity services in facility-based day program settings or have received such services during the year before the Consent Decree went into effect.
3. *Rhode Island Youth Transition Target Population.* Individuals with IDD who are transition-age youth according to current Rhode Island law and who are currently attending a Rhode Island secondary school.
4. *Rhode Island Youth Exit Target Population.* Individuals with IDD who have exited a Rhode Island secondary school during the 2013-2014, 2014-2015, or 2015-2016 school years.

B. Assessing Progress

This report is based on information gathered by and reported to the Monitor from a number of sources during the reporting period including information gathered over the course of four on-site visits to the state and ongoing weekly contact with the RI State Consent Decree Coordinator and the Department of Justice (DOJ). Additional calls and meetings were held on a bi-weekly basis with the Parties to discuss progress, issues and concerns. Scheduled and unscheduled meetings and calls were held with state policymakers including the Deputy Secretary of EOHHS, as well as the directors and staff of BHDDH - DDD, RIDE and ORS, and the Sherlock Center at Rhode Island College. Additional meetings and discussions were held with provider agency directors and staff during site visits and via conference calls.

Information on State activities and compliance used in the preparation of this progress report was gathered through a number of different sources, methods and strategies including:

- An in-depth review of data and descriptive information provided in the State's Consent Decree and Interim Settlement Agreement Quarterly Report for the period ending December 31, 2017.
- Survey data on the services received and outcomes achieved by members of the four Consent Decree target populations as reported by the Sherlock Survey, the State Database and independently by DDD, ORS and RIDE.
- Reports on individual and system outcomes prepared by each of the three State agencies and provided in monthly and quarterly updates and reports.

- Meeting with the Secretary of EOHHS and multiple in-depth interviews and discussions with the directors and key staff of EOHHS, DDD, RIDE, and ORS.
- Meetings and discussions with provider agency directors regarding the impact of new program standards and guidelines for supported employment and integrated day services, quality improvement, the operation of the PCSEP program, the organization of integrated day services other Consent Decree related activities.
- Meeting with the directors of DDD, ORS and RIDE on: the implementation of person-centered practices, planning and service delivery; funding and resource allocation methodologies that ensure the flexibility needed for person centered practices, quality improvement, and the implementation of integrated day services.
- Meeting with IDD provider agency directors addressing: the implementation of person-centered practices, planning and service delivery; funding and resource allocation methodologies that ensure the flexibility needed for person centered practices, quality improvement, and the implementation of integrated day services.
- Meeting with one provider agency for an in-depth discussion of the approach and strategies used by the organization support individuals in integrated community settings and activities of their choosing.
- Visits to six (6) developmental disabilities services provider organizations across the state, visits with people with IDD receiving support and interviews of program directors and key staff. Services provided by one provider agency were reviewed on three occasions.
- Multiple visits with individuals receiving integrated day services and employment services.
- Meetings with the leadership of provider agencies to learn about and understand the barriers and challenges they face in implementing the Consent Decree.
- Participation in two meetings of the Employment First Task Force discussing barriers to Consent Decree implementation and effective strategies for moving forward with systems change.
- Review and analysis of state data, records and documentation of services and supports furnished to members of the Target Groups conducted by a subject matter expert in collaboration with the Monitor and key state agency officials.

- Conducted with the assistance of an independent reviewer, an assessment of ten individuals, including records and services, provided by Community Work Services in October 2017 covering both Consent Decree and ISA requirements.

II. Findings: Review of Progress on Meeting Consent Decree Requirements

A. Supported Employment Services and Placements (Consent Decree §IV and §V)

Benchmark 1 – Supported Employment Placements §IV(8)(a)-(d) & 9(a) - The State will provide Supported Employment Placements and Integrated Day Services as detailed in Sections V-VI of the Consent Decree for individuals in the Rhode Island Youth Exit and the Rhode Island Sheltered Workshop Target Populations (§IV[8][a]-[d]) and for individuals in the Day Target Population (§IV[9][a]) according to the schedules in this section.

Current Status and Progress Made. The Consent Decree includes performance benchmarks regarding the numbers of additional target population members that must be placed in supported employment according to a set schedule. Individuals who leave their positions after placement and subsequently return to the same job, secure a new position, or are employed by a different company are not counted as additional placements under the Consent Decree (see §V[H]). Supported employment placements of individuals who subsequently leave state services or are deceased continue to be counted toward the State’s total placement requirement.

The total census of individuals in the Consent Decree’s four target populations is 4,002 for the quarter ending December 31, 2017 (see Attachment I, Consent Decree Data Reports for the Quarter Ending December 31, 2017, Report 1). Adjusting this figure by the numbers of individuals across the target populations who have died since 2013, voluntarily left state services, are on the rolls but attend sporadically, have not applied for services, or have been determined to be ineligible reduces this number to an active census of 3,324 individuals. Adjusting the active census by the number of individuals who were: employed when the Consent Decree was signed, are members of the Transition Target Population, have received a variance, or have elected to retire reveals a total of 2,418 persons who are required to be offered supported employment placements under the terms of the Consent Decree.

Across all target populations, the number of individuals receiving supported employment placements by the State on December 31, 2017 was 617, an increase of 44 individuals over the previous quarter. Adjusting this number to reflect additional prior year placements of individuals who are longer receiving State services brings the total number of placements to 649 (Attachment I, Report 2). The number of individuals actively engaged in supported employment during the 2017 calendar year grew by a total of 254 individuals from 363 on December 31, 2016 to 617 on December 31, 2018.

Placement data for the Sheltered Workshop and Day Target Populations is measured against annual benchmarks that increase on January 1st of each year during the term of the of the Consent Decree. All members of the Youth Exit Population were required to have received a supported employment placement by July 1, 2016. It is noted that the State was not able to fully identify this population until late 2016. Furthermore, the total number of individuals in this group fluctuates somewhat as a result of expanded State outreach efforts to identify and contact all members of this target population and decreases related to individuals who have terminated State services for the reasons indicated above.

Status of Employer Paid Employment by Target Population

Table 1 Consent Decree Placement Benchmarks and State Performance								
Year	Sheltered Workshop Population			Day Target Population			Youth Exit Population	
Jan 1 of:	Annual Target	Aggregate Target	Placed to Date	Annual Target	Aggregate Target	Placed to Date	Target	Placed to Date
2016	50	50	57	25	25	118	413	29
2017	50	100	87	25	50	167	413	109
2018	50	150	168	50	100	272	413	177
2019	50	200		50	150		413	
2020	100	300		75	225		413	
2021	100	400		100	325		413	
2022	100	500		200	525		413	
2023	100	600		200	725		413	
2024	100	700		225	950		413	
Prior Yr.	2			8			22	
Adjusted Total Placements			170				280	199
Adjusted Total includes prior year placements of individuals whose cases have closed								

Table 1 identifies for each target population the annual target number of individuals to receive a supported employment placement, the aggregated year over year total, and the number of placements made by January 1st of each year. The adjusted total includes individuals placed during prior years who have since terminated services.

Youth Exit Population. Placements among members of the Youth Exit Target Population increased by 11 individuals over the previous quarter bringing the total number of active placements for the year ending December 31, 2017 to 177 persons. Adjusting this number to include prior year placements of individuals who no longer receive employment services raises the total to 199, approximately 48% of the Consent Decree requirement (see Table 2).

As noted in the Quarterly Status Report on Court Ordered Placements issued on January 19, 2018, the number of individuals in the Youth Exit Population increased during the past two years as a result of expanded State efforts to identify and contact all members of this group. Initial

Table 2			
Supported Employment Placements for Quarter Ending December 31, 2017			
Target Population	Individuals Placed	Benchmark	% Benchmark
Youth Exit	199	413	48%
Sheltered Workshop	170	150	113%
Day Target	280	100	280%

assessments of this population identified 151 members with intellectual disabilities in need of placement. The Court ordered the placement of this group by June 30, 2016. Ongoing efforts by the State to identify additional members of this target group who are interested in actively seeking employment expanded the count to include eligible individuals with developmental disabilities who do not have intellectual disabilities diagnoses. This increased the number of individuals in this target population to 413 as of December 31, 2017. It is important to note that the total numbers of persons reported in each of the Consent Decree’s four Target Populations may vary from quarter to quarter as a result of continuing efforts on the part of the State to identify and review individuals in each target population.

Progress on Meeting the Youth Exit Target Population Placement Plan. DDD and ORS are implementing their previously submitted and approved plan to ensure the placement of all remaining Youth Exit Population Members who choose competitive employment (413). According to the plan’s placement schedule: 50% will receive a supported employment placement by April 30, 2018, and 100% by September 30, 2018. Progress is being made on achieving these benchmarks. As indicated in Table 2 above, 48% of the members of the Youth Exit Population received a supported employment placement by December 31, 2017. The Youth Exit Placement Plan DDD identified 60 members of this population who were not active with DDD or ORS. Contact with this group revealed that 39 were determined to have never applied for services and the remaining 21 individuals were found to be eligible for ORS services but had not applied to DDD. The Division sent letters on September 29, 2017 to this group to inform them of DDD services, eligibility and community resources. DDD continues to follow up on the status of these individuals. The placement process continues for the approximately 277 individuals who are receiving supported employment services but are not yet employed.

DDD requested provider agencies serving members of the Youth Exit Target Population to confirm the accuracy of the provider’s current roster of Youth Exit members receiving support, the services provided and the person’s interest in employment by February 28, 2017. This action has been broadened to collect information on all individuals receiving services. The expansion of the request to provide data on all service populations caused the Division to extend the response deadline and the provider data is still being gathered. Advocates in Action, a self-advocacy organization of individuals with intellectual disabilities, continues its work on the development of an employment services satisfaction survey to gather consumer input. The

Placement Plan includes provisions for identifying Youth Exit Population members who do not wish to pursue competitive employment. One variance to receive an integrated day only placement was approved on March 2, 2018. No additional employment related variance requests have been received.

Sheltered Workshop Target Population. Forty-four (44) members of the Sheltered Workshop Target Population received supported employment placements during the quarter ending December 31, 2018 (Table 2). Adjusting these data to reflect the prior year placement of two individuals who are no longer receiving state services increases the total number of placements among this population to 170. This is 113% of the benchmark of 150 persons who needed to receive supported employment placements by January 1, 2018.

Day Target Population. The number of individuals in the Day Target Population who received a supported employment placement by December 31, 2017 was 272. Eight individuals were placed during prior years bringing the total number of individuals who have received a supported employment placement to 280. This represents more than double the Consent Decree requirement that placements be provided to 100 individuals from this target population by January 1, 2018. The total number of individual placements of Day Target Population members reported by the State for this quarter appears to show a decline as compared with the number reported to have been placed during the previous quarter, 285. DDD reports that this apparent discrepancy does not reflect fewer placements, but rather the re-characterization of a number of individuals were incorrectly identified as members of the Day Target Population. These individuals are now being correctly counted as members of the Sheltered Workshop Target Population.

Activities Across Target Populations. A decline in the rate of supported employment placements across all target populations has been recorded in the Monitor's previously issued Quarterly Status Report on Court Ordered Placements (issued January 19, 2018). DDD, ORS and provider agencies are in general agreement that this decline reflects a focus of early placement efforts on individuals who were already receiving supported employment services and were ready to participate in integrated supported employment.

During the past year DDD and ORS implemented incentive-based payment methodologies to stimulate providers' efforts to move target population members into integrated supported employment. The two programs promote the same goals and are coordinating their provision of technical assistance to provider agencies. During calendar year 2017 22 providers participated in DDD's Person Centered Supported Employment Program (PCSEP) and achieved 169 job placements out of 448 individuals enrolled, an employment rate of 38%. DDD is closely tracking the performance of this program, collecting and reporting data on average weekly hours worked (10.2 hours), the percentage of individuals who remain working after 90 days (93.9%), 180 days (91%) and post-180 days (91.4%), staff certification, and other benchmarks. In late 2017, DDD issued a second opportunity for providers to participate in the PCSEP program, PCSEP

2.0, that included higher incentive payments for placements of members of the Youth Exit Population and other program refinements. While this payment approach has not yet been embraced by all provider agencies, the incentives based contracting process aligns funding with the desired placement outcomes and has been re-tooled to better address provider concerns regarding payments and funding. During the second year of the program the total number of participating providers increased to 26. DDD is meeting monthly with provider agencies to review and discuss the PCSEP initiative.

ORS, in coordination with DDD, has developed and is implementing its own incentive-based payment pilot program for individuals with IDD. Currently, 45 Consent Decree Target Population members are participating in the pilot across seven DD provider agencies. Of this number, 9 individuals received placements in integrated supported employment, four individuals indicated that they did not want to work, and 32 persons are awaiting placement. In October 2017, ORS was informed that the federal Rehabilitation Services Administration (RSA) was severely decreasing the amount of federal funding it was providing to Rhode Island, dropping its allocation from approximately \$3.6 million to \$532,000. This reduction in funding has forced ORS to institute a waiting list for services (see below, Section E Funding). DDD is streamlining its intake process to ensure target population members receive immediate access to employment and other related services as required by the Consent Decree and the Interim Settlement Agreement (ISA). Additional information is needed to fully monitor and assess the impact of this cut on the services individuals receive (see below).

The RI Department of Labor and Training, in coordination with RIDE, DDD, ORS and the Sherlock Center, was awarded a Disability Employment Initiative Grant in the amount of \$2,250,000 over three years. The funds will be used to support four disability resource coordinator positions and the implementation of activities designed to assist individuals with IDD transition from sheltered workshops and segregated day services into competitive employment.

Assessment: The State **has met** the placement requirements for the Sheltered Workshop Target Population (Consent Decree §IV[8][c, e, & f]) and for the Day Target Population (Consent Decree §IV[9][a-c]). The State **has not met** the placement requirements for the Youth Exit Population (Consent Decree §IV[8][a, b, & d]). Notable progress has been made in this area, however. Provider agencies have documented the impact of meaningful work on the lives of individuals with IDD receiving support in Rhode Island. For example, see <https://vimeo.com/81024947> and <https://www.youtube.com/watch?v=PBcfHqLB2QU&feature=youtu.be>

As noted above, DDD and ORS currently are implementing a plan to ensure the placement of all remaining Youth Exit Population Members who choose competitive employment by September 30, 2018 and is on track to meet the first placement benchmark on March 23, 2018. In addition, DDD has incorporated new incentives in its PCSEP initiative to enhance provider

capacity to develop integrated supported employment opportunities for Youth Exit Target Population members.

Recommended Actions: Currently, 30 Consent Decree target population members are on ORS' waitlist for services. ORS is requested to institute a mechanism for identifying, tracking and reporting to the Monitor on the status of every Consent Decree or ISA Target Population member who is placed on ORS' waiting list for services. The tracking mechanism should be designed in coordination with DDD and should indicate: (a) the name or identifier of each Target Population member placed on the ORS wait list, (b) the date that the individual was placed on the ORS wait list, (c) the date the individual was referred to DDD for services and the date that DDD services commenced. It is further requested that this information be provided monthly to the Monitor for the months of January, February, and March and in a quarterly summary thereafter as a part of the State's quarterly reporting process.

B. Integrated Day Services and Placements (Consent Decree §VI)

Benchmark 1 - Integrated Day Service Availability and Characteristics §VI(B)(1-6). Integrated day services will be provided to all individuals in the Sheltered Workshop, Youth Exit and Day Target populations who receive a supported employment placement for the remainder of all time set forth in an individual's ISP during a 40-hour work week in which the person is not in school or supported employment. Integrated day services and activities should have the following characteristics:

- Be individualized, flexible, purposeful and productive to fit the needs and desired of the individual receiving support.
- Offer individuals with IDD the same opportunities as non-disabled individuals to engage in non-work activities at times and frequencies of the person's choosing.
- Be selected and designed by the individual through a person-centered process.
- Complement and support an individual's integrated employment outcomes.
- Allow individuals with disabilities to interact with persons without disabilities to the fullest extent desired and practical for the individual.
- Facilitate meaningful choice between group and non-group, structured and unstructured activities.

Current Status and Progress Made. A review of integrated day services was completed by the Monitor and an Independent Reviewer in December 2016. The assessment involved an in-depth examination of the integrated day services furnished to a sample of 21 individuals by 11

separate provider agencies. Findings of the review and related recommendations were included in the *Addendum to the Consent Decree Compliance Report* issued by the Monitor on February 10, 2017. The report concluded that the State was not in compliance with this provision of the Consent Decree. Recommendations emphasized the State's need to make significant improvements in person centered practices, planning and service delivery by: (a) supporting self-direction, (b) improving staff training, oversight and program standards, (c) reviewing and modifying current resource methodologies, (d) developing a clear linkage between person-centered planning and resource allocation (e) beginning implementation of the above recommendations with PCSEP program participants. A subsequent report, issued by the Monitor six months later on July 27, 2017 found the State was not yet in compliance with this provision, concluding that although progress had been made in some areas, in the majority of cases integrated day services did not reflect the characteristics outlined in Section VI(B)(1-6) of the Consent Decree. It was again recommended that the State work with service providers to facilitate the development of person-centered integrated day services for individuals participating in the PCSEP program as a way to move forward in this area.

Context. The Sherlock Survey report¹ provides information on the numbers of individuals in each Consent Decree Target Population who receive Community Based Non-Work supports (CBNW). This category includes all services that are delivered in the community, rather than in a facility, that are not directly employment related. The definition of CBNW is broader than the criteria for integrated day services detailed in the Consent Decree. The Sherlock Survey data on CBNW services participation is offered here to describe the context within which community-based day services are provided, the extent of individual participation and the general nature of activities involved. Accurate data on the numbers of Consent Decree target population members who are engaged in integrated community-based activities, as described by Consent Decree section VI(B)(1-6), is not yet available.

The Sherlock Survey gathers and reports detailed data on the activities being chosen, the community settings being used and the length of time or tenure that individuals are engaged in community activities. Data for the Quarter ending September 30, 2017, the most recent available, indicates that 2,008 target population members (86% of the total) participated in integrated day services during the quarter ending September 30, 2017: 502 from the Sheltered Workshop Population; 1,233 from the Day Target Population; and 273 from the Youth Exit Population. Data indicated target population members typically receive integrated day services and supports in a variety of community settings and venues. The majority, 97%, take place in public venues such as libraries while approximately 24% occur in business or employer settings, almost 15% take place in member-based organizations such as the YMCA, a little over 4% occur in senior centers, and almost 3% utilize a school or training facility.² The majority of individuals

¹ *Progress Report to DOJ and Court Monitor Q 2017-3*, Issued 12/15/17. Sherlock Center on Disability, Rhode Island College

² Percentages reflect the frequency of use. Individuals may participate in activities in more than one setting.

participating in community based non-work activities are reported to average approximately 12.35 hours per week in one or more settings.

The number of target population members engaged in integrated day services (2,008) is more than three times greater than the number of individuals receiving supported employment services (638). The Consent Decree requires the development of integrated community day services and opportunities for target population members, just as it requires the expansion of supported employment placements and employment opportunities. The State has made progress on improving access to employment services, strengthening funding through the PCSEP initiative and expanding technical assistance and oversight of supported employment services and placements. Similar concentrated efforts need to be devoted to assisting providers in making the transition to integrated and self-directed day services.

Training. Training and direct technical assistance continues to be provided by the Sherlock Center, the Conversion Institute and the Division addressing items a - d identified above. These include instruction to providers on self-direction and self-determination as an essential component of person-centered practices and ongoing training opportunities led by experts in the field on: *Developing Community Connections and Supports* (Carter and Amado, November 27-28, 2017); *Establishing a Framework for Investing in People* (Patti Scott and David Hasbury October 24, 2017); and *Building a Person-Centered Infrastructure* (Patti Scott and David Hasbury, October 23, 2017). Principles and Standards for Integrated Day Supports were released by DDD in September 2017 and are being implemented. The new standards set the expectation that individuals with IDD receiving state supports, “...should receive the supports they need to pursue meaningful and productive lives and achieve full integration and inclusion in society through relationships and work, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, and abilities of each individual.” The guidance provides an overview of the nature and purpose of integrated day services, a description of the four key principles guiding service delivery and program standards clarifying the State’s expectations regarding the services provided and outcomes to be achieved. DDD is developing quality improvement processes to assess and improve providers’ adherence to these standards (see Section F below).

Funding. DDD’s SIS based resource allocation system generates a level of funding for each individual based on a standardized assessment of the person’s support needs. The person-centered planning process identifies the services the individual will receive that reflect his/her/their needs and preferences. The extent of support that a person can access is limited not only by the total amount of the allocation, but also by the type, nature and costs (billing rates) of the services selected. Several providers report that additional limitations imposed by the State’s billing and reimbursement rules for day services make it virtually impossible for them to estimate future billings and receipts with confidence. As a result, they hesitate to deviate from traditional facility-based and group-based patterns of day service organization. This situation appears to be exacerbated by the State’s quarterly authorization and cost reconciliation process which limits providers’ ability to absorb financial risk by managing

expenditures due to unanticipated changes in participants' service needs or cyclical costs that may occur over the course of the fiscal year.

While many providers express frustration with DDD's billing and reimbursement process, several appear to be managing the payment process effectively, indicating that they are routinely able to draw down most of their allocations. DDD has revamped the funding process for supported employment services through the PCSEP program. A similar analysis needs to be performed regarding the strengths and weaknesses of the current funding model and documentation requirements with respect to the delivery of integrated day services.

Visits to provider agencies and reviews of services conducted by the Monitor during the latter half of 2017 up to and including the most recent site visit conducted on February 26-28, 2018 identified trends in the provision of non-work integrated day services, as well as promising practices throughout the DD service delivery system. As noted in previous progress reports, integrated day services are provided in a variety of configurations. Increasingly, providers are relying less on facility-based day activities and shifting towards supports to individuals in relatively small groups of 3 to 8 persons. Typically, individuals take part in a relatively narrow range of activities that are selected from pre-set lists or menus that vary by the day, week or month. Although these activities take place in the community in the presence of individuals without disabilities, they generally are non-participatory; people attend a community event, visit the zoo, walk through or have lunch in a park, go to a restaurant for coffee, spend time in the local library or in stores in the mall. These visits may improve individuals' knowledge of community options, but they do not expand the person's social network or engage the individual in a meaningful and productive involvement with people without disabilities. A comprehensive assessment of the extent to which integrated day services, as described in the Consent Decree, are being furnished to target population members by providers statewide has not yet been completed. The evidence from individual program reviews that have been conducted to date, however, strongly suggests that in the majority of cases community-based activities are not designed and selected by the individual through a person-centered planning process and the community day services being offered do not reflect all of the integrated day services characteristics required by the Consent Decree.

While integrated day services need to be improved generally, it is important to note that individualized, productive and integrated day supports that do meet Consent Decree requirements are being furnished by several agencies across the state. Many of these providers offer day services only in integrated settings and have taken steps to ensure that individuals receiving support are fully engaged in decisions regarding the activities that they will participate in during the day. Some individuals are living self-determined lives and, with support from staff when needed, are volunteering in local agencies or joining community organizations. Many engage in both individual and group activities of their own choosing over the course of the week and are supported in determining what it is that they do every day and what role the service provider will play in their lives.

While the goal is yet to be fully realized, several DD agencies throughout the State are making progress in their efforts to support individuals in truly integrated and meaningful day activities. As noted above, the Conversion Institute, is bringing in national thought leaders to provide training to providers on the design and delivery of integrated day supports. This very important activity needs to continue, but it is essential that the State also highlight and disseminate information on the innovative and promising practices that are taking place within provider agencies across the State.

Assessment: Requirement Not Met. Integrated day services are not yet meeting the requirements of the Consent Decree. Key areas that need to be addressed include the expansion of person-centered practices and planning, the resolution of day service related financial barriers associated with billing and reimbursement, and the identification and sharing of information on promising practices currently being used by provider agencies.

Recommended Actions: It is recommended that DDD, in collaboration with relative State agencies, take the following actions to achieve further progress in this area:

1. Fully implement person-centered practices in individual service planning, career development planning and throughout the delivery of integrated day and employment services (see Section C below);
2. Perform an analysis of the strengths and weaknesses of the current funding model and documentation requirements with respect to the delivery of integrated day services. Assist service providers in developing effective methods and strategies for planning, managing and predicting day services costs and reimbursements;
3. Collaborate with the Conversion Institute, in the development of implementation strategies for provider agencies that result in day services that reflect the day service characteristics outlined in the Consent Decree.
4. Identify and publicize promising practices that are currently being employed by RI provider agencies.
5. Fully address the recommendations made in each of the two previous Monitor's Consent Decree progress reports issued on February 10, 2017 and on July 27, 2017 to implement the changes and activities identified in 1-4 above on a pilot basis with individuals who are receiving employment services through the PCSEP program beginning April 1, 2018. DDD is further requested to report to the Monitor quarterly on the development of the pilot and the progress made on each item.

C. Career Development Planning and Benefits Planning (Consent Decree §VII)

Benchmark 1 - Person-Centered Planning. Person-Centered Planning (PCP) is described by the Consent Decree as, “the formal process that organizes services and supports around a self-directed, self-determined and goal directed future...” (§IIA[8]). It is the foundation on which target population members and their teams identify each individual’s strengths, needs and preferences and the focus and direction of the services to be provided and received. Person-centered planning forms the basis for the development of the Career Development Plan, the Individual Support Plan and the Individual Education Plan (CD §IV[1]&[3]; §VII[5]). It guides the selection and design of integrated day services (CD §VI[4]), the use of vocational assessments and eligibility (CD §VII[2]), and school to adult service transition planning (CD §VII[7]).

Current Status and Progress Made. DDD has expressed its commitment to establishing person-centered planning and person-centered practices as the foundation of service delivery across state and community partners. Working in collaboration with the Sherlock Center and Advocates in Action, DDD held 16 community forums from April 2017 through August 2017 to assist people in understanding the core values of person-centered practices, and to gather input from community members. These meetings, along with additional research on person-centered practices by the Sherlock Center, statewide trainings organized by the Conversion Institute, and a series of five statewide workshops led to the development of a draft Person-Centered Thinking Guide. The Guide reflects the involvement of key stakeholders including the RI Developmental Disabilities Council, Advocates in Action, families, the Community Provider Network of Rhode Island, independent providers and the Employment First Task Force. It is designed to be used by providers and families to better understand and participate in the person-centered planning process. DDD plans to establish a training program for person-centered planning facilitators and to provide opportunities to test and refine the person-centered thinking process.

The Division developed a standardized Career Development Plan Quality Rubric to guide its assessment of person-centered career development plans and planning activities taking place in provider agencies across the state. DDD reports that the tool will be used to review the alignment of individuals’ goals across their ISPs and CDPs, to evaluate quality and to provide a basis for quantitative measurement. The Rubric additionally will provide the basis for training and feedback to providers and plan writers.

DDD is engaging with consumers, families and stakeholders to promote a full understanding of the nature and importance of person-centered planning and practices. A recent report to the Monitor from the Employment First Task Force (EFTF) noted although people recognize the benefits and importance of person-centered practices some resistance exists from individuals receiving services and families who see the activity as another layer of bureaucracy that could take funding away from needed services. Others expressed concern that providers may not be

able to furnish all of the supports identified through the planning process. The Task Force made several recommendations, some of which are already being addressed by DDD. Among these recommendations are: (a) continuation of the Sherlock Centers' Person-centered Thinking training series that is available to individuals with disabilities, families and stakeholders, (b) the dissemination of a clear and direct communication strategy informing people of the changes taking place and timelines for implementation including the roll out of "conflict free" person directed planning, (c) making person-centered planning tools and training widely available, (d) identifying a new funding stream for person-centered planning activities, and (e) enlisting community groups such as Advocates in Action, the Cross Disability Coalition, Rhode Island Parent Information Network (RIPIN) and Rhode Island Families Organized for Reform, Change and Empowerment (RI-FORCE) a new parent advocacy group. The State is meeting regularly with the EFTF to discuss and respond to these and other recommendations.

Assessment: Requirements Not Met. The use of person-centered planning is expanding but is not yet the norm throughout the service system. DDD is making substantive progress in accomplishing this outcome through ongoing training and the establishment of a Rubric to guide the evaluation of person-centered planning. Working in collaboration with the Sherlock Center Conversion Institute, the Division is involving people with disabilities, families, advocates and providers in the development of a broad understanding of the principles of person-centered thinking and the application of person-centered practices and planning tools in the design and delivery of services.

Benchmark 2 - Career Development Plan Outcomes. Person-centered Career Development Planning (CDP) is required to be provided to each member of Youth Exit, Sheltered Workshop, Youth Transition and Day Target Populations consistent with the requirements of the Consent Decree (§VII) and the Youth Transition Target Population (§VIII).

Current Status and Progress Made. The State continued to increase both the numbers and percentages of target population members with Career Development Plans (see Table 3). The total number of target population members with Career Development Plans grew significantly during the past year from 1,983 individuals on December 31, 2016 to 3,248 individuals on December 31, 2017, an increase of approximately 64%. The Consent Decree benchmark was fully met for all members of the Youth Exit, Sheltered Workshop and Day Target populations. CDPs were in place for 89% of the Youth Transition Population. The 71 Transition Population members without CDPs are primarily new students who will receive their CDPs during the school year as well as a number of individuals who left the state after engaging in services. Documentation of the status of CDPs for Youth Transition Target Population members is filed at the end of each school year and generally is not available until in July. RIDE provided data on the total number of Transition Target Population members with completed plans and identified the 71 members of this population whose plans will be complete at the end of the school year or are not included for other reasons. If plans are completed as scheduled the benchmark for this population will be met.

Assessment: This requirement was met for the Youth Exit, Sheltered Workshop and Day Target Populations. The requirement is provisionally met for the Youth Transition Target Population pending confirmation by RIDE in July 2018.

The lag in reporting data on the status of career development plans for Youth Transition Population members is a structural barrier that reoccurs every year. RIDE does not receive the data from the various school districts until the end of the school year in June. The Department identifies new students entering, and leaving, its system each year and their receipt of required career development planning. RIDE is requested to provide the Monitor with an accurate count of the number of individuals with CDPs by July 31, 2018.

Table 3 Career Development Planning for the Quarter Ending December 31, 2017			
Target Population	Individuals w/ CDP	Benchmark	% Benchmark
Youth Transition	573 (+71)	644	89% (100%)
Youth Exit	412	413	100%
Sheltered Workshop	704	705	100%
Day Target	1,559	1,562	100%
Total	3,248	3,324	98%

Compliance reviews conducted in subsequent months will focus on: (a) the quality of Career Development Plans, (b) the extent to which the goals and provisions of Career Development Plans align with the goals and provisions included in Individual Support Plans, and (c) the extent to which individuals’ personal goals, objectives and service preferences are reflected in the supports and services they receive.

Benchmark 3 - Benefits Planning. Youth Exit, Sheltered Workshop and Day Target Population members are required to receive benefits planning and information no later than the year in which the person is scheduled to transition to a supported employment placement. The number of Target Population members with benefits plans should be roughly equal to the number of individuals who are employed.

Current Status and Progress Made. Benefits Plans were reported to be in place for 423 target population members as of December 31, 2017, an increase of approximately 33 individuals over the previous quarter ending September 30, 2017. The total number of individuals with Benefits Plans represents 69% of the benchmark for all three target populations combined (See Table 4).

Approximately 255 individuals with benefits plans were reported to be working in a supported employment placement. As indicated in Table 4, 137 of the Youth Exit Target Population members (77% of the benchmark) have a benefits plan in place. A benefits plan has been prepared for 136 members of the Sheltered Workshop Target Population (81% of the benchmark), and for 150 members of the Day Target Population (55% of the benchmark).

In response to the Court’s Order issued June 23, 2017 regarding the Interim Settlement Agreement (ISA) DDD increased the amount of its contract with the Rhode Island College Sherlock Center by up to \$100,000 to expand the availability of Benefits Counseling to approximately 275 individuals. These funds support an additional 5 part-time benefits planners, each providing up to 19 additional hours per week. These services augment benefits planning services provided by ORS.

As noted above, 423 of 617 individuals have benefits plans on file. Of the remaining 194 individuals approximately 143 were referred to the Sherlock program for benefits counseling. As of December 31, 2017, plans have been completed for 14 individuals with another 61 in process. DDD reports that steps are being taken to centralize the referral and tracking process and better coordinate activities with ORS and with the Department of Human Services (DHS). Requests to DHS for confirmation of the state benefits received by Consent Decree target population members were delayed in prior months, causing further delays in the completion of individual’s benefits plans. DDD reports that its efforts to resolve the bottlenecks have been successful and further processing and reporting problems are not anticipated.

Assessment: Requirement Not Met. The numbers of individuals in each Consent Decree Target Population without needed benefits plans and counseling continues to fall short of the required benchmarks. The State is making progress in this area, however. With funding from DDD and a federal grant from the U.S. Department of Social Security’s Work Incentives Planning and Assistance (WIPA) initiative, the Sherlock Center is actively working to reduce the backlog of referrals in DD provider agencies across the state. DDD needs to continue its efforts in this area. No additional actions are noted.

D. Transition Planning for Youth (Consent Decree VIII)

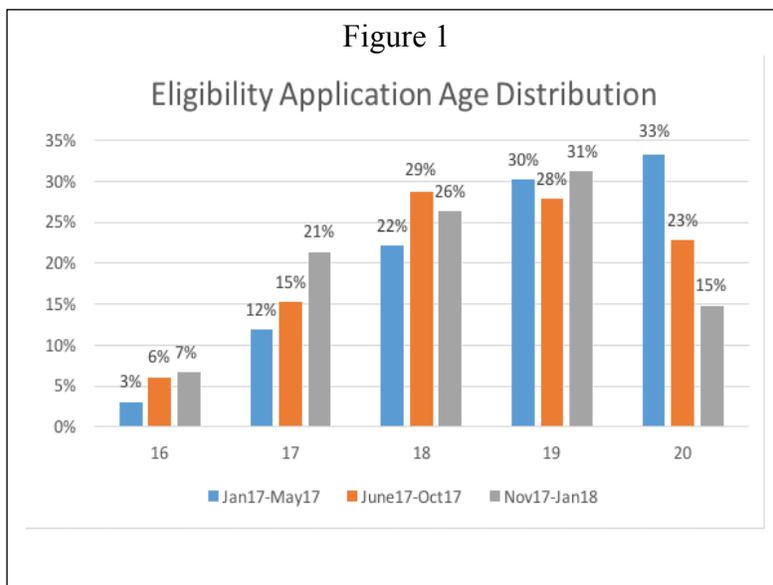
Table 4 - Status of Benefits Planning for the Quarter Ending December 31, 2017			
Target Population	Individuals w/ BPs	Benchmark	% Benchmark
Youth in Transition	NA	NA	
Youth Exit	137	177	77%
Sheltered Workshop	136	168	81%
Day Target	150	272	55%
Total	423	617	69%
Total w/Placements	255	617	41%

This provision of the Consent Decree outlines essential activities and requirements that are designed to create a bridge to facilitate the passing of Target Population members from school to employment, adult services and a meaningful life in the community. Benchmarks require

RIDE to develop and implement an Employment First Policy making work in integrated community settings the first and priority service option for transition age youth interested in employment and vocational activities (§VIII[1]). Additional provisions call for the establishment of interagency agreements between RIDE, ORS and DDD (VIII[2]), the involvement of the three State agencies in career planning teams (VIII[3]), a transition process beginning at age 14 years (VIII[4]), person-centered career development planning, vocational assessments in integrated settings and others.

Current Status and Progress Made. A complete assessment of this section will occur in subsequent reports. During the current reporting period DDD, RIDE and ORS have strengthened their collaboration across a number of areas, expanding involvement and communication with schools and the school system, state agencies, community organizations, advocates, and with families and individuals receiving supports. As noted in previous reports of the Court Monitor, in 2016 DDD instituted an “Eligibility by 17 Policy” in response to Consent Decree provisions requiring that students receive a comprehensive introduction to or enrollment in State services by age 16 years (VIII[4][a]) and facilitate eligible individuals to access State services, including supported employment services, by age 18 years (VIII[9]). DDD entered into contracts with the

Rhode Island Parenting Information Network (RIPIN) and Advocates in Action (AinA) to provide information to families and people with IDD, improve access to State services and make recommendations on improving or revising policy and practice. The Division contracts with RIPIN to provide direct follow up and support to the families of younger students who are entering the transition period. DDD has been gathering data on the impact of the new



policy and reports that the family to family contacts are resulting in an earlier engagement with DDD. This data, as reported by DDD in Figure 1, suggests that families and individuals with IDD are applying for DD services at a younger age. The chart shows the percentage of eligibility applications received by DDD between January 2017 through January 2018 for 316 individuals, spread across in each of five age groupings, 16 through 20 years of age. In summary, the data over the three time periods show increasing numbers of applications being received from younger individuals aged 16, 17 and 18 years and decreases in the number of applications received for individuals 20 years of age. This is a positive trend that should result in a more

predictable transition for students with disabilities and their families from school to the adult system.

DDD, ORS and RIDE are collaborating in the provision of training and technical assistance across the three systems. DDD provides an introduction to adult services with the Local Education Authorities (LEA) each year along with ORS representatives. ORS RIDE and DDD representatives including RIPIN participate in RIDE's Transition Advisory Councils including the State Council, Regional Councils and Local Councils.

Assessment Deferred. The State has continued to make progress in the development and implementation of effective and responsive services for Youth in Transition. Progress on this provision will be address in future Consent Decree reports.

E. Provider Capacity (Consent Decree XI)

Benchmark 1 - Ensuring Provider Capacity. The State, including BHDDH and ORS, will ensure that it supports and maintains a sufficient capacity to deliver Supported Employment and Integrated Day Services to individuals in the Rhode Island Sheltered Workshop, Rhode Island Day Program, and Rhode Island Youth Exit Target Populations, including qualified supported employment providers and integrated day providers, consistent with the terms of this Consent Decree (CD §XI[1]).

Current Status and Progress Made. DDD issued a report on July 19, 2017 summarizing the four actions the Division was taking to address provider capacity issues: (a) improve the understanding of what and where capacity is needed, (b) provide a vision for the IDD system of services in terms of person-centeredness, integration, and community-based supports, (c) determine providers' needs for developing capacity and transitioning to fully integrated, community-based services, and (d) address institutional barriers within DDD that affect both provider capacity and consumer access to supports. The Division has made progress on addressing the policy and practice related issues and challenges outlined in items (b), (c) and (d).

The Division has not, however, developed data collection strategies and formats for producing regular reports on the current capacity of provider agencies and the extent to which the provider system will be able to serve increasing numbers of individuals in the years ahead. Families and advocates report that many provider agencies turn down individuals' applications for services or are unable to respond in a timely manner, citing barriers related to insufficient funding, inability to serve individuals with complex or challenging conditions, workforce shortages - inability of the provider agency to recruit and maintain needed staff, internal limitations on the size of the organization or the number of individuals served, or other reasons.

DDD has gathered and reported to the Monitor information from state social caseworkers on the number of referrals made to a group of provider organization, the number of individuals who have been accepted, the number of individuals refused by providers, the reasons for the refusal and other data. But the caseworkers experience generally is limited to only the individuals with whom they have been directly involved. Also, individuals and families typically apply to several agencies and may or may not follow up with each making it difficult to avoid duplicate counts. For a number of legitimate reasons, the data that has been gathered is, for the most part, incomplete and unreliable.

Assessment: Requirements Not Met.

Recommended Actions. DDD is requested to collaborate with provider agencies in the development of a format and methodology for gathering and reporting on a quarterly basis provider or systems level data on the capacity of providers to accept supported employment and integrated day services referrals. It is recommended that the following data be gathered for each of the two services: (a) the number of referrals received, (b) the number of referrals accepted, (c) the number refused, and (d) the reasons for refusals. Ideally, this information would be provided by each provider agency but systems level information on provider capacity may also suffice. DDD is requested to prepare and submit a plan to the Monitor on the data-based approach it proposes to use to determine and regularly review provider capacity by April 30, 2017.

F. Funding (Consent Decree §XIV)

The State shall timely fund the services and supports necessary to comply with the Consent Decree for the eligible members of the Sheltered Workshop, Day, Youth Transition and Youth Exit Target Populations according to the standards and timelines set forth in the Consent Decree (CD §XIV(3)).

Current Status and Progress Made. Funding furnished by the State to support DD services and Consent Decree compliance during the current FY2018 fiscal year resulted in marked progress being made across several key outcome areas (see above). Data from the RI Office of Management and Budget³ indicates that additions to the enacted total budget for DD services of \$256,907,760 (State + Federal Funds) resulted in a revised FY2018 budget amount of \$272,207,664, an increase of \$15,299,904 dollars. The level of financial commitment for DD services in FY 2018, however, was not maintained in the Governor's proposed budget for FY 2019. Recommended funding for DD services and supports for FY 2019 dropped to \$250,808,432, approximately \$6 million dollars less than the enacted 2018 DD budget and a

³ State of Rhode Island and Providence Plantations Department of Administration Office of Management and Budget FY 2019 Budget Technical Appendix, Health and Human Services Department of Behavioral Healthcare, Developmental Disabilities and Hospitals *p. 174.*

reduction of \$21,399,232 from the final revised budget reflecting the Division's level of expenditures in FY 2018.

DD funding reductions in the proposed DD services budget are significant. The State's FY 2019 budgeting process is not yet complete and changes in departments' final funding allocations are likely to be made in the months ahead. It must be clearly understood, however, that the FY 2019 recommended budget raises the potential of serious underfunding for developmental disabilities services and that such underfunding will have a significant impact on the State's ability to comply with the requirements of the Consent Decree and the ISA.

The effect of the proposed budget reductions on individuals receiving support was addressed by BHDDS and DDD staff during a quarterly community forum providing held on February 26, 2017. At this meeting Becky Boss, BHDDH director, is reported to have acknowledged the potential impact of such a large cut and offered assurances that the Executive Office of Health and Human Services and BHDDH were committed to ensuring that funding for DD services would meet the needs of the individuals receiving support and that the State has no intention to cut services or reduce rates to service providers. These assurances will be closely monitored in the weeks ahead.

Additional funding barriers and restrictions that are having an impact on Consent Decree target population members come from ORS. In October 2017, ORS was informed that the federal Rehabilitation Services Administration (RSA) was severely decreasing the amount of federal funding it was providing to Rhode Island, dropping its allocation from approximately \$3.6 million to \$532,000. ORS reports that it does not expect that RSA will restore the lost funding during in FT 2019. This reduction in funding forced ORS to institute a waiting list for services. Currently 30 members of the Consent Decree target populations have been waitlisted for services out of the total of approximately 399 waiting list members. DDD is streamlining its intake process to ensure target population members, including all waitlisted individuals receive immediate access to employment and other related services as required by the Consent Decree and the Interim Settlement Agreement (ISA). At this point in time it does not appear that target population members are being denied access to the services and supports necessary to comply with the Consent Decree.

The loss of approximately \$3 million in total ORS funding, combined with the potential of significant cuts in the State's 2019 budget for DD services of up to \$21.4 million (revised DD 2018 budget vs. recommended 2019 budget) will, if enacted, seriously erode the State's efforts to comply with Consent Decree and ISA requirements. The Court Monitor will closely follow the State's legislative budgeting process and will keep the Court and the Department of Justice apprised of financial actions that have the likelihood of effecting the State's ability to continue to meet its obligation to "timely fund" the services and supports necessary to comply with the Consent Decree and the ISA.

Assessment: Requirements Met. To date the State has met the provisions of Consent Decree Section XIV for the current reporting period. The State has taken steps to increase and better target funding provided through the performance based PCSEP funding initiative for supported employment services. Overall, current funding appears adequate to achieve Consent Decree performance requirements related to the expansion of supported employment services and the achievement of supported employment placement benchmarks for three of the four target populations. The adequacy of funding for individualized integrated day services is less clear. As noted above, integrated day services typically are provided in groups of 3 to 8 individuals who engage in community activities or visit a variety of local businesses over the course of the week. The majority of providers additionally offer individualized person-centered and self-directed services to a relatively limited number of individuals to assist them in engaging in community activities. The general consensus among provider agencies appears to be that the current funding structure and billing methodology limits their capacity to transition away from group models, convert existing programs and expand access to fully community-based alternatives. This issue will be examined in more detail in future progress reports.

Recommended Actions

The Monitor intends to closely follow the progress of the State budget for DD services through the budget development process and will file regular reports with the Court regarding the funding decisions being made and their anticipated impact on services provided to Consent Decree target population members. The State Consent Decree Coordinator is requested to collaborate with the Monitor on the development of an effective strategy for completing this activity.

G. Quality Improvement (Consent Decree § XV)

Benchmarks 1-3. The Consent Decree requires the State to develop and implement a statewide quality improvement initiative to ensure supported employment services and placements, and integrated day services are developed in accordance with Consent Decree Sections V-VI, to evaluate the quality and quantity of employment and day services provided, and to ensure members of the target populations receive supported employment placements and day services that are adequate and sufficient to achieve integration, increased independence and increased economic self-sufficiency. To accomplish these objectives, Consent Decree Section XV identifies three broad requirements regarding Quality Improvement (QI): (a) the development and implementation of a statewide quality improvement initiative (§XV[1]), (b) the establishment of detailed program standards (§XV[2]), and (c) the implementation of a plan to ensure the provision of regular on-site reviews, reports and follow-up reviews (§XV[3-5]). The Consent Decree required the statewide quality improvement initiative to have been developed and implemented by November 1, 2014.

Current Status and Progress Made. The Consent Decree Compliance Report issued on July 27, 2017 identified a number of actions DDD is taking to establish needed infrastructure, write program standards and guidelines, and to build its capacity to monitor and improve service quality. The following is a summary of activities that have taken place through December 31, 2017.

DDD

1. Establishment of an organizational structure to support a DDD Quality Program within BHDDH.

DDD prepared a Quality Improvement Plan with near and long-term goals and objectives to guide and track its development of the required quality improvement initiative or program. The Plan identifies the actions that will be taken by the Division as well as a timeline for completion by mid-2019. Included action steps address goals related to the development of an organizational structure for DDD and BHDDH quality improvement activities; the establishment of a quality review program for DD provider agencies; the finalization of quality related regulations, policies and standards; the need to improve data collection and reporting; and the need to strengthen communications, increase transparency and improve the availability of information to the public (Attachment 2). DDD's adherence to these benchmarks will be assessed in future reports.

- a. *Organization* – DDD established an internal Quality Improvement Committee to guide planning, recommendations and improvements in communication across the department. The group meets with the Department's Regulations Review Workgroup to coordinate activities and policy related decisions. According to DDD's Quality Improvement Plan (QI Plan), clear areas of staff responsibility as well as procedures for BHDDH functions in QI licensing and DD quality assurance will be completed by June 30, 2018 as a part of an ongoing process to identify improvements in licensing, certification and program reviews. The final coordinated process for licensing, certification and program reviews will be completed by July 1, 2018 (see QI Plan Goal 1, Objectives 1S-A, 1S-D, and 1L-D). These projected timelines for completion are appropriate. It is noted, however, that the QI Plan does not provide for the determination of the need and feasibility of a quality improvement entity or unit responsible for assuring the quality of DD services until June 30, 2019 (Goal 1, 1L-A), nor does it describe the duties and responsibilities of that entity. The current need for clear direction in this area is significant and should not be delayed. DDD/BHDDH are requested to review this completion deadline for this objective and to move it forward to not later than September 30, 2018.
- b. *Staffing* – DDD's lack of sufficient staff to carry out required QI development and oversight activities was identified as a critical issue in previous Consent Decree and

ISA compliance reports. Insufficient staff resources continue to be a major barrier to meeting the requirements of this provision. The Associate Director for Program Performance has responsibility for the management of QI activities, along with several other responsibilities for data collection and reporting, training and other duties (1 FTE - Full Time Equivalent position). During the current reporting period one BHDDH position was temporarily assigned to DDD to assist in program analytics and program management (.5 FTE). An additional part time assistance is being provided by the Office of Health and Human Services (OHHS) to assist with data analysis (.25 FTE). The total number of staff assigned to participate in quality improvement activities is 1.75 FTE, far short of the number needed to carry out this function as required by the Consent Decree and the Interim Settlement Agreement (ISA).

QI Plan goal 1S-C states that DDD will identify a minimum of two BHDDH positions in FY 18 to expand quality management related to provider and system performance by June 30, 2018. The temporary assignment of staff who have other competing responsibilities will assist DDD in accomplishing some of its QI related activities but is not sufficient to meet the operational requirements of the Consent Decree and ISA. As noted in previous reports, Section XV requires the State to regularly conduct on-site reviews of integrated employment and day programs to evaluate the services provided against the program standards under the Agreement. At a practical level, accomplishing a full review of each of the approximately 38 DD provider agencies on a regular basis at a minimum of once every two years would require that one to two DD provider organizations would need to be reviewed and reported on each month. The required in-depth assessment of the quality of programs, services and individual outcomes cannot be accomplished at current staffing levels. Additional personnel resources need to be devoted to this activity.

2. Establish a quality review program for DD providers.
 - a. *QI Reviews.* DDD is participating in quality reviews being conducted by ORS. DDD reports that the Division's Associate Directors for Program Performance and Employment joined ORS staff in two reviews conducted during the current reporting period. This information varies from that reported by ORS which indicates that BHDDH and ORS collaborated on reviews of six agencies: CWS, Work Opportunities Unlimited, RHD, Fogarty Center, LIFE Inc., and Access Point RI and that quality improvement plans were developed for five agencies with one in progress. Copies of reviews were not furnished to the Monitor as requested on January 24, 2018 but have since been provided. No information was provided on the numbers of Consent Decree target population members interviewed or the numbers of records that were reviewed. No information was provided on any corrective actions or follow-up assessments that might have been required. DDD notes that

structured oversight and technical assistance are provided by DDD as a part of the Division's PCSEP program but did not furnish reports of the meetings, review findings or details on the technical assistance provided. Information on provider reviews DDD has completed, and other related QI activities needs to be provided to the Monitor in the Division's quarterly reports (see below).

- b. *Establishing a QI Program.* DDD developed and is implementing a Rubric or assessment tool to evaluate the quality of person-centered planning in provider agencies. The Division also prepared separate Self-Employment Standards to guide the delivery of employment services to individuals engaged in self-employment activities. DDD also entered into a contract with Gail Grossman, a national expert on quality improvement in DD services to provide technical assistance to the Division on the development of its quality improvement program. Under the contract Ms. Grossman provides advice to DDD on the development of a new structure for quality improvement including reporting, identifying data needs and use, and the development of policies, procedures and standards linked to licensing and regulation. The consultant also will assist DDD in developing a quality review process for day and employment services as well as establishing stakeholder advisory councils and consumer satisfaction surveys.

The involvement of the national expert provides needed expertise to the Division in its efforts to build the required quality improvement system. The Division's QI Plan outlines a wide scope of activities that need to be accomplished but furnishes little information on the intended design of the program model within which the various policies and practices will operate, nor does it indicate the individuals or entities responsible for carrying out each function. This program model would provide the essential framework within which the Division carries out its coordinated processes for licensing, certification and program reviews (Goal 1L-D - July 1, 2018), develops and monitors plans of correction (Goal 2L-C), and utilizes assessment tools for monitoring reviews (2L-B; 2S-E and 2S-F).

The QI Plan states that DDD will complete development of its monitoring tool by August 1, 2018 (Goal 2L-B) and will establish procedures for the development and monitoring of provider plans of correction by August 1, 2018. The Division then plans to begin conducting *consultative reviews* with provider agencies on September 1, 2018 during the year following the promulgation of regulations to give time for provider agencies to become familiar with the process (Goal 2L-D; September 1, 2018 -September 1, 2019). DDD proposes that formal provider reviews commence on July 1, 2019.

3. Finalize QI regulations, policies and standards.

DDD developed and distributed guidelines and standards for integrated day services. A regulations workgroup within BHDDH produced and distributed updated draft regulations in January 2018 with promulgation slated for early 2018. A certification workgroup was launched in December 2017. Provider certification criteria based on the standards are under development. The standards will be used as the basis of a provider self-assessment DDD will be conducting to gain baseline information on the current nature and status of integrated day services. The Division's Quality Improvement Plan sets benchmark dates regarding key activities in this area including developing and promulgating new regulations establishing clear standards and foundational principles (Goal 3S-B, February 2, 2017), developing a policies and procedures manual (Goal 3L-A, July 1, 2018), and revising day program and employment standards to reflect final regulations and policies (Goals 3L-A & B, July 1, 2018).

4. Improve Data Collection, quality and reporting.

In December 2017, BHDDH awarded a contract to Therap Inc. for the development and implementation of a comprehensive IT system including case management documentation, the gathering, reporting and tracking of individual and systems performance data, and the establishment of a quality management information (QMIS). BHDDH hired two project managers/business analysts to support this effort. Completion of the project is anticipated in 2019.

5. Improve communication and the quality, transparency and availability of information for stakeholders.

DDD has met monthly with the Quality Advisory Council including key stakeholders with the goal of improving and expanding communication and access to information. The Council will assist in developing standards for the individual service plan that align with person-centered planning guidelines currently under development by the Sherlock Center.

ORS

ORS' internal Continuous Quality Improvement committee (CQI) reviews quality with respect to provider agencies' policies, practices and service delivery. A subcommittee of this group monitors vendor performance including staff competencies, practices, reporting, service delivery and overall capacity. Future plans for the subcommittee are to include in the review process provider credentialing and, in collaboration with DDD and RIDE, career development plans to ensure that person-centered planning methods are being utilized.

ORS reports that six provider reviews were conducted with DDD between October and December 2017 (see above). CQI reviews were completed on all sites and quality improvement plans were prepared for five of the six programs. As noted above, conflicting data have been

presented by DDD and ORS on the number of provider quality reviews that have been jointly conducted by the two state agencies. An explanation for this discrepancy has been requested but not yet received. ORS Counselor Liaisons meet with provider agencies on a quarterly basis using a reporting format that is similar to the one used by DDD to assess PCSEP programs. The ORS Assistant Administrator for Supported Employment attends DDD's monthly PCSEP strategy meetings with providers to evaluate progress on goals, placements, obstacles to service delivery, service planning, best practices, fiscal concerns and related topics. ORS does not provide discreet reports of reviews of provider agencies that clearly identify essential activities related to the discovery of deficiencies, the actions that agencies are required to take to come into compliance and further remediative steps that may need to be taken by the provider agency.

RIDE

Working in collaboration with the Regional Transition Centers (RTC's), RIDE continues to conduct on-site quality reviews on an annual basis using the RI Employment First Quality Review Checklist to assist in identifying barriers, deficiencies, gaps and additional training and technical assistance needs. As mentioned in the June 2017 Quarterly report, RIDE in collaboration with the RTC's, conducted a TLS Member Needs survey to assist in Employment First Planning for the 2017-2018 school year. This survey resulted in the identification of training needs and the provision of training in five key areas:

1. Continued TA for students with the most significant disabilities (sub-TLS)
2. Linking the IEP, CDP, IPE
3. Improving connections between LEAs and adult vendors
4. Continued Job Coaching and Job Development training
5. Continued job coaching and job development training

RIDE reports that the Career Development Planning Rubric has become an effective tool for districts to evaluate and improve upon the quality of student's CDPs as well as for professional development. The RTC's, in collaboration with ORS Transition Administrator, conducted the first training on 'Alignment of the CDP, IEP and IPE'. A repeat of this session occurred January 2018 and the RTC's provided written invitations to providers to become part of the Regional Transition Advisory Committees that meet six times per year.

Assessment: Requirements Not Met. ORS has a quality review team with protocols in place to ensure regular quality improvement visits take place with employment services providers. ORS is not, however, producing regular published reports of their quality improvement visits, identifying deficiencies, determining the need for plans of correction, and describing the actions that the program must take to come into compliance, as required by the Consent Decree. DDD developed a Quality Improvement Plan and is actively engaged in completing several specific

goals and activities relative to the development of the capacity to provide quality improvement as described in the Consent Decree and Interim Settlement Agreement. DDD is not routinely conducting quality reviews and quality improvement reports as required by Section XVI. RIDE continues to meet Consent Decree requirements regarding the development and implementation of the department's Quality Improvement Initiative.

Recommended Actions

1. DDD's Quality Improvement Plan does not provide for the determination of a quality improvement entity or unit responsible for assuring the quality of DD services until June 30, 2019 (Goal 1, 1L-A), nor does it describe the duties and responsibilities of that entity. Similarly, the Plan provides little information intended design of the program model within which the various policies and practices will operate, nor does it indicate the individuals or entities responsible for carrying out each function. The current need for clear direction in this area is significant and should not be delayed.

DDD/BHDDH are requested to (a) identify and describe the composition, structure, duties and responsibilities of the quality improvement unit or entity by June 30, 2018; (b) advance the deadline for establishing the QI unit or entity forward to a date not later than September 30, 2018. It is further requested that the status of these activities be reported to the Monitor when complete and summarized in the Division's quarterly report for the period ending June 30, 2018.

2. The development and appropriate vetting of regulations, standards, policies and guidelines takes time, but the efforts devoted to these activities do not take the place of the State's obligation to ensure the quality of the services provided target population members in the meantime. As noted above, DDD has no routine or standardized procedures in place for conducting regular quality reviews of individual's service plans, career development plans, services received, or outcomes achieved, as required by Consent Decree Sections V, VI, and VII. The Division plans to prepare all necessary policies and procedures, develop guidance on the new review process for providers on August 1, 2018 and begin *consultative reviews* of provider agencies by September 9, 2018. The severe lack of adequate staffing in this area raises serious questions regarding the Division's ability to complete *consultative reviews* of all DD provider agencies and services within identified timeframe, as described in QI Plan Goal 2L-D, and then fully implement formal on-site reviews (Goal 2L-E) as scheduled.

DDD has 1.75 FTE staff positions devoted to quality improvement activities. This level of staffing is not sufficient to fully comply with the quality improvement requirements of the Consent Decree and the ISA as described in §XV(1-5). Additional personnel resources must be devoted to DD quality improvement to meet the requirements of this section of the Consent Decree and ISA.

It is strongly recommended that the State take immediate steps to increase the number of personnel assigned to conduct DD quality improvement activities outlined in §XV(1-5) by a minimum of four full time equivalent positions.

3. DDD and ORS are requested to revisit their respective records of provider quality improvement reviews and report to the Monitor on the number of reviews that have been conducted jointly by the two State agencies since August 1, 2017, the names of the agencies that were reviewed, the numbers of individuals reviewed, in each agency, the review findings, recommendations and any remediative or quality improvement actions that were required.
4. DDD is requested to provide information on the reviews it has conducted of provider agencies participating in the PCSEP program. Information should include the agencies reviewed, the number of individuals reviewed, as well as any findings and recommendations that were made. This information needs to be provided to the Monitor in the Division's quarterly reports.
5. DDD's Quality Improvement Plan details a coherent process for establishing the quality improvement initiative required by Section XV of the Consent Decree and the ISA and sets realistic benchmarks and timelines for moving forward. DDD is requested to take the necessary steps and secure the personnel and resources needed to ensure that that each benchmark is fully met on schedule. DDD, in collaboration with ORS are requested to provide timely reports to the Monitor documenting the accomplishment of each benchmark and goal included in the Quality Improvement Plan from April 10, 2017 forward. These reports should additionally indicate any identified quality improvement objectives that were not accomplished, the reasons, and future actions to be taken to address the goal.

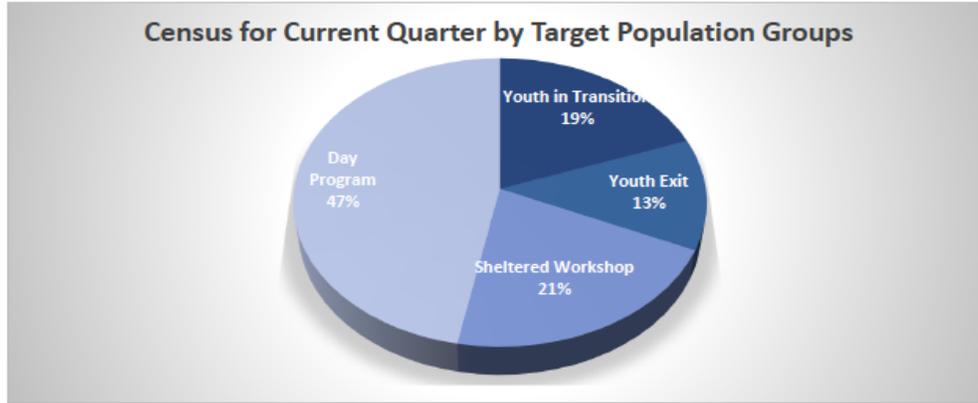
Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Charles Moseley".

Charles Moseley EdD
Court Monitor
April 6, 2018

Attachment 1

Consent Decree Reports Data for Quarter Ending December 31, 2017* Report 1: Current Consent Decree Population Report Date: 1/31/2018



REPORT 1 - Current Census	Youth in Transition	Youth Exit	Sheltered Workshop	Day Program	Unduplicated Total
Total Individuals	675	565	844	1,918	4,002
- Individuals deceased since January 2013	0	2	62	219	283
- Voluntarily left services	2	76	47	80	205
- Not Attending/Limited Services	0	10	30	57	97
- Haven't Applied	0	64	0	0	64
- Not Eligible or Rescinded Application	29	0	0	0	29
Active Census for Current Quarter	644	413	705	1,562	3,324
Population as a % of Census	19.4%	12.4%	21.2%	47.0%	100.0%
- Individuals employed in 2012	0	0	59	157	216
- Individuals in transition	644	0	0	0	644
- Variance Requests	0	0	0	1	1
- Individuals age 62+ who want to be retired	0	0	12	33	45
Target Population for Employment⁴ (Census Less Those Employed in 2012 and Transition)	0	413	634	1,371	2,418

Census - Quarter to Quarter Changes

Target Population Group	Q 12/31/16	Q 3/31/17	Q 6/30/17	Q 9/30/17	Q 12/31/17
Youth in Transition	439	539	707	656	644
Youth Exit	478	496	497	442	413
Sheltered Workshop	720	718	718	688	705
Day Program	1,704	1,690	1,699	1,632	1,562
Unduplicated Total	3,341	3,443	3,621	3,418	3,324

Notes:

⁴The Target Population for Employment is tracked for reporting of newly obtained employment. Individuals employed in 2012 are excluded from the Consent Decree targets for new employment. All other reports are based on the Census for Current Quarter.

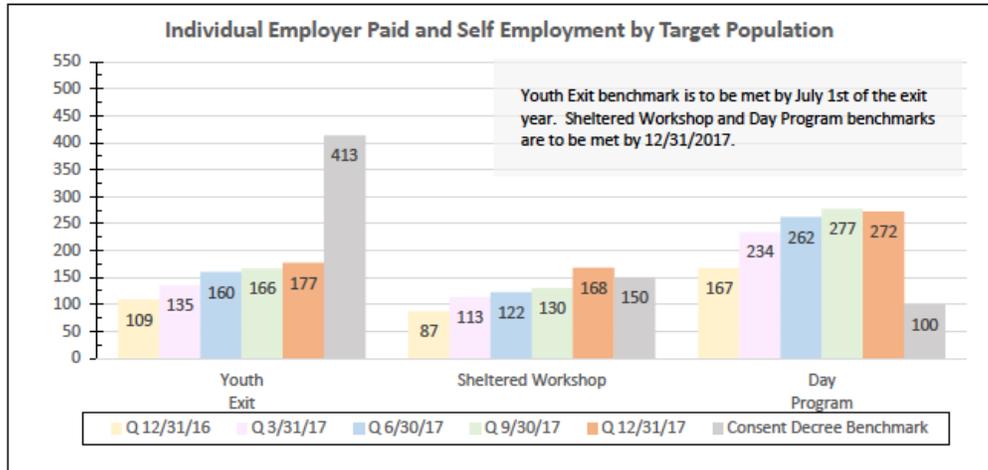
Increase of closed Youth Exit members is due to counting the closures of those who opened to ORS only

*Data Sources for Quarterly Report

1. Sherlock Center survey completed September 2017
2. ORS cases through 12/31/17
3. DDD caseload information as of 12/31/17
4. RIDE annual census, July 2017

Consent Decree Data Reports
Data for Quarter Ending December 31, 2017*
Report 2: Consent Decree Target Population Employment

Report Date: 1/31/2018



EMPLOYMENT BY TARGET POPULATION	Youth Exit	Sheltered Workshop	Day Program	Unduplicated Total
Target Population for Employment	413	634	1,371	2,418
<i>% of Total Target Population</i>	17%	26%	57%	100%
Benchmark for Employment	413	150	100	663
Total Individuals in INDIVIDUAL EMPLOYER PAID Employment				
Q 12/31/17	177	168	272	617
<i>Past Placements Now Closed</i>	22	2	8	32
TOTAL PLACEMENTS	199	170	280	649
Total Competitive and Self Employment Percentages				
<i>% of Benchmark</i>	42.9%	112.0%	272.0%	93.1%
<i>% of Target Population Group</i>	42.9%	26.5%	19.8%	25.5%
<i>% of Those Employed</i>	28.7%	27.2%	44.1%	100.0%
Quarter to Quarter Performance				
Q 12/31/17	177	168	272	617
Q 9/30/17	166	130	277	573
Q 6/30/17	160	122	262	544
Q 3/31/17	135	113	234	482
Q 12/31/16	109	87	167	363
Q 9/30/16	36	75	157	268
Q 6/30/17	29	57	118	204

Note: Includes Self-Employment.

Past Placements Closed/Deceased are those previously reported placements who are now excluded from the active counts.

Percentages are based on the active population and placements only.

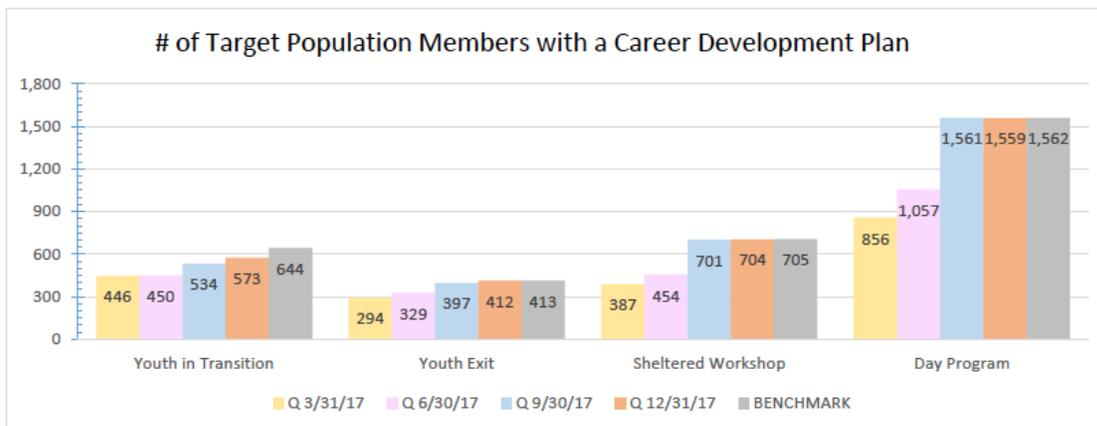
Day Population decreases are due to correcting miscategorization of some TTP individuals to the Sheltered Work Population.

***Data Sources for Quarterly Report**

1. Sherlock Center survey completed September 2017
2. ORS cases through 12/31/17
3. DDD caseload information as of 12/31/17
4. RIDE annual census, July 2017

Consent Decree Data Reports Data for Quarter Ending December 31, 2017* Report 3a: Career Development Plans

Report Date: 1/31/2018



Career Development Plan (CDP) Exists

	Q 3/31/17	Q 6/30/17	Q 9/30/17	Q 12/31/17	BENCHMARK	% of Benchmark
Youth in Transition	446	450	534	573	644	89%
Youth Exit	294	329	397	412	413	100%
Sheltered Workshop	387	454	701	704	705	100%
Day Program	856	1,057	1,561	1,559	1,562	100%
Unduplicated Total	1,983	2,290	3,247	3,248	3,324	98%

Those Without CDP

	Active - No Plan Yet	Plan Is Pending	Individual Refused	Total Without CDP
Youth in Transition ¹	71	0	0	71
Youth Exit	0	0	1	1
Sheltered Workshop	0	1	0	1
Day Program	0	3	0	3
Unduplicated Total	71	4	1	76

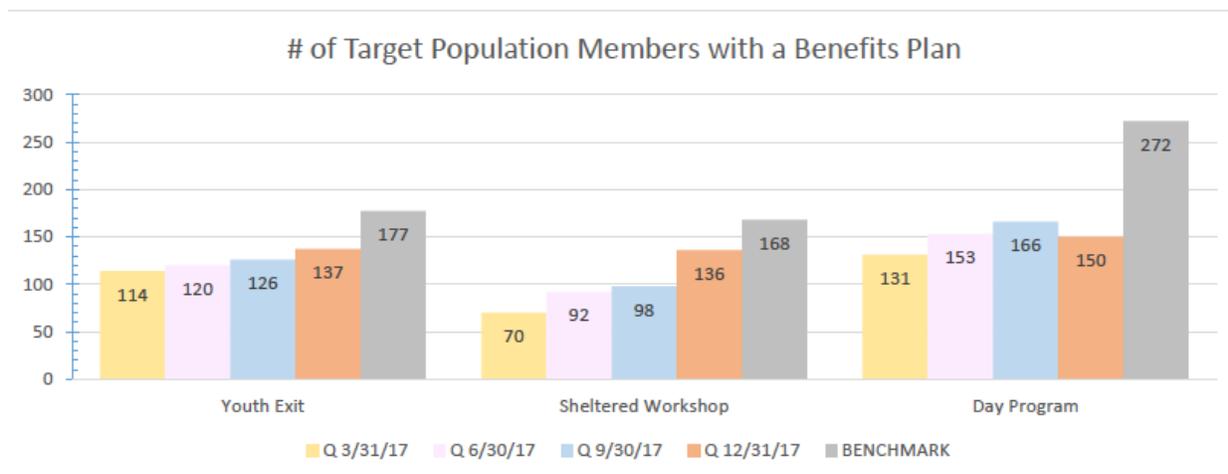
¹ Youth In Transition will not be 100% due to the new entries into high school who will receive their first CDPs during the school year.

*Data Sources for Quarterly Report

1. Sherlock Center survey completed September 2017
2. ORS cases through 12/31/17
3. DDD caseload information as of 12/31/17
4. RIDE annual census, July 2017

Consent Decree Data Reports
Data for Quarter Ending December 31, 2017*
Report 3b: Benefits Plans

Report Date: 1/31/2018



Benefits Plan (BP) Exists

	Q 3/31/17	Q 6/30/17	Q 9/30/17	Q 12/31/17	BENCHMARK	% of Benchmark
Youth in Transition	--	--	--	--	--	--
Youth Exit	114	120	126	137	177	77%
Sheltered Workshop	70	92	98	136	168	81%
Day Program	131	153	166	150	272	55%
Unduplicated Total	317	367	390	423	617	69%
With Placements	NA	NA	NA	255	617	41%

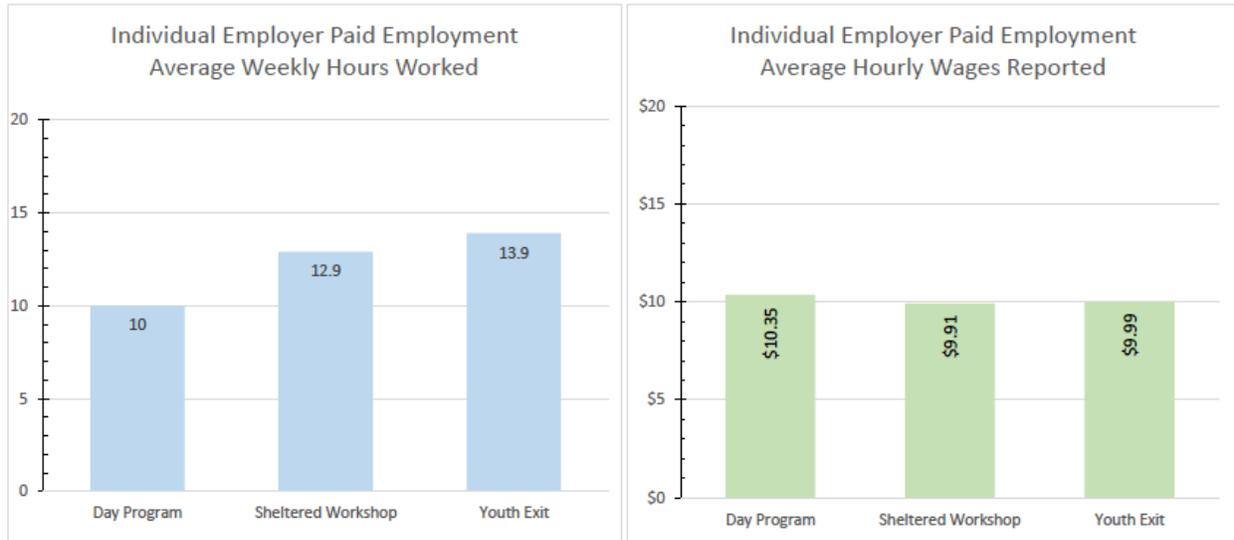
Note: Benefits Plans can be done for those not yet employed, in segregated employment, or in a competitive integrated job placement. The Unduplicated Total includes all those with a benefits plan. The With Placements total includes only those with a competitive integrated job placement.

***Data Sources for Quarterly Report**

1. Sherlock Center survey completed September 2017
2. ORS cases through 12/31/17
3. DDD caseload information as of 12/31/17
4. RIDE annual census, July 2017

Consent Decree Data Reports
Data for Quarter Ending December 31, 2017*
Report 4: Average Weekly Hours and Hourly Wages

Report Date: 1/31/2018



Individual Employer Paid Employment						
Target Population Unduplicated Counts	Measure	Total Population	Weekly Hours Worked	Hourly Wage	Worked 20+ Hours	% With 20+ Hours
Day Program	# Reporting	109			13	11.9%
	Average		10	\$10.35		
Sheltered Workshop	# Reporting	83			20	24.1%
	Average		12.9	\$9.91		
Youth Exit	# Reporting	123			29	23.6%
	Average		13.9	\$9.99		

Notes:

1 # Reporting equals the count of individuals reporting hours or wages above minimum wage.

***Data Sources for Quarterly Report**

1. Sherlock Center survey completed September 2017
2. ORS cases through 12/31/17

Attachment 2

Quality Improvement Plan RI Division of Developmental Disabilities

GOAL 1.	Establish organization structure to support a Quality Program within BHDDH.	Related Objective	Responsible	Projected Start Date	Projected Timeline for Completion
SHORT TERM OBJECTIVES					
1S-A.	Determine role of each functional area in quality reviews. Establish clear areas of responsibility and procedures for BHDDH quality functions in QI, Licensing, DD Quality Assurance.	2S-D	R. Boss/ K. Zanchi	9/1/17	6/30/2018
1S-B.	Establish an internal Quality Improvement Committee (QIC) to guide organizational structure, facilitate communication, and oversee quality measures. See Attachment 2		A. LeClerc	9/1/17	Ongoing
1S-C.	Identify a minimum of 2 BHDDH positions in FY18 through reallocation to support and expand QM functions in area of provider and system performance		R. Boss/ K. Zanchi	10/1/17	6/30/2018
1S-D.	Evaluate current all-encompassing licensing process to determine improved process(es) for licensing, certification, and program reviews to be supported by the new QM organizational structure and resources.		K. Savage/ A. LeClerc/ K. Zanchi	9/1/17	Ongoing once implemented
LONG TERM OBJECTIVES					
1L-A.	Determine future need and feasibility of one unified unit or alternative structure within BHDDH. Institutionalize the chosen Quality structural framework.		R. Boss	7/1/18	6/30/2019
1L-B.	After promulgation of regulations, expand QIC to develop risk management guidelines and support development of certification standards.		A. LeClerc	2/1/18	6/30/2019
1L-C.	Inform and support budget recommendations for future budget cycles once QM needs/resources are further defined.		R. Boss/ K. Zanchi	Underway	Ongoing
1L-D.	Establish clear, coordinated processes for licensing, certification, and program reviews.		K. Savage/ A. LeClerc/ K. Zanchi	2/1/18	7/1/2018
GOAL 2. Establish a quality review program for DDO providers					
SHORT TERM OBJECTIVES					
2S-A.	Coordinate with ORS on employment reviews.		A. Leclerc/T. Cunningham	underway	ongoing
2S-B.	Secure outside consultant and utilize other industry resources to help design a plan for a quality program framework, guide core quality indicators, and determine how to implement the QMIS.		K. Zanchi/A. LeClerc	10/1/17	8/1/2018
2S-D.	Develop licensure and certification process, and timeline and outline their relationship to program quality assurance.	1S-D, 1L-D	K. Savage/ A. LeClerc/ K. Zanchi		
2S-E.	Develop review tool for interim day standards to use in consultative process with providers during onsite reviews.		A. LeClerc	10/1/17	1/31/2018
2S-F.	Evaluate supported employment review tool with ORS to ensure comprehensiveness for both state agencies to be used in joint employment reviews.		A. Leclerc/T. Cunningham	8/1/17	12/31/2017
LONG TERM OBJECTIVES					
2L-A.	Implement the QMIS	2S-B; 1L-D	BHDDH Leadership	TBD depending on plan	
2L-B.	Develop review/monitoring tool for use by BHDDH staff in monitoring reviews		QIC	4/1/18	8/1/2018
2L-C.	Establish procedures for development and monitoring of plans of correction		QIC	4/1/18	8/1/2018
2L-D.	Conduct consultative reviews during the first year after promulgation of regulations to allow time for providers to implement needed changes and adjust to new rules and process.			9/1/18 - 6/30/19 FY19 - all providers will receive an initial consultative review to introduce the new process	

2L-E.	Conduct formal onsite reviews to support licensing processes.		TBD based on or	7/1/19 in-depth reviews will begin	Ongoing on schedule TBD
2L-F.	Develop and roll out guidance for providers to prepare for reviews.		A. LeClerc	4/1/18	8/1/2018
GOAL 3.	Finalize new regulations, policies, and standards related to service design and quality.	Related Objective	Responsible	Start Date	Timeline for Completion
SHORT TERM OBJECTIVES					
3S-A.	Engage providers and community in the development and implementation of interim standards and regulations reform		BHDDH Leadership	Underway	1/1/2018
3S-B.	Develop and promulgate new regulations to establish a set of clear standards and foundational principles		K. Savage/ K. Zanchi/ R. Boss	4/1/17	2/1/18
3S-C.	Develop interim integrated day standards	2S-E	K. Zanchi / A. LeClerc	7/1/17	10/31/18
3S-D.	Develop interim competitive/integrated employment standards	2S-F	K. Zanchi/ A. LeClerc T. Cunningham	10/1/17	12/31/17
3S-E.	Share draft standards with stakeholders/community partners for review/input		K. Zanchi / A. LeClerc	7/1/17	12/31/17
3S-H.	Provide training and technical assistance on interim standards, regulations, policies			9/1/17	ongoing
LONG TERM OBJECTIVES					
3L-A.	Develop policies and procedures manual		BHDDH Leadership	2/1/18	7/1/2018
3L-B.	Revise and expand day standards after regulatory reform is completed to reflect the final regulations and policies.	3S-C	K. Savage/ A. LeClerc/ K. Zanchi	2/1/18	7/1/2018
3L-C.	Revise and expand employment standards after regulatory reform is completed to reflect the final regulations and policies.	3S-D	K. Savage/ A. LeClerc/ K. Zanchi	2/1/18	7/1/2018
GOAL 4.	Improve data collection, data quality, and reporting.	Related Objective	Responsible	Start Date	Timeline for Completion
SHORT TERM OBJECTIVES					
4S-A.	Implement Case Management (CM) IT Systems		A. LeClerc/ IT/ Internal Project Team	9/1/17	6/30/2019
4S-B.	Implement Incident Management system across entire provider network		C. Emond/ A. LeClerc	Underway	4/30/2018
4S-C.	For CM, establish IT project management and project governance structures and work groups to guide workflow, decisions, and accountability related to customization and implementation of case mgt system.		A. LeClerc/ K. Zanchi	9/1/17	6/30/2019
4S-D.	Address quality data points and reporting needs through configuration and customization of CM system		A. LeClerc/ IT/ Internal Project Team	9/1/17	6/30/2019
4S-E.	Coordinate data collection with external sources such as the Sherlock Center		A. LeClerc	Underway	Ongoing
4S-F.	Establish performance management goals and metrics (e.g. tracking and monitoring provider capacity, job placements and retention, timeliness of plans) and reporting schedule and methods		A. LeClerc	Underway	Ongoing
LONG TERM OBJECTIVES					
4L-A.	Use case mgt and incident mgt reporting system for trending/ oversight of outcomes, provider performance, consumer risk, prevention and remediation.		C. Emond/ A. LeClerc	Underway	Ongoing once implemented
4L-B.	Integrate survey data, monitoring data, outcomes data in a consolidated reporting mechanism with end user access		A. LeClerc	9/1/17	6/30/2019
4L-C.	Establish internal and external reporting needs and mechanisms		A. LeClerc/ IT/ Internal Project Team	9/1/17	6/30/2019
4L-E.	Analyze consumer satisfaction surveys and perform trend analysis of results over time	5L.D, 5L-E	A. LeClerc	7/1/18	ongoing

GOAL 5.	Improve communication with and from stakeholders, and improve transparency, quality, and availability of information from BHDDH.	Related Objective	Responsible	Start Date	Timeline for Completion
SHORT TERM OBJECTIVES					
5S-A.	Develop and launch external Quality Advisory Council (QAC) with representatives of participants, providers, advocates, and families to review and advise quality program. (Attachment 2)	5L-A	A. LeClerc/ K. Zanchi	9/1/17	Ongoing
5S-B.	Conduct quarterly community forums		K.Zanchi/BHDDH Communications	underway	Ongoing
5L-D.	Determine partners, mechanism, schedule, and content for consumer satisfaction surveys.	5L-E, 4L-E	K.Zanchi/A. LeClerc		
5S-C.	Conduct annual consumer satisfaction surveys	5L-D, 4L-E	A. LeClerc/ K. Zanchi/BHDDH contractors	1/1/18	ongoing
LONG TERM OBJECTIVES					
5L-A.	Publish QAC meeting minutes and reports on website.	5S-A	A. LeClerc/ K. Zanchi	7/1/18	Ongoing
5L-B.	Post all new materials to website and distribute to stakeholders.		K.Zanchi/BHDDH Communications	1/1/18	Ongoing
5L-C.	Revise website content to strengthen information with input from community		A. LeClerc/BHDDH Communications	1/1/18	Ongoing

