



State of Nevada
Division of Mental Health and Developmental Services

Developmental Services
Program Evaluation:
Personal Outcomes & Satisfaction

July 1, 1999, through June 30, 2000



Nevada University Affiliated Program
in Developmental Disabilities
University of Nevada, Reno
<http://www.unr.edu/repc/>

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Introduction

This project evaluation is a cooperative effort of Developmental Services of the Nevada Division of Mental Health and Developmental Services and the Nevada University Affiliated Program in Developmental Disabilities. The project began in July of 1995 with the goal of improving services by making them more responsive to the needs of participants - individuals with mental retardation. The specific objectives of the program are twofold:

“...the purpose of this report is to evaluate the progress toward a person centered system in which each person defines his or her own expectations for services and supports.”

1. Utilize *Personal Outcome Measures* (The Council, 1997) to assess personal outcomes and satisfaction with services and supports provided by Developmental Services;
2. Utilize information obtained through the assessment to:
 - Make services and supports provided by Developmental Services more responsive to individuals;
 - Provide input to an on-going program of quality improvement for Developmental Services and service providers; and
 - Provide the legislature and the public a method to hold Developmental Services and service providers accountable for their use of public funds.

The purpose of this report is to evaluate the progress toward a person-centered system in which each person defines his or her own expectations for services and supports. This report describes the results of the analysis of the 2,066 interviews conducted from July of 1995 through July of 2000. The interviews are based on the *Personal Outcome Measures* and were conducted by personnel from the Nevada University Affiliated Program in Developmental Disabilities.

The Nevada University Affiliated Program

The Nevada University Affiliated Program in Developmental Disabilities (Nevada UAP) is part of a national network of university affiliated programs in developmental disabilities that are federally funded by the Administration on Developmental Disabilities, U.S. Department of Health and Human Services. The Nevada UAP is housed in the Research and Educational Planning Center, College of Education, University of Nevada, Reno. The mission of the Nevada UAP is to work cooperatively with agencies and programs to assist Nevadans of all ages with developmental disabilities to be independent and productive citizens, fully integrated into their communities. This mission is accomplished by providing interdisciplinary training and services, disseminating information on developmental disabilities and service options, providing technical assistance, and conducting relevant research and evaluation studies.

The Nevada UAP conducts the Personal Outcomes and Satisfaction Project under a contract with Developmental Services of the Nevada Division of Mental Health and Developmental Services. As such, the Nevada UAP acts as a separate entity in this project. Dr. JoAnn Johnson, Associate Director of the Nevada UAP, directs the project. The Nevada UAP subcontracts with Dr. Jeffrey Kern, Department of Psychology, University of Nevada, Las Vegas, to conduct interviews in southern Nevada.

Background

“The Council developed the personal outcome measures based on individual and focus group meetings in which individuals with disabilities described what was important to them.”

In 1993, The Council on Quality and Leadership in Support for People with Disabilities (The Council; formerly The Accreditation Council on Disabilities) published *Outcome Based Performance Measures*. The Council identified outcomes desired by the recipients of services, and from these outcomes developed the measure that has become a national standard for evaluating the quality of services for people with disabilities, including those with mental retardation. The Council developed the measure based on individual and focus group meetings in which individuals with disabilities described what was important to them. In order to have a national reference, Developmental Services, in cooperation with the Nevada UAP, selected the *Outcome Based Performance Measures* to assess personal outcomes and satisfaction. The original measure consisted of 30 standards across 10 domains of life activities. In 1997, The Council revised the *Outcomes Performance Measures* and renamed the assessment, *Personal Outcome Measures*. The 1997 revised measure consists of 25 standards, with 24 from the original version and one new standard, across 7 domains. The new *Personal Outcome Measures* have been used by the Personal Outcome and Satisfaction Project since August of 1998. Table 1 contains the revised list of categories and standards.

Table 1 Personal Outcome Measures (The Council, 1997)

Identity	<ol style="list-style-type: none"> 1. People choose personal goals. 2. People choose where and with whom to live 3. People choose where they work. 4. People have intimate relationships. 5. People are satisfied with services. 6. People are satisfied with their personal life.
Autonomy	<ol style="list-style-type: none"> 7. People choose their daily routine. 8. People have time, space, and opportunity for privacy. 9. People decide when to share personal information. 10. People use their environments.
Affiliation	<ol style="list-style-type: none"> 11. People live in integrated environments. 12. People participate in the life of the community. 13. People interact with other members of the community. 14. People perform different social roles. 15. People have friends. 16. People are respected.
Attainment	<ol style="list-style-type: none"> 17. People choose services. 18. People realize personal goals.
Safeguards	<ol style="list-style-type: none"> 19. People remain connected to natural support networks. 20. People are safe.
Rights	<ol style="list-style-type: none"> 21. People exercise rights. 22. People are treated fairly.
Health	<ol style="list-style-type: none"> 23. People have the best possible health. 24. People are free from abuse and neglect. 25. People experience continuity and security.

Personal Outcome Assessment

“Personal outcomes represent the individual’s goals and desired future.”

For each of the 25 standards in the *Personal Outcome Measures* both outcomes and supports are assessed. Personal outcomes represent the individual’s goals and desired future. Each person defines his or her specific meaning of a personal **outcome**. To provide **support**, an organization must discover how the person defines their personal outcomes. The personal outcomes are what the person wants and the support is the assistance provided to achieve it.

Outcomes and supports are independent in each standard; therefore an outcome may not be present, while a support may be in place to achieve the outcome in the future. Conversely, while an outcome may be present, the agency may not have supports in place to encourage or facilitate the behavior.

The determination of whether outcomes and supports are present for each standard is made through an interview with the person as well as supporting information from service providers and other people who know the person.

*“The **outcome** is a measure of whether the person’s situation matches his or her expectation or preference.”*

The **outcome** is a measure of whether the person’s situation matches his or her expectation or preference. Whether the outcome is present will depend on individual choice and decision-making and a personal definition of the preferred outcome from the individual. Because an outcome is individually defined, it can change as the person’s situation and perspective change.

Support is present if the organization knows the individual’s definition of his or her preferred outcome and has practices and activities in place to support it. Organizations do not have direct control over whether a personal outcome is present. This is because personal outcomes are defined from each person’s perspective. Organizations do control whether they discover personal definitions of outcomes and put supports into place that will assist the person to achieve them.

*“**Support** is present if the organization knows the individual’s definition of his or her preferred outcome and has practices and activities in place to support it.”*

Throughout this report the term *person* or *individual* will be used to refer to the individual receiving services from the organization or being interviewed by the *Individual Outcomes and Satisfaction Project*.

The *Personal Outcome Measures* assume optimally that all people can achieve all of the outcomes. However, for many people with multiple, severe disabilities this may be difficult. In fact, many people without disabilities would not achieve all of the outcomes. The *Personal Outcome Measures* set a high standard and focus on independence and autonomy to the greatest extent possible. Use of the measures also encourage Developmental Services and private service providers to be thoughtful and creative in determining how to honor and support individual choices. Selection of the *Personal Outcome Measures* sets high expectations for Developmental Services.

Personal Outcomes and Accreditation

Accreditation reflects how well responsiveness to personal outcomes is incorporated into the organization. *Personal Outcome Measures* is one component of The Council’s Quality Enhancement and Review Process. Organizations and programs choose to participate in the Quality Enhancement

“Selection of the Personal Outcome Measures sets high expectations for Developmental Services.”

and Review Process to obtain accreditation from The Council. Accreditation is based on a site visit to the program that varies in length from three to five days. During the site visit, staff from The Council conduct outcome interviews, and review organization systems including mission, structure, employee tasks, methods to direct organizational activities, skills and abilities of staff, and external factors that influence the organization. Accreditation by The Council on Quality and Leadership in Support for People with Disabilities is determined through a site visit by members of The Council. The site visit includes Personal Outcome interviews with people receiving services; analysis of the Organizational Performance Measures (systems) and their impact on personal outcomes; and a review of the current quality Management Planning efforts. A decision on accreditation is based primarily on three considerations:

- Analysis of the results of Personal Outcome interviews that indicate how well the organization supports outcomes for people;
- Analysis of the agency’s Organizational Assurances that include basic assurances in the health, safety, and welfare of people receiving services and the financial security of individual and organizational resources;
- Analysis of the agency’s Organizing Principles that bring together action strategies related to leadership, systems development, and quality management and planning in support of individual personal outcomes for people receiving services.

The accreditation criteria have been revised over the past year and changes represent a significant shift for agencies seeking accreditation. An organization may be awarded an accreditation for two years with conditions, two years, or three years. Additionally, a one-year “conditional” accreditation may be awarded to an organization seeking accreditation for the first time and that, under existing guidelines, would not be accredited.

Two year with conditions, two year, and three year accreditations are based on the following criteria:

- The results of the Personal Outcome interviews (minimum average of 13 outcomes and 13 supports) and the Organizational Assurances determine if an agency is eligible for accreditation.
- The agency’s successes as evidenced by the Organizing Principles determines the length of the accreditation.

Interviews and Reporting Feedback

“Depending on the nature of each person’s disability, the interview, determination and feedback may take considerable time in order to be thorough and meaningful.”

Interviews are scheduled between UAP project staff and the person receiving services whenever possible. UAP staff first contact the service coordinator, who talks with the person and explains the purpose of the interview. After the individual consents to be interviewed, the UAP staff contact and schedule the interview to take place at a location and time convenient to him or her. A small percentage of individuals decline participation in the interview process. The interview usually takes place in the home, or workplace; however some interviews take place in private rooms of the regional centers, or quiet areas of restaurants or parks, depending on the preferences of the individual.

Depending on the person and the nature of his or her disability, the interview, determination, and feedback may take considerable time in order to be thorough and meaningful. Interviews may last anywhere from one to three hours, and are

sometimes scheduled over two meetings. As much information as possible is gathered from the individual about his or her opinions and expectations for the 25 standards. The interview is a direct means for an individual to provide feedback of how well the organization supports his or her goals through the services they receive. The individual defines his or her individual expectations for services, and the provider of services coordinates supports for them. The individual decides how well the organization supports his or her goals.

“The person decides how well the organization supports his or her goals.”

Family members or others who know the individual very well are often invited to participate during the interview. However, in most cases, those in attendance are at the discretion of the person. The exception to this is when the person is unable to communicate his or her expectations during the interview. In this case, a family member or advocate participates in the interview. At the conclusion of the interview, the person is asked if his or her service coordinator and provider may be contacted for follow-up. He or she is also asked if his or her personal comments may be repeated to the provider or service coordinator in order to communicate the person’s interest for making changes.

Follow-up meetings with service coordinators, service provider staff or family members are scheduled after the individual’s interview is completed. These meetings or phone conversations may last from one to three hours and are attended by individuals who are responsible for arranging services and supports for the person. It is expected that some of these individuals know the person quite well and have worked with him or her for some time. During follow-up, project personnel ask the support staff or family members questions related to their knowledge of the person and his or her interests and expectations for services, and the supports in place to assist in meeting the person’s needs.

At the conclusion of all meetings, project personnel make determinations of whether outcomes and supports are present for the person. A report is written and submitted to the regional centers, identifying presence or absence of outcomes and supports and providing rationales for the determinations based on the information gathered during the meetings. A sample report with present outcomes, supports, and rationale for the determinations is provided in Figure 1.

Findings from the report are used at several levels to improve services.

Individual Support Team—The service coordinator, the person, family members (when appropriate), and the provider support staff review the results to identify areas needing improvement and to design, update and/or modify the support plan. Changes from previous reports are examined to help identify what supports are being effective and what modifications are still needed to assist people to realize their preferred future as measured by the outcomes.

Provider Agencies—Results are aggregated within provider agencies to provide a snapshot of provider strengths and areas needing improvement. Systemic trends can be identified so that provider agencies (and people using their services) can know how well the organization supports personal outcomes with individualized supports and what changes need to be made to be more responsive to the needs of people receiving services.

Regional Center—Results are aggregated across individuals to provide a picture of how well each regional center is addressing the individual needs of persons receiving services. Particular aspects of the regional program are

examined for whether or not supports are working to assist people in ways that are important for them. Comparisons can be drawn across time and between the regional center services and national norms.

Developmental Services—Information from aggregated data throughout the state is used by Developmental Services to assist in strategic planning activities and to identify and meet future needs. The information also provides a methodology for evaluating the overall effectiveness and progress of Developmental Services that is linked directly to customer service and how people receiving services perceive the quality of those services.

The Personal Outcomes and Satisfaction Project provides an on-going quality assessment program for Developmental Services. The Personal Outcome Measures help staff concentrate on person-focused planning, identify topics for staff development and training, provide information for budget development related to specific outcomes for people, and provide Developmental Services with a continuous self-assessment.



Figure 1 Sample Report of Determination

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Outcomes Interview Form

1

Ellen Cook
 18B-22B1B Interview # 1 Age 48
 Interview date 12/12/2000
 Interviewer George McKinlay

Rural Regional Center

Gender Female	DOB 1/2/1960	Identifier Numbers
Placement Natural Home	Case #	
MR Level Moderate	SAMI # 99995555	
Case Manager Jim Smith	Medicaid # 99995555	
Case Provider		

Outcomes and Process: Checked only if present

	Outcome	Support	Comments:
1. Chase personal goals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cooking,workw/plants,reading, Org knows and work on them with her
2. Chase where/with whom to live	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	She is with family now, but is looking to get out on her own; supports are workingwith her to become more independent
3. Chase where to work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E. very happy, but has not explored many options. Org asks her to consider more competitive community employment opportunities.
4. Have intimate relationships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E. life is complete to her;she wants no bf. Org agrees/supports
5. Satisfied with services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Is very satisfied. Orgworked to help herwith services.
6. Satisfied with personal life	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	She has everything she wants. Org aware and supports life.
7. Chase daily routine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All there, except dependent on transportation to get to town. Org supportive and helps whenever needed.
8. Privacy-Time/Space/Opportunity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	She has this, even at work. Org helped with arrangements and how to use as needed.
9. Share personal information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	She knows about her file but uninterested in it. Org goes over the information and signature consent with her.
10. Use environment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In most aspects, yes. Her supports help her when needed.
11. Live in integrated environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Home and leisure, yes; work , no. Orgworks to help E. make other work choices that lead to more typical environment.
12. Participate in life of community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, Org supports E.s involve in both her communities as needed
13. Interact with other in community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, she knows everyone and they know her, she is very friendly Org supports more comm intexactions
14. Perform different social roles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Several, home,work, church, community. Org helped her with some of these.
15. Have friends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mostly family friends and staff, she is working on more peer friendships; supports are helping her
16. Are respected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, definitely. Org supports her in many ways.
17. Choose Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, selected by E. Org provides her with options and info.
18. Realize personal goals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, more friends, booth at craft fair, reading group. Org same.
19. Natural support networks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Good family relationships and support. Org. works w/fam sev ways.
20. Safe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E. very aware of safety issues. Always w/ safe group. Org provide support.
21. Exercise rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	She didn't understand word "rights" but feels no restriction; supports talk about it regularly with her.
22. Treated fairly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Org very helpful and supportive to her in this area.
23. Best possible health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes, slowly decreased meds, OK with docs/org. Org. supportive and talks about it regularly with her.
24. Free from abuse & neglect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Org. worked on this with support, coaching, conversations.
25. Experiences continuity & security	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pretty much. Org continues to work to think about future w/E.
26. Has economic resources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
27. Has access to personal possessions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

	Interviewer	Date	Outcomes	Support	Placement	AGE
1	George McKinlay	12/12/2000	23	6	25	7 Natural Home
	Changes from previous interview.					

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Interpretation of the Personal Outcome Measures

While the *Personal Outcome Measures* are aggregated to assess the overall quality of a program, they are primarily an assessment of individuals' current status and services relative to each of the standards. In moving from the individual to agency level, caution should be exercised. For some standards and individual situations, the outcome may not be totally under the control of the agency. The standard for abuse is a case in point (standard 24). In order for a

person to meet the standard for abuse, he or she must be free from abuse *and* from concerns about abuse affecting his or her behavior or decisions. If a person has nightmares, regularly discusses previous instances of abuse, or expresses fear of abuse, the person is not free from abuse and does not meet the outcome. The supports might be in place to assist the person to address the issue of the previous abuse through therapy and other activities. Not meeting the outcome does not necessarily indicate that abuse is currently occurring.

Another interpretation issue exists due to Developmental Services' dual responsibility to serve the person and support his or her choices, and to protect the person and the public. For a person who might be a danger to the community, the agency may not ever be able to meet the outcome for honoring the person's choice on where to live (standard 2). However, the support can be met if there are services being provided to help the person manage his or her behavior and discussions take place about creative methods to honor his or her choice and still protect the community. At the agency or program level, the larger the number of person-centered services that meet the standards, the better the agency is responding to individual needs.

Method

“The final determination for each standard is solely the responsibility of Nevada UAP personnel and based on The Council standards.”

Interviews based on the *Personal Outcome Measures* were conducted to determine the presence or absence of the outcome and supports for each of the standards. Interviews were structured around the standards, with emphasis on open-ended questioning to the maximum extent possible. The majority of interviews were conducted with only the person and the Nevada UAP staff member present. For individuals with limited communication skills, service providers or family members participated in the interview to facilitate communication.

An interview/determination process may take from five to ten hours to complete. This process routinely includes an interview with the person receiving services; follow-up with service providers, service coordinators, and others playing a significant role in the person’s life; the determination of outcomes and supports present, and the reporting of results. Based on the information obtained in the interview and follow-up, status on each of the standards for outcome and support is rated as present or absent. The perspective of the person is given the greatest weight in determining the presence of outcome and support. The final determination for each standard is solely the responsibility of Nevada UAP personnel and based on The Council standards.

The target population is individuals receiving residential assistance supported by the Nevada Medicaid program. This includes persons receiving funding under the Home and Community Based Services (HCBS) Waiver and those residing in Intermediate Care Facilities for persons with mental retardation (ICFs/MR). These settings include primarily apartments and homes in the community, although 155 of the persons reside in state-operated ICF/MR facilities at the Regional Centers. Interviews were conducted only if the person agreed to participate; interviews were terminated if the person indicated that he or she did not wish to continue.

Interviewers use a standard set of values, domains, and questions developed by the national accreditation body. Nevada UAP staff conducting interviews are UNR and UNLV faculty/staff and graduate assistants trained by The Council. Before independently conducting interviews with persons and service staff, UAP personnel receive between three and seven days of initial training, observe interviews conducted by certified personnel, and participate in a number of interviews as apprentices. Nevada UAP staff also undergo yearly training and reliability in order to maintain the standards set by The Council.

Findings

“The evaluation is an ongoing process allowing for point-in-time and trend measures.”

The evaluation is an ongoing process allowing for point-in-time and trend measures. From July 1995 through July 2000, 2,066 interviews were conducted statewide utilizing the Personal Outcome Measures (The Council, 1998). Figure 2 provides a breakdown of the number of interviews done each year. Multiple analyses were conducted to evaluate the quality of services. The percentage of standards with outcomes and supports present was computed and compared to a national sample and analyzed for years 1996–1998 and for 1999–2000. Achieved outcomes and support percentages were calculated for each of the five years of the project and were examined and compared across years and number of interviews.

Longitudinal Trends: Repeated Interviews

Not every person who receives services is interviewed each year; however, people are periodically re-interviewed. For many people, repeated measures of Personal Outcomes are available and provide a source of information that can track changes over time. This is particularly important for the Individual support Team as they assist the person to develop and modify his or her support plan.

There are many factors that can affect the presence or absence of outcomes and support for a person at any point in time. Personal definitions of preferred outcomes can change. Support staff may or may not be aware of changes in the person's perspective or preference. Changing circumstances can affect outcomes and supports. Looking at repeated outcome measures can highlight areas that need further attention and can demonstrate changing priorities over time.

A Case Example

C.J. lives in rural Nevada and receives residential support services from a local agency. She was interviewed in 1996, 1998, and 2000. In 1996, C.J.'s outcome measures showed that she was not involved in decisions about where to live and work. She did not choose her services and was not satisfied with them. She had 20 outcomes and 18 supports present.

Early in 1998, C.J. moved into a new home with three other people. She was involved in the decision. The new living situation resulted in changes in the way C.J. experienced several parts of her life. She had conflicts with her housemates. Some of her behaviors became very disruptive for others, resulting in the addition of restrictions for C.J.. In addition, C.J. said she had insufficient opportunities to get out into the community without other people or staff being with her.

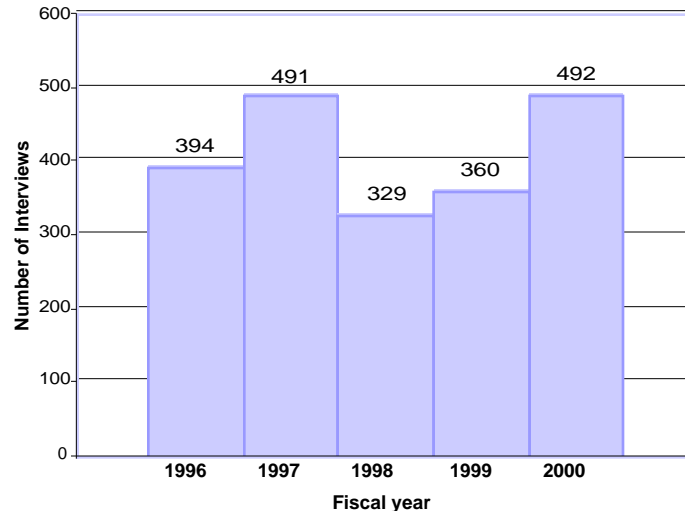
C.J.'s 1998 interview revealed that C.J. was very involved in choosing services and where to live and was being supported by the agency to do so. However, the report also showed that in a number of areas C. J. did not believe her preferences were being supported by services coordination or providers. She was not exercising her rights, was dissatisfied with her services and life situation, and she did not feel respected. Outcomes in the areas of Autonomy and Affiliation (see Table 1, pg. 3) were particularly

affected. C.J.'s report showed only 11 outcomes as being present in 1998 as compared to 20 in 1996. On the support side, individualized supports went from 18 to 13.

The 2000 report reveals significant improvement in the way C.J. is being supported to achieve her preferred outcomes. For the first time, C.J. has chosen her job. She is now being supported by another provider organization to work in a community-based business. In addition, she has moved into another house where she has her own apartment. Restrictions on her ability to exercise her right that were the result of difficulties she experienced with communal living have been eliminated. According to the 2000 report, C.J.'s expectations and preferences are currently being supported in 22 out of the 25 areas measured, an increase over her 1996 measures.

Repeated measures of outcomes and supports are important for several reasons; but most importantly for the group of people who arrange for supports and services. Changing circumstances can affect many outcomes for a person, resulting in a need for providers to re-educate themselves about what is important for that person. Repeated measures assure that people who work to support a person become aware of changes in the person's perspective and/or priorities. Finally, repeated measures assist support teams to focus on particular areas for improvement, which then may positively affect other areas measured by the *Personal Outcomes*.

Figure 2 Number of Interviews Completed each Year



"...the results indicate that Nevada is currently performing higher overall than a national sample."

Percentage of Standards Met: A National Comparison

In order to compare the results of the Nevada interviews to an outside standard, results were obtained from a national sample of interviews (n=2,544) conducted by The Council from 1993 through 1998. While the majority of the national sample is comparable to those persons interviewed in Nevada, approximately 10% of the interviews in the national sample were with individuals with disabilities other than mental retardation. These disabilities included cerebral palsy,

epilepsy, mental illness, and physical disabilities (Personal Outcomes Chart Book, 1999). On average, this group would be somewhat more independent than people with mental disabilities. This difference may result in more standards being met in the national sample. National sample data are reported using the *Personal Outcome Measures* (1997) that contain 25 standards.

“...the results indicate improvement in person-centered services since the last progress evaluation in 1998.”

Nevada outcome and support scores on the 25 interview questions can be compared to the national average. Table 2 shows the percentage of services meeting the standards for outcomes and supports for Nevada, 1996–1998 and 1999–2000, and the national sample. The last three rows of the table provide overall outcome and support percentage averages, Nevada standards below the national sample, and Nevada standards at or above the national sample. The scores on the interview questions are related to accreditation levels set by The Council. During the first three years of the project, 1996–1998, Nevada percentages in several of the standards were similar to those found in the national average. However, the percentages of only seven standards in outcomes and ten in supports were at or above the national average (data from 1996–1998 use only 24 of the 25 current standards). By comparison, data from the last two years of the project, 1999–2000 show increases in the percentages of standards met, with 16 outcomes and 21 supports at or above the national sample.

From these results, there are two important findings. First, the results indicate that Nevada is currently performing higher overall than a national sample. The Nevada data show that 68% of outcomes and 76% of support standards were met by those interviewed in years 1999 and 2000, compared to 65% of outcomes and 64% of supports in the sample. Second, the results indicate improvement in person-centered services since the last progress evaluation in 1998. The UAP project analysis staff believe overall that this is an indication of the improved quality of services being offered currently in Nevada. This is especially true considering the high standards of The Council.

Table 2 Comparison of Percentage of Interviews with Outcomes and Supports Present for Nevada, 1996–1998 and 1999–2000, and National Sample Data

Personal Outcome Measures Standards	Percent Outcomes			Percent Supports		
	Nevada		National	Nevada		National
	96-98 N=1281	99-00 N=852	Sample Data N=2544	96-98 N=1281	99-00 N=852	Sample Data N=2544
1	41	71	37	37	72	36
2	22	47	43	31	66	57
3	22	52	35	31	68	46.
4	54	72	69	50	81	63
5	74	89	86	67	90	72
6	79	85	83	73	92	80
7	55	79	82	58	83	82
8	73	90	88	75	93	90
9	45	85	86	48	88	73
10	77	58	76	79	70	80
11	20	24	29	25	36	36
12	72	62	83	77	71	85
13	45	77	65	48	84	67
14	44	30	30	46	30	28
15	65	67	58	62	73	55
16	72	86	72	75	91	74
17	11	32	42	12	37	44
18	61	80	82	61	83	82
19	58	55	69	70	87	89
20	81	81	89	83	84	82
21	26	73	30	39	81	29
22	--	91	39	-	94	38
23	71	75	71	81	87	72
24	92	83	86	95	95	89
25	82	52	86	90	59	86
Average Percentage	56	68	65	59	76	65
STANDARDS AT OR ABOVE NATIONAL SAMPLE	7	14	--	10	20	--
STANDARDS BELOW NATIONAL SAMPLE	17	11	--	14	5	--

Nevada Supports and the National Sample Data

The 1999–2000 data are distinguishable from the 1996–1998 data and the national sample data in several areas. While overall the data show improvement in standards in both outcomes and supports, there are also areas in supports that have either decreased from 5 to 16 percentage points or that have increased by as much as 30 percentage points. To understand why these differences appear, it is necessary to know something about the history and evolution of the standards and the changes in criteria required to determine their presence in each person's life.

Areas of Improvement

In this section, we discuss supports in which the percentages have shown increases. Seven standards from the 1999–2000 data were identified for the somewhat dramatic increases in percentages from the 1996–1998 data and/or being significantly higher than the National sample. Those standards are:

- 1. People choose personal goals.
- 2. People choose where and with whom to live.
- 3. People choose where to work.
- 4. People have intimate relationships
- 9. People decide when to share personal information
- 13. People interact with other members of the community.
- 21. People exercise rights.
- 22. People are treated fairly.

There are three factors supporting the higher percentages in the 1999–2000 standards of support, the first having to do with changed standards and the other two resulting from the impact of the project itself.

First, since 1997, *The Council* has twice expanded the criteria used to determine the presence of outcomes and supports. This expansion has led to consideration of more ways to achieve the presence of a standard. For example, standard number 4 addresses a person's close relationships with others. Prior to 1999 criteria for meeting this standard were determined to be met if the person had a close personal relationship with another person outside of his or her family. Since changes in 1999, the definition of intimate relationships has been expanded to include spiritual relationships, family relationships, and understanding of each person's individual needs for intimacy. We believe this expanded criterion has resulted in an increased percentage of individuals for whom this standard is now met through the supports provided to them.

Second, the individual outcomes project is dynamic in that it prompts staff, systems, and individuals to develop the knowledge and skills needed to actualize support and achieve personal outcomes. A second explanation for the increased percentages is believed to result from the effects of conducting interviews for this project since 1995. As a result of this project, service coordinators now receive feedback that we believe has led to better follow-up and support to individuals and greater attempts to understand each person's choices and levels of satisfaction.

The third explanation that supports the higher percentages is believed to result from a significant change in the type and quality of feedback and satisfaction provided after each interview. Prior to 1999, the Personal Outcomes Project provided information to the regional centers and service coordinators that indicated only determination of the presence or absence of an outcome or support. Beginning in 1999, the project began providing qualifying information that led to the determination for each standard. For example, each time an interview is completed and determination of outcomes and supports are made, the interviewer checks whether outcomes and supports are present and then provides qualifying notes that support the reason for the determination. If the standard in individual support is not achieved—for example, in standard 2 (people choose where and with whom they live), a short sentence or two would describe the supports that were missing, that prevented achievement of that standard (e.g., "he told me he would like to live with fewer people" and "service coordinator indicates knowledge of interest in change, but providers want him to remain in this setting").

Areas for Further Improvement

“...the results indicate improvement in person-centered services since the evaluation of progress in 1998.”

The Nevada 1999–2000 data indicate that four standards of support fall below the national sample data and/or below the Nevada 1996–1998 data percentages. Those standards are:

- 10. People use their environments.
- 12. People participate in the life of the community.
- 14. People perform different social roles.
- 25. People experience continuity and security.

We believe these lower percentages in standards for 1999–2000 reflect greater challenges to support staff to meet required expanded criteria before a support is determined present.

Prior to 1999, the criteria for standard number 10 (people use their environments) did not include personal access to medication in the determination of outcome or supports. In 1999, determination of the presence of outcome and support for use of environment was expanded to include personal access to medication, either on his or her own or through assistance. This change in criteria resulted in fewer determinations of this standard's presence. Federal regulations and Nevada state law restrict access to medications for persons living in intermediate care facilities and intensive supported living arrangements.

The range and variety of a person's participation in the life of the community for standard 12 have not changed since 1998. However, beginning in 1999 a person's satisfaction with his or her participation in the community as well as preferences or choices are now used in the determination of outcomes and supports. This change in satisfaction, preferences, and choices of the individual is what we believe is responsible for the decrease. As we move to person-centered services, we are becoming more aware that participation in the community means many different things to many different people. Supporting and operationalizing persons' preferences and choices and determining satisfaction will also lead to improved outcomes.

Standard 14 (people perform social roles) is very difficult to achieve. The criteria for determination of social role includes a variety of roles that are meaningful to the person, recognized by members of the community, and the organization's knowledge of and support of the person's interests. In addition, the support is only determined present if the person is acknowledged and recognized by others in the particular social role and assumes responsibility in the role (e.g., church member, coach, greeter, etc.). The specific criteria for this outcome were further clarified in the new version of the personal outcome measures, and this may have resulted in increased awareness of the importance of community recognition on the importance of social roles by interviewers and trainers. This change resulted in a large decrease in supports percentages. Again, it may be instructive to note that the National Sample Data are similar to the data for Nevada, reflecting the difficulty in achieving this standard.

The criteria for standard 25 (people experience continuity and security) has also changed significantly in the last three years. Prior to 1999, this standard included stability in residence and work environments, non-disruptive transitions, and the personal and environmental safety of the person. In 1999, criteria to determine

the presence of both outcomes and supports was expanded to include economic security, insurance of home and personal belongings, continuation of care plans in the event of guardian’s advancing age or death, retirement, and will.

Percentage of Standards Met: Results by Year

As of August 2000, 2,066 interviews have been conducted statewide, with 394 conducted in FY 1996, 491 in FY 1997, 329 in FY 1998, 360 in FY 1999, and 492 in FY 2000. The results of the interviews for each year are presented in Table 3, with average percentages of individual outcome and support standards present each year, and with overall averages of outcomes and supports each year calculated at the bottom of each column. An examination of the data shows, for the most part, a steady, increase in both outcomes and supports met, over the five years, indicating improvement in person-centered quality services. Overall averages of percentages at the bottom of each column also show a steady increase in both outcomes and supports, beginning at 55% and 56% respectively in 1996 and reaching 69% and 77% in 2000. These trends indicate that, overall, Nevada has made progress over the five years of the project as measured by the improving outcome and support percentages.

“These trends show that overall, Nevada has made progress over the five years of the project as measured by the improved outcome and support percentages.”

Figure 3 provides a visual representation of the average number of outcomes and supports for each of the five years of the project.

Figure 3 Average Number of Outcomes and Supports Present for Five—Year Period (1996–2000)

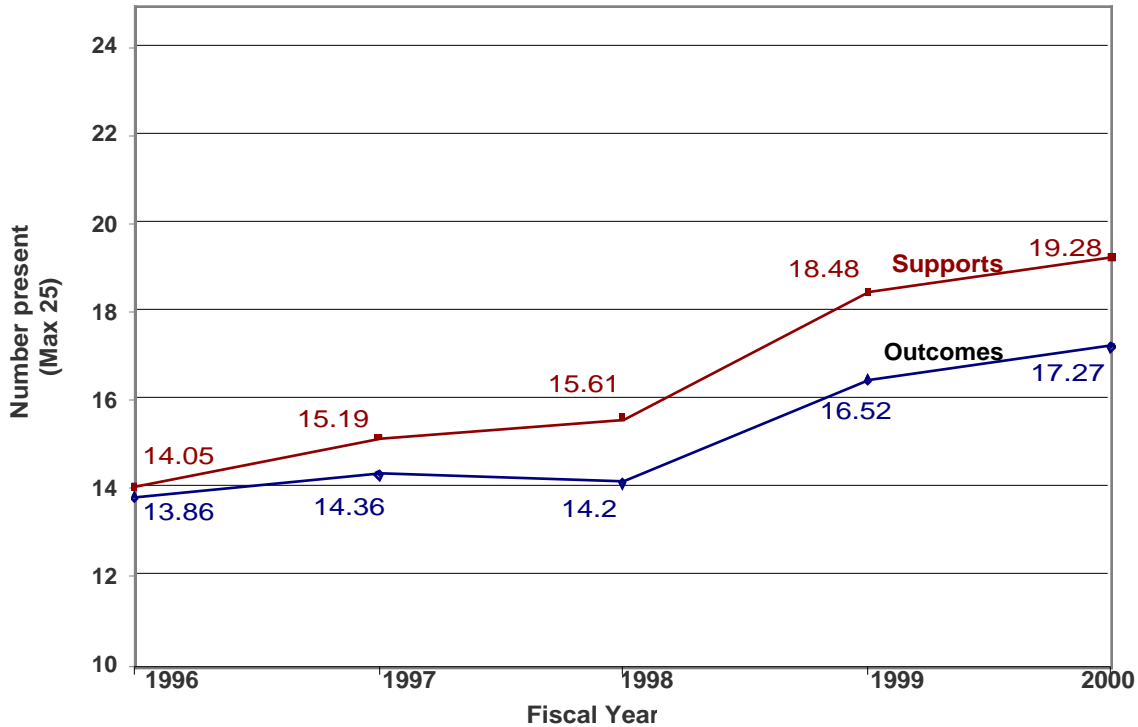


Table 3 Percentage of Interviews with Outcomes and Supports Present by Year

PERCENTAGE PERSONAL OUTCOME MEASURES	FY 96		FY 97		FY 98		FY 99		FY 00	
	N=394		N= 491		N= 329		N= 360		N= 492	
	O	S	O	S	O	S	O	S	O	S
1. People choose personal goals.	44	39	40	38	37	35	62	60	77	82
2. People choose where and with whom they live.	22	28	22	30	22	35	41	64	52	68
3. People choose where they work.	22	28	22	30	22	35	42	61	59	74
4. People have intimate relationships.	40	37	57	55	66	57	68	76	75	85
5. People are satisfied with services.	67	61	76	66	81	76	89	89	90	91
6. People are satisfied with their personal life.	80	67	77	74	82	79	80	89	89	95
7. People choose their daily routine.	47	52	52	55	67	69	75	79	82	86
8. People have time, space and opportunity for privacy.	66	65	73	73	84	88	91	95	89	93
9. People decide when to share personal information.	38	38	45	47	55	60	87	90	84	86
10. People use their environments.	78	79	75	77	79	82	70	73	49	68
11. People live in integrated environments.	17	25	24	29	16	21	26	42	23	31
12. People participate in the life of the community.	71	72	76	80	67	79	59	66	64	74
13. People interact with other members of the community.	38	38	45	47	55	60	73	79	80	87
14. People perform different social roles.	53	53	51	55	23	23	32	27	29	32
15. People have friends.	69	59	69	67	56	59	64	69	69	77
16. People are respected.	70	72	71	74	74	79	83	88	88	93
17. People choose services.	9	10	9	10	16	18	34	41	30	34
18. People realize personal goals	55	56	66	67	59	59	76	78	83	86
19. People remain connected to natural support networks.	64	71	58	70	52	69	54	86	55	87
20. People are safe.	79	80	89	90	74	76	78	81	84	86
21. People exercise rights.	28	31	24	36	26	54	68	76	76	85
22. People are treated fairly.	78	81	69	81	68	81	91	93	91	94
23. People have the best possible health.	78	81	69	81	68	81	73	86	78	87
24. People are free from abuse and neglect.	90	92	93	96	95	95	81	94	84	96
25. People experience continuity and security.	81	89	84	91	78	87	57	67	48	52
OVERALL PERCENTAGE AVERAGES	Outcomes	55		57		57		66		69
	Supports		56		61		62		74	77

Progress of Outcomes and Supports over Time

The average number of standards achieved for individuals in both outcomes and supports was calculated and is presented in Table 4. All data are reported using the 25 standards (1997). The results show a fairly steady improvement in standards attained in both outcomes and supports. In fact, the yearly averages indicate that, as supports are improved, outcomes follow. The variability (standard deviation) attained over the five years shows an overall decrease in both outcomes (5.34 in 1996 to 4.14 in 2000) and supports (5.50 in 1996 to 4.10 in 2000), indicating scores clustering closer to the average. Finally, the changes from year to year indicate continued gains in person-centered services and supports. These trends signify Nevada has made significant progress over the five years as measured by the cumulative average outcome and support scores.

Figure 3 provides a visual representation of the average number of outcomes and supports for each of the five years of the project.

Progress for Individuals over Time

To assess the trends for individual persons across multiple interviews, the averages, variability (standard deviation), and differences were calculated for the total number of standards passed for a group of persons who completed up to five interviews. Results are displayed in Table 4. Results of calculations again indicate gains in standards in both outcomes and supports, with the exception of the third interview. Variability (standard deviation) of averages also decreased in both outcomes (5.17 in 1996 to 3.41 in 2000) and supports (5.45 in 1996 to 3.47 in 2000). The changes from year to year, with a single exception, indicate continued quality improvement in services and supports. These trends signify the positive progress of the project over the five years.

Table 4 Average Number of Standards Met by Interview (1996-2000)

		1 st	2 nd	3 rd	4 th	5 th
Outcome	Average	14.91	15.52	15.31	16.03	17.21
	SD	5.17	4.87	3.82	3.86	3.41
	Change	---	.61	-.21	.72	1.18
Support	Average	15.80	16.74	17.37	17.68	18.51
	SD	5.45	5.32	4.22	4.05	3.47
	Change	--	.94	.63	.31	.83

Conclusions and Recommendations

The analyses of 2,066 interviews conducted over five years, using the Personal Outcome Measures (1997), indicate a pattern of change and improvement. From 1996 to 1997, 1,214 interviews were completed and from 1999 to 2000, 852 interviews were completed. A comparison of average percent of standards achieved (for outcomes and supports) during these two time periods with a national sample shows moderate improvement in outcomes (22%) and considerable improvement in supports (67%) over time. Additionally, analyses of change over each year of the project show increases over time in 21 of the 25 standards in both outcomes and supports. These results are impressive and indicate Developmental Services' overall responsiveness to evaluative information. The results support the view that Developmental Services is providing more person-focused planning, supports, and services.

The standard set by The Council on Quality and Leadership in Supports for People with Disabilities (The Council) is high. The national sample used for comparison is the result of over 2,000 interviews conducted by The Council for agencies seeking accreditation. These programs are typically perceived as more innovative and progressive in planning and practices. For the state to exceed national sample averages in several of the standards is a testament to Developmental Services' improvement efforts.

Four outcome and support standards have demonstrated a decrease in the past two years. These areas are identified as areas to target for improvement in the next two years of the project.

#10—People Use Their Environments. The cause of the decrease is not directly evident. However, it may be affected by the greater numbers of people with severe disabilities and challenging behaviors now participating in the community and their restricted access to possessions, medications, money, and transportation. Increasing ways to positively support people with challenging behaviors and teach new skills in community settings takes time and effort and needs to be an on-going priority.

#12—People Participate in the Life of the Community. Many individuals indicate they would like greater access to and participation in their communities. However, limitations on transportation, infrequent or limited opportunities, and practices that emphasize group activities rather than focus on the preferences and desires of individuals are barriers to the presence of outcomes and supports for this standard.

#14—People Perform Different Social Roles. In order for this outcome to be present, an individual must know of a variety of social roles, ways to become involved, and be satisfied with the roles in which they are involved. For the support to be present, the staff or organization supporting the person must be aware of the individual's interests and provide opportunities for him or her to become involved in roles valued by the community.

#25—People have Continuity and Security. This standard had the greatest decline in both outcomes and supports in the past two years. The criteria for this standard changed for the 1997 standards, which were implemented for interviews conducted beginning August 1998. This standard includes economic

security, insurance of home and personal belongings, staff stability, continuation of supports in the event of an individual's or their guardian's advancing age and/or retirement, and will and will-making. Recent rapid growth in Nevada has also influenced the presence or absence of this standard.

In addition to addressing the four standards targeted above, it is important to outline a plan for continued improvement in efforts to provide more person-directed planning, supports, and services. The following recommendations are proposed in three general areas for continued improvement:

Focus on the Individual:

- There is a need to continue to work toward more person-centered planning in developing individualized goals, supports and services. Use of the individualized outcome information has already enhanced this process. Goals and supports that address individual preferences by use of the interview information provide a planning process to continue to support personally defined outcomes for people with disabilities in Nevada.
- Greater and more diverse options need to be identified and supported to provide increased access to environments used by the general population. For people with disabilities to achieve outcomes related to participation in the community, community-based options and supports and services that result in integration into community life need to be developed and enhanced.
- Project, regional center, and provider staff need to continue to explore ways to obtain information from people with disabilities that accurately reflects their experiences and preferences. When this occurs, determinations of the presence or absence of personal outcomes and individualized supports continues to be a valid and reliable measure of service effectiveness and quality.

Developing Skills and Knowledge:

- Additional training should be provided to staff associated with individuals receiving services through Developmental Services. At regional centers and provider agencies, training in how to support personal outcomes is critical. Providing person-focused services requires a shift in service definition and delivery from program-driven models of the past. Supporting people to have contact with available options is critical to enhanced decision-making and choice. Training is needed to assure that service agencies support increased community experiences, solicit information from service recipients, and respond to individual preferences.
 - Training for families and guardians is needed so that natural support networks for personal outcomes can be enhanced.
 - A major concern for provider staff is the turn-over problem. Ongoing training for them may help address one aspect of high turnover by
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encouraging staff to remain in the field through continuing education and job advancement.

- For individuals who receive services, training is also needed in choice making, rights, self-advocacy, and self-determination.

Personal Outcome Information:

- The UAP database on outcomes and supports should be used to provide detailed feedback to service coordinators, providers, and management as part of each regional center's ongoing quality enhancement process.
- Developmental Services should continue to monitor the selection system used to identify individuals to be interviewed each year. Use of a continuously varied and representative sample that assures a balance of both new and repeat interviews allows for greater generality and validity of aggregate findings.

