

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 CONSENT DECREE COMPLIANCE
REPORT PERIOD: JANUARY 25, 2017 - JULY 20, 2017

Issued: July 26, 2017

This report reviews the State of Rhode Island's progress on meeting the terms and conditions of the Consent Decree *U.S. v. State of Rhode Island*, Case No. CA 114-175 during the period January 1, 2017 through July 20, 2017. Focus is placed on the efforts made by the State to implement the recommendations included in the Consent Decree Compliance Report issued on January 25, 2017 and the Addendum to the Consent Decree Report issued on February 10, 2017. This review provides an assessment of the State's progress on meeting Consent Decree requirements relative to five key programmatic areas that will be discussed during the status conference on July 28, 2017.

The level of activity that has occurred during the past few months has been significant. A partial summary of the reports that were issued and descriptions of activities that took place is provided in Attachment 1. During this reporting period DDD, led by a new director who assumed her position in January, took steps to increase the number of personnel in key operational areas within the division. A Statewide Transition Coordinator was brought on in February, a Residential Coordinator in May and in April, four social casework positions were reassigned from the eligibility and the SIS unit to the social case work unit to respond to growing caseloads.

Report Organization.

In contrast to previous Compliance Reports this review is organized to reflect and provide information on the State's efforts to achieve and maintain compliance with requirements related to five central provisions of the Consent Decree. A sixth topical issue highlighting questions on the impact of the current budget impasse on the ability of the state to achieve compliance is also included:

- Supported Employment Placements. Achieving integrated supported employment placement goals and benchmarks, with particular emphasis on the Youth Exit Target Population (Sections IV[8][9] and Section V).

- Quality Improvement. Developing and implementing a statewide Quality Improvement Initiative to ensure supported employment services and placements and integrated day services and placements are developed in accordance with the Consent Decree (Section XV).
- Integrated Day Services. Developing and providing individualized integrated day services to members of the Consent Decree’s four Target Populations that allow people with disabilities to interact with individuals without disabilities to the fullest extent possible, consistent with the service characteristics included in the Consent Decree (Sections IV[9] and Section VI) .
- Career Development Planning. Implementing policies and procedures to ensure the provision of person-centered Career Development Planning for each individual in the Youth Exit, Sheltered Workshop, and Day Target Populations consistent with the requirements of the Consent Decree (Section VII)
- Building System Capacity. Developing and maintaining a sufficient provider capacity to deliver supported employment and integrated day services to the Consent Decree’s Target Populations.
- Funding. Questions regarding the impact of the state budget impasse on Consent Decree compliance also is included.

Findings

This report provides information on the extent to which Consent Decree requirements are being met and addressed in each of the areas identified above, reviewing progress that has been made, and recommending further actions that should be taken by the State to come into compliance.

I. Supported Employment Placements.

Achieving integrated supported employment placement goals and benchmarks, with particular emphasis on the Youth Exit Target Population (Sections IV[8][9] and Section V).

As of March 31, 2017, a total of 2,696 individuals are required to receive a supported employment placement under the

Table 1 Supported Employment Placements			
Target Population	Individuals Placed	Benchmark	% Benchmark
Youth Exit	160	497	32%
Sheltered Workshop	122	150	81%
Day Target	262	100	262%

Consent Decree. This number includes 658 individuals from the Sheltered Workshop Target Population, 1,541 members of the Day Target Population and 497 individuals from the Youth Exit target Population.¹ Table 1 shows the total number of individuals in each target population who have received a supported employment placement, the benchmark indicating the number

¹ See *Quarterly Status Report on Court Ordered Placements: January 1, 2017-March 31, 2017*. Issued July 19, 2017.

² See *Review of State’s Response to the Court Monitor’s January 25, 2017 Report on Consent Decree*

of individuals required to be placed by January 1, 2018 and the percentage of the benchmark that has been achieved by the State as of March 31, 2017.

Requirements Met.

A total of 262 individuals in the Day Target Population received a supported employment placement by March 31, 2017. This number far exceeds the Consent Decree requirement that integrated supported employment placements be provided to 100 individuals from this target population by January 1, 2018.

Progress Made.

The State continues to make progress on achieving placement goals for the Sheltered Workshop Target Population. By March 31, 2017, a total of 122 members of the Sheltered Workshop Target Population had received a supported employment placement (81% of the benchmark), Nine (9) additional individuals received supported employment placements during this quarter. Twenty-eight (28) more individuals will need to receive a supported employment placement in order for the State to reach the benchmark requirement of 150 placements for the Sheltered Workshop Target Population by January 1, 2018.

Progress on placing all 497 members of the Youth Exit Population has been slow. Twenty-five (25) individuals received supported employment placements during the quarter ending March 31, 2017 bringing the total number of placements for this target group to 160, 32% of the benchmark requiring that all individuals in the Youth Exit Population be placed by July 1, 2016.

In October 2016, DDD developed a plan to place the 151 members of the Youth Exit Population that had been identified on June 30, 2016. The plan was designed to ensure that each individual was offered a supported employment placement by June 30, 2017. An analysis of the current status of placements for the original 151 Youth Exit Population members prepared by DDD reveals that of this group, 40 individuals never applied for DDD or ORS services and 20 persons who were determined to be eligible did not engage or request support. Of the remaining 91 individuals, 46 received supported employment placements, one individual is employed by a provider agency, 34 persons are receiving supported employment services and 10 target population members are not currently engaged in services for a number of personal reasons. (See Attachment 2, Summary of Current Status of 151 Youth Exit Population Members). The State's goal of placing 151 members of the Youth Exit Population by June 30, 2017 was only partially met with 46 individuals in this cohort receiving employment by the target date. Discounting the 60 individuals who have not applied or expressed an interest in receiving services increases the placement rate from 30% to approximately 51%. It is recommended that the State contact any individuals who have not applied for DDD or ORS services or who has been determined to be eligible for State services to ensure that they are aware that supports are available to them.

The original plan to place the 151 individuals was developed in October-November 2016. Since that time additional members of the Youth Exit Population have been identified, increasing the number of individuals in this group to 497 on March 31, 2017. As noted in Table 1 above, by the end of March 2017 only 160 (32%), of the 497 members of the Youth Exit Target Population had received an integrated supported employment placement. Additional placements of individuals

from this Target Population occurred during the quarter ending June 30, 2017, but these numbers are not yet available. That said, even with these additions the overall placement numbers are still far below the Consent Decree's benchmark requirements for this population.

During the past six months DDD implemented the Person Centered Supported Employment Program (PCSEP) as a pilot project to test the effectiveness of incentives in a performance based contracting and payment system for supported employment services. DDD stressed the importance of targeting employment services to the Youth Exit Population in the application materials and during meetings with provider agencies. Twenty-two agencies are participating in the PCSEP initiative and are serving 388 individuals. New placements are being made but only 87 (22%) of individuals with IDD who are receiving supports under the pilot are members of the Youth Exit Population.

DDD and ORS have taken a number of steps to increase the placement rate among individuals in the Youth Exit Population and members of the other target populations as well. A six-month review of the PCSEP initiative was completed by DDD and discussed on June 2, 2017 in a joint meeting with provider agencies. The strategy session addressed the pace of job placements, program capacity, client referrals and enrollment, fiscal issues, program management and the challenges of supporting individuals who receive services from multiple providers. Additional crosscutting issues were discussed with providers, identifying strategies to improve the number of placements, staff training, funding and actions or inputs that are associated with successful outcomes. DDD has held additional meetings with IDD provider agencies to address operational issues that are reported to be impeding the ability of the organizations to meet their placement goals.

DDD also developed and implemented a plan for increasing the number of hours worked by all individuals in the Consent Decree's four target populations. The plan seeks to improve data collection, staff training, collaboration with service providers on this issue and remove barriers inhibiting individuals from working longer hours.

Actions Needed to Meet Consent Decree Requirements.

It is recommended that DDD and ORS collaborate on the development of a plan to ensure the placement of the remaining Youth Exit Population members within a reasonable timeframe. The plan should be submitted to the Monitor by August 31, 2017. Placement progress updates should be submitted to the Monitor quarterly as a part of the DDD's Quarterly Consent Decree Data Report.

II. Quality Improvement

Section XV of the Consent Decree requires the State to develop and implement a Quality Improvement Initiative by November 1, 2014. An assessment of the State's progress on meeting this provision was completed by the Monitor with the assistance of an expert reviewer and is summarized in the Addendum to the Report on Consent Decree Compliance issued on February 10, 2017. The State (DDD and ORS) was requested to take steps to address each of the recommendations that were made and to report progress to the Monitor on a quarterly basis. The expert reviewer provided a second follow-up review to document the progress that the

State made since the first assessment in January 2017. The final report was completed and provided to the Monitor on July 19, 2017 (see Attachment 3).

Requirements Met.

The Consent Decree Compliance Report issued on January 25, 2017 noted that RIDE was found to be implementing policies and practices that met most of the requirements of this section for transition age individuals receiving educational services.

Progress Made

In consultation with the Monitor and the expert reviewer, the DDD Director, Consent Decree Coordinator and staff from DDD, BHDDH and EOHHS conducted a self-evaluation of the State's efforts to meet the recommendations of the report issued on January 17, 2017. The self-evaluation summarizes the State's progress across five quality improvement functions or domains: (a) alignment and integration of functions, (b) communication, (c) policy development, (d) data collection and analysis, and (e) performance monitoring. The self-assessment additionally reviewed the actions taken by BHDDH/DDD with respect to the development and implementation of interim and long-term strategies addressing quality improvement goals referenced in the aforementioned Compliance Reports.

A partial listing of Quality Improvement activities that have taken place to date include:

- The development of a plan for establishing an internal cross-divisional Quality Improvement Committee in September 2017 to guide DDD in its implementation of a comprehensive Quality Management and Improvement System (QMIS).
- The creation of a Quality Advisory Council, to be launched in September 2017, including external stakeholders to advise DDD on policies, priority indicators, facilitate communication, review data, and make recommendations for service improvement.
- The enhanced integration of activities with EOHHS through the assignment of a key staff person to DDD.
- The establishment of a work group under the leadership of Licensing Administrator and the Director of Developmental Disabilities to rewrite the current regulations with an implementation target of January 2018. The work group includes both internal and external stakeholders and has been meeting regularly since April 2017.
- A draft of the principles for integrated day supports has been circulated for review and comment.
- The expansion of on-site provider agency reviews jointly conducted by DDD and ORS. Three reviews have been completed using the ORS Quality Improvement Review Process. Three additional reviews are scheduled for completion by the end of the 2017 calendar year. DDD and ORS are working together to identify best practices to determine the most effective and efficient structure of employment models.

- Review of PCSEP provider agencies. The Director of Employment Supports meets with all PCSEP providers on a monthly basis to review rosters, staffing, referral, job placements, performance payments and case record. For the first time data is being submitted which enables DD to measure outcomes. Reviews of providers that are not participating in the PCSEP initiative occur on a quarterly basis.
- DDD completed the development of guidance and standards for integrated day services by June 30, 2017 and disseminated the guidance through the provider network as required by the Court's Order of Compliance dated 6/23/17.
- Data improvements. DDD is evaluating the quality and reliability of data in an effort to streamline, consolidate and simplify the data collection process. DDD is also evaluating how data is used internally and externally and how to improve the sharing of information with stakeholder groups.

Actions Needed to Meet Consent Decree Requirements

The recently completed expert review of the State's quality improvement system for individuals with IDD (attached) includes a number of recommendations that should receive the State's full consideration. DDD is requested to review the Consultant's report and prioritize the following recommendations for implementation.

- Using the Quality Management System Self Evaluation as a base, develop an operational work plan that outlines the broad goals and specific tasks to be accomplished as well as the persons responsible, timelines and a schedule by which time DDD will be in compliance with this provision.
- Prioritize the establishment of an integrated Quality Management Unit with clear roles and responsibilities for QMIS functions.
- Ensure draft and proposed regulations and standards support the development and delivery of integrated supported employment services and placements and integrated day services and placements in accordance with the Consent Decree.
- Implement a provisional review process once interim standards are published and providers complete their self-evaluations. The process should include a review timeline and schedule that ensures each supported employment and day service provider receive a quality review within two to three years.
- Work with EOHHS and ORS) to secure the additional personnel resources necessary to implement a fully functioning quality management and improvement process, consistent with Consent Decree requirements.

III. Integrated Day Services

Information on the number of Target Population members who receive integrated day services, as well as on the nature and amount of day services received, is available from the quarterly Sherlock Survey of service providers. Data reported for the calendar quarter ending March 31,

2017 suggests that approximately 2,020 individuals engaged in integrated day services during some portion of their week. More people participate in integrated day services than in any other support option funded by DDD, averaging approximately 10 hours per week per person.

The Consent Decree recognizes the pivotal role that person-centered planning and person-centered practices play in the development and delivery of individualized integrated day services. The importance of person-centered planning, service design and resource allocation was underscored during a review of integrated day services in November 2016 and reflected in recommendations included in the Addendum to the Consent Decree Compliance Report issued February 10, 2017. This report offered five recommendations requesting the State to improve person-centered planning and service delivery through: (a) support of self-direction, (b) improvements in staff training, oversight and program standards, (c) a review and modification if necessary of current resource methodologies, (d) the development of a clear linkage between person-centered planning and resource allocation, and (e) the implementation of recommendations a - d above with individuals participating in the State's PCSEP program.

Requirements Met

DDD is not yet in compliance with Consent Decree Section VI (B)(1-6) Integrated day services and characteristics.

Progress Made

Consistent with the recommendations included in the Addendum to the Consent Decree Compliance Report, DDD has focused on the development of person-centered planning and service delivery as the basis for the improvement of integrated day services for the Target Populations. Progress has been made in the following areas:

- DDD and ORS are collaborating with providers, advocacy groups and others in a comprehensive effort to establish person-centered planning and service delivery as "the primary driver of the State services system." Additional input has been and continues to be received from individuals with disabilities, families and from the Employment First Task Force.
- Person-centered practices are included as the foundation for the principles and standards that are being developed by DDD through division's Regulatory Reform for Licensed DDO initiative, which was launched in April with full stakeholder engagement.
- DDD expanded its contract with the Sherlock Center to provide statewide training and technical assistance from national experts on person-centered thinking, self-determination, community mapping and engagement.
- ORS in partnership with Salve Regina University is providing technical assistance to six DD providers not part of the Workshop Conversion Institute. The technical assistance covers, among other topics, person centered job development and placement strategies and goal planning, business relationships, internal team building, vocational assessments, changing business models, and utilization of staff resources.

- DDD, in collaboration with the Sherlock Center, has sponsored 9 statewide forums reaching over 200 people to engage the community in the redesign of case management supports with the goal of instituting person-centered practices at all levels of service delivery. Six additional forums are scheduled in July with families using peer- to- peer facilitation. One Forum for DDD social caseworkers is scheduled to be held during the summer.
- The Sherlock Center is offering a three-credit course from Rhode Island College to develop and pilot the training materials for conflict-free facilitators and case managers. This course provides an overview of research and evidence-driven strategies that are important in implementing person-centered thinking. Over 60 provider staff are enrolled.
- Advocates in Action is leading a Person-Centered Practice series to support consumer education.
- DDD is reviewing person-centered planning that has been completed for participants of the PCSEP initiative.
- DDD is improving monitoring and oversight of person-centered practices by social caseworkers. Four social caseworker positions were reassigned in April, reducing caseloads from 200 to 152 individuals per caseworker.

Actions Needed to Meet Consent Decree Requirements

The State has expanded training and support for person-centered practices. DDD reports that it is seeking budget authority during FY2018 to shift funding from a standard tier-based model to a tier-based total allocation that can be used by consumers with greater flexibility to access desired services and supports. This is a positive move but additional steps need to be taken to map out a process for ensuring that funding supports integrated person-centered day services that meet the characteristics and requirements outlined in the Consent Decree. The State has partially responded to the recommendation included in the Addendum Report that DDD implement person-centered integrated day services with all individuals participating in the State's PCSEP program.

It is recommended that DDD work with providers to facilitate the development of person-centered integrated day services for all individuals in the PCSEP program consistent with the previous recommendation and update the Monitor on progress in this area in the next quarterly report.

IV. Career Development Planning and Benefits Planning

Person-centered Career Development Planning (CDP) is required to be provided to each member of Youth Exit, Sheltered Workshop, and Day Target Populations consistent with the requirements of the Consent Decree (Section VII) and the Youth Transition Target Population (Section VI(II)). The State's progress on meeting CDP requirements is largely described above in the discussion of integrated day services.

Requirements Met

DDD has not yet met the Consent Decree requirements for person-centered career development planning.

Progress Made (see also Integrated Day Services above)

- RIDE identified improvements in data collection and the oversight of career development planning (CDP) activities to ensure Youth Transition Target Population members receive individualized CDPs as required by the Consent Decree. ORS agreed to improve its current tracking system to ensure implementation and coordination of career development planning between ORS and the LEAs.

- The number of individuals with CDPs grew from 1,983 on December 31, 2016 to 2,290 on March 31, 2017, an increase of 307

Target Population	Individuals w CDP	Benchmark	% Benchmark
Youth Transition	450	707	64%
Youth Exit	329	497	66%
Sheltered Work	454	718	63%
Day Target	1,057	1,699	62%

individuals. Although progress has been made, the percentage of target population members with CDPs continues to fall below the required benchmarks across each target population averaging 63% for the four groups combined.

- DDD and the Sherlock Center are engaging stakeholders in a redesign effort separating case management from service provision with a focus on person-centered planning. DDD and Sherlock are hosting statewide forums to facilitate discussion to understand the current strengths and areas of need in ensuring a person-centered system.
- DDD is collaborating with provider agencies and the Sherlock Center to transition to a conflict free case management design with a unified approach that will build on the commitment and experience of developmental disability organizations in person-centered planning. Focus is on developing a single person-centered format that includes the elements of career development planning.

- The number of target population members with Benefits Plans (Table 3) should be roughly equal to the

Target Population	Individuals w/ BPs	Benchmark	% Benchmark
Youth Exit	120	160	75%
Sheltered Work	92	122	75%
Day Target	153	262	58%

number of individuals who are employed. A total of 367 target population members were reported to have benefits plans in place on March 31, 2017. This represents an increase of 50 individuals over the previous reporting quarter and approximately 67% of the benchmark requirement. It is important to note that these numbers do not include individuals who have refused Benefits Counseling. It is requested that this group be added to future data summaries.

- The State identified individuals from each Consent Decree Target Group who are not receiving benefits planning services as of February 28, 2017 and described the steps that it intends to take to fully address the needs of each Target Group member for this service.

Actions Needed to Meet Consent Decree Requirements.

A great deal of effort is being devoted to the development and implement of an effective person centered career development planning system. As noted above, DDD improved training and guidance furnished to DD provider agencies on person-centered career development planning by expanding the resources available in the State's current contract with the Sherlock Center. DDD additionally agreed to: (a) ensure that all members of each target group received a person-centered career development plan that meets the quality and content requirements outlined in the Consent Decree by September 30, 2017; (b) furnish all provider agencies with lists of their Target Population members who do not yet have a CDP by March 20, 2017 (this has been accomplished), and require that CDPs be submitted to DDD by September 30, 2017; (c) reach out to self-directing individuals who do not have a CDP to ensure the plans are completed by September 30, 2017; and (d) provide Quality Reports to the Monitor on the number of CDPs in each target population, a summary of outreach, guidance, and training activities, and feedback from providers regarding any challenges in completing CDPs for the individuals that they serve.²

V. Provider Capacity.

Developing and maintaining a sufficient provider capacity to deliver supported employment and integrated day services to the Consent Decree's Target Populations Section XI). DDD submitted a Plan for Addressing Provider Capacity on April 15, 2017 that was prepared in response to the Report on Consent Decree Compliance issued on January 25, 2017. The Division issued a progress report covering the period January 1, 2017 through June 30, 2017 on July 19, 2017. The report summarized activities related to four recommendations made by the State to improve capacity: (a) improve the understanding of what and where capacity is needed, (b) provide a vision for what the IDD system of supports should be in terms of person-centeredness, integration, and community-based supports, (c) determine what providers need to develop capacity and transition to fully integrated, community-based services, and (d) address institutional barriers within DDD that affect both provider capacity and consumer access to supports.

Requirements Met

DDD and ORS have demonstrated clear progress in the development of provider capacity but have not yet fully met the requirements of this provision.

Progress Made

² See *Review of State's Response to the Court Monitor's January 25, 2017 Report on Consent Decree Compliance* Issued April 18, 2017. ECF Document 60, Filed with the Court on 4/19/17.

- DDD and ORS developed and are implementing prequalification requirements as described in the State's Competency Based Values Based Training program (Section XI.[3]).
- DDD and ORS have met with providers, private businesses and state agencies to promote supported employment placements in public agencies and private industry. Meetings have been held with Access Point, CVS, Home Depot, Real Jobs RI and the State Department of Labor and Training to promote the hiring of people with disabilities and the development of job opportunities.
- DDD developed incentives to support providers of sheltered workshop and facility based employment services transition to integrated supported employment service alternatives.
- The State established and continues to support the Sheltered Workshop Conversion Institute to provide training, support and technical assistance to provider agencies converting segregated services to integrated community based support models.
- The State established a Sheltered Workshop Conversion Trust Fund to provide financial support to 9 sheltered workshop providers to transition their service delivery systems to integrated community based supported employment and day services. One of the 9 provider agencies successfully closed its sheltered workshop and transitioned to integrated day services effective June 30, 2017.
- DDD prepared and submitted a Comprehensive Plan for Addressing Provider Capacity. The Plan includes a Provider Capacity Report and Referral Tracker that is to be completed on a monthly basis by each provider describing the organization's current capacity to accept new referrals in each program area. The Plan additionally includes recommendations and next steps for improving access to services by eligible individuals with IDD in need of support.
- Discussions on provider capacity issues including causes, challenges, and solutions are taking place on an ongoing basis with the Person-Centered Supported Employment Performance Program (PCSEP) agencies, Community Provider Network of Rhode Island (CPNRI), advocates and stakeholders.
- Information on providers' experiences with the transition to fully integrated, community-based service alternatives is gathered and discussed on an ongoing basis during monthly meetings of the agencies participating in the PCSEP program.
- DDD and ORS are assessing funding, payment methodologies, staffing, and alternative provider business models used in other states that can be used to further support the development of capacity within the IDD provider system.

Actions Needed to Meet Consent Decree Requirements

The State has increased funding for IDD services. DDD and ORS are piloting new performance based funding strategies to better support and build the capacity of IDD services in Rhode

Island. The two state agencies have sought to improve access to services by increasing funding and staff training requirements. DDD's Comprehensive Plan for Addressing Provider Capacity provides a detailed analysis of the capacity of each provider agency including the current status, reasons for service refusal or delay, the length of service delays that have taken place and recommendations for improving access for services. The Comprehensive Plan provides a good baseline against which to measure progress and change, but no report has been provided to the Monitor documenting any changes that have taken place since the data were gathered in April.

- DDD is requested to provide an update and analysis of the provider and consumer data reported in the charts included in the Comprehensive Plan covering the six-month period from April 15, 2017 to October 15, 2017. The report should be submitted to the Monitor not later than December 1, 2017.

VI. Funding: Assessing the Impact of the State Budget Impasse on Consent Decree Compliance

The State of Rhode Island has been without a state budget since July 4th. The State of Rhode Island has been without a state budget since July 1. Under R. I. Gen. Laws §35-3-19, the same amounts appropriated in the previous fiscal year shall be available for each department, therefore, the State continues to operate based on the previous year's budget.

While state officials continue to press forward on the Consent Decree's key system change objectives the impact of impasse on the ability of the State to successfully accomplish the wide range of systems change activities currently in process is unclear. Information is requested on the current status of the state budget and, more specifically, on the impact the State's current financial situation has on the following:

- The State's ability to reimburse IDD service providers on a timely basis without delay.
- The ability of contractors such as the Sherlock Center, Advocates in Action, the Rhode Island Parent Information Network and others to receive payments in full and without delay.
- The continued and uninterrupted employment of State employees.
- The ability of DDD to respond to providers' requests for funding adjustments for individuals currently receiving supports.
- Any other activities that may affect the ability of the State to continue its current progress on meeting Consent Decree requirements.

ATTACHMENT 1

Partial summary of Consent Decree related reports and activities

1/27/17	Consent Decree Compliance Report
2/10/17	Addendum to the Consent Decree Compliance Report
2/28/17	State Response to Consent Decree Compliance Report
3/6/17	Joint Filing in Advance of the March 10 2017 Status Conference
3/10/17	Status Conference before Honorable Judge John J. McConnell
4/18/17	Monitor's Review of the State's Response to the January 25th Compliance Report
6/2/17	PCSEP Strategy Meeting Six Month Review
6/13/17	Quarterly Status Report on Court Ordered Placements October 1, 2017-December 31, 2016
6/26/17	Division of Developmental Disabilities Quality Management System Self-Evaluation
7/10/17	Monitor's Meetings with key State agencies and Developmental Disabilities organizations to assess progress on Consent Decree Implementation attended by DOJ
7/19/17	Quarterly Status Report on Court Ordered Placements January 1, 2017-March 31, 2017
7/19/17	BHDDH and ORS First Quarterly Progress Report on recommendations included in the Addendum Report
7/18/17	Expert Reviewer's report on the State's implementation of its Quality Improvement Initiative completed
7/20/17	DDD and ORS Report on Provider Capacity January-June 2017

ATTACHMENT 2

Summary of Current Status of Original 151 Youth Exit

Original Youth Exit	Total	% of Total	Exit Year All Youth Exit		
			2013-2014	2014-2015	2015-2016
	151				
Never Applied to BHDDH/ORS	40	26%	22	18	
Closed to Services	18	12%	11	7	
Eligible, but has not engaged	2	1%	2		
Employed*	46	30%	19	26	1
Employed at Navy Base	1	1%	1		
Unemployed	44	29%	19	22	3

**8 worked with ORS only, never applied to BHDDH*

Unemployed Status	Total	% of Unemployed	Exit Year		
			2013-2014	2014-2015	2015-2016
	44				
Family Leave/Medical Stabilization ^{1,2}	6	14%	2	4	
Post secondary school ³	1	2%		1	
Has not started services yet ⁴	1	2%			1
Family opposed to working	1	2%	1		
Interested in self employment ⁵	1	2%		1	
Enrolled in PCSEP	14	32%	8	5	1
Employment Services, not PCSEP	20	45%	8	11	1

- ¹. Family leave: one woman with young children who does not want to work at this time.
- ². Medical stabilization: Providers are working with individuals to determine what they would like to do when they are ready for work, but the main focus now is on their health issues.
- ³. Post secondary school: one person is attending a post-secondary program.
- ⁴. Has not started services yet: the individual is just engaging in services; appointment with a provider is scheduled.
- ⁵. Self Employment: person is pursuing a self-employment idea.

ATTACHMENT 3

Report to Charles Moseley Court Monitor US District Court Rhode Island Consent Decree and Interim Settlement Agreement

Status of Rhode Island's Efforts to Implement Key Recommendations from the Consultant's Report Issued January 17, 2017 regarding the State's implementation of the quality Improvement Initiative

**Submitted by Gail Grossman, M.S.S.A
July 19, 2017**

Background and Purpose of Review

At the request of Dr. Charles Moseley, the Court Monitor, I was asked to report on the status of Rhode Island's efforts to implement key recommendations generated from my previous report issued January 17, 2017 regarding the State's implementation of a Quality Management and Improvement System required by Section XV of the Consent Decree and the Interim Settlement Agreement.

Specific activities included in the status review were as follows:

- A review and assessment of the actions taken by DDD, BHDDH and ORS to address the key findings and recommendations included in the review of quality improvement activities issued on January 17, 2017. The review included the State's self-evaluation of its progress.
- An in-depth review of previous findings and recommendations with key state staff addressing a) the structure and functioning of a quality improvement system, b) the development of standards against which services and service quality can be measured, c) changes in State policies, procedures and practices that are necessary to meet consent decree requirements, and d) State plans for implementing the QMIS activities
- A report to the Monitor summarizing the State's progress on meeting the recommendations included in the January 17th report and, where appropriate, additional recommendations

Methodology of Review

With the agreement of Charles Moseley, Kerri Zanchi and Diane Curran, staff of DDD, BHDDH and EOHHS conducted a self-evaluation of progress made in meeting the recommendations of the report issued on January 17, 2017. The self-evaluation process included a framework using five domains: 1) alignment and integration of functions, 2) communications, 3) policy development, 4) systemic data collection and analysis and 5) performance monitoring. The self-evaluation also included an assessment of BHDDH's

progress and areas of need for interim and long-term strategies consistent with the four components necessary for an effective QMIS identified in the January report.

Once completed, I reviewed the self-evaluation and participated in one meeting with Kerri Zanchi, and two meetings with key BHDDH, DDD and EOHHS staff to go over their findings and to expand upon information provided in the self-evaluation. The second meeting involved staff from ORS. What follows are my findings on current status, progress made towards implementing the recommendations and where appropriate, additional steps to be taken.

Status of Progress Made Towards Implementing Recommendations from January 17, 2017 Report

- I. The approach to quality improvement assures the services and supports are adequate and sufficient to achieve integration, increased independence and increase economic self-sufficiency**
 - a. Develop and implement a unified organizational structure
 - b. Set clear roles and responsibilities for quality improvement Unit/Staff
 - c. Build an effective communication system regarding QI activities
 - d. Establish clear expectations
 - e. Review QI approaches used by DD systems in other states

Findings

Actions Taken to Date:

It is important to note that my initial report was finalized on January 17, 2017. Since that time, there have been significant changes in key leadership positions within BHDDH and DDD, including the hiring of a new DD Director, Behavioral Health Director, Hospital Director, Consent Decree Coordinator and the appointment of the BHDDH Director. While these appointments present a unique opportunity to restructure the QMIS unit, it is premature to expect that the recommendations outlined in the January 17th report would be implemented as of this date.

That said, it is clear that significant planning is underway and that there is a commitment to change from staff on all levels of the state's organizational units. Many of the plans outlined in the self-evaluation completed by DDD lay the foundation for a successful restructuring of an effective QMIS unit. Steps taken to date include:

- 1) A plan for an internal cross-divisional Quality Improvement Committee to guide DDD in its implementation of a comprehensive QMIS system
- 2) The creation of a Quality Advisory Council to advise DDD on policies, priority indicators and review of data to make recommendations for service improvement.
- 3) Enhanced integration of activities with EOHHS through the assignment of a key staff person to DDD

- 4) The addition of a residential Coordinator, a statewide transition coordinator and the re-assignment of four social caseworkers to respond to growing caseloads.
- 5) Work on developing strategic department and divisional goals and performance management objectives

Progress Made:

While many initiatives are still in the planning stage, the importance of laying a solid foundation for change cannot be overstated. BHDDH and DD have enhanced interdivisional communication, have recognized the scope of what an effective QMIS system must include and most significantly, have reached out to individuals, families and providers in an effort to re-build bridges and trust. This is no easy task, since past relationships between BHDDH, DD and its external community were severely frayed. One cannot overestimate the time it takes to rebuild the trust that was lost nor the benefits that will be reaped in the future as a result of these re-building efforts. Therefore, while the number of specific outcomes as of this date are modest, the intangible benefits of the time that staff, including the new Director of the DD Division, are spending reaching out, talking as well as listening, is time well spent.

In addition, a concerted effort to increase communication within and across divisions within EOHHS, BHDDH and DDD has led to improved cooperation and collaboration in the interest of achieving important outcomes.

Work to be Completed:

The self-evaluation completed by BHDDH/DD staff outlines the following:

- 1) launching both the Quality Improvement Committee and the DDD Quality Advisory Council in September, 2017
- 2) future consideration of the need and feasibility of reorganization to develop one unit within BHDDH comprised of licensing, QI/ Investigations and Program Performance

Additional Recommendations:

- 1) While the development of a Quality Improvement Committee and a DDD Quality Advisory Council are both very important, given limited staff resources, I would recommend focusing on the internal committee first so that the QMIS functions can be clearly established. While the formation of a Quality Advisory Council is a very important component of an effective QMIS system, the membership, roles and responsibilities, and specific charge need to be clearly spelled out. DDD will need to distinguish between what the Council should be reviewing versus what policies/practices are more appropriately within the purview of DDD. In addition, the inclusion of self-advocates, which is very important, will require a significant amount of staff time to assist them to be more than just token members.

- 2) Since the internal committee is charged with the implementation of a comprehensive QMIS system, it will be critical to designate who or what entity has final approval over the revised structure. In addition, the specific timelines for making decisions regarding re-organization should be established and understood by all involved.
- 3) The self-evaluation references future consideration of the need and feasibility of reorganization. While communication between the different units within BHDDH and DDD have improved, this does not take the place of an integrated Quality Management Unit with a clear set of roles and responsibilities and a clear locus of responsibility for QMIS functions.
I think that there is no question that establishing an integrated Quality Management Unit is a foundational component of an effective QMIS system and should not be postponed indefinitely.
- 4) While it is apparent that there is a significant commitment to change, the staff available to implement change are stretched very thin. Serious consideration needs to be given to the need for additional staff resources if DDD and BHDDH are going to develop, manage and oversee a strong QMIS structure.

II. Existing licensing/quality improvement policies and practices performed by BHDDH/DDD and ORS address the requirements of Section XV of the Consent Decree

- a. Formalize the standards for services outline in Section V-VII
- b. Clarify the relationship of the licensure process to the Quality Review Process
- c. Integrate or more clearly define the connection between DDD and ORS Performance Based Contract/Payment Program
- d. Assure service definitions in the Medicaid 115 Demonstration Waiver Renewal reflect services that promote integration and employment and that the State Transition Plan assure compliance with the HCBS Community Rule
- e. Revise ISP and CDP processes to assure that they are conflict free
- f. Improve quality data reporting requirements and use

Findings

Actions Taken to Date:

- 1) BHDDH/DDD has prioritized the need to completely rewrite the current regulations. A work group under the leadership of the Licensing Administrator and the Director of Developmental Disabilities was formed which includes both internal and external stakeholders and has been meeting regularly.
- 2) DDD is developing and reviewing program standards for integrated day and employment supports.
- 3) The PCSEP program was launched with 22 providers participating

- 4) DDD and ORS are partnering in joint on-site reviews in order to expand the frequency of reviews. In addition, DDD and ORS are working together to identify best practices to determine the most effective and efficient structure of employment models.
- 5) DDD has contracted with the State Employment Leadership Network (SELN) to provide technical assistance in the implementation of effective employment models. ORS is also the recipient of technical assistance through the Workforce Innovation Technical Assistance Center with the goal of improving and increasing employment outcomes and increasing provider capacity.
- 6) Statewide forums have been held which will conclude in July regarding person centered planning and the need to have conflict free case management.
- 7) Planning is underway to strengthen the ISP/CDP processes. The Sherlock Center is currently offering a three-credit course to develop and pilot the training materials that will be used with conflict free facilitators and/or case managers.
- 8) DDD is working on evaluating the quality and reliability of data with an eye towards streamlining, consolidating and simplifying the data collection process. DDD is also evaluating how data is used internally and externally and how to improve the sharing of information with stakeholder groups.

Progress Made:

- 1) The workgroup developed to re-write the current regulations is well underway with a target date of implementation of January 2018. Participation by external stakeholders has been consistently strong which bodes well for the adoption and support of the revised regulations by individuals, families and providers.
- 2) Pending the promulgation of regulations, DDD is developing interim program standards so that providers are clear regarding to which standards they will be held. A draft of the principles for integrated day supports has been circulated for review and comment.
- 3) The Director of Employment Supports meets with all PCSEP providers on a monthly basis. The meetings provide the opportunity to review rosters, staffing, referral, job placements, performance payments and case record. For the first time data is being submitted which enables DD to measure outcomes. 396 consumers have been enrolled with 84 employment outcomes as of June, 2017. Providers are exceeding outcomes for minimum hours worked. Funds are being available to enable more providers to join PCSEP. It would also be very helpful for the Director of DDD to meet regularly with providers so that she can be aware of issues and concerns with respect to improving the outcomes for employment and integrated day programs .
- 4) To date, three on-site reviews have been conducted using the ORS Quality Improvement Review Process with three more scheduled to be completed by the end of the calendar year.
- 5) A supported employment data tracker was implemented to standardize data collection, reporting and monitoring

Work to be Completed:

- 1) A draft of the proposed regulations needs to be completed so that it can go out for broad review, comment and revision prior to final promulgation by January 2018.
- 2) Interim program standards for all services are being developed and are scheduled for completion by 7/30/17
- 3) Self-evaluation tools so will be developed so that providers can identify strengths as well as needed program changes
- 4) The Sherlock Center will work with providers in guiding process and offering technical assistance
- 5) Draft and release DDD Policies and certification standards
- 6) Identification of interim data sharing mechanisms

Additional Recommendations:

- 1) The proposed regulations will form the foundation for all that follows including whatever licensing/certification tool and process is designated as the primary system by which providers are evaluated. As currently envisioned, the regulations will begin with a set of overarching shared principles that apply to all services and supports and speak to the outcomes expected for individuals, e.g. maximizing independence, empowering individuals to have choice and control, person centered planning, and community integration. These should be followed by standards unique to specific service types. There are several working sub-groups which have been meeting regularly since April, 2017. Recognizing that regulatory drafting is a time intensive process, staff of DDD and BHDDH should consider preparing and circulating drafts now, if the September target date for completion of a draft is to be met.
- 2) It is important that any interim standards developed align with standards being developed in the draft regulations so as to minimize any confusion by providers, individuals and families regarding expectations for services and supports.
- 3) A number of different documents were referenced including draft regulations, interim program standards, PCSEP standards and DDD policies and certification standards. DDD should give serious thought to clarifying to which standards/processes DD providers will be held. The regulations should be the basis upon which all else follows, spelling out overarching principles as well as licensing/certification standards which apply to all services including those specific to discrete service types. A decision regarding what single process will be used to license/certify providers should be made so that providers are clear about expectations, areas needing service improvement and consequences for not meeting standards.
- 4) On-going technical assistance to providers is a critical component for effective systems change. The SELN is an effective tool for change but is targeted to State agencies. A more intensive process geared to providing hands on technical assistance to providers from recognized national experts should be explored.
- 5) It is important to ensure that draft and proposed regulations and standards address the Consent Decree requirement that quality improvement procedures

ensure that individual integrated supported employment services and placements and integrated day services and placements are developed in accordance with the Consent Decree.

III. Regular on-site reviews of the quality of services provided are being conducted, results of reviews are published, follow-up reviews are conducted to assure that appropriate action is taken when necessary

- a. Address the need for staff resources
- b. Unify existing procedures and processes
- c. Develop and implement quality indicators
- d. Establish a mechanism for assessing and improving the quality of non-work services
- e. Publish reports on the quality of supports and services provided

Findings

Actions Taken to Date:

- 1) Monthly on-site reviews of PCSEP providers and quarterly reviews on non-participating PCSEP providers are occurring.
- 2) ORS has completed three on-site reviews with three more scheduled to be completed by the end of the calendar year

Progress Made:

- 1) Resources committed to conduct monthly reviews of 22 PCSEP providers
- 2) Development of improved communication and collaboration around expectations as well as technical assistance to achieve standards
- 3) The stage has been set for development of quality indicators

Work to be Completed:

- 1) Development of interim program standards and quality indicators in advance of the promulgation of regulations
- 2) Coordination between licensing and program reviews needs to be established
- 3) Provider reports need to be published

Additional Recommendations:

- 1) As mentioned previously, a clear decision needs to be made regarding what will be used as the primary licensing/certification tool and process. Providers, families and individuals need to know what is expected and what quality indicators they will be held to. There should be one process that builds off of the standards/outcomes outlined in the revised regulations.

- 2) While it is very helpful for the Director of Employment supports to do monthly reviews of PCSEP providers, her efforts cannot take the place of a clear licensing/certification process.
- 3) Once interim standards are published and providers complete their self-evaluations, it is recommended that DDD implement an interim review process. While this process would not be the basis for a license or certification, it can provide a road map for providers with respect to areas that could benefit from service improvement efforts.
- 4) The relationship between ORS and PCSEP reviews needs to be clarified in order to promote alignment between the two processes. ORS has expressed its willingness to align its review process with whatever DDD develops. Given limited resources, it is likely that there will be a division of responsibilities for the conduct of reviews. That said, it is important that the standards and quality indicators be the same or very similar. At the current time, the ORS uses the CMS framework for its domains. As mentioned in the January 17, 2017 report, the domains need further definition and specificity and should be consistent with those developed by DDD.
- 5) An assessment of staff resources needed to conduct regularly scheduled reviews needs to occur as it is clear that there is currently insufficient staff to conduct timely reviews on an on-going basis.
- 6) Work should begin on the development of standards/quality indicators for community based non-work day programs and the process that will be used to evaluate. Technical assistance should be sought on models/standards for success in non-work day programs.
- 7) While the publishing of provider reports will be very important, publication of provider reports should be delayed until such time as the primary tool which will be used to license/certify providers is formally implemented. Unless everyone is clear about which tool/process will be used, it is understandable that providers may raise concerns about the dissemination of reports at this time.

IV. The assessment and improvement of quality in supported employment and day services is integrated with the assessment and improvement of other areas.

- a. Integrate the different evaluation processes
- b. Establish a mechanism or mechanisms to facilitate the review of quality data to achieve service improvement

Findings

Actions Taken to Date:

- 1) BHDDH has made progress towards stabilization and strengthening operations through actions noted in previous sections of this report.
- 2) DDS has resolved and enhanced its eligibility and SIS-A processes.
- 3) Key initiatives to build a solid QMIS foundation are underway

- 4) Revision of ISP process under development to capture the whole person and the services needed to meet his/her goals.

Progress Made:

- 1) Revision of current regulations underway which will pull together general principles which cut across all services and supports
- 2) Work underway to integrate ISP and CDPs.
- 3) New IT case management system being developed to integrate services and supports in all aspects of an individual's life

Work to be Completed:

- 1) Establishment of Quality Improvement Council to allow for both internal and external review of quality data

Additional Recommendations:

- 1) Consideration should be given to establishing an internal incident review committee that cuts across all services and supports. Currently, the process of review is limited to the QA/QI (investigations) unit. A cross unit committee would allow for the review of patterns and trends in incident occurrences and uncover areas for service improvement initiatives.
- 2) If not already in place, a statewide mortality review committee and process for review of deaths should be considered. In addition, an annual mortality report, preferably conducted by an independent entity, can be an important component of an effective QMIS.
- 3) While premature at this point in time, once there are clear standards for the ISP/PCP process and a conflict free case management system, a process/tool should be developed which evaluates the quality and content of the service plan.
- 4) Given all the initiatives mentioned in previous sections, a work plan should be developed that outlines goals, specific tasks, persons responsible, and timelines.

Respectfully submitted

Gail Grossman, M.S.S.A
July 19, 2017