



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

EFFECTIVE DATE

NUMBER

October 16, 1989

July 1, 1990

6000-89-01

SUBJECT:

**GUIDELINES FOR ENHANCING QUALITY AND
CONDUCTING DIRECT AND INDEPENDENT ASSESSMENT**

BY:


Steven M. Eldelman
Deputy Secretary for Mental Retardation

SCOPE:

County Commissioners
County Human Service Directors
County Mental Health/Mental Retardation Administrators
County Mental Retardation Coordinators
Presidents, County Mental Health/Mental Retardation Boards
Base Service Unit Directors
Community Residential Mental Retardation Facility Directors
Adult Day Care Center Directors
Vocational Facility Directors
Early Intervention Program Directors
Non-State Operated Intermediate Care Facility
for the Mentally Retarded Directors

PURPOSE:

The purpose of this Bulletin is to a) present a conceptual framework for designing, managing and evaluating services in order to enhance the quality of life for persons with mental retardation, b) to provide guidelines for implementing county procedures for enhancing quality, and, c) to describe procedures for direct and independent review of counties' quality enhancement processes.

BACKGROUND:

The Pennsylvania community mental retardation service delivery system is extremely diverse and highly decentralized. It is administered by 45 separate local government units in partnership with over 300 private agencies serving over 43,000 persons annually.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

APPROPRIATE REGIONAL MENTAL RETARDATION PROGRAM MANAGER

The 1966 Mental Health and Mental Retardation Act places responsibility to set and enforce standards with the Department of Public Welfare. Department of Public Welfare regulations establish minimum standards for the provision of various services, including: Community Residential Mental Retardation Facilities (55 Pa. Code CH. 6400); Intermediate Care Facilities for the Mentally Retarded (55 Pa. Code CH. 6401); Vocational Facilities (55 Pa. Code CH. 2390); Adult Day Care Centers (55 Pa. Code CH. 2380); Family Resource Services (55 Pa. Code CH. 6350); Specialized Day Care Services for Children with Disabilities (55 Pa. Code CH. 3300); and Procedural Safeguards for Children in Early Intervention Services (55 Pa. Code CH. 4225).

Though basic health, safety, and minimum program elements are maintained by enforcement of these requirements, it is commonly acknowledged that enforcement does not constitute the most effective method to enhance quality in community mental retardation programs. This bulletin presents a conceptual framework to combine with these requirements and to support and strengthen county-administered programs; encourage proactive (rather than reactive) change; and stimulate quality enhancement rather than enforcement activity.

The 1966 Mental Health and Mental Retardation Act also charges County Mental Health and Mental Retardation Administrators with the responsibility for planning and administering services for county residents. Private service agencies under contract with county government actually deliver the majority of community mental retardation services.

Advocates, consumers and their families have historically been instrumental in advocating for the establishment of new and expanded services and have been vigilant overseers of the provision of services. The vitality of Pennsylvania's community mental retardation service system depends upon the dynamic interaction between this partnership and an accepting community. The quality of services, therefore, is a product of the competence, initiative and ingenuity of these partners to design, manage, evaluate and hold one another accountable for achieving a high standard of service.

By designing and managing programs to address the elements of quality, we hope to break the cycle of dependency by maximizing opportunities for each person with mental retardation to fully participate in community life; maximize opportunities for people who are served or likely to be served to participate in the plan and design and evaluation of services; serve Pennsylvania's most vulnerable citizens by demonstrating a measurable, positive effect on their lives; and manage resources effectively. The highest quality of life can be achieved when persons with mental retardation and their families are given the same dignity as other citizens and are able to live in the community with natural supports rather than those of formalized service delivery systems. Though the achievement of many of these conditions is outside of the direct control of any one of the members of the partnership, each must strive to bring about the conditions that will promote their achievement.

This bulletin intends to support and encourage the development of quality enhancing processes within each county mental retardation unit. These processes are fluid and should always be adapting as a result of feedback from consumers and other members of the partnership. There will be an overlap of functions as full implementation is achieved, but this should serve to support the roles of each member of the partnership. All planning, design and management decisions should be an outgrowth of each county's quality enhancement process.

Pennsylvania's mental retardation service system is the product of the collective efforts of a large number of people over an extended period of time. These people include those who use or may use services, their families and advocates, providers who deliver service, county, state government and interested citizens. Though counties are answerable for the conduct of activities specified here, the full, willing and active participation of all members of the partnership is vital to their success. County policy on quality in community mental retardation programs should be developed with full participation of representatives of the local partnership.

Definition

The definition that follows is intended to provide a point of reference for designing, managing and evaluating community mental retardation programs. The numbered statements below describe the majority of conditions that, if present in community mental retardation programs, are likely to indicate high quality. These were derived from the work of major accrediting bodies and are subject to quantitative assessment (though they are not themselves necessarily assessment standards). Hyphenated phrases following many of these statements are included to illustrate their meaning. They do not comprehensively define it.

Optimal quality in community mental retardation programs is best evidenced by consumer developmental growth and satisfaction. Service systems are likely to achieve high quality when:

1. Consumers grow and develop as evidenced by:
 - improved adaptive behavior;
 - enhanced personal and social development;
 - increases in independent behavior;
 - gains in skills and achievement of meaningful goals.

2. Consumers are satisfied as evidenced by:
 - personal satisfaction measurements;
 - review of services by consumers and families.

3. Consumers' health and safety are addressed by:
 - guaranteeing that all service personnel are licensed, certified or registered in accord with applicable laws and regulations governing services to the general public;
 - guaranteeing that each service component is licensed, certified or approved as required by the appropriate state or federal authorities.
4. Consumers achieve full citizenship in their communities as evidenced by:
 - valued social participation in community affairs;
 - having maximal opportunities to exercise the rights and responsibilities of citizenship;
 - receiving advocacy services as needed or requested;
 - the presence of valued and meaningful relationships (i.e., positive relationships with people in the community).
5. Consumers receive the full advantage of appropriate generic services.
6. Consumers achieve full social and physical integration.
7. Consumers participate fully in all aspects of service delivery by:
 - serving as members of boards and committees;
 - participating as members of their own interdisciplinary teams;
 - having opportunities to review service options first-hand to assure full participation and informed choice;
8. Families and advocates have an active and valued role in all aspects of service delivery.
9. Consumers have opportunities to exercise choice in all life decisions.
10. Consumers' services are planned and implemented in a coordinated fashion by:
 - establishing an interdisciplinary team, including people who know the consumer best, appropriate professionals, the consumer and his/her parent, friend or advocate;

- the assignment of a single person responsible for coordination and monitoring the implementation of each person's individual plan;
 - identifying consumers' needs and interests;
 - identifying programs to meet documented needs and interests regardless of immediate availability;
 - developing an individualized program plan for each consumer comprised of goals and objectives developed by the interdisciplinary team in accordance with assessed needs and interests;
 - insuring that each consumer's program plan is reviewed by the interdisciplinary team at least annually.
11. Competent persons administer and provide services, which is evidenced when:
- prerequisite skills and abilities are identified;
 - in-service training and career development programs are systematically presented;
 - relationships with colleges and universities are established.
12. Annual evaluation of each county mental retardation system is conducted in order to assess:
- the design of the system;
 - approaches to solving problems are continuous and self-correcting;
 - degree of integration with ongoing programs within the system;
 - resolution of conflicting policies and practices;
 - resolution of unnecessary duplication or uneven distribution of services;
 - the need to simplify and combine administrative operational and funding procedures;
 - clients' needs in order to establish priorities;
 - performance against stated goals and objectives;
 - effectiveness of programs and services in terms of progress of individuals served toward the objectives specified in individual program plans.

13. Policies and procedures are structured to take full advantage of existing competence and expertise in order to propagate benefit to others by:
- expressing all policies, procedures and evaluation results in common "non-technical" language;
 - arranging for evaluation by professionals and nonprofessional peers who are not involved in that county's service delivery system;
 - openly sharing all descriptive and evaluative information with all participants in the community mental retardation service system;
 - arranging for regular and systematic consultation by persons familiar with the other community mental retardation programs.
14. An informed and active citizenry supports and monitors service delivery as evidenced by:
- fraternal, civic and social organizations including persons with mental retardation as valued members;
 - business and industry taking affirmative steps to employ persons with mental retardation;
 - programs of community awareness fostering acceptance of persons with mental retardation and facilitating their integration into the community;
 - prominent non-paid personal relationships;
 - volunteers participating in all aspects of service delivery;
 - decision-making processes and service programs that are open to full appropriate public review;
 - formal recognition of community leaders and other citizens for their participation and support.

The Partnership for Enhancing Quality

Pennsylvania's mental retardation service system is the product of the collective efforts of a large number of people over an extended period of time. These people include those who use or may use services, their families and advocates, providers who deliver service, county, state government and interested citizens.

The process of enhancing quality is one which requires the singular and combined efforts of all members of this partnership.

The definition of quality and the characteristics of high quality programs presented here represent a point of reference for each member of the partnership to focus its efforts. Each member has a different role to play. The definition and policy presented here provide a common point of reference. The policy can also be considered a pact among members of the partnership to hold themselves and one another accountable, in a mutually respectful manner, to plan, design, manage, evaluate and deliver services in accord with its vision of quality. In general, quality enhancing activities, to be most effective, should be predicated upon a proactive approach to change. The common point of reference provides a basis to guide planning, designing, evaluating and managing community services. It also provides a foundation upon which to predicate measurement and evaluation activities.

Processes must be adopted which are public and which take into account the data generated by regular evaluation.

Members of the partnership should engage in constructive dialogue and hold one another accountable for addressing the various elements of quality. The relationship among members of the partnership should be supported by data obtained through local assessment of quality present in county programs. This process should result in self-correcting conclusions so that the data of evaluation which reflect the assessment of performance against adopted standards will directly suggest improvements in planning, designing or management decision-making at each particular level.

These activities, to be effective, must be supported by training, public education and technical assistance.

These activities can be most directly targeted when standards are adopted, methods of evaluation are established, and a process is in place for public and deliberate review of performance and its effectiveness in enhancing services to support the highest quality of life for persons with mental retardation.

POLICY:

QUALITY ENHANCEMENT

§6000.501. County Policy.

County policy statements should contain the following elements:

- (a) A statement of philosophy embracing the concept of quality in services for persons with mental retardation.
- (b) A statement of methodology to be used by the county to conduct self-assessment. This methodology should support the consumer-oriented principles and practices and include involvement by family, friends, advocates and interested citizens.