

# *DEVELOPMENTAL DISABILITIES DIVISION*

## *PLAN OF ACTION*

*September 26, 1997*

*Revised: April 29, 1999*

*Revised: May 31, 2000*

**Note:** *Changes to the Plan of Action are due to revisions in the following sections:*

*Training - Lettered Desired Outcomes*  
*Individual Service Planning - Desired Outcome D*  
*Behavioral Services - Desired Outcome E & I*  
*Medical Services - Desired Outcome A*

*and page renumeration.*

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# ***QUALITY ENHANCEMENT***

Including:

INCIDENT MANAGEMENT SYSTEM

TRAINING

MANAGEMENT INFORMATION SYSTEMS

# QUALITY ENHANCEMENT

The Quality Enhancement Plan is being developed in conjunction with the discussion on disengagement from the Jackson litigation. The emphasis is on developing a structure which will sustain quality enhancement efforts at all levels of the service system. The approach is to develop and implement an organizational structure which is practical and which includes mechanisms to guide quality improvement now and in the future.

The Developmental Disabilities Division recognized the need to decentralize their efforts. This decentralization recognized the need to facilitate prevention and problem solving efforts at the local level with the service consumers and service providers.

## ***Plans of Action:***

The Plans of Action are based on the Developmental Disabilities Division's vision that people with/or at risk of developmental disabilities and their families may enjoy choices while leading meaningful lives as part of their community. It is also recognized that the person centered planning process and the subsequent Individual Services Plan are the backbone of a quality improvement system.

This Quality Enhancement Plan is being developed in conjunction with Plans of Action in the following areas:

- Individual Service Planning
- Incident Management, Investigations, Trend Analysis
- Statewide Training Initiatives
- Management Information Systems
- Case Management
- Behavior Services
- Crisis
- Sexuality
- Supported Employment
- Assistive Technology
- Medical Services
- Regional Offices

The Plans of Action reflect efforts in the following areas:

Improve the knowledge and skills of those individuals involved in the development and implementation of supports and services.

- The Medical Services Plan of Action reflects an enhancement of the Continuum of Care Project. The emphasis is to improve the knowledge of medical practitioners, statewide, who serve individuals with developmental disabilities. This will be done by increasing the consultation and technical assistance capabilities through improved staffing, technology, and the availability of training and consultation support funds.

- The Assistive Technology Plan of action plans to improve the knowledge of the case managers, team members, providers and therapists (Occupational Therapy, Physical Therapy and Speech Therapy) in the area of assistive technologies. It is anticipated that statewide service for repairs, consultation and training will be available through a mobile unit.
- The DD Division recognizes the importance of the case manager as the first person to detect a problem. For that reason, it is critical that the case management system be enhanced. The roles and responsibilities of the case managers will be revised to include: 1) Advocacy on behalf of the individual to achieve their personal vision; 2) Objectivity in determining what the individual needs including the promotion of natural supports; 3) Coordination of activities between families and providers; 4) Monitoring of service delivery to assure that the service plans meet DOH standards and are effective; 5) Front line quality assurance and enhancement activities.
- In addition, a Case Management Coordinator position will be established to oversee development of the Case Management system. To facilitate coordination, communication, and problem solving at the local level, a half-time case management staff member will be assigned in each region.
- The Behavioral Services Plan will improve the role and capacity of the Central and Regional Offices to coordinate, provide and monitor behavioral services through the provision of technical assistance and training.
- The Training Plan of Action will enhance the knowledge and skills of those who provide supports and services in the areas of supporting individuals with challenging behaviors in regards to sexuality issues and relationship building, ISPLs, goals and objectives, pre-service training, vocational profiles and strategic plans to secure employment.

**Improve the quality of life to the Jackson class members.**

- The Supported Employment Plan builds on the successes to date in developing employment opportunities. The plan gives concentrated attention to providing relevant employment opportunities, training and supports to access and sustain meaningful jobs and to continue career development.
- The Supported Employment Plan emphasizes employment as an outcome. It provides guidance in the way the individual support plan process addresses community integration and employment and the way in which employment services, with the necessary training and supports, are defined and delivered for individuals.
- In accordance with the Behavioral Services Plan of Action, the behavioral service needs of individuals will be assessed and recommendations made to the Teams to improve services.
- The Sexuality Plan of Action will offer additional treatment services to individuals.

**Improve the capability of providers to implement continuous quality improvement activities which will improve their efforts at prevention and problem solving.**

- The Incident Management System will provide local level consultation with each provider agency as they implement their internal Incident Management System.

**Develop an infrastructure to support, sustain and build upon the activities specified in each Plan of Action.**

- Staff are being added to the Central Office to enhance the implementation of the Plans of Action statewide. In addition, state classified positions will be added to each of the five DD Regional Offices (Taos, Roswell, Las Cruces, Gallup, Albuquerque - Metro).

**Develop a Crisis Response**

- In addition to the crisis response currently provided at the local level by the regional office staff, the DD Division plans to establish a 3-tiered approach in an effort to prevent crisis from occurring, including provision of on-site support to maintain the individual in their homes, and as a last resort, provision of a centrally located residential capacity. The goal is to provide a safety-net to the local DD service system to prevent unnecessary hospitalizations.

**The generation of meaningful data**

- A tracking system will be implemented to monitor the progress of each Plan of Action. This tracking system will help the Division document progress towards implementation and identify where progress is lagging. This will allow the Division's management to facilitate identification of barriers and problem solving activities.
- Each Plan of Action will need to identify what data is meaningful to gather and develop a plan for generating the data. The initial philosophy towards data collection is to keep it simple and meaningful. When possible, the Division is encouraged to eliminate forms and reports which do not meet current needs.
- The DD Division will be researching approaches to their data collection needs, both within the Department of Health as well as through private sources.

***THE MANAGEMENT OF QUALITY IMPROVEMENT:***

Monthly Regional Quality Management Meetings

The Division recognizes the need to manage the activities of the DD service system through data based decision making processes. To facilitate such processes, the DD Division will implement a Monthly Quality Management Meeting to be held in each region. The purpose is to review the data, trends and issues identified for that region on a monthly basis and implement actions to prevent issues, solve problems and improve trends.

Quarterly Quality Management Meetings

The DD Division, in conjunction with the Division of Health Improvement, will hold Quarterly Quality Management Meetings. Data generated by the DD Division and the DHI Division will be reviewed. Trends will be identified and follow-up actions agreed upon. The status of follow-up

actions will be reviewed in subsequent meetings. Implementation of the follow-up activities will be the responsibility of the DDD. It is anticipated that these meetings will be held in the various regional offices.

Plan of Action Office:

The DD Division is establishing a Plan of Action Office. The purpose of this office is to oversee the implementation of the various plans of action. It is anticipated that this office will provide input to the Division Director as to Quality Improvement Focus Teams which may be helpful in addressing specific issues.

The Division of Health Improvement:

The Department of Health has developed a new Division of Health Improvement. Two primary functions from the Long-term Services Division (previously known as the Developmental Disabilities Division and the Long Term Care and Restorative Services Division) have been assigned to the Quality Assurance Bureau of the Division of Health Improvement. These functions include complaints/investigations and community system reviews.

**PLAN OF ACTION**  
**May 15, 1997**  
**QUALITY ENHANCEMENT**

*Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97*

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE	
		Begin	Due		Completed
<b>A. DESIRED OUTCOME: TO ESTABLISH RESOURCES AND PROTOCOLS TO ENSURE QUALITY OF SERVICES</b>					
1. To maintain the Community System Review on an annual basis.	Marilyn Gould	Currently occurring			The annual Community System Review report
2. To continue to provide on-site reviews to providers in response to identified issues.	Marilyn Gould	Ongoing As needed			On-site reports and a log of on-sites conducted
3. DHI will assist the DDD in establishing a methodology for the Monthly and Quarterly Regional Management Meetings to review the region's data, trends, identified issues and problem solving activities.	DDD and DHI staff person to be assigned	07/01/97	08/15/97		Written format and methodology
4. DHI in conjunction with DDD will implement Monthly Regional Management Meetings to review the data, trends and issues identified for that region on a monthly basis and implement actions in an effort to prevent issues, solve problems and improve trends.	DDD and DHI staff person to be assigned	08/15/97	Monthly		Meeting documentation
5. DHI, in conjunction with DDD, will implement Quarterly Regional Management Meetings to review data generated by the DDD and DHI. Trends will be identified and follow-up actions agreed upon. The status of follow-up actions will be reviewed in subsequent meetings.	DDD and DHI staff person to be assigned	10/15/97	Quarterly		Meeting documentation



ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
Implementation of the follow-up activities will be the responsibility of the DDD.				
6. DHI will assess the periodic on-site review methodology	DHI staff person to be assigned	09/01/97	11/15/97	Report of findings and recommendations
7. DHI will conduct periodic reviews of providers, other than those in identified in #1 and 2 above.	DHI staff person to be assigned	12/01/97	Ongoing	Monthly reports
8. DD Division will establish a Plan of Action Office to monitor implementation of its Plan of Action.	Division Director Paul Schwalje	07/15/97	07/15/97	Memorandum announcing establishment of the office

***COMMUNITY INCIDENT  
MANAGEMENT SYSTEM***

# COMMUNITY INCIDENT MANAGEMENT SYSTEM

The development of the Community Incident Management System is based on the premise that individuals have the right to live in a safe environment free from abuse, neglect and exploitation. In order to facilitate this philosophy, a multi-level approach to incident management will be implemented, In accordance with the Client Complaint/Regulations.

## ***Prevention:***

First, the prevention of serious incidents, including but not limited to abuse, neglect and exploitation, is the first goal. This requires each agency serving individuals to develop and implement their own internal Incident Management System which review complaints, including incidents, takes responsibility and action to prevent incidents and injury. The development of this internal mechanism is in accordance with CARF's requirements that each agency implement a quality improvement plan.

## ***Prompt and appropriate response to serious incidents:***

Secondly, it is critical that the individuals present when a serious incident occurs, including but not limited to abuse, neglect and exploitation, promptly and appropriately respond. Responding appropriately includes, but is not limited to, taking actions to ensure the safety of the individual, providing first aid, calling for assistance, making notifications and documenting the incident.

## ***Clear definitions of serious incidents and abuse, neglect and exploitation:***

The agency staff who are expected to respond to incidents must have a working understanding of what is a serious incident and what constitutes abuse, neglect and exploitation.

## ***Appropriate notifications (referral):***

The individuals with the most direct knowledge of a complaint/incident must have a clear understanding of who to notify, how to make the notifications, and when the notification is to be made. The notification(s) initiates the system into action. The Community Agency Incident Management System has several review mechanisms which may also initiate notifications. At the Regional Office, the Incident Management Investigator will also review each agencies response to the serious incident to determine if all appropriate notifications have been made.

## ***Complaint Process:***

The Developmental Disabilities Division's Client Complaint Procedure which is in regulation and the Community Agency Incident Management System which is in the providers general contract provision will serve as the guidelines for addressing complaints, which may include but are not limited to, serious incidents and allegations of abuse, neglect and exploitation. In accordance with

state statute, allegations of abuse, neglect or exploitation must be reported to the Children's, Youth and Families Department and in accordance with the Client Complaint regulation and the general contract provisions, allegations must also be reported to the Department of Health. The Department of Health has a strong commitment to ensure allegations of abuse, neglect and exploitation are investigated. To demonstrate this commitment, DoH has drafted a new joint protocol between CYFD and DoH. This protocol incorporates a process by which each allegation of abuse, neglect or exploitation is discussed with CYFD to determine whether CYFD or DoH should initiate the investigation or whether a joint investigation should be conducted. A joint protocol addresses the following areas:

- The coordination of referrals and investigations and, when appropriate, joint investigations.
- To conduct case status conferences on a regular basis to review the status of the investigation and to share the facts and findings of the investigation.
- To share data to reconcile referral numbers, the number of cases investigated, and the number of substantiated cases.
- To coordinate training opportunities for investigators and training to target populations (e.g., community agencies, consumer, etc.).

To enhance the current investigative and incident management process, DoH will hire full-time Incident Regional Management Investigators. The purpose of these Regional Investigators is to:

- Facilitate better coordination and communication among investigative entities in all phases of the investigative process.
- Participate in joint investigations with CYFD and/or to conduct investigations of serious incidents.
- Track the status and outcomes of investigations being conducted by other investigative entities.
- Facilitate agencies understanding of incident management principles, including prevention and problem solving through training and consultation.
- Share the findings of an investigation with the Regional Office staff, case managers and community agencies as appropriate, to facilitate the development of corrective plans of action, if needed.

In addition, the Incident Regional Management Investigators will share data trends in the DD Division Monthly and Quarterly Quality Management Meeting to be held in each region.

#### ***On-Site Reviews:***

Currently, on-site reviews are conducted when the DHI has reason to believe that serious incidents, death, abuse, neglect or exploitation are the result of possible systemic issues within an organization.

This process will continue. In addition, the Monthly and Quarterly Regional Quality Management Meetings may identify the need for an on-site review.

**PLAN OF ACTION**  
**May 15, 1997**  
**COMMUNITY INCIDENT MANAGEMENT SYSTEM**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>DESIRED OUTCOME: DEVELOP POLICY AND PROCEDURES FOR THE COMMUNITY AGENCY INCIDENT MANAGEMENT SYSTEM</b>				
In conjunction with DDD, will jointly develop policy and procedures describing the operations of Community Incident Management System to be used by the DDD Community Agency's, DDD staff and Regional Offices and DHI staff in accordance with Client Complaint Regulations and system development. Time lines for investigations and complaints are specified in the Client Complaint Regulation.	Marcia Miller Pat Syme Paul Cook	07/01/97	12/31/97	Copy of final policy draft.
In conjunction with DDD, and CYFD will specify the definitions of serious incidents, and neglect and exploitation.	Paul Cook Marcia Miller	07/01/97	08/01/97	Copy of final definitions draft.
modified DD Community Agency Incident Management System, the Client Complaint Regulations and the joint protocol between CYFD DoH will be presented to the statewide Adult Services Task Force.	Incident Mgmt. Director	09/01/97	11/30/97	Minutes of meeting and/or a copy of the agenda
input obtained from the statewide Adult Services Task Force will be taken into account prior to finalizing the DD Community Agency Incident Management System policies and procedures.	Marcia Miller Pat Syme Paul Cook	09/15/97	12/30/97	Written response to the Task Force's recommendations.
DD Community Agency Incident Management System policies and procedures will be duplicated and distributed.	Division Director DHI Director	01/01/98	01/30/98	Copy of duplicated policies and procedures Copy of distribution list specifying date of mailing.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Following distribution, DHI and DDD will hold regional meetings to discuss the Incident Management System and any new requirements.	HI/DDDD staff as designated	02/01/98	02/28/98		Minutes of regional meetings
Each DD community provider agency will be required to develop and/or modify their internal Incident Management policies and procedures in accordance with the DD Community Agency Incident Management System policies and procedures and the Client Complaint Regulations.	Exec. Director of each DD community provider	03/01/98	04/30/98		Copy of revised agency policy and procedures.
Each DD community provider agency will forward a copy of their internal Incident Management policies and procedures to designated personnel for review and approval.	Exec. Director of each DD community provider	03/01/98	04/30/98		Listing of date revised agency Incident Management policies and procedures received.
Following review, the agency will be notified if policies and procedures meet the system requirements. If the policies and procedures do not meet the system requirements the agency will be notified in writing where changes are needed.	Designated staff	03/01/98	04/30/98		Listing of review date and whether the policies were approved, or whether additional revisions are required. The list will include a brief description of the deficient areas

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>B. DESIRED OUTCOME: STAFF TRAINED ON THE INCIDENT MANAGEMENT SYSTEM</b>				
1 Develop new hire training for the Regional Incident Management Investigators.	Incident Mgmt. Systems Director	07/01/97	08/01/97	Lesson plan and training n
2. Develop training for division and agency staff following completion of the policies and procedures and data base development. A major focus of the training will be on the definitions of and reporting requirements for incidents of abuse, neglect, exploitation or serious incidents.	Incident Mgmt. Systems Director	01/01/98	02/28/98	Lesson plan and training n
3. Implement new hire training for Regional Incident Management Investigators.	Incident Mgmt. Systems Director	10/15/97	01/15/98	Lesson plan and training n
4. Implement training for division staff and agency staff following completion of the policies and procedures and data base development. A major focus of the training will be on the definitions of and reporting requirements for incidents of abuse, neglect, exploitation or serious incidents.	Incident Mgmt. Systems Director	03/01/98	04/30/98	Lesson plan and training n

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>C. DESIRED OUTCOME: TRAINING AND CONSULTATION WITH INVESTIGATIVE ENTITIES (E.G. CYFD, ETC.) ON THE INCIDENT MANAGEMENT</b>				
1. Develop, coordinate and/or provide training opportunities with investigative entities, including but not limited to CYFD investigators and supervisors, on developmental disabilities, clinical and programmatic issues related to investigations.	Incident Mgmt. Syst. Investigator	08/01/97	Ongoing	A listing of training developed and/or provided
2. The Incident Management Regional Investigators will provide consultation with investigative entities, including but not limited, to CYFD investigators, as requested per investigation.	Incident Mgmt. Reg. Investigator	11/01/97	Ongoing	The Incident Management will document the time a consultation
3. The Incident Management System Investigator will develop their annual training plan based on needs identified during the year, with a needs assessment conducted by the Incident Management System Investigator, and through consultation with investigative entities, including but not limited to CYFD staff (following one year of implementation).	Incident Mgmt. Syst. Investigator	08/01/98	08/30/98	A listing of training needs throughout the year. A needs assessment.



ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>D. DESIRED OUTCOME: STAFFING FOR THE INCIDENT MANAGEMENT SYSTEM</b>				
1. Create job descriptions for Regional Incident Management Investigator.	Paul Cook	07/02/97	08/15/97	A copy of the job description. A copy of the PCQ.
2. Post the positions for the Regional Incident Management Investigator.	Employee Affairs Bureau	09/01/97	09/15/97	A copy of the posting.
3. Conduct interviews for Regional Incident Management Investigators.	DD Rep/DHI Rep to be determined	09/15/97	10/01/97	Prepare a listing of the individuals interviewed at of the interview.
4. Hire the Regional Incident Management Investigators.	DD Rep/DHI Rep	10/01/97	10/15/97	A copy of the appoi correspondence verifying employment.
5. The Incident Management Systems Director, in conjunction with the Regional Incident Management Investigators, will coordinate with each community agency to designate an Agency Coordinator.	Incident Mgmt. Systems Director Regional Incident Management Investigators	11/01/97	12/30/97	A listing of each commur and the name of their Agency Incident M Coordinator.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>E. DESIRED OUTCOME: CONSULTATION WITH INVESTIGATIVE ENTITIES (E.G. CYFD, ETC.) ON THE INCIDENT MANAGEMENT SYSTEM</b>				
1. The Regional Incident Management Investigator will periodically contact CYFD regarding the referrals, status and findings of investigations of abuse, neglect, exploitation.	Regional Incident Management Investigator	10/15/97	Ongoing	The referral intake and process.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>F. DESIRED OUTCOME: FOLLOW-UP SYSTEM FOR INCIDENT MANAGEMENT</b>				
1. The Regional Incident Management Investigator will share the investigative findings with the case manager, agency Incident Management Coordinator and Regional Office staff, as appropriate.	Reg. Coordinator Incident Mgmt. Syst. Investigator	11/01/97	Ongoing, as per investigation	Documentation of the date notification(s) made to people.
2. As appropriate, the case manager will call a Team meeting to consider the findings, and develop a plan to address prevention, protection and other related issues.	Case Manager	11/01/97	Ongoing, as needed per investigation	Hard copy of Team meeting The DD Regional Office will ensure Team meetings following receipt of findings.
3. The DD Division Director and/or designated staff will implement follow-up with the Community Provider, as needed, based on the findings of the investigation.	DDD staff to be designated	11/01/97	Ongoing, as needed per investigation	Documentation of action as provision of technical sanctions, etc. will be documented in the investigative file.
4. The DD Division will maintain a current log of investigative follow-up implemented by provider.	DDD Staff to be designated	11/01/97	Ongoing	A copy of the log by provider.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>G. DESIRED OUTCOME: CONDUCT TIMELY AND PROFESSIONAL INVESTIGATIONS OF INCIDENTS OF ABUSE, NEGLECT OR EXPLOITATION OR OTHER INCIDENTS.</b>				
1. When conducting full investigations, DHI will utilize investigators trained in professionally accepted investigatory methods and techniques to conduct investigations of abuse, neglect, exploitation (where Children, Youth & Families has confirmed they will not be conducting an investigation) or of serious incidents. Each reported serious incident will be reviewed to verify that the appropriate notifications were made.	Marcia Miller Paul Cook	12/01/97	02/28/98	Staff training rosters documentation of investigators have received
2. DHI will provide opportunities for investigators to receive specialized training when necessary as determined by DHI.	Marcia Miller Paul Cook	As determined by the Incident Mgmt. Coord.		Staff training roster
3. DHI will establish an investigator peer review process to continually improve the quality of its investigations.	Marcia Miller Paul Cook	03/15/98	Ongoing	Meeting minutes
4. DHI will track the time frames as specified in the Client Complaint Regulation for completion of investigations on a monthly basis.	Marcia Miller Paul Cook	11/01/97	Ongoing	Monthly reports
5. The Department of Health will explore with CYFD the development of a revised joint protocol for the investigation of abuse, neglect, exploitation of individuals receiving services in DOH facilities	Department of Health designee	06/16/97	Upon completion	A memo for record of the investigation including CYFD recommendations

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
and/or community funded agencies.				
6. The Department of Health will explore, among investigative entities, the development of a revised joint protocol for the investigation of abuse, neglect, exploitation of individuals receiving services in DOH facilities and/or community funded agencies.	Department of Health designee	07/30/97	Upon completion	Written documentation to initiate the process to revised joint protocol.
7. The DD Incident Management System, will be revised in accordance with the provisions specified in the joint protocols, if needed. These changes will be incorporated in the overall revisions to the policies and procedures	Incident Mgmt. Syst. Coordinator	Upon completion of items 1 & 2 above	12/31/97	A copy of the revised Management policies and the revised joint prot

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>H. DESIRED OUTCOME: INCIDENT MANAGEMENT DATA SYSTEM</b>				
1. The DD Incident Management Data System software and hardware needs will be assessed. This will include current capabilities, needed capabilities and associated costs.	Incident Mgmt. Syst. Coordinator in conjunction with designated systems analyst	05/25/97	01/01/98	A report of the Management System hardware current capabilities and needed capabilities and costs.
2. A DD Incident Management Data System Plan will be developed which includes the actions needed to design and implement the data system plan. This includes any revision to the Community Agency Incident Report Form to accommodate new data elements. The different data reports and their users will be defined. This plan will also include a pilot of the system and opportunities to obtain input and revise the system as needed.	Incident Mgmt. Syst. Coordinator in conjunction with designated systems analyst, DDD appointed staff, DHI appointed staff	01/01/97	12/31/97	A written data plan with steps, responsible personnel.
3. DD Incident Management System Data reports will be provided to the DD Division Management Team analysis and follow up, as needed, and to DHI management team for analysis.	DHI designated staff	Date of reports from manual process 8/15/97 Date of reports from automated process 2/15/98	Ongoing	DD Division reports trends analysis and actions related to the Jackson Management Team including trends analysis the Jackson class.

# *TRAINING*

# TRAINING AND TECHNICAL ASSISTANCE

The DD Division will enhance the current capacity of Interdisciplinary Teams to provide meaningful choices and quality services through Individual Service Planning. To that end, the budget for FY98 includes three additional staff for the Division training unit. The plan includes increased specificity in the scopes of service for existing contracts with NET NM Adult Services, the Southwest Alliance for Training, the Alumbra Project and Specialized Behavioral Support Services.

The activities listed in the attached Plan of Action enhance existing statewide initiatives for training and technical assistance and focus on improvement of the knowledge and skills of those individuals involved in the development and implementation of person-centered supports and services. The desired outcomes and individual activities address the areas of systemic development identified through the annual community audit and ongoing review of Individual Service Plans by the DD Regional Offices. The initiatives to train regional and agency-based trainers will assist agencies to increase the quality of day to day operations and establish within each agency the capacity for self-correction and personnel development.

Specialized training initiatives in the areas of behavior, sexuality and supported employment will be developed under the direction of qualified experts. Training will be delivered by individuals or agencies approved and/or certified by experts in the various subject areas.

In addition to the training and technical assistance provided through the DD Division Training Unit, this plan also provides training under the auspices of the DD Division which supports the enhancement of the existing infrastructure for incident investigation, incident information management, crisis response, medical services and case management.

The plan for Training and Technical Assistance includes initiatives which support Division Plans of Action for:

- Quality Enhancement
- Incident Management System
- Training
- Management Information Systems
- Individual Service Planning
- Case Management
- Behavior Services
- Crisis Response
- Sexuality
- Supported Employment
- Assistive Technology
- Medical Services

The addition of three full-time FTEs in year one will enhance the existing infrastructure of the Division Training Unit and support ongoing initiatives pertaining to the development of a personnel development plan for case managers and community provider agency staff.

The Plan of Action for Training and Technical Assistance supports current efforts and proposed infrastructure enhancements.



**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**QUALITY ENHANCEMENT**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: STAFF TRAINED ON THE INCIDENT MANAGEMENT SYSTEM</b>				
1. Develop new hire training for the Incident Regional Management Investigators.	Incident Mgmt. Systems Director	07/01/97	08/01/97	Lesson plan and training materials
2. Develop training for division and agency staff following completion of the policies and procedures and data base development.	Incident Mgmt. Systems Director	01/01/98	02/28/98	Lesson plan and training materials
3. Implement new hire training for Incident Regional Incident Management Coordination.	Incident Mgmt. Systems Director	10/15/97	01/15/98	Lesson plan and training materials
4. Implement training for division and agency staff following completion of the policies and procedures and data base development.	Incident Mgmt. Systems Director	03/01/98	04/30/98	Lesson plan and training materials
5. Develop, coordinate and/or provide training opportunities with investigative entities, including but not limited to CYFD investigators and supervisors, on developmental disabilities, clinical and programmatic issues related to investigations.	Incident Mgmt. Syst. Coordinators	08/01/97	Ongoing	A listing of training coordinated developed and/or provided.
6. The Incident Management System Coordinator will develop their annual training plan based on needs identified during the year, with a needs assessment conducted by the Incident Management System Coordinator, and through consultation with investigative entities, including but not limited to CYFD staff (following one year of implementation).	Incident Mgmt. Syst. Coordinator	08/01/98	08/30/98	A listing of training need identified throughout the year. A needs assessment.

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**INCIDENT MANAGEMENT SYSTEM**

*Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97*

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>B. DESIRED OUTCOME: INCIDENTS OF SUSPECTED ABUSE, NEGLIGENCE AND EXPLOITATION WILL BE REPORTED AND INVESTIGATED ACCORDING TO THE ESTABLISHED PROTOCOL.</b>				
1. Develop training for the Regional Coordinators.	Incident Mgmt. Syst. Coordinator	07/01/97	08/01/97	Lesson plan and training materials
2. Develop training for the Agency Coordinators.	Incident Mgmt. Syst. Coordinator	07/01/97	08/01/97	Lesson plan and training materials
3. Develop Incident Management training for agency direct contact staff.	Incident Mgmt. Syst. Coordinator	07/01/97	08/01/97	Lesson plan and training materials
4. Develop Incident Management training for DDD staff, case managers and agency executive staff.	Incident Mgmt. Syst. Coordinator	07/01/97	08/01/97	Lesson plan and training materials
5. Conduct Incident Management training for the Incident Regional Management Investigators.	Incident Mgmt. Syst. Coordinator	10/15/97	01/01/98	Rosters of training attendance
6. Conduct Incident Management training for the Agency Incident Management Coordinators	Incident Mgmt. Syst. Coordinator and/or Incident Regional Mgmt. Coordinator	01/01/98	03/31/98	Rosters of training attendance
7. Conduct Incident Management training for agency direct service staff.	Agency Incident Mgmt. Coordinators and/or Regional Incident Mgmt. Coordinator	03/01/98	04/30/98	Rosters of training attendance

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
8. Conduct Incident Management training for DDD staff, case managers and agency executive staff.	Incident Mgmt, Syst. Coordinator and Incident Mgt. Reg. Coordinator	03/01/98	04/01/98		Rosters of training attendance
9. Develop, coordinate and/or provide training opportunities with investigative entities, including but not limited to CYFD investigators and supervisors, on developmental disabilities, clinical and programmatic issues related to investigations.	Incident Mgmt. Syst. Investigators	07/01/97	Ongoing		A listing of training coordinated, developed and/or provided.
10. Upon completion of revised Incident Management system, should the revised joint protocol result in significant changes to the DD Incident Management System, training will be developed and provided to those entities requiring such training.	Incident Mgmt. Syst. Investigator in conjunction with designated entities	Upon completion of items 1 & 2 above	Within 60 days following completion of revised Incident Mgmt. System		A listing of those determined to be affected by any changes specified in the joint protocol. Copies of the training lesson plan(s). Training rosters specifying who was trained and the date trained.

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**TRAINING**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>C. DESIRED OUTCOME: ENHANCE THE CAPACITY AND INFRASTRUCTURE OF THE EXISTING DDD TRAINING SYSTEM.</b>				
1. Develop and publish competency-based pre-service training requirements for direct service provider staff, agency-based service coordinators and case managers.	Deb Donovan CAST	12/94	10/30/97	Publication of competencies
2. Complete development of competency-based inservice training requirements for case managers and agency-based service coordinators.	Deb Donovan CAST	01/01/97	12/31/97	Publication of competencies
3. Complete development of competency-based inservice training requirements for direct service provider staff.	Deb Donovan CAST	01/01/97	06/30/98	Publication of competencies
4. Integrate training requirements for pre-service, ISP, Goals and Objectives and Challenging Behavior into contractual agreements with community provider agencies.	Paul Schwalje Deb Donovan	05/30/96	06/30/98	Requirements are listed in Medicaid Waiver Rates and Definitions and State General Fund contracts
5. Increase specificity of scope of services for NET NM, SWAT, Alumbra, SBSS and Continuum of Care.	Paul Schwalje Deb Donovan	05/01/97	06/30/97	Scope of Services in signed contracts
6. Hire 3 trainers for the Central Office DDD training unit.	Deb Donovan	02/01/98	03/31/98	3 new staff hired
7. Certify DDD training Unit staff in delivery of training and technical assistance pertaining to ISP Guidelines, Behavioral Supports, Vocational Profiles and Sexuality	Deb Donovan NET NM Alumbra SWAT	03/31/98	Ongoing	Employee training records

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
	Designated Consultants			
8. Specialized training initiatives in behavior, sexuality and supported employment will be developed under the direction of qualified experts in each field.	Designated consultants Deb Donovan	Challenging Behavior 03/95 Sexuality 07/97 Supported Emp. 07/96	06/98 06/98 06/98	Approved curriculum and/or certification letter.
9. Training will be delivered by individuals or agencies approved and/or certified by experts in the approved subject areas.	Designated consultants Deb Donovan	07/97	06/98	Documentation of certification of training

**PLAN OF ACTION**

May 15, 1997

**TRAINING AND TECHNICAL ASSISTANCE  
MANAGEMENT INFORMATION SYSTEMS**

*Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97*

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Done	
<b>D. DESIRED OUTCOME: DDD STAFF WILL MONITOR PROGRESS ON ACTIVITIES FOR PLANS OF ACTION.</b>				
1. Coordinate and schedule staff training on new software use and capabilities.	Richard Steele Veronica Gabaldon	05/19/97	07/31/97	Training Calendar. Rosters of attendance

**PLAN OF ACTION**

May 15, 1997

**TRAINING AND TECHNICAL ASSISTANCE  
INDIVIDUAL SERVICE PLANNING**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97, 5/31/2000

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>E. DESIRED OUTCOME: PEOPLE WILL RECEIVE APPROPRIATE SERVICES AND SUPPORTS THROUGH INTEGRATED AND MEANINGFUL ISPS.</b>				
1. Training module on ISP regulations is developed, piloted, and submitted for CAST approval.	Deb Donovan NET NM SWAT Regional Offices	08/20/95	12/20/95	CAST approved module is submitted to DDD Training Unit
2. DDD staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in ISP Regulations.	Deb Donovan NET NM SWAT Regional Offices	08/20/95	Ongoing	Quarterly status reports
3. Training module on the development of relevant goals, objectives and strategies is developed, piloted and submitted for CAST approval	Deb Donovan NET NM SWAT Regional Offices	08/20/95	06/30/97	CAST approved module is submitted to DDD training Unit
4. DDD staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in Goals and Objectives	Deb Donovan NET NM SWAT Regional Offices	10/01/96	Ongoing	Quarterly status reports
5. Training Module on [Supporting Individuals with Challenging Behaviors] is developed and reviewed by CAST and revised as needed.	Deb Donovan NET NM SBSS	08/01/94	Ongoing	CAST approved module is submitted to DDD Training Unit
6. DDD staff, Case Managers, Internal Service Coordinators and Direct Service staff are trained in ISP Considerations for Persons with Challenging Behavior	Deb Donovan SWAT NET NM SBSS	10/01/94	Ongoing	Quarterly status reports
7. Regional Offices will continue to provide	Regional Offices	1996	Ongoing	Regional Office Bureau Director

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
training and/or technical assistance to select IDT teams on the refinement of the ISP				Quarterly report to the DDD Director
8. Regional Offices will continue to provide training and/or technical assistance through regular meetings with case management or provider agencies.	Regional Offices	1996	Ongoing	Meeting agendas
9. Maintain a cadre of certified trainers in each region in the following topics: ISP; Goals and Objectives; Challenging Behavior; Pre-service Training	NET NM SWAT SBSS Deb Donovan	10/15/96	Ongoing	Quarterly status reports by region
10. Provide technical assistance to teams to be selected by the Regional Offices in the refinement of the ISP document, team process, and implementation and documentation of services	NET NM SWAT Deb Donovan SBSS	03/01/97	Ongoing	TA Calendar and outcome statement of meetings TA summary reports
11. Provide training to IDTs selected by the Regional Offices to incorporate into ISP's techniques pertaining to basic sexuality, relationship building and social skills.	Paul Schwalje Alumbra	12/01/97	06/30/98	TA Summary Reports
12. Provide training to case managers, internal service coordinators and Regional Office staff on basic sexuality and relationship building.	Deb Donovan Alumbra	01/01/98	06/30/98	Training calendars and rosters of attendance
13. Train DDD staff on ISP regulations, Goals and Objectives, Vocational Profiles and Career Development Plans Behavioral Supports, Sexuality Issues of People with DD and Assistive Technology.	Deb Donovan SWAT Net NM Alumbra Sheila Stuart	01/01/98	06/30/98	Employee training records
14. Complete regional training on roles and responsibilities of case managers in new service	Continuum of Care Deb Donovan	01/01/98	06/30/98	Publication of roles and responsibilities to case management agencies.



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
model.	Regional Office				Calendar of training events Rosters of attendance
15. Train DDD staff on the ISP Guidelines and the Community Audit protocol and Division expectations.	Deb Donovan NET NM SWAT Community Audit Team	01/01/98	12/30/98		Employee training records
16. Provide training to division and regional office staff on the DRP process.	Kathleen Dungan	07/21/97	08/30/97		Training rosters
17. Provide training to persons served on the DRP process.	Kathleen Dungan	01/01/98	06/30/98		Training rosters
18. Provide training to parents and guardians on the DRP process.	Kathleen Dungan	08/18/97	01/01/98		Training rosters
19. Provide training to case managers and other providers on the DRP process.	Kathleen Dungan	08/18/97	01/01/98		Training rosters

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**CASE MANAGEMENT**

*Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97*

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>F. DESIRED OUTCOME: CASE MANAGERS HAVE THE NECESSARY SKILLS TO FULFILL THEIR DESIGNATED ROLES AND RESPONSIBILITIES.</b>				
1. Develop training requirements for the reconfigured Case Management System.  <b>Note:</b> Additional training requirements are listed in other plans of action.	Deb Donovan	01/01/97	12/01/97	Plan approved and implemented

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**BEHAVIORAL SERVICES**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>G. DESIRED OUTCOME: PERSONS WILL RECEIVE APPROPRIATE BEHAVIORAL SUPPORTS IN AN INTEGRATED ISP.</b>				
1. Training module on [Supporting Individuals with Challenging Behaviors] is developed and reviewed by CAST.	Deb Donovan NET NM	08/01/94	12/30/95	CAST approved modules is submitted to DDD Training Unit
2. Community providers and case management agency staff will complete training in the Level 1 Module on Challenging Behaviors	SBSS Agency Directors Deb Donovan	10/01/94	Ongoing	Quarterly status reports.
3. Establish a cadre of regional trainers certified in the module, [Supporting An Individual with Challenging Behaviors.]	SBSS Deb Donovan	08/15/95	06/30/98	Certificates of Completion
4. Revise the Level 1 Module, [Supporting an Individual with Challenging Behaviors,] and submit for CAST approval	SBSS Deb Donovan	08/01/97	10/31/97	CAST approved module submitted to DDD Training Unit
5. Train DDD staff in Behavioral Support Policy and behavioral support plans.	Chris Heimerl SBSS Deb Donovan	06/01/96	12/30/98	Employee training records
6. Case management agencies and the regional offices will be advised of upcoming training on the completion of the revised behavioral supports outcome tracking questionnaires.	Deb Donovan	07/01/97	09/15/97	Memo announcing training schedules on this topic.
7. Training for case managers and regional office staff on the procedures and rationale for the revised behavioral supports outcome tracking questionnaire will be conducted within each region.	Chris Heimerl Pat Beery Chris Heimerl Deb Donovan	09/15/97	10/15/97	Training attendance rosters

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
		Completed		
8. Provide technical assistance to teams in the integration of Behavioral support plans into ISP document and strategies of goals and objectives.	SBSS Regional Offices Deb Donovan TEASC	10/01/97	06/30/98	TA summary reports
9. Regional offices and case managers will be provided with training and technical assistance regarding planning for behavioral supports for the purpose of monitoring plan implementation.	TEASC Chris Heimerl Pat Beery Behavioral Clinical Director	10/15/97	Ongoing	Training schedules and rosters of attendance
10. Training to behavior therapists, case managers and other providers on supporting people with challenging behavior will continue.	TEASC Deb Donovan SBSS	10/15/97	Ongoing Schedules & locations TBA	Training schedules and rosters of attendance
11. Training to behavior therapists, case managers and other providers on Person Centered Planning will be initiated and expanded.	Deb Donovan Chris Heimerl	10/15/97	Ongoing schedules & locations TBA	Training schedules and rosters of attendance
12. Training on the Developmental Disabilities Division Behavioral Support Policy will continue.	Chris Heimerl Chris Heimerl Pat Beery Regional Offices Behavioral Clinical Director	10/15/97	Ongoing schedules & locations TBA	Training schedules and rosters of attendance
13. Training on data collection and conducting a functional analysis of behavior will be provided to behavior therapists across the state by region.	Chris Heimerl Pat Beery Chris Heimerl Behavioral Clinical Director	10/15/97	Ongoing schedules & locations TBA	Training schedules and rosters of attendance
14. Training on developing behavior support plans will be provided to behavior therapists across the state by region.	Chris Heimerl Pat Beery TEASC Behavioral Clinical	10/15/97	Ongoing schedules & locations TBA	Training schedules and rosters of attendance

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
15. Initial training will be provided to the newly hired behavior support specialists which will include coverage of the behavior supports policy, behavioral supports planning, ISP guidelines, basic human sexuality and the use of appropriate crisis management procedures.	Regional Offices Chris Heimerl Pat Beery Deb Donovan Chris Heimerl Behavioral Clinical Director	08/15/97	02/15/98	Training schedules and rosters of attendance
16. Regional meetings will be held with case managers and regional offices to train on assessing and monitoring behavior support plans, identifying adequate plans and assessing the degree of integration of the BSP into the ISP.	TEASC Chris Heimerl Pat Beery Clinical Director	09/30/97	Quarterly for the first year. First meeting to be held 9/30/97 (effective 9/30/98) meetings will be held biannually)	Training rosters of attendance and meeting notes
17. Community providers and case management agency staff will complete training in the Level 1 Module on Challenging Behaviors	SBSS Agency Directors Deb Donovan	11/01/95	Ongoing	Training schedules and rosters of attendance

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**CRISIS RESPONSE**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>H. DESIRED OUTCOME: PEOPLE WILL RECEIVE SUPPORTS IN RESPONSE TO CRISIS SITUATION.</b>				
1. Conduct training in providing supports for persons with challenging behaviors.	Chris Heimerl et al	07/15/97	09/01/97	Training attendance rosters

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**SEXUALITY**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>I. DESIRED OUTCOME: ISPS WILL INCLUDE STRATEGIES FOR BUILDING RELATIONSHIPS AND TEACHING SEXUALITY AS APPROPRIATE. PERSONS WITH SIGNIFICANT SEXUALITY ISSUES WILL RECEIVE APPROPRIATE THERAPEUTIC INTERVENTIONS.</b>				
1. Training for teams on facilitation of ISP meetings to address social skills, relationship building, treatment strategies, trauma recovery, consent and integration of interventions with the ISP will be developed.	Alumbra DD Division	01/97	09/30/97	Completed training modules
2. Develop a module on basic sexuality, to include teaching relationship building skills, and submit for CAST approval.	Alumbra Deb Donovan	07/01/97	12/30/97	CAST approved module submitted to DD Division
3. The Division will train case managers, service providers and Regional Office staff on the guidelines.	Deb Donovan Alumbra	08/97	Ongoing	Training schedules and rosters of attendance
4. Technical assistance and training to teams and professionals will be delivered regionally.	Alumbra	10/01/97	Ongoing	Training calendar and attendance reports and/or summary reports of TA sessions
5. Provide training to IDTs selected by the Regional Offices to incorporate into ISP techniques pertaining to basic sexuality, relationship building and social skills	Paul Schwalje Alumbra	12/01/97	06/30/98	TA Summary Reports
6. Provide training to case managers, internal service coordinators and Regional Office staff on basic sexuality and relationship building.	Deb Donovan Alumbra	01/01/98	06/30/98	Training calendars and rosters of attendance
7. Train DDD staff on relationship building and basic sexuality for persons with developmental	Deb Donovan Alumbra	01/01/98	12/30/98	Employee training records

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
disabilities.					
8. The contractor shall provide training to a selected cadre of physicians, psychologists and behavioral therapists in deviance and counterfeit deviance, basic sexuality education, treatment and strategies, trauma recovery, social skill training and relationship building.	Alumbra				
a. The contractor shall develop training materials for the Department and submit a training schedule to the Department. The contractor shall consult with Continuum of Care in order to develop the above mentioned schedule which shall include training in each region of the state.	Alumbra	07/01/97	12/30/97		Completion of training materials
b. The contractor shall provide training in accordance with established schedule.	Alumbra	01/15/98	06/30/98		Training flyers and rosters of attendance
9. Provide 3 statewide workshops to justice system personnel regarding deviant/counterfeit deviant sexual behaviors.	ARC of NM Deb Donovan Designated Con- tractor	07/01/98	12/31/98		Training pamphlets and attendance rosters
10. Train DDD staff on protocols for assessment and therapeutic interventions for significant sexuality issues.	Deb Donovan Designated Con- tractor	01/01/98	12/31/98		Employee training records



**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**SUPPORTED EMPLOYMENT**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>J. DESIRED OUTCOME: PEOPLE WILL HAVE OPPORTUNITIES FOR MEANINGFUL WORK.</b>				
1. Develop regional capacity to provide training and technical assistance to IDTs on the development of vocational profiles and career development plans.	Ruby Moore Joe Lacayo NET NM SWAT Deb Donovan	07/01/97	06/30/98	Quarterly status reports of activities and regional qualifications
2. Identify trainers to be lead career plan trainers from each region certified in profile/career plan designs.	Div. Consultant Emp. Coordinator	07/15/97	08/30/97	Letter of certification from the Division Consultant and Employment Coordinator
3. Orient/train regional employment specialists	Emp. Coordinator	08/15/97	10/01/97	Training attendance rosters
4. Ongoing training/mentoring/supervision of project personnel will be provided	Ruby Moore, Div. Consultant Emp. Coordinator	08/15/97	06/30/98	Quarterly Division Progress Reports
5. Orient and train existing provider and division staff who will be involved in the completion of vocational profiles and Career Development Plan (CDP) for individuals served in each region.	Div. Consultant Emp. Coordinator	07/31/97	10/30/97	Training attendance rosters
6. Orient and train provider staff on competency-based Career Development Plan.	Div. Consultant Regional [Profile Specialists] Emp. Coordinator	09/01/97	11/30/97	Training attendance rosters
7. Train DDD staff on the development of vocational profiles and career development plans.	Joe Lacayo Deb Donovan	01/01/98	12/30/98	Employee training records

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**ASSISTIVE TECHNOLOGY**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>K. DESIRED OUTCOME: PEOPLE WILL HAVE ACCESS TO APPROPRIATE ASSISTIVE TECHNOLOGY.</b>				
1. Review NET modules and modify as necessary consistent with statewide approach, conduct other training for providers. (Two sessions in each region. Videotape training sessions for future training)	Sheila Stuart Laurie Smith Fran Dorman NET NM SWAT	07/01/97	06/30/98	Stuart report on NET Modules Training attendance rosters
2. Train Regional Office staff responsible for budget approval in the participatory approach and funding preference in speech therapy services	Phil Blackshear	08/01/97	11/30/97	Roster of training attendance
3. Under the supervision of the AT consultants, training entities contracting with the DDD will provide AT training, including augmentive communication, environmental access and control, and enhanced mobility, to IDTs that incorporate the principles of full participation of even the most severely disabled individuals.	Sheila Stuart SWAT NET NM	09/01/97	Ongoing	Training attendance rosters
4. Develop regional capacity of licensed therapists and other IDT members in various aspects of AT by training persons through the development of AT supports for specific individuals.	Sheila Stuart	09/01/97	06/30/98	Training attendance rosters
5. Follow former Los Lunas residents who participated in the Center's Eating and Swallowing clinics to assure that meal programs are maintained. If they are not (but	Laurie Smith Jennifer Lehman Regional Office	09/01/97	03/01/98	Individual reports on each identified person

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
are still recommended), offer consultation and training.					
6. Working with other training providers, establish a team of licensed therapists and others in each region and develop the knowledge necessary to provide AT services locally. Activities will include AT services designed for at least 2 persons per region. The method of team development will be on the job training led by Stuart, et al. (DDD will identify persons to be served. Regional Office will recruit team members.)	Sheila Stuart NET NM SWAT Laurie Smith Fran Dorman	10/01/97	06/30/98		Training attendance rosters
7. Disseminate information on the participatory approach to all waiver speech providers and other interested parties including case managers through mandatory training. Establish this preferred approach as mandatory through the Plan of Care budget process.	Sheila Stuart	11/01/97	12/31/97		Roster of training attendance

**PLAN OF ACTION**  
**May 15, 1997**  
**TRAINING AND TECHNICAL ASSISTANCE**  
**MEDICAL SERVICES**

*Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97*

ACTIVITY	RESPONSIBLE PERSON	TIMELINE		MEASURE
		Begin	Due	
<b>L. DESIRED OUTCOME: PEOPLE WILL HAVE ACCESS TO COMMUNITY-BASED MEDICAL SERVICES.</b>				
1. Train/Orient Medical Resource Consultant(s) in each region	All CoC staff	10/15/97	11/15/97	Training attendance rosters

***MANAGEMENT INFORMATION  
SYSTEMS***

## MANAGEMENT INFORMATION SYSTEMS

The Developmental Disabilities Division needs to update and improve its Management Information System. Enhancement efforts will focus on ISP management client service information, trend analysis, incident management, systemic plan compliance and monitoring and financial reporting systems.

The need to manage data and trends is incorporated into the Division's public needs for on-line communication with service providers, advocates, parents/guardians, and other interested parties. The ability to pull information from established bulletin boards, Web sites, other state agencies, DD organizations, and other sources is needed to assist in enhancing DD services delivery.

Information management needs are best met through an integrated database system that incorporates the required information. Several steps are necessary to achieve this goal.

1. Between June and July 1997, the data points will be identified in the areas of systemic plan compliance, supported employment, behavioral therapy and assistive technology.
2. Between June and August 1997 the Division will undertake the identification of existing software that can be adapted to fulfill data needs.
3. D-base programs will be set-up to extrapolate current information and baseline data points until software can be identified and installed.

The Division will then develop a long term information management plan, incorporating Division needs, linkages with the Division of Health Improvement and the Department of Health's information management system plan.

For immediate informational needs, the Division is currently reviewing stand-alone data systems already in existence that can capture the identified information. If required, data systems can be developed on available software such as Excel, Foxpro, or Lotus. These systems must have the capability to transfer the information when a long-term system solution is identified.

The Division has already performed a careful analysis of computer and communication needs, and has re-budgeted from FY97, a total of \$99,000 for computer up-grades/enhancements and replacement of out-of-date systems that can no longer handle the data needs of the Division. The purchase of an integrated software package (Windows - Office 95) will take care of many of the pressing needs for standardization among staff and allow the exchange of information. Along with any new software enhancements, training for staff will be implemented.

Additionally, \$27,000 of telecommunication improvements will allow on-line access to Regional and Central Office staff. Internet access for key divisional staff will allow the dissemination of information in the most efficient manner. The ability to access information will be made available on the "World Wide Web Page" network.

Currently, there exists a Provider Payment System (PPS) handling payments for both DD Waiver and state general providers. Although this system provides an adequate method of processing payments, the system was not designed as a reporting tool and has only recently been modified to provide limited financial data. The reporting requirements must continue to be defined and coordinated with Administrative Services Division staff. On-line access to the PPS will be available to financial staff and the Medicaid Waiver Administrator in the near future. These same capabilities have already been made available to Regional Offices specific to their catchment areas.

**PLAN OF ACTION**

May 15, 1997

**MANAGEMENT INFORMATION SYSTEMS**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: IMPROVE THE DEVELOPMENTAL DISABILITIES DIVISION'S MANAGEMENT INFORMATION CAPABILITIES</b>				
1. Identify data points to track outcomes identified in the Plan of Action.	Persons identified as responsible for implementation of specific areas within the Plan	06/01/97	07/31/97	Report to the Division Director
2. Identify Division informational needs or data points.	Fred Tapia Richard Steele Phil Blackshear	06/02/97	07/31/97	Written report to the Division Director
3. Begin collecting data on the Plan of Action.	Persons identified as responsible for implementation of specific areas within the Plan	07/01/97	Ongoing	Report to the Division Director
4. Purchase and coordinate all computer up-grade installations	Richard Steele	05/01/97	07/31/97	Installation dates for new software and hardware.
5. Install new communication lines at Metro Regional office	Richard Steele	05/01/97	08/15/97	Installation date for new lines
6. Coordinate and schedule staff training on new software use and capabilities.	Richard Steele Veronica Gabaldon	05/19/97	07/31/97	Training Calendar.
7. Install Internet within the DDD	Richard Steele	05/15/97	06/30/97	Installation date for Internet
8. Evaluate software programs that will meet the needs of Division in the areas of client demographic, finance, case management, behavioral therapies, supported employment, incident/trend analysis	Fred Tapia	05/15/97	08/15/97	Written report to the Division Director



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
9. Purchase software, if available.	Fred Tapia	08/01/97	09/15/97		Purchase agreement
10. Install software.	Fred Tapia	09/15/97	09/30/97		Installation
11. Develop a long-term IMS Plan	Fred Tapia DDD Mgmt. Team	10/01/97	11/28/97		Plan completed

# ***INDIVIDUAL SERVICE PLANNING***

## INDIVIDUAL SERVICE PLANNING

The State of New Mexico continues to make significant improvements in the Individual Service Planning process as demonstrated in the Annual Community Audits. In an effort to continually improve in this area, additional training and technical assistance initiatives based on the results of the most recent Community Audit will be implemented. These include integration of person-centered behavioral supports, vocational profiles and career development plans, enhanced access to assistive technology, and recognition and appropriate team support of human sexuality and relationship issues.

Regional quality improvement initiatives include ongoing reviews of new ISPs to verify appropriateness and compliance with regulations. In addition, samples of existing ISPs will be reviewed quarterly to verify timeliness, appropriate vision statements, implementation, opportunities for integration and other outcomes.

The Dispute Resolution Process will remain in effect and will continue to be housed within the Developmental Disabilities Division.

Lastly, the State of New Mexico remains committed to ongoing community audits conducted state wide which will be used to illustrate areas requiring additional quality improvement activities.

**PLAN OF ACTION**  
**May 15, 1997**  
**INDIVIDUAL SERVICE PLANNING**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97, 5/31/2000

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: IDT MEMBERS AND DDD STAFF WILL RECEIVE TRAINING AND TECHNICAL ASSISTANCE TO DEVELOP MEANINGFUL ISPs.</b>				
1. Training Module on ISP regulations is developed, piloted, and submitted for CAST approval.	Deb Donovan NET NM SWAT Regional Offices	08/20/97	12/20/97	CAST approved module is submitted to DDD Training Unit
2. DDD Staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in ISP Regulations.	Deb Donovan NET NM SWAT Regional Offices	08/20/95	Ongoing	Quarterly status reports
3. Training module on the development of relevant goals, objectives and strategies is developed, piloted and submitted for CAST approval.	Deb Donovan NET NM SWAT Regional Offices	09/20/95	06/30/97	CAST approved module is submitted to DDD Training Unit
4. DDD staff, case managers, internal service coordinators and direct service staff of residential, vocational and day habilitation agencies are trained in Goals and Objectives.	Deb Donovan NET NM SWAT Regional Offices	10/01/96	Ongoing	Quarterly status reports
5. Training Module on [Supporting Individuals with Challenging Behaviors] is developed and reviewed.	Deb Donovan NET NM SBSS	08/01/94	10/31/97	CAST approved module is submitted to DDD Training Unit
6. DDD staff, Case Managers, etc. are trained in ISP Considerations for persons with challenging behaviors.	Deb Donovan NET NM SBSS	10/01/94	Ongoing	Quarterly status reports
7. Establish a cadre of Regional Trainers certified	Deb Donovan	08/15/95	06/30/98	Certificates of completion

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due & Ongoing	Completed	
in the following modules: ISP, Goals and Objectives and Challenging Behavior.	NET NM SWAT SBSS		Ongoing		
8. Provide technical assistance to teams selected by the Regional Offices in the integration of Behavioral Support Plans into ISP document including Goals and objectives and strategies.	SBSS Regional Offices Deb Donovan	10/01/97	06/30/98		Quarterly Technical Assistance Summary Reports
9. Provide Technical Assistance to teams to be selected by the Regional Offices in the refinement of ISP document, team process and implementation and documentation of services.	NET NM SWAT Deb Donovan	03/01/97	Ongoing		TA calendar and outcome statement of meetings TA summary reports
10. Provide training to IDT's selected by the Regional Offices to incorporate into ISP's techniques pertaining to basic sexuality, relationship building and social skills.	Alumbra	12/01/97	06/30/98		TA summary reports
11. Develop a module on basic sexuality to include teaching relationship building skills and submit for CAST approval.	Alumbra Deb Donovan	07/01/97	12/30/97		CAST approved module submitted to DDD
12. Provide training to case managers, internal service coordinators and Regional Office staff on basic sexuality and relationship building.	Deb Donovan Alumbra	01/01/98	06/30/98		Training calendars and attendance records
13. Develop regional capacity to provide training and technical assistance to IDT's on the development of vocational profiles and career development plans.	Ruby Moore Joe Lacayo NET NM SWAT Deb Donovan	07/01/97	06/30/98		Quarterly status reports of activities and regional capacity
14. Under the supervision of the AT consultants, training entities contracting with the DDD will provide AT training, including augmentive	Sheila Stuart SWAT NET NM	09/01/97	Ongoing		Training rosters

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
communication, environmental access and control, and enhanced mobility, to IDTs that incorporate the principles of full participation of even the most severely disabled individuals.					
15. Train DDD Staff on ISP Regulations, Goals and Objectives, Vocational Profiles and Career Development Plans, Behavioral Supports, Sexuality Issues of People with DD, and Assistive Technology.	Deb Donovan SWAT NET NM Alumbra Sheila Stewart	01/01/98	06/30/98		Employee training records
16. Integrate training requirements for pre-service, ISP, Goals and Objectives and Challenging Behavior into contractual agreements with NET, SWAT and SBSS.	Paul Schwalje Deb Donovan	05/30/96	06/30/98		Requirements are listed in Medicaid Waiver Rates and definitions and State General Fund contracts.
<b>B. DESIRED OUTCOME: THE DIVISION WILL CONTINUE ITS EFFORTS TO IMPROVE THE QUALITY OF ISP THROUGH ONGOING QUALITY IMPROVEMENT INITIATIVES.</b>					
1. Regional Offices will continue to review new ISPJs for conformance with service definitions, DD regulations, and Division protocols.	Regional Offices	1995	Ongoing		Approved budget.
2. Regional Offices will continue to provide feedback, using an ISP checklist, to case managers on ISPJs developed.	Regional Offices	1996	Ongoing		ISP checklist is completed and submitted to Case Managers
3. Regional Offices will continue to provide technical assistance to select IDT teams on the refinement of the ISP.	Regional Offices	1996	Ongoing		Regional Office Bureau Director Quarterly Report to the DDD Director
4. Regional Offices will continue to provide training and/or technical assistance through regular meetings with case management or provider agencies.	Regional Offices	1996	Ongoing		Meeting agendas.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Complete	
<b>C. DESIRED OUTCOME: IDENTIFY AND CORRECT ISP DEFICIENCIES, BOTH INDIVIDUAL AND SYSTEMIC, USING THE COMMUNITY AUDIT INFORMATION.</b>					
1. Submit community audit recommendations to the appropriate case managers for review and discussion with the IDT.	Regional Offices	Upon receipt of annual Community Audit Report	10 days from receipt of audit report		Regional offices memo to Regional Office Bureau Director
2. IDTs will review and incorporate audit recommendations with which the DD Division agrees into the ISP.	Case Managers Regional Offices	Upon receipt of IDT information from Regional Office	90 days thereafter		Amended ISPs submitted to Regional Office
3. Each Regional Office will develop a Plan of Action to correct systemic ISP deficiencies identified for that region in the Annual Community Audit Report.	Regional Offices	Upon receipt of Annual Community Audit Report	30 days from receipt of audit		ISP Plan of Action for each region
4. The Corrective Action Plan will be incorporated into the Regional Office Plans upon approval of the Regional Office Bureau Director.	Regional Offices Phil Blackshear		10 days after the Bureau Director approves the plan		Revised Regional Office Plans
5. Regional Office Plan revisions will be forwarded to the DD Division.	Phil Blackshear DD Director		Within 10 days after Regional Office Bureau Director approval of the Regional revised plans		Revised Regional Office Plan
6. The DD Division will incorporate the Regional Office Plan revisions into its plan for implementation of the community audit	DDD Director or designee		Within 10 days after receipt of the Regional		Plan implementation for Community Audit recommendations

ACTIVITY	RESPONSIBLE PERSON	TIME.LINE			MEASURE
		Begin	Due	Complete	
recommendations.			Office Plan Revision		
7. Divisional training initiatives will be developed to remediate systemic ISP deficiencies, if necessary.	Deb Donovan	90 days after receipt of Annual Community Audit	Ongoing		Training plans written
8. ISP training initiatives will be incorporated into the overall Division plan to implement community audit recommendations.	Director or designee		10 days after receipt of training plans		Documentation of training initiatives in the DDD Implementation Plan for Community Audit recommendations
9. ISP Training will be provided within each region, if necessary.	Deb Donovan	90 days after receipt of Community Audit Report	Ongoing		Training Rosters



ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>D. DESIRED OUTCOME: REGIONAL OFFICES WILL CONDUCT AN ONGOING REVIEW OF EXISTING ISPs.</b>				
1. The managers and Regional Office staff will conduct a sample of 20% of existing ISPs on a quarterly basis which will examine whether sample class members: <ul style="list-style-type: none"> <li>a. Have timely and adequate ISPs with appropriate assessments and long-term visions, in accordance with DoH regulations;</li> <li>b. Receive the services and supports identified in the ISPs;</li> <li>c. Receive the services and supports at the appropriate level and intensity;</li> <li>d. Utilize services which allow them to be more rather than less integrated into the community, as defined by the Department ISP Regulations; and</li> <li>e. Have reasonable opportunities to participate in integrated community settings.</li> </ul>	Regional Offices	07/01/97	10/01/97 and quarterly thereafter	Completed protocols
2. Regional Offices will report their results to the Regional Office Bureau Director	Regional Offices	10/01/97	Quarterly after 10/1/97	Summary Report
3. Regional Offices will develop and implement a plan of action to correct any identified deficiencies	Regional Offices	10/01/97	Quarterly after 10/1/97	Plan of Action
4. Regional Office Bureau Director will monitor	Regional Office	10/01/97	Ongoing	Report to DDD Director

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Complete	
status of plan of action.	Bureau Director				

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	

**E. DESIRED OUTCOME: CONTINUATION OF THE DISPUTE RESOLUTION PROCESS.**

1. Continuation of the Dispute Resolution Process (DRP) as set out in DoH Regulation NMAC 7.26.8 (Appendix B).	Kathleen Dungan	Ongoing	Ongoing		Quarterly statistics
2. Provide training to division and regional office staff on the DRP process.	Kathleen Dungan	07/21/97	08/30/97		Training rosters
3. Provide training to persons served on the DRP process.	Kathleen Dungan	08/18/97	01/01/98		Training rosters
4. Provide training to parents and guardians on the DRP process.	Kathleen Dungan	08/18/97	01/01/98		Training rosters
5. Provide training to case managers and other providers on the DRP process	Kathleen Dungan	08/18/97	01/01/98		Training rosters

# ***CASE MANAGEMENT***

## CASE MANAGEMENT RECONFIGURATION PLAN

The Division, in collaboration with HSD, will reconfigure case management so that the provider has increased accountability and more stringent standards, e.g., personnel requirements, geographic coverage. The Division will develop a relationship with case managers that makes them substantially more accountable to the Developmental Disabilities Division. In this role, case managers will be given broader responsibility for ISP budgets which balance cost-effectiveness and individual needs.

The Division will define case management as a scope of work rather than a service. This paradigm shift will increase accountability while clarifying expectations. Some procedural activities may shift to providers over time. In broad terms, case management will be strengthened in the following areas:

1. Advocacy on behalf of the individual to achieve their personal vision.
2. Objectivity in determining what the individual needs including the promotion of natural supports.
3. Coordination of activities between families and providers.
4. Monitoring of service delivery to assure that the service plans meet DOH standards and are effective.
5. Front line quality assurance and enhancement activities.

Regulations will be revised to reflect case management as reconfigured concurrent with amendment of the Medicaid Waiver to allow for contract case management.

The process for the appeal and review of case management decisions will be reviewed and revised as needed to assure easy access and responsiveness.

Regional quality assurance monitoring of case management activities will be initiated. Valid assessment procedures for case management activities will be developed.

A CFP will be issued and ultimately a provider agreement/contract with eligible entities will be in place which reflects these initiatives.

**PLAN OF ACTION**  
**May 15, 1997**  
**CASE MANAGEMENT**

Revised: 5/29/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: RESPONSIVE, EFFECTIVE CASE MANAGEMENT</b>				
1. Determine operational parameters. Define roles of Continuum of Care, Department of Health and Human Services Division.	Marilyn Price Phil Blackshear Jennifer Thorne-Lehman HSD	05/19/97	09/01/97	Parameters agreed to by DOH/HSD
2. Define new roles of case manager, regional office, provider and individual/family.	Joanne Salazar Case Management Coordinator Jennifer Thorne-Lehman HSD	06/03/97	10/01/97	Workgroup draft documentation
3. Define scope of work for case management to include:	Jennifer -Thorne Lehman Joanne Salazar HSD	07/01/97	10/01/97	Preliminary definition, work scope
a. Advocacy on behalf of the individual to achieve their personal vision.				
b. Objectivity in determining what the individual needs including the promotion of natural supports.				
c. Coordination of activities between families and providers.				
d. Monitoring of service delivery to assure that the service plans meet DOH standards and are effective.				
e. Front line quality assurance and enhancement activities.				
4. Develop standards for case management. Determine competencies, geographic parameters, supervisory requirements, timeliness criteria and limits of budgetary approval.	Joanne Salazar HSD	02/01/97	03/01/98	Incorporation of standards in C.F.P. competencies.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Complete	
5. Review and revise the process for the appeal and review of case management decisions.	Arturo Rangel HSD	07/15/97	09/30/97		Written appeal protocol and agreement of HSD
6. Prepare draft HSD regulation for publishing.	HSD	08/01/97	10/30/97		Signature of HSD Secretary
7. Publish draft for HSD case management regulations. Publish in Register, public hearing.	HSD	09/01/97	11/15/97		Final publication in Register
8. Preliminary review by HCFA.	HSD	07/01/97	01/15/98		Comments from HCFA Reg. Office
9. HCFA approval; issue CFP. Issue CFP for case management with contingency language	HSD	07/01/97	03/01/98		Legal notice
10. Hire case management coordinator.	Division Director	07/01/97	09/01/97		Position filled
11. Hire/identify <input type="checkbox"/> FTE in each Regional Office and 1 FTE in Metro Office for case management	Case Management Coordinator Amy Hewlitt Phil Blackshear	07/01/97	11/01/97		Positions filled
12. Revise DoH regulations consistent with contract case management. Hold public hearing, final publication.	Case Management Coordinator	01/01/98	04/30/98		Publication of final regulations
13. Develop protocols for internal case management agency use in reviewing ISP, coordination of services and review of client support	Regional Office Mgrs. Case Management Coordinator	01/01/98	04/30/98		Written Protocol
14. Develop protocols for utilization reviewer.	Case Management Coordinator HSD	09/01/97	10/01/97		Written protocol
15. Develop and conduct training for <input type="checkbox"/> utilization reviewers <input type="checkbox"/> .	Case Management Coordinator HSD	09/01/97	10/01/97		Training Plan Training Rosters
16. Develop communication network/procedures between case management agencies, regional	HSD Case Management Coordinator	10/01/97	01/01/98		Written procedures

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Complete	
offices and action plan management staff	Regional Office Managers Division Director				
17. Develop joint case management oversight procedures for regional offices	Regional Office Managers Continuum of Care Phil Blackshear Case Management Coordinator	09/01/97	03/01/98		Procedures approved by Division Director
18. Oversight procedures will be communicated to HSD.	Case Management Coordinator	12/01/97	12/01/97		Presentation to Utilization Review Committee.
19. Establish a process by which parents can exercise their [freedom of choice] in selecting a case manager.	HSD Case Management Coordinator	01/01/98	03/01/98		Written protocol
20. Select case management providers.	HSD Case Management Coordinator	04/01/98	05/01/98		Provider proposals; ratings, award letter.
21. Revise scope of work consistent with public input, HCFA requirements and final recommendations from Continuum of Care contractor	Case Management Coordinator HSD	03/01/98	05/15/98		Contracts ready for signature
22. Obtain final contracts for case management in each region.	HSD Fred Tapia	05/15/98	06/30/98		DFA approval on contracts
23. Finalize training expectations.	Deb Donovan	01/01/98	06/01/98		Plan approved and implemented

# ***BEHAVIORAL SERVICES***



## BEHAVIORAL SERVICES

The Developmental Disabilities Division has adopted a Person Centered approach to providing services, including behavioral support. The Division's Policy Governing Behavioral Support Service Planning describes required and suggested practices. To further enhance the delivery of behavioral support to individuals with developmental disabilities, the Division has revised its Behavioral Services Plan to include numerous collaborative activities involving the Division, TEASC, the Regional Offices, and outside consultants.

The Developmental Disabilities Division will assume the major quality assurance role and will provide clinical and administrative oversight for behavioral services. The Division will retain a consultant with expertise in positive behavioral support to provide guidance on all aspects of the statewide behavioral services initiative. The consultant will participate in: the development/review of division guidelines and procedures related to the provision of behavioral services; collaboration with division and regional office staff, other consultants and TEASC regarding behavioral services and supports to individuals with developmental disabilities; the review and revision of individual behavioral support plans; and training for division staff, regional offices, behavior therapists, case managers, and others on the development of behavior support plans, and on supporting people with challenging behavior. Additionally, the consultant will participate in the review of systemic issues related to the provision of behavioral services such as quality enhancement issues, systemic training needs, and ISP development and implementation; and will provide technical assistance to the division regarding the implementation of the statewide plan.

The consultant will work closely with the Director of the Division's newly developed Office of Behavioral Services. The Director is responsible for, and will be the Division's point of contact for the implementation, monitoring and systemic integration of all aspects of the statewide behavioral plan. The Director's responsibilities include: establishment of provider standards; refining policies and guidelines in the provision of behavioral services and supports; development of review guidelines and protocols for individual behavior support plans; development and provision of training and technical assistance to division staff, Regional Offices, Behavior Therapists and other providers of service; and, pending the hiring of a Clinical Coordinator, clinical review of Individual Behavior Support Plans and providing feedback on these reviews to the behavior therapists and the Interdisciplinary teams. The Office of Behavioral Services will also recruit a Clinical Coordinator of Behavioral Services whose responsibilities will include:

- Assisting the DD Division and Behavioral Services Office in the conduct of clinical activities across the state via the statewide behavioral service plan.
- Assuming the role of Reviewer of Behavior Support Plans and providing clinical consultation services.
- Engaging in clinical training activities within the Regional Office
- Consult with behavior therapists in the field.
- Consult on issues related to the Crisis Response Plan.
- Supervise Regional Office Psychologists and coordinate their activities in concert with Behavioral Services Director.
- The coordinator and director eventually shall replace the current behavior consultant and shall be selected by the Department, subject to the agreement of the Plaintiffs which will not be unreasonably withheld.

The Transdisciplinary Evaluation and Support Clinic (TEASC) will continue to provide support to the Division, Regional Offices, and to direct providers of behavioral services through technical assistance, training and evaluation and assessment services..

***Major Elements:***

Major elements of the current plan can be summarized as follows:

Review the backlog of behavior support plans for priority clients to gauge the quality and appropriateness of the behavioral services being provided to those individuals and provide recommendations to the Developmental Disabilities Division Director, the regional offices and the interdisciplinary teams for improvement.

All individuals who have been determined to be in need of high intensity services, will be reviewed to update their status. A mechanism will be developed to accommodate status (intensity) level changes and report those changes to the regional offices and the Developmental Disabilities Division Director.

Priority clients identified as being in need of behavioral services will be referred for and receive appropriate services. The office of behavioral services will direct and monitor those services.

Progress reviews will be designed and conducted to determine the extent to which individuals receiving services are improving, with the results being reported to the regional offices and the Developmental Disabilities Division Director .

The behavioral support plans for priority clients will be reviewed and reports will be made to the regional offices and the Developmental Disabilities Division Director upon completion. Among the review issues will be conformance to established policy, clinical quality of behavioral services provided and increasing accountability to the behavioral services office.

The behavioral support plans for non-priority clients will also be reviewed and reports will be made to the regional offices and the Developmental Disabilities Division Director.

The role and the capacity of the regional offices and the Division to coordinate, provide and monitor behavioral services will be enhanced through the provision of technical assistance and training, in large part, through the behavioral services office, TEASC, and a consultant. Also, the hiring of behaviorally literate and experienced staff to work within the regional offices as behavior support specialists will substantially enhance regional office capabilities.

A systemic analysis of the resources, expertise and activities within each region will be undertaken with the overriding long-term goal being to develop specific and formal quality enhancement activities.

It is anticipated that the implementation of this plan of action will result in tangible achievements and heightened accountability for behavioral services provided across the state.

**PLAN OF ACTION  
BEHAVIORAL SERVICES**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/11/97, 8/29/97, 5/31/2000

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE	
		Begin	Due		Completed
<b>DESIRED OUTCOME: THE BACKLOG OF BEHAVIOR SUPPORT PLANS WILL BE THOROUGHLY REVIEWED AND FEEDBACK WILL BE GIVEN TO THE BEHAVIOR THERAPISTS FOR REQUIRED REVISIONS.</b>					
Dr. Hitzing will return to the Developmental Disabilities Division, the BSPs previously sent to him review along with his reviewer comments on each already reviewed.	Wade Hitzing Paul Schwalje Kevin Baker	04/30/97	05/15/97	05/23/97	BSPs and completed written reviews.
Any BSPs returned by Dr. Hitzing without his reviewer comments will undergo review by Developmental Disability Division designated expert reviewers.	Chris Heimerl David Pitonyak	05/23/97	07/15/97		BSPs and completed reviews with annotations by reviewers.
All BSPs returned by Dr. Hitzing will be reviewed address conformance to Developmental Disabilities Division Policies and guidelines.	Chris Heimerl	05/23/97	07/15/97		BSPs and completed reviews with annotations by second reviewers.
The Reviewer Comment Forms will be sent to the active behavior therapists for their review, follow-up with the IDTs and plan revision.	Chris Heimerl	05/30/97	07/15/97		Reviewer Comments Forms completed on each BSP reviewed along with memos to the behavior therapists directing that the revisions be made.
The behavior therapists will forward copies of their sent BSPs to the Developmental Disabilities Division incorporating the reviewer comments into plans.	Beh. Therapists	07/15/97	Within 30 days of mailing date of the Reviewer Comments form		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
Follow-up contacts with the clients' case managers behavior therapists will be conducted to obtain data	Chris Heimerl	06/30/97	08/31/97		Documentation obtained and supplied by case managers and

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
incident occurrence and related events in the lives of these individuals for the past 12 months or since moves to community settings.					behavior therapists.
From the data collected in activity #6, an analysis will be conducted to determine what measures were taken by the IDTs to prevent recurrences of identified clients and a determination will be made as to the effectiveness of these actions.	Chris Heimerl	08/31/97	09/30/97		Documentation created as a result of the analysis.
A summary report of these data will be provided to Developmental Disabilities Division Director and regional offices which may include recommendations, as appropriate, for further remedial actions by the IDTs.	Chris Heimerl	09/30/97	10/15/97		Report to the Developmental Disabilities Division Director and the regional offices.
<b>DESIRED OUTCOME: INDIVIDUALS TRANSITIONED FROM FT. STANTON OR THE LOS LUNAS CENTER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES PREVIOUSLY IDENTIFIED AS PRIORITY CLIENTS WILL HAVE A STATUS UPDATE.</b>					
Regional office staff and case managers will be provided with written criteria and a concise description of the identification process for determining behavioral support needs.	Chris Heimerl	07/15/97	07/31/97		Memo to case managers and regional office staff describing criteria and the process for identification.
Review current ISPs for <i>priority clients</i> to determine if the development of behavior support services is indicated by identified need.	Regional Offices	05/30/97	09/01/97		Documentation pertaining to the ISP reviews.
Update the existing database for <i>priority clients</i> .	Chris Heimerl	08/15/97	08/31/97		Database outputs and computer files.
Individuals from this group newly identified as being in need of intensive behavioral supports will be added to the existing list of <i>priority clients</i> and these will be provided to the Developmental Disabilities	Regional Offices	05/30/97	09/15/97		Memos on the identification of new individuals who are in need of behavioral supports; database outputs and computer files.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<p>sion by each regional office.</p> <p>individuals who were previously identified as <i>priority clients</i> but are no longer in need of this level of service intensity will be deleted from the priority list; does not necessarily mean that they are no longer in need of behavioral services but rather that the intensity of behavioral services has decreased.</p> <p>The Developmental Disabilities Division Director of the regional offices will be notified by memo of change in status for <i>priority clients</i>.</p>	<p>Chris Heimerl Regional Offices</p> <p>Chris Heimerl</p>	<p>09/15/97</p> <p>09/30/97</p> <p>10/15/97</p> <p>09/30/97</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Database outputs and computer files.</p> <p>Memos to Developmental Disabilities Division Director and regional offices.</p>
<p><b>DESIRED OUTCOME: INDIVIDUALS TRANSITIONED FROM FT. STANTON OR THE LOS LUNAS CENTER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES WHO HAVE BEEN IDENTIFIED AS PRIORITY CLIENTS WILL BE REFERRED FOR AND RECEIVE BEHAVIORAL SERVICES.</b></p>				
<p>A referral form for behavioral services will be developed and utilized to make formal referrals for <i>priority clients</i>.</p> <p>Individuals previously identified as <i>priority clients</i> will be referred for behavioral services.</p> <p>Coordinate the development of behavioral supports for <i>priority clients</i> by working with the IDTUs and regional offices to access needed services.</p>	<p>Chris Heimerl</p> <p>Chris Heimerl</p> <p>TEASC Arlene Broska Chris Heimerl Regional Offices Case Managers IDTUs</p> <p>Behavior Therapists Case Managers</p> <p>Chris Heimerl Arlene Broska</p>	<p>06/30/97</p> <p>08/15/97</p> <p>05/30/97</p> <p>05/30/97</p> <p>07/01/97</p>	<p>07/15/97</p> <p>10/01/97</p> <p>Ongoing</p> <p>Ongoing</p> <p>10/01/97</p> <p>10/01/97</p> <p>Ongoing</p>	<p>Behavioral services referral form.</p> <p>Memos documenting referral of clients for behavioral services.</p> <p>Memos documenting these coordinating efforts.</p> <p>Copies of Behavior Support Plans.</p> <p>Copies of Behavior Support Plans</p>

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
<p><b>DESIRED OUTCOME: BEHAVIORAL SUPPORTS BEING PROVIDED TO PRIORITY CLIENTS WILL BE CLOSELY MONITORED FOR QUALITY CONTROL PURPOSES.</b></p>					
The behavioral supports outcome tracking questionnaire will be simplified.	TEASC Chris Heimerl Regional Offices	06/15/97	08/15/97		The revised behavioral supports outcome tracking questionnaire form and associated memos.
Case management agencies and the regional offices be advised of upcoming training on the completion of revised behavioral supports outcome tracking questionnaires.	Deb Donovan	08/15/97	09/15/97		Memo announcing training schedules on this topic.
Training for case managers and regional office staff the procedures and rationale for the revised behavioral supports outcome tracking questionnaire be conducted within each region.	Chris Heimerl Deb Donovan	09/15/97	10/15/97		Training rosters on this topic.
The revised behavioral supports outcome tracking questionnaire will be disseminated to case management agencies and the regional offices.	Chris Heimerl Arlene Broska	10/15/97	10/31/97		The revised behavioral supports outcome tracking questionnaire and associated memos.
Revised behavioral supports outcome tracking questionnaires will be completed and returned to the Developmental Disabilities Division for <i>priority</i> clients.	Case Management Agencies Regional Offices Chris Heimerl	11/01/97	11/30/97		Revised behavioral supports outcome tracking questionnaires completed by the case management agencies.
Following the completion of data entry, a summary report will be generated and provided to the Developmental Disabilities Division Director, the regional offices and case managers for <i>priority clients</i> .	Chris Heimerl Arlene Broska	12/01/97	12/31/97		Report to the Developmental Disabilities Division Director, regional offices and case managers.
<p><b>DESIRED OUTCOME: QUALITY REVIEWS WILL BE CONDUCTED ON THE EFFICACY OF BEHAVIOR SUPPORT PLANS FOR PRIORITY CLIENTS.</b></p>					
Copies of current BSPs & ISPs for <i>priority</i> clients will be forwarded via regional offices for	Case Management Agencies	06/28/97	08/30/97 for existing BSPs		Copies of current BSPs for

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
aw.	Regional Offices		10/15/97 for new BSPs		<i>priority clients.</i>
A Reviewer Comments Form will be utilized as a quality control instrument to provide concise feedback to behavior therapists.	Chris Heimerl Arlene Broska	06/23/97	Ongoing		Reviewer Comments Forms completed on each BSP reviewed.
BSPs and ISPs for <i>priority clients</i> will be reviewed to address conformance to Developmental Disabilities Division policies and guidelines to include integration within the ISP document.	Chris Heimerl Arlene Broska Reg. Beh. Spec.	05/23/97	09/30/97 for newly developed plans and annually for continuing plans.		Reviewer Comments Forms completed on each BSP reviewed.
The Reviewer Comments Forms will be sent to the active behavior therapists for their review, follow-up with the IDTs and plan revision.	Chris Heimerl Arlene Broska Reg. Beh. Spec.	07/15/97	Within 30 days of completion of the review.		Reviewer Comments Forms completed on each BSP reviewed along with memos to the behavior therapists directing that the revisions be made.
The behavior therapists will forward copies of their revised BSPs to the Developmental Disabilities Division incorporating the reviewer comments into the S.	Beh. Therapists	08/15/97	Within 30 days of the mailing date of the Reviewer Comments Form		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
The responses to the Reviewer Comments Forms BSP revisions and comments from the behavior therapists will be analyzed and a summary report of the responses will be generated.	Chris Heimerl Arlene Broska	08/15/97	Semiannually		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
Develop standardized quarterly progress note format that facilitates the analysis of behavior therapy effectiveness, disseminate new format and train behavior therapists on its use.	Chris Heimerl Arlene Broska	11/01/98	02/28/99		Behavior therapy Quarterly Progress Note format.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Develop site visit data sheet and staff interview questions for use in the collection of data on behavior therapy effectiveness.	Chris Heimerl Arlene Broska	11/01/98	12/31/98		Site visit data sheet and staff interview form.
Select a sample for annual review of behavior therapy effectiveness which includes approximately 10% of the Jackson Behavioral Priority Clients.	Chris Heimerl Arlene Broska	11/01/98	11/30/98		List of clients selected for annual review.
Schedule site visits, obtain quarterly progress notes on behavior therapists and copies of incident report from the Division of Health Improvement.	Chris Heimerl Arlene Broska	01/01/99	03/31/99		Site visit schedule, quarterly progress notes and copies of DHI incident report data for selected sample.
Conduct site visits and records reviews for the selected sample per specifications in the original protocol dated 11/02/98, and amended in June 1999.	Chris Heimerl Arlene Broska	04/01/99	12/31/99		Data collected for selected sample (site visit data sheets, behavior therapy quarterly progress notes, incident report data, staff interview forms).
Conduct records reviews for the remaining Jackson Behavioral Priority Clients and include these data in the analysis of behavior therapy effectiveness.	Chris Heimerl Arlene Broska	04/01/99	12/31/99		Data collected and analyzed from behavior therapy quarterly progress notes.
The results of the annual behavior therapy effectiveness review will be analyzed and a summary report of the findings will be generated.	Chris Heimerl Arlene Broska	04/04/99	Annually		Summary of findings.
A summary of the results of the annual behavior therapy plan and behavior therapy effectiveness reviews will be provided to the LTSD Director and the regional offices through the quarterly report for the quarter in which the respective reviews are completed.	Chris Heimerl Arlene Broska	09/30/97	Quarterly		Quarterly report to the Developmental Disabilities Division Director and the regional offices.

**DESIRED OUTCOME: INDIVIDUALS RECEIVING SERVICES WITHIN THE MEDICAID WAIVER PROGRAM NOT INCLUDED AS PRIORITY CLIENTS WILL HAVE A STATUS UPDATE.**



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Regional office staff and case managers will be provided with written criteria and a concise description of the identification process for determining behavioral support needs.	Chris Heimerl	05/30/97	06/30/97		Memo to case managers and regional office staff describing criteria and the process for identification.
Review current ISP[s] for <i>non-priority clients</i> to determine if the development of behavior support services is indicated by identified need.	Regional Offices	07/01/97	09/30/97		Documentation pertaining to the ISP reviews.
Develop a database to track services being provided to <i>non-priority clients</i> .	Chris Heimerl	08/15/97	08/31/97		Database outputs and computer files.
Individuals from this group newly identified as being in need of behavioral supports will be included in the database and these data will be provided to the Developmental Disabilities Division by each regional office.	Regional Offices	08/31/97	10/31/97		Memos on the identification of new individuals who are in need of behavioral supports; database outputs and computer files.
Individuals who were previously receiving behavioral services but who are no longer in need of services will be accounted for within the database.	Chris Heimerl Regional Offices Arlene Broska	10/31/97	11/30/97		Database outputs and computer files.
The Developmental Disabilities Division Director and regional offices will be notified by memo upon completion of this new database.	Chris Heimerl Arlene Broska	11/30/97	12/15/97		Memo to Developmental Disabilities Division Director and regional offices.
<b>DESIRED OUTCOME: INDIVIDUALS RECEIVING SERVICES WITHIN THE MEDICAID WAIVER PROGRAM NOT INCLUDED AS PRIORITY CLIENTS WILL BE REFERRED FOR AND RECEIVE BEHAVIORAL SERVICES.</b>					
A referral form for behavioral services will be developed and utilized to make formal referrals for services.	Chris Heimerl	06/30/97	07/15/97		Behavioral services referral form.
Individuals identified within their ISP[s] as being in need of behavioral supports will be referred for behavioral services.	Chris Heimerl Arlene Broska	11/30/97	03/31/98		Memos documenting referral of clients for behavioral services.

ACTIVITY	RESPONSIBLE PERSON	TIMELINE			MEASURE
		Begin	Due	Completed	
Coordinate the development of behavioral supports for these individuals by working with the IDTs and regional offices to access needed services.	Chris Heimerl Regional Offices Case Managers IDTs Arlene Broska	05/30/97	Ongoing	Ongoing	Memos documenting these coordinating efforts.
Behavior Support Plans (BSPs) will be developed for all non-priority clients identified in current ISPs as in need of such supports.	Behavior Therapists Case Managers	11/30/97	06/30/98		Copies of Behavior Support Plans.
Verify completion of BSPs for non-priority clients and DDD behavioral authorities and provide follow-ups needed.	Chris Heimerl Arlene Broska	11/30/97	06/30/98		Copies of Behavior Support Plans
<b>DESIRED OUTCOME: BEHAVIORAL SUPPORTS BEING PROVIDED TO NON-PRIORITY CLIENTS WILL BE CLOSELY MONITORED FOR QUALITY CONTROL PURPOSES.</b>					
The behavioral supports outcome tracking questionnaire will be disseminated for internal review which final revisions will be made on content and format.	TEASC Chris Heimerl Regional Offices	08/15/97	08/31/97		The revised behavioral supports outcome tracking questionnaire form and associated memos.
Case management agencies and the regional offices will be advised of upcoming training on the completion of the revised behavioral supports outcome tracking questionnaires.	Deb Donovan	08/15/97	09/15/97		Memos announcing training schedules on this topic.
Training for case managers and regional office staff on the procedures and rationale for the revised behavioral supports outcome tracking questionnaire will be conducted within each region.	TEASC Chris Heimerl Deb Donovan	09/15/97	10/15/97		Training rosters on this topic.
The revised behavioral supports outcome tracking questionnaire will be disseminated to case management agencies and the regional offices.	TEASC Chris Heimerl	11/01/97	11/30/97		The revised behavioral supports outcome tracking questionnaire and associated memos.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Revised behavioral supports outcome tracking questionnaires will be completed and returned to the Developmental Disabilities Division for non-priority clients.	Case Management Agencies Regional Offices Chris Heimerl	11/30/97	01/30/98		Revised behavioral supports outcome tracking questionnaires completed by the case management agencies.
Following the completion of data entry, a summary report will be generated and provided to the Developmental Disabilities Division Director, the regional offices and case managers for non-priority clients.	Chris Heimerl	12/15/97	02/28/98		Report to the Developmental Disabilities Division Director, regional offices and case managers.
<b>DESIRED OUTCOME: QUALITY REVIEWS WILL BE CONDUCTED ON THE EFFICACY OF BEHAVIOR SUPPORT PLANS FOR NON-PRIORITY LIST CLIENTS RECEIVING SERVICES WITHIN THE MEDICAID WAIVER PROGRAM.</b>					
Copies of current BSPs & ISPs for non-priority individuals will be forwarded via regional offices review.	Case Management Agencies Behavior Therapists Regional Offices	08/31/97	10/31/97 for existing BSPs Within 30 days of completion of new BSPs		Copies of current BSPs for these individuals.
A sample of approximately 20% of the BSPs sent by each behavior therapist for this group across the state will be selected for review such that at least 2 BSPs from each behavior therapist will be reviewed.	Chris Heimerl Arlene Broska Reg. Beh. Spec.	10/31/97	11/30/97		Sample BSPs selected.
A Reviewer Comments form will be utilized as a quality control instrument to provide concise feedback to behavior therapists.	Chris Heimerl Arlene Broska	06/23/97	Ongoing		Reviewer Comments forms completed on each BSP reviewed.
BSPs and ISPs for these individuals will be reviewed to address conformance to Developmental Disabilities Division policies and guidelines to include integration within the ISP document.	Chris Heimerl Arlene Broska	11/30/97	02/28/98		Reviewer Comments forms completed on each BSP reviewed.
Reviewer comments will be sent to the respective	Chris Heimerl	11/30/97	Within 30 days		Reviewer Comments forms

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Behavior therapists for their review, follow-up with the BSPs and plan revision.	Arlene Broska Reg. Beh. Spec.		of completion of the review.		completed on each BSP reviewed along with memos to the behavior therapists directing that the revisions be made.
The behavior therapists will forward copies of their revised BSPs to the Developmental Disabilities Division incorporating the reviewer comments into the S.	Beh. Therapists Regional Office	12/31/97	Within 30 days of mailing date of the Reviewer Comments form		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
The responses to the Review comments forms via revisions and comments from the behavior therapists will be analyzed and a summary report of responses will be generated.	Chris Heimerl Arlene Broska	02/28/98	Biannually		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
Develop standardized quarterly progress note that facilitates the analysis of behavior therapy effectiveness, disseminate new format and train behavior therapists on its use.	Chris Heimerl Arlene Broska	11/01/98	02/28/99		Behavior therapy Quarterly Progress Note format.
Develop site visit data sheet and staff interview questions for use in the collection of data on behavior therapy effectiveness.	Chris Heimerl Arlene Broska	11/01/98	12/31/98		Site visit data sheet and staff interview form.
Select a sample for annual review of behavior therapy effectiveness which includes approximately of the Jackson Non-Priority Clients.	Chris Heimerl Arlene Broska	11/01/98	11/30/98		List of clients selected for annual review.
Schedule site visits, obtain quarterly progress notes from behavior therapists and copies of incident report from the Division of Health Improvement.	Chris Heimerl Arlene Broska	01/01/99	03/31/99		Site visit schedule, quarterly progress notes and copies of DHI incident report data for selected sample.
Conduct site visits and records reviews for the	Chris Heimerl				Data collected for selected sample

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
<p>ected sample per specifications in the original protocol dated 11/02/98 and ammended in June 1999.</p>	Arlene Broska	04/01/99	12/31/99		(site visit data sheets, behavior therapy quarterly progress notes, incident report data, staff interview forms).
<p>The results of the annual behavior therapy effectiveness review will be analyzed and a summary report of the findings will be generated.</p>	Chris Heimerl Arlene Broska	02/28/98	Biannually		Revised BSPs submitted to the Developmental Disabilities Division for final approval.
<p>A summary of the results of the annual behavior support plan and behavior therapy effectiveness reviews be provided to the LTSD Director and the regional offices through the quarterly report for the quarter ending which the respective reviews are completed.</p>	Chris Heimerl Arlene Broska	03/31/98	Quarterly		Quarterly report to the Developmental Disabilities Division Director and the regional offices.
<p><b>ESIED OUTCOME: THE CURRENT CAPACITY OF THE REGIONAL OFFICES AND THE DEVELOPMENTAL DISABILITIES DIVISION WILL BE ENHANCED TO FACILITATE THE COORDINATION, PROVISION AND MONITORING OF BEHAVIOR SUPPORT SERVICES.</b></p>					
<p>Employ a full-time Director of Behavioral Services who is responsible for the statewide delivery and coordination of behavioral supports to classmembers.</p>	Paul Schwalje	07/1/97	07/01/97	07/01/97	Executed contract
<p>Employ a Behavioral Services consultant to provide all guidance on the Behavioral Services Initiative.</p>	Paul Schwalje	07/01/97	07/01/97	07/01/97	Executed contract
<p>Recruit and hire a Clinical Coordinator of Behavioral Services who is responsible for the monitoring and quality of behavioral supports to classmembers. This individual will be selected by the Department, subject to the agreement of the Plaintiffs which will not be unreasonably withheld.</p>	Paul Schwalje Chris Heimerl	08/01/97	10/01/97		Executed contract
<p>The coordinator and director eventually shall receive the current behavior consultant and shall be selected by the Department, subject to the agreement of the Plaintiffs which will not be unreasonably withheld.</p>	Paul Schwalje		11/01/98		Written report on the status of Behavioral Services.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Regional Behavior Support Specialists will be hired and hired as follows: Metro - 1.0 FTE; all other regions - 0.5 FTEs.	Regional Offices Human Resource Specialists Chris Heimerl	07/01/97	10/15/97		Individuals hired/contracted.
Training on developing behavior support plans will be provided to behavior therapists across the state by TEASC.	Chris Heimerl Arlene Broska TEASC	10/15/97	Ongoing schedules & locations TBA		Training schedules and rosters.
Negotiate JPA change(s) and finalize agreement with TEASC.	Paul Schwalje Barbara Ludwig Chris Heimerl	05/23/97	06/30/97		Final JPA agreement
Negotiate additional work scope with TEASC.	Paul Schwalje Barbara Ludwig Chris Heimerl	05/23/97	07/31/97		Signed contract with TEASC which includes full description of work scope.
Review any additional resource needs identified by TEASC.	Paul Schwalje Barbara Ludwig Chris Heimerl	05/23/97	07/31/97		Signed contract with TEASC
Regional offices and case managers will be provided with training and technical assistance regarding planning for behavioral supports for the purpose of monitoring plan implementation.	TEASC Chris Heimerl Arlene Broska	10/15/97	Ongoing In advance of due dates for regional plans		Training schedules and rosters.
Training to behavior therapists, case managers and providers on supporting people with challenging behavior will continue.	TEASC Deb Donovan	10/15/97	Ongoing Schedules & locations TBA		Training schedules and rosters.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Training to behavior therapists, case managers and providers on Person Centered Planning will be initiated and expanded.	Deb Donovan Chris Heimerl	10/15/97	Ongoing schedules & locations TBA		Training schedules and rosters.
Technical assistance will be provided to case managers and behavior therapists on integrating BSPs the ISPs.	TEASC Arlene Broska Chris Heimerl	10/15/97	Ongoing schedules & locations TBA		Training schedules and rosters.
Training on the Developmental Disabilities Division Behavioral Support Policy will continue.	Chris Heimerl Arlene Broska Regional Offices	10/15/97	Ongoing schedules & locations TBA		Training schedules and rosters.
Training on data collection and conducting a national analysis of behavior will be provided to behavior therapists across the state by region.	Chris Heimerl Arlene Broska	10/15/97	Ongoing schedules & locations TBA		Training schedules and rosters.
A quarterly meeting will be held within each region behavior therapists to exchange information and to initiate two way face-to-face communication between providers of behavioral services and the developmental Disabilities Division; all behavior therapists will be required to attend at least two quarterly meetings per year.	Chris Heimerl TEASC Arlene Broska	09/30/97	Quarterly for the first year. First meeting to be held 9/30/97 (effective 9/30/98) Meeting will be held biannually.		Quarterly meeting notes.
Initial training will be provided to the newly hired behavior support specialists which will include coverage of the behavior supports policy, behavioral	Regional Offices Chris Heimerl Deb Donovan	10/15/97	02/15/98		Training schedules and rosters.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
ports planning, ISP guidelines, basic human ability and the use of appropriate crisis management edures.	Arlene Broska TEASC				
Technical assistance will be made available to the elopmental Disabilities Division.	TEASC Chris Heimerl Arlene Broska	07/01/97	Ongoing		Written work scope for TEASC.
<b>ESIRED OUTCOME: PROVIDERS OF BEHAVIORAL SERVICES OPERATING WITHIN THE MEDICAID WAIVER PROGRAM WILL RECEIVE SCRUTINY FOR QUALITY IMPROVEMENT AND CONTROL PURPOSES.</b>					
Develop criteria within the context of Department ealth Policies and Procedures to be used to assess vior therapist contractor performance and these ria will be included in all new contracts.	Chris Heimerl Paul Schwalje Arlene Broska	01/01/98	07/01/98		Written criteria.
nformation on behavior therapist[s] training grounds, licensure and scope of service will be cted utilizing a survey form developed for this ose; this will help to identify strengths and nesses which will be taken into account in the olopment of specific training programs and will v for some degree of behavior therapist quality rol in terms of allowing for the establishment of a al database for providers of behavioral services.	Chris Heimerl Arlene Broska	01/01/97	08/31/97		Responses to survey previously sent from the Developmental Disabilities Division.
pecific assessment procedures will be developed etermining the adequacy of behavioral services ision by behavior therapists.	Chris Heimerl Arlene Broska	01/01/98	04/30/98		Written assessment protocol.
Develop standardized quarterly progress note at that facilitates the analysis of behavior therapy itiveness, disseminate new format tnd train vior therapists on its use.	Chris Heimerl Arlene Broska	11/01/98	12/31/98		Site visit data sheet and staff interview form.
Develop site visit data sheet and staff interview	Chris Heimerl	11/01/98	12/31/98		Site visit data sheet and staff



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
itions for use in the collection of data on behavior apy effectiveness.	Arlene Broska				interview form.
Select a sample for annual review of behavior apy effectiveness which will include 20% of the son Behavioral Priority Clients and 20% of the son Non-Priority Clients who are presently iving behavioral services statewide.	Chris Heimerl Arlene Broska	11/01/98	11/30/98		List of clients selected for annual review.
Schedule site visits, obtain quarterly progress notes copies of incident report data from the Division of lth for selected sample.	Chris Heimerl Arlene Broska	01/01/99	03/31/99		Site visit schedule, quarterly progress notes and copies of DHI incident report data for selected sample.
Conduct site visits and records reviews for the xted sample per specifications in the originalocol dated 11/02/98.	Chris Heimerl Arlene Broska	04/01/99	12/31/99		Data collected for selected sample (site visit data sheets, behavior therapy quarterly progress notes, incident report data, staff interview forms).
Conduct records reviews for the remaining Jackson avioral Priority Clients and include these data in the ysis.	Chris Heimerl Arlene Broska	04/01/99	12/31/99		Data collected and analyzed from behavior therapy quarterly progress notes.
Report progress to the LTSD Director and the onal Offices via the Behavioral Services Office terly report.	Chris Heimerl	04/01/99	12/31/99		Quarterly report to the LTSD Division Director and the Regional Offices.
<b>ESIRED OUTCOME: QUALITY ENHANCEMENT ACTIVITIES WILL BE UNDERTAKEN TO PROMOTE AND REFINE THE BEHAVIORAL SUPPORTS BEING PROVIDED TO ALL INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.</b>					
Regional meetings will be held with case managers regional offices to train on assessing and itoring behavior support plans, identifying uate plans and assessing the degree of integration e BSP into the ISP.	TEASC Chris Heimerl	09/30/97	Quarterly for the first year. First meeting to be held 09/30/97		Training rosters and meeting notes

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
			(effective 9/30/98) meetings will be held biannually)		
The behavioral support activities within each region be monitored and analyzed to determine any areas of service delivery or to identify service issues.	Chris Heimerl	09/30/97	Quarterly		Documentation developed as a result of the analysis.
A report on this analysis will be provided to the regional offices and the Developmental Disabilities Division Director for review and corrective action if indicated.	Chris Heimerl	09/30/97	Quarterly		Report to the Developmental Disabilities Division Director.

# ***CRISIS RESPONSE***

## ***CRISIS RESPONSE***

Crisis Response is the capacity to respond (state-wide) to emergencies where persons with challenging behaviors or other emergency situations are likely to suffer a negative consequence (i.e., residential, medical, other) because local supports are inadequate to meet the individuals' needs. It provides a safety-net to the local DD System and is effective in preventing unnecessary hospitalization.

The first level of Crisis Response is to assist locally through training and consultation, aiding the local support network to meet the needs of the individual in their home setting. The second level of support is to send staff to the local setting to provide coverage (respite for other staff or training time), consultation and training. Only when all else fails do we resort to providing alternative residential services. The Crisis Team would work with the local provider and Regional Office to return the person to their home community as quickly as possible.

Central to the 'Crisis Response' approach to support is the concept of capacity building of local providers. To that end, the project would support a network of providers to build local capacity for crisis response through training, regular meetings, case study and other means. The Crisis Response Project would work with Regional Office Staff assigned to behavioral supports to build this capacity.

**PLAN OF ACTION**  
**May 15, 1997**  
**CRISIS RESPONSE**

Revised: 5/29/97, 6/14/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: THE ABILITY TO RESPOND AT VARYING LEVELS OF INTENSITY TO INDIVIDUALS IN CRISIS WHERE LOCAL SUPPORTS ARE UNABLE TO COPE WITH THE SITUATION.</b>				
1. Establish capacity:				
a. Establish budget for operations	a. Matt McCue	07/01/97	07/15/97	Budget established.
b. Hire lead person and four staff	b. Diane Nunn Mary Lente	07/15/97		Staff secured
c. Conduct training in providing supports for persons with challenging behaviors.	c. Chris Heimerl et al	07/15/97		Training rosters
d. Secure transportation for state-wide operations	d. Joe Valencia	07/01/97		Vehicle secured (temporary vehicle in place)
2. Establish 3-tiered approach to Crisis-Response to include	Matt McCue Chris Heimerl et al	07/15/97	09/01/97	Written protocol
1) consultation,				
2) on-site training, and				
3) support, and				
residential capacity.				
3. Disseminate information to Regions and Providers about this service state-wide.	Matt McCue	08/01/97	09/01/97	Letter to interested parties.
4. Develop year two plan for regionalization of crisis capacity	Phil Blackshear Regional Office Matt McCue	07/01/97	12/31/98	Plan for Regional capacity in place for FY99
a. Review Crisis Plans from other states (at least 3)	Matt McCue Elin Howe	07/01/97	09/01/97	Written report
b. Complete regional budgets and Request for Proposal	Phil Blackshear	01/01/98	03/01/98	Completed RFP with budget

for regional crisis providers.	Matt McCue	10/01/97	01/01/98	Completed needs assessment
c. Conduct needs assessment and design crisis support model based on regional needs and capacity.	Phil Blackshear Matt McCue			

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
5. Develop a network for local capacity through training and backup to reduce the need for residential alternatives when local supports are inadequate.	Matt McCue Chris Heimerl Chris Heimerl et al	12/01/97	05/01/98	Ongoing meeting minutes

# *SEXUALITY*

## SEXUALITY

In March 1995, the Developmental Disabilities Division established a plan to meet the sexuality needs of individuals who have been previously institutionalized and develop capability within the state to address individuals' sexuality needs. Priority individuals were identified and Alumbra is providing follow along monitoring and services as appropriate. Services offered to date include: Individual Person Centered Sexuality Assessments with resultant recommendations for interventions; provision of training and technical assistance to provider agencies, limited treatment to individuals and technical assistance to generic service providers. In addition, Alumbra has identified resources in the New Mexico community and helped develop and obtain public comment on Sexuality Guidelines for ISP teams.

The state's efforts will be enhanced through offering additional treatment services to individuals; development and evaluation of a tool specific to assessing sexuality deviance; and through increased training initiatives for ISP teams and practitioners throughout the state.



**PLAN OF ACTION**  
**May 15, 1997**  
**SEXUALITY**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97, 9/21/98

ACTIVITY	RESPONSIBLE PERSON	TIMELINE			MEASURE
		Begin	Due	Completed	
<b>RED OUTCOME: THE DIVISION WILL DISSEMINATE SEXUALITY GUIDELINES.</b>					
DD Division will establish an interdisciplinary Planning Team to develop the guidelines.	Paul Schwalje	09/96	07/97		Completion of guidelines
Alumbra will distribute draft guidelines for public discussion in each region.	Alumbra	02/97	04/97		Regional public input meetings held
Draft guidelines will be revised per public input.	Alumbra DD Division Paul Schwalje	04/97	05/97		Final guidelines complete.
H Counsel will review draft guidelines.	DoH Counsel	05/97	05/97		Written review
Adult Services Task Force will review draft guidelines.	Adult Services Task Force	05/07/97	06/20/97		Written minutes documenting motion to accept guidelines.
Division will disseminate guidelines on availability.	Paul Schwalje		09/01/97		Dissemination complete.
Division will continue to provide training for Case Managers, Behavior Therapists, other service providers and Regional Office Staff on Sexuality Guidelines on a quarterly basis between September 1, 1998 and June 1999.	Chris Heimerl Arlene Broska Deb Donovan Regional Office Behavior Specialists	09/97	Ongoing		Training agendas, announcements and rosters of attendance.
<b>RED OUTCOME: INDIVIDUALS TRANSITIONED FROM FT. STANTON OR THE LOS LUNAS CENTER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES IDENTIFIED AS PRIORITY CLIENTS WILL HAVE A STATUS UPDATE.</b>					
Update the existing database for individuals previously identified as <i>priority clients</i> .	Chris Heimerl	08/15/97	08/31/97		Database output and computer files

ACTIVITY	RESPONSIBLE PERSON	TIMELINE		MEASURE
		Begin	Due	
DD Division will conduct a sexuality assessment of individuals transitioned by the date of the last survey.	Regional Offices	09/15/97	10/15/97	Complete survey
15 individuals from the original group of sexuality priority clients identified during 1995 any additions to this list through September 1998, who have been identified by the Office of Behavioral Services as being in need of intensive sexuality supports will be included in the list of Jackson Sexuality Priority Clients.	Chris Heimerl Arlene Broska Interdisciplinary Teams Regional Offices Pamela Rodden Moss Aubrey	09/97	Ongoing	Memos on the identification of additional individuals in need of extensive sexuality and behavioral supports. September 30, 1998 Jackson Sexuality Priority List database
Individuals previously identified as <i>priority</i> clients but no longer in need of this level of care intensity will be deleted from the priority list; this does not necessarily mean that they are no longer in need of services, but only that the intensity of that need has ceased.	Chris Heimerl Regional Office	09/01/97	09/30/97	Database output and computer files.
Long Term Services Division Director and Regional Offices will be notified by memo through quarterly report dissemination of any change in status for priority clients as of September 30, 1998.	Chris Heimerl	09/97	10/98	Memo to the Long Term Services Division Director and Regional Offices or references in the quarterly reports to numerical changes to the membership for sexuality priority clients.

ACTIVITY	RESPONSIBLE PERSON	TIMELINE		MEASURE
		Begin	Due	
<b>C. DESIRED OUTCOME: INDIVIDUALS TRANSITIONED FROM FT. STANTON OR THE LOS LUNAS CENTER FOR PERSONS WITH DEVELOPED DISABILITIES IDENTIFIED AS PRIORITY CLIENTS WILL RECEIVE APPROPRIATE ASSESSMENTS.</b>				
*1. Individuals will be referred to Alumbra.	Alumbra	11/01/97	01/31/98	Referrals made
2. Individual assessments will be completed.	Alumbra	02/98	05/98	Assessments completed
3. Assessment information will be forwarded to the case manager for use by the Interdisciplinary Team in ISP planning.	Alumbra	As assessments are completed	Ongoing	Priority individuals with assessment information to the IDT.
4. Evaluations of the sexuality education needs of all priority individuals referred by their interdisciplinary teams to the Behavioral Services Office will be conducted by December 31, 1998	Regional Office Behavior Specialists Arlene Broska Chris Heimerl	09/98	12/98	Documentation supplied Behavioral Services Office
5. The Long Term Services Division will contract with consultants who will perform comprehensive psychosexual assessments of developmentally disabled individuals who exhibit sexually deviant behaviors and who have been identified as Jackson Sexuality Priority Clients by September 30, 1998.	Paul Schwalje Chris Heimerl Arlene Broska Pamela Rodden Moss Aubrey Other consultants deemed appropriate by LTSD	06/98	08/98	Executed contract(s) and service for consultants are at this time.
6. Comprehensive psychosexual evaluations will be performed for priority individuals referred to the Behavioral Services Office for sexually deviant behaviors as of September 30, 1998.	Pamela Rodden Moss Aubrey Chris Heimerl Arlene Broska	09/98	06/99	Copies of written evaluations
7. Psychological evaluations relative to the presentation of concurrent psychiatric conditions such as Post Traumatic Stress Disorder, depression and anxiety disorders for individuals with a history of sexual abuse will be completed for sexuality priority clients who are on the list	Psychiatric/psychological service providers statewide Chris Heimerl Arlene Broska.	09/98	Ongoing	Copies of written evaluations

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
<p>by September 30, 1998 and referred to the Behavioral Services Office for scheduling of an evaluation.</p> <p>8. Specialized, holistic assessments with a focus on the identification of unusual organic factors for those clients in need of such evaluative services will be referred to the TEASC program.</p>	<p>TEASC Chris Heimerl Arlene Broska</p>	07/98	Ongoing		<p>Memos to TEASC referring individuals for evaluation</p> <p>Copies of written evaluation reports</p>
<p><b>D. DESIRED OUTCOME:</b> CAPACITY TO ADMINISTER, SCORE AND INTERPRET FORMAL TESTS WHICH AID IN THE IDENTIFICATION OF SEXUALLY I BEHAVIORS AND TO CONDUCT COMPREHENSIVE PSYCHOSEXUAL ASSESSMENTS WILL BE DEVELOPED WITHIN THE LONG SERVICES DIVISION AND AMONG OTHER QUALIFIED PRACTITIONERS PROVIDING SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS.</p>					
<p>1. The Long Term Services Division will contract with a consultant or consultants who will provide training to enhance the skills of clinicians within the Division and of other qualified providers to develop the necessary expertise required to conduct comprehensive psychosexual evaluations of developmentally disabled individuals who exhibit sexually deviant behaviors. Expertise will be developed in this area through a combination of formalized didactic training and participation in the conduct of comprehensive sexuality evaluations with the consultant(s). Preliminary training began in June 1998. Additional formal training sessions are tentatively scheduled to begin in November 1998 and continue throughout 1999. The exact number of hours of training, frequencies and formats will be determined through consultation with the contract consultant(s). Among the areas of competency to be developed are: statistics on offense and victimization rates, typologies of sex offenders, assessment, treatment techniques, relapse prevention, victim</p>	<p>Paul Schwalje Chris Heimerl Pamela Rodden Other consultants deemed appropriate by LTSD</p>	08/98	06/99		<p>Executed contract(s) and service for consultants.</p>

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
issues, family reunification, legal issues, pharmacotherapy, impact of sexual offenses, assessing progress in therapy, secondary and vicarious trauma, anger management techniques, sex education, group therapy dynamics and integration of the foregoing with developmentally disabled individuals.				
<b>E. DESIRED OUTCOME: IDTs AND IDENTIFIED PROFESSIONALS WILL RECEIVE TRAINING AND TECHNICAL ASSISTANCE.</b>				
1. Technical assistance and training to IDTs in the area of DD sexuality will be delivered in each region through presentation of existing training modules on this topic between September 1, 1998 and June 30, 1999.	Chris Heimerl Arlene Broska Regional Office Behavior Specialists	09/98	06/99	Training announcements Rosters of attendance
2. Training for individual therapy providers, behavior therapists and other interested IDT members on more advanced sexuality therapy topics will be developed and provided on a quarterly basis between September 1, 1998 and June 30, 1999.	Chris Heimerl Arlene Broska Deb Donovan Regional Behavior specialists Pamela Rodden Other consultants deemed appropriate by LTSD	09/98	06/99	Training announcements Rosters of attendance
<b>F. DESIRED OUTCOME: INDIVIDUALS ON THE PRIORITY LIST WILL RECEIVE SERVICES APPROPRIATE TO THEIR IDENTIFIED NEEDS IN CONJUNCTION WITH THE DEVELOPMENT AND IMPLEMENTATION OF THEIR ISP'S</b>				
1. Educational services will be made available and be provided to individuals who have been identified as sexuality priority clients; these services will also be available to non-priority clients.	Regional Office Behavior Specialists Arlene Broska Medicaid Waiver Behavior Therapists	09/98	03/99	Memos pertaining to the p of these services Written evaluative inform
2. The Long Term Services Division will issue a memo and/or include compulsory language within individual contracts which will affirm the	Ramona Flores-Lopez Paul Schwalje Chris Heimerl	10/98	12/98	

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Division's commitment to refraining from the use of the criminal justice system as part of a client's treatment program consistent with the philosophy and behavioral support policy of the LTSD.					
3. The Long Term Services Division will contract with a provider of residential services that will specialize in providing therapeutic support for developmentally disabled individuals with sexually deviant behaviors.	Paul Schwalje Chris Heimerl Chrysalis or other contracted provider deemed appropriate by LTSD	08/98	12/98		Approved Medicaid Provider contract
4. The approved provider will develop a residential milieu program for individuals with sexually deviant behaviors and offer services.	Chrysalis or other contracted provider deemed appropriate by LTSD Chris Heimerl Paul Schwalje	08/98	03/99		Established residences. Written residential milieu program.
5. The approved provider will develop a day activity program for individuals with sexually deviant behaviors and offer services. The approved agency will also provide clinical support to other day habilitation or supported employment programs for participating clients where it is found clinically appropriate to retain existing day or employment programming.	Chrysalis or other contracted provider deemed appropriate by LTSD Chris Heimerl Paul Schwalje	08/98	03/99		Written day activity program
6. The approved provider will develop and offer therapy for individuals with sexually deviant behaviors.	Chrysalis or other contracted provider deemed appropriate by LTSD Chris Heimerl Paul Schwalje	08/98	03/99		Written description of plans

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
7. Therapy will be made available for individuals who have been identified and evaluated (and are on the sexuality priority list) as being in need of psychiatric/psychological services for psychiatric conditions which are secondary to a history of sexual abuse.	Psychiatric or psychological service providers statewide Chris Heimerl Arlene Broska Medicaid Waiver Behavior Therapists	08/98	06/99	Medicaid Waiver behavior therapy recipient Progress notes from I Therapists or other provic

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<p><b>G. DESIRED OUTCOME:</b> A SELECTED CADRE OF INDEPENDENT PHYSICIANS, PSYCHOLOGISTS AND BEHAVIORAL THERAPISTS SHALL RECEIVE TRAUMA AND BEHAVIORAL THERAPY TRAINING, TREATMENT AND STRATEGIES, TRAUMA RECOVERY, AND SOCIAL SKILL TRAINING AND RELATIONSHIP BUILDING.</p>				
1. The contractor shall develop training materials for the Department and submit a training schedule to the Department. The contractor shall consult with Continuum of Care in order to develop the above mentioned schedule which shall include training in each region of the state.	Alumbra	07/01/97	12/30/97	Completion of training m
2. The contractor shall provide training in accordance with established schedule.	Alumbra	01/15/98	06/30/98	Training flyers and att rosters



ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>H. DESIRED OUTCOME:</b> A LIST OF PSYCHOLOGISTS AND MEDICAL CARE RESOURCES IN EACH REGION OF NEW MEXICO SHALL BE DEVELOPED AND DISTRIBUTED TO ALL REGIONAL OFFICES AND INTERESTED PARTIES TO INCLUDE CASE MANAGERS AND OTHER PROVIDERS.				
1. A list will be developed.	Alumbra	07/01/97	07/18/97	List developed
2. The list will be distributed.	Alumbra	08/01/97	08/30/97	List distributed
<b>I. DESIRED OUTCOME:</b> INDIVIDUALS WITH DEVIANT OR COUNTERFEIT-DEVIANT SEXUAL BEHAVIOR WILL RECEIVE TREATMENT.				
*1. Conduct a needs assessment, by Region, of individuals requiring services.	Chris Heimerl Regional Offices	09/01/97	12/30/97	Report to the DD Director and Regional Office of Survey Instrument
*2. Survey therapists and/or generic service providers to determine who currently serves or are interested in serving individuals with deviant or counterfeit deviant behaviors.	Chris Heimerl	07/25/97	09/15/97	Report to the DD Director and Regional Office Therapist Survey Data Form
3. Develop a training program (from data collected in part through Activities 1 and 2) for therapists who are currently providing therapy or interested in serving individuals with deviant or counterfeit deviant behaviors.	Chris Heimerl Arlene Broska Pamela Rodden Other consultants acceptable to LTSD	08/98	12/98	Written outline of training Training announcement Training rosters of attendees Scope of service for consultants
4. Provide training to therapists.	Chris Heimerl Consultant(s) to be determined	01/02/99	06/30/99	Training calendar Rosters of attendance
5. Monitor services provided to sexuality priority clients through formal annual reviews of behavior therapy assessments, psychological evaluations when available, behavior support plans, quarterly progress notes, individual service plans, client budgets for therapy and attendance of IDT meetings as appropriate.	Chris Heimerl Arlene Broska Paul Schwalje	08/98	06/99	provided Quarterly behavior therapy Medicaid Waiver approval behavior therapy recipient BSPs on file. BSP Reviews on file. Copies of incident reports Analysis and summary

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
				services

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<p><b>J. DESIRED OUTCOME:</b> LOCALLY-BASED SEXUALITY WORKGROUPS WILL BE ESTABLISHED TO DISSEMINATE INFORMATION CONSISTENT WITH SE GUIDELINES AND TO ENGAGE IN PROBLEM SOLVING ACTIVITIES IN THIS AREA ON A REGIONAL BASIS.</p>				
<p>1. Regional Offices will facilitate the establishment of sexuality workgroups which will address local issues of concern to parents, guardians, regional offices and service providers. To preserve the confidentiality of all concerned, the contextual areas for the workgroups to address will be topical in nature, not clinical or case related. The focus of these workgroups will not serve as a substitute for appropriate clinical activities nor will it in any ways breach confidentiality for any clients.</p>	<p>Regional Office Behavior Specialists Chris Heimerl Arlene Broska</p>	08/98	12/98	<p>Memos relating to establishment of the workgroup Meeting schedules and agendas Attendance rosters</p>

# ***SUPPORTED EMPLOYMENT***

# NM EMPLOYMENT PLAN FOR INDIVIDUALS WHO WERE PREVIOUSLY INSTITUTIONALIZED

The New Mexico Developmental Disabilities Division submits the following plan for addressing the employment needs of individuals who were previously institutionalized. The plan is part of a broader statewide supported employment initiative that is intended to give access to employment to all individuals with developmental disabilities who wish to work, and for whom employment will substantially improve their quality of life. The plan builds on the systems's successes to date in developing employment opportunities for individuals with developmental disabilities, and gives concentrated attention to providing relevant employment opportunities, training, and supports to individuals who were previously institutionalized, in order to access and sustain meaningful jobs, and to continue their career development.

In order to achieve this goal, the plan includes multiple strategies to be undertaken throughout the State's Developmental Disabilities Service System. At the heart of these strategies is the need to effect changes in: a) the current infrastructure of the DD Division and the staffing assigned to this project; b) the way in which employment is emphasized as an outcome for individuals who were previously institutionalized; c) the way in which the individual support plan (ISP) process addresses community integration and employment; and d) the way in which employment services, with the necessary training and supports, are defined and delivered for individuals who were previously institutionalized.

For the purposes of this plan, supported employment is defined in accordance with the Federal Department of Education regulations. Supported employment is defined as:

*...paid employment, with Ongoing supports, in integrated settings for the maximum number of hours possible based on the unique strengths, resources, interests, concerns, abilities and capabilities of individuals with the most severe disabilities. Integrated settings are work places where most of the employees are not handicapped and where an individual interacts on a regular basis, in the performance of their job duties, with employees who are not handicapped (Federal Register, 1992).*

**PLAN OF ACTION**  
**May 15, 1997**  
**SUPPORTED EMPLOYMENT**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
<b>A. DESIRED OUTCOME: THE NEW MEXICO DEVELOPMENTAL DISABILITIES DIVISION WILL ASSIGN ADEQUATE PERSONNEL RESOURCES TO IMPLEMENT THE EMPLOYMENT INITIATIVE.</b>					
1. Recruit/orient full-time Employment Coordinator	Division Director	08/01/97	10/15/97		Position announcement Filled positions
2. Recruit/orient/train regional employment specialists.	Emp. Coordinator	09/01/97	10/01/97		Positions filled
3. Ongoing training/mentoring/supervision of project personnel will be provided.	Ruby Moore, Div. Consultant Emp. Coordinator	07/15/97	06/30/98		Quarterly Division Progress Reports
<b>B. DESIRED OUTCOME: FOR 119 INDIVIDUALS PREVIOUSLY INSTITUTIONALIZED WHOSE ITP OR ISP INDICATES EMPLOYMENT, THERE WILL BE A PROFILE AND CDP, IF INDICATED, ADDRESSED IN THEIR ANNUAL ISP.</b>					
1. Identify trainers to be lead career plan trainers from each region (certified in profile/career plan designs).	Div. Consultant Emp. Coordinator	07/15/97	09/30/97		Letter of certification from the Division Consultant and Employment Coordinator.
2. Recruit/orient and train existing provider and division staff who will be involved in the completion of vocational profiles and Career Development Plan (CDP) for individuals served in each region.	Div. Consultant Emp. Coordinator	07/31/97	Ongoing		Submission of CDP Plans developed as training plans between September and October
3. Orient and train provider staff on competency-based Career Development Plan.	Div. Consultant Regional [Profile Specialists] Emp. Coordinator	09/01/97	Ongoing		Submission of CDP plans developed by provider staff to Regional Employment Specialists
4. Identify and disseminate to trainers and providers quality criteria for Career Development Plans and Profiles.	Div. Consultant Emp. Coordinator Division Training Coordinator	07/31/97	08/30/97		Distribution of CDP Training Manual to identified division, training of contract and provider staff

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<p>5. Implement profiles and CDPs statewide for the identified 119 individuals based on a prioritization scale:</p> <p>a. Persons who want to work and have an identified transition plan for supported employment but are not now working</p> <p>b. Persons receiving services that are inconsistent with the transition plan and ISP objectives that were recommended for supported employment assessments</p> <p>c. Persons receiving services consistent with the transitional plan whose employment/work services require enhancements as a safeguard for continued growth and opportunity</p> <p>d. Persons employed consistent with the transition plan and who may need new employment opportunities due to changes, layoffs, problems with performance or new-found career interests</p>	<p>Trained provider staff</p> <p>Cert. Profile Spec. Div. Trainers Reg. Emp. Spec.</p> <p>Trained provider staff</p> <p>Cert. Profile Spec. Reg. Emp. Spec.</p> <p>Trained Provider staff</p> <p>Cert. Profile Spec. Reg. Emp. Spec.</p> <p>Trained Provider staff</p> <p>Cert. Profile Spec. Reg. Emp. Spec.</p>	<p>07/01/97</p> <p>02/01/98</p> <p>05/01/98</p> <p>05/01/98</p>	<p>12/01/97</p> <p>03/31/98</p> <p>06/30/98</p> <p>06/30/98</p>	<p>Profiles/CDPs on file in regional offices</p> <p>Profiles/CDPs on file in regional offices</p> <p>Profiles/CDPs on file in regional offices</p> <p>Profiles/CDPs on file in regional offices</p>
<p>6. Career Development Plans (CDPs) with action steps for employment will be in ISPs as evidence of career component individuals in each of the groups identified in #5 above as:</p> <p>Group [a]</p> <p>Group [b]</p>	<p>Case Managers Reg. Emp. Spec.</p> <p>Case Managers Reg. Emp. Spec.</p> <p>Case Managers Reg. Emp. Spec.</p>	<p>10/01/97</p> <p>04/01/98</p>	<p>02/28/98</p> <p>05/31/98</p>	<p>CDP plans submitted as a component of the ISP</p> <p>CDP plans submitted as a component of the ISP</p>

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
Group [c]	Case Managers Reg. Emp. Spec	07/01/98	08/31/98		CDP plans submitted as a component of the ISP
Group [d]	Case Managers Reg. Emp. Spec	07/01/98	08/31/98		CDP plans submitted as a component of the ISP
<b>C. DESIRED OUTCOME: THE NEW MEXICO DEVELOPMENTAL DISABILITIES DIVISION WILL HAVE IMPROVED AND EXPANDED CAPACITY FOR QUALITY SUPPORTED EMPLOYMENT. FOR INDIVIDUALS PREVIOUSLY INSTITUTIONALIZED (OTHER THAN THOSE 119 IDENTIFIED IN [BU]) WHOSE ISP INDICATES EMPLOYMENT, THERE WILL BE A PROFILE AND CDP, IF INDICATED, ADDRESSED IN THEIR ANNUAL ISP.</b>					
1. Case Managers, IDTs, individuals and guardians will be informed of the need to consider, at the time of the annual ISP meeting, whether an individual would benefit from a supported employment profile and/or a CDP.	DDD Employment Coordinator	09/01/97	Ongoing		Memorandum from Employment Coordinator
2. Increase employment opportunities for individuals who were previously institutionalized	Provider staff Reg. Emp. Spec. Emp. Coordinator	01/31/98	Ongoing		Increase in the number of jobs developed
a. Facilitate employment/access jobs for previously institutionalized individuals who want to work	Provider staff Reg. Emp. Spec. Emp. Coordinator	05/01/98	Ongoing		New jobs developed and documented with the ISP and MIS
b. Access employment for persons receiving services that are inconsistent with the transition plan and ISP objectives who were formerly institutionalized	Provider staff Reg. Emp. Spec. Emp. Coordinator	05/01/98	Ongoing		New jobs developed and documented within the ISP and MIS
c. Sustain/improve job matches for persons who were formerly institutionalized and are currently working in jobs that are poor job matches or offer limited number of hours to work	Provider staff Reg. Emp. Spec. Emp. Coordinator	09/01/97	Ongoing		Jobs sustained or improved upon documented within the ISP or MIS
d. Sustain/improve employment for persons previously institutionalized who are working	Provider staff Reg. Emp. Spec. Emp. Coordinator	09/01/97	Ongoing		Jobs sustained or improved upon documented within the ISP or MIS



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
e. Continue to increase the number of persons who gain access to employment based on CDP development	Provider staff Reg. Emp. Spec. Emp. Coordinator	07/30/98	12/31/98		Number of people employed
3. Solicit the development of and provide support for demonstration projects					
a. Work with the S.E. Council to identify and highlight promising practices, including the continuation of the self-directed work teams	Emp. Coordinator Reg. Emp. Spec.	08/15/97	12/31/98		Division funding \$15,000 toward demonstrations. Employment Coordinator participates on the SE Council
4. Address disincentives to employment					
a. Establish state general fund incentive rate for job placements	Paul Schwalje	09/01/97	10/30/97		A state general fund for job placements established.
b. The Division will retain a consulting firm to review and recommend proposed changes to the Supported Employment rates	Marilyn Price	07/01/97	To be determined		Consulting firm's report
c. The Division will review the proposed changes and incorporate those with which they agree into their proposed rate revisions.	Marilyn Price Joe Lacayo Fred Tapia		In 1998		The Division's revised rate setting proposal.
d. Streamline Division reporting requirements.	Emp. Coordinator Regional Directors Reg. Emp. Spec.	09/01/97	12/30/97		Report to the Division recommending paperwork reduction
e. Identify and address local disincentives to employment within each region.	Emp. Coordinator Regional Directors Reg. Emp. Spec	07/01/97	12/31/98		Report to the Division
5. Continue to improve the quality of supported		09/15/97	Ongoing		

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
employment					
a. Provide technical assistance to individuals, programs, regional office staff on the development of vocational profiles and individual career development plans	Div. consultants	09/15/97	Ongoing		Profiles and CDPs submitted to Regional Offices
b. Provide technical assistance to individuals, programs, regional office staff on individual supports to persons with significant disabilities	Div. consultants	09/15/97	Ongoing		Technical assistance provided
c. Provide technical assistance in addressing disincentives to employment	Div. consultants	09/15/97	Ongoing		Technical assistance provided
d. Provide technical assistance on the use of natural supports	Div. consultants	09/15/97	Ongoing		Technical assistance provided
e. Provide technical assistance on accessing alternative funding for supported employment (DVR, SSA, WOTC, JPTA, NARC OJT, etc.)	Div. consultants	09/15/97	Ongoing		Technical assistance provided
<b>D. DESIRED OUTCOME: AN INFORMATION MANAGEMENT AND EVALUATION PROCESS WILL BE ESTABLISHED TO ENSURE CONTINUOUS FEEDBACK ON THE EFFECTIVENESS OF THE EMPLOYMENT PLAN IMPLEMENTATION.</b>					
1. Maintain quarterly update of current data base for employment until new system is in place	MIS Coordinator Emp. Coordinator	09/01/97	Ongoing		Quarterly submission
2. Track employment plan outcomes on a quarterly basis	Reg. Emp. Spec. Emp. Coordinator	09/01/97	Ongoing		MIS forms and monthly report
3. Quarterly evaluations of effectiveness of the plan submitted to the Division	Division consultant	07/01/97	10/30/97 01/31/98 04/30/98 08/31/98		Report filed with CSB

# *ASSISTIVE TECHNOLOGY*

## ASSISTIVE TECHNOLOGY

The Developmental Disabilities Division and the LLCP will develop statewide capacity in assistive technology. The budget for FY98 includes staff to carry on the work of the Speech and Rehabilitation Departments after the closure of the institution for residential services. The staffing complement consists of: 1 FTE Speech Therapist, 1 Occupational Therapist, 1 Physical Therapist, 1 Adaptive Equipment Specialist and 1 Upholsterer.

All the equipment used in the project, as operated by the institution, will be made available to the community program. Space and administrative support will be provided by the LLCP.

In the first year, the Los Lunas Community Program will manage the Assistive Technology Project. The Division may turn over the project to another contractor in future years. Besides providing as many services as possible with available resources, the Assistive Technology project will undertake an additional mission. It is to encourage the development of model and progressive services for persons with developmental disabilities throughout the state. Through example, mentor-ship and training, the staff of the project will seek to influence the provision of Assistive technology services in the following areas. This model will be built on the premise that all human beings communicate to some degree.

The program will focus on:

1. Augmentive Communication including:
  - a. Use of individualized dictionaries that would build upon idiosyncratic communication and behavior
  - b. 24-hour communication systems that allow persons to communicate basic needs and participate in life's activities
  - c. Interactive communication systems
2. Environmental access and control
3. Mobility, seating and posturing for specific functions
4. Cognitive enhancement
5. Activities of daily living

It is the underlying premise of the Assistive Technology Project that all persons with developmental disabilities can and should benefit from the use of these services. To that end, we will seek to inculcate within Division staff, case managers, providers, funding agencies, and other interested parties that the use of Assistive technology, including augmentive communication should be utilized to its fullest extent and not denied because of a mistaken notion that individuals are too disabled to benefit from Assistive technology services.

**PLAN OF ACTION**  
**May 15, 1997**  
**ASSISTIVE TECHNOLOGY**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
<b>A. DESIRED OUTCOME: ENHANCE AND EXPAND THE ASSISTIVE TECHNOLOGY INITIATIVE STATEWIDE.</b>					
1. Establish LLCPC as the manager of the Assistive Technology Initiative statewide.	Matt McCue	07/01/97	07/01/97	07/01/97	FY98 LLCPC budget
2. Hire staff for Assistive Technology Initiative: 1 FTE Speech/Language Pathologist 1 FTE Occupational Therapist 1 FTE Physical Therapist 1 FTE Adaptive Equipment Specialist 1 FTE Upholsterer	Matt McCue	07/01/97	08/01/97		Executed contracts and filled positions
3. Retain Sheila Stuart for purposes of technical assistance and training. Also a specialist in seating/mobility/Assistive Technology will be retained.	Matt McCue	05/15/97	07/01/97		Executed Contract
4. Transfer all Assistive Technology equipment used in the Los Lunas institution to the Los Lunas Community Program.	Person responsible Matt McCue	06/30/97	07/01/97	07/01/97	Memorandum from the Los Lunas Center Administration
5. Develop state-wide policy and guidelines for Assistive technology.	Sheila Stuart Matt McCue Laurie Smith Fran Dorman John Vanderveen	07/01/97	Draft 10/01/97		Draft submitted to DDD Director
6. Establish participatory approach (including: individual dictionaries, 24-hour communication systems and interactive systems) to communication services; adopted by the DDD as their preferred approach.					

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
a. Memo from DD Director to establish mandate for participatory approach on the preferred approach.	Division Director	07/01/97	08/01/97		Memo distributed.
7. Develop a training manual on the participatory approach.	Laurie Smith	07/01/97	10/15/97		Completed manual, training program
8. Disseminate information on the participatory approach to all waiver speech providers and other interested parties including case managers through mandatory training. Establish this preferred approach as mandatory through the Plan of Care budget process.	Sheila Stuart	11/01/97	12/31/97		Roster of training
9. Train Regional Office staff responsible for budget approval in the participatory approach and funding preference in speech therapy services	Phil Blackshear	08/01/97	11/30/97		Roster of training
a. Review and modify waiver service definitions for Speech, Physical and Occupational Therapies to include non-face-to-face, but client specific services that allow for the application of Assistive Technology supports.	Matt McCue Judy Harris Fran Dorman Laurie Smith	06/01/97	06/11/97		New definition submitted.
10. Assure that the approach, strategy, training and devices developed within the AT/Augmentive Communication paradigm shift are utilized as appropriate in all settings for the consumers.	See below	09/01/97	Ongoing		See below (6-a & b)
a. Review NET modules and modify as necessary consistent with statewide approach, conduct other training for providers. (Two sessions in each region. Videotape training sessions for future training).	Sheila Stuart Laurie Smith Fran Dorman NET NM	07/01/97	06/30/98		Stuart report on NET Modules Training rosters
b. Amend FY99 contracts and future Medicaid Provider Agreements to mandate AT use in all appropriate	Phil Blackshear Paul Schwalje	12/30/97	06/30/98		Amended contracts and agreements

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
settings.	et al				
11. Develop low-tech communication devices; purchase, modify, fabricate and make these available statewide. This approach does not preclude use of more sophisticated devices where appropriate.	Laurie Smith	09/01/97	03/31/98		Inventory list of items available for sale, rent, donation or lend.
a. Establish a fund to assist in the purchase of devices.	Matt McCue Judy Harris	07/01/97	08/01/97		Fund established.
12. Establish the Los Lunas AT project as a center for advice and technical assistance including toll-free telephone access, E-Mail, Web Page and brochures.	Laurie Smith Fran Dorman Joe Valencia	09/01/97	01/01/98		800 number and other media installed Staff available for consultation
13. Develop low-tech devices (other than communication), purchase, modify and fabricate these and make them available statewide. This approach does not preclude use of more sophisticated devices where appropriate.	Laurie Smith Fran Dorman et al	08/01/97	03/31/98		Inventory list of available devices for sale, rent, donation or lend.
a. Establish a fund to assist in the purchase of these devices	Matt McCue Judy Harris	07/01/97	08/01/97		Fund established
14. Develop day program demonstration site within the Los Lunas Community Program to include AT in areas of communication, mobility, environmental access and positioning. The LLCP site will be available for statewide training and observation. Keep data on the development of the demonstration site.	Fran Dorman Laurie Smith David Crawford	08/01/97	03/01/98		Established program Report on process.
a. Offer grants to establish additional demonstration sites in the regions (at least two sites).	Matt McCue	07/01/98	12/31/98		Grants awarded and sites established
15. Develop residential demonstration site within the Los Lunas Community Program to include AT in	Fran Dorman Laurie Smith	08/01/97	03/01/98		Established program. Report on process.

ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
areas of communication, mobility, environmental access and positioning. Make site available for statewide training and observation. Keep data on the development of the demonstration site.	Mary Lente				
a. Offer grants to establish additional demonstration sites in the regions (at least two sites).	Matt McCue	07/01/98	12/31/98		Grants awarded and sites established
16. Demonstrate how AT assessment and services can assist in supported employment.	Fran Dorman Laurie Smith	11/01/97	06/30/98		Completed assessments and service/supports in place.
17. Establish mobile services to repair, modify and assess seating systems and other AT. Make six trips throughout New Mexico in year one. Establish multi disciplinary teams to travel with the mobile service.	Fran Dorman Ruben Castillo	09/01/97	11/01/97 & Ongoing		Trip reports
18. Establish power mobility evaluation and training capacity at the AT Center.	Fran Dorman	08/01/97	09/01/97		Site established
19. Provide on-site repair for mobility systems and other AT devices.	Ruben Castillo	08/01/97	09/01/97		Site established
20. Purchase augmentive communication and other AT devices for use at the AT Center. Ongoing upgrades required.	Joe Valencia Fran Dorman Laurie Smith	07/01/97	09/01/97		List of items purchased
21. Establish utilization and other data collection mechanisms, including journal and pictures	Laurie Smith Fran Dorman Matt McCue et al	06/01/97	07/01/97		Data base established
22. Develop regional capacity of licensed therapists and other IDT members in various aspects of AT by training persons through the development of AT supports for specific individuals. At least 1 of the persons for whom AT supports are designed will be	See Below	09/01/97	06/30/98		See Below



ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<p>formerly institutionalized persons. Ongoing upgrades required.</p> <p>a. Assure the consistency of AT message and philosophy by having Sheila Stuart review and modify the training materials of other training providers under contract with DDD.</p> <p>b. Working with other training providers, establish a team of licensed therapists and others in each region and develop the knowledge necessary to provide AT services locally. Activities will include AT services designed for at least 2 persons per region. The method of team development will be on the job training led by Stuart, et al. (DDD will identify persons to be served. Regional Office will recruit team members.)</p>	<p>Sheila Stuart</p> <p>Sheila Stuart NET NM TRESKO Laurie Smith Fran Dorman</p>	<p>07/01/97</p> <p>10/01/97</p>	<p>09/01/97</p> <p>06/30/98</p>	<p>Stuart memo indicating completion of this task.</p> <p>Completed AT services in place. Teams operating independently after training.</p>
23. Follow former Los Lunas residents who participated in the Center's Eating and Swallowing clinics to assure that meal programs are maintained. If they are not (but are still recommended), offer consultation and training.	Laurie Smith Jennifer Lehman Regional Office	09/01/97	03/01/98	Individual reports on each identified person
24. Write policy and procedure manual for Assistive Technology that can be disseminated to other agencies.	Laurie Smith Deb Donovan John Vanderveen	07/01/97	10/01/97	Completed policies and procedures
25. Complete business plans that will address the question of revenue generation for initiatives.	Matt McCue Judy Harris	06/01/97	08/01/97	Completed plan and revenue received
26. Research the use of federal funds (i.e., Tech Act) to support the activities of this plan.	Matt McCue Consultants DVR Staff	09/01/97	11/01/97	Meeting minutes with other parties. Availability of funds for these purposes.

# ***MEDICAL SERVICES***

# CONTINUUM OF CARE ENHANCEMENTS

The Continuum of Care Project (["Continuum"]) intends to continue the major initiatives described below. Continuum's Mission is to improve access to comprehensive medical services for people with developmental disabilities and chronic conditions in New Mexico. Continuum's approach is to support enhancement of local resources and develop these where not available, rather than supply medical services directly by health professionals on Continuum's staff. Such support most frequently takes the form of consultation, training and information dissemination. In addition, the results of many of its activities will be long-term in nature; for example, training being done with medical students should improve access once they graduate and go into practice several years from now.

## I. Technical Assistance to Practitioners Statewide

- A. Continuum has developed a curriculum for primary care clinics called, ["Chronic Conditions Management Training."] The training involves all staff of each clinic. Workshops are held on topics on developmental disabilities in the morning sessions. The clinic is then asked to schedule two of their most complex patients with developmental disabilities for appointments in the afternoon during which time Continuum staff can demonstrate techniques discussed in the morning workshops. In addition, the patient receives an interdisciplinary assessment and thorough staffing. Three months after each session, participants are surveyed to determine how they have utilized information covered in their practices. Usually there is a follow-up session with each clinic where questions that arose as they implemented strategies can be discussed. Every effort is made to deliver community program staff training to programs in the area in which the clinic is located. By training both sides of the individuals' team (medical and community programs), communication and cooperation seem to have improved. This is a major initiative, and due to the intense preparation and follow-up required, only six clinic training sessions can be offered in a year. Telemedicine capacity proposed in the disengagement plan will enable Continuum to reach more clinics if successful in generating the interest. Continuum intends to gain approval for CME units for this curriculum this fiscal year.
- B. Continuum responds to requests for information and consultation. Requests are routed to appropriate staff, other UNM experts, and/or other network contacts. Unsolicited information about community resources, training opportunities and available technical assistance is also disseminated on a regular basis.
- C. Continuum conducts clinics at UNM/H.C. It participates with the Transdisciplinary Evaluation and Support Clinic (TEASC) staff to conduct Adult Special Needs Clinic at Family Practice twice each month. The DD Plus Clinic is conducted at the UNM Mental Health Center weekly. In the coming fiscal year, Continuum will try to establish relationships with the MCOs for these clinics. Continuum also intends to recruit a nurse to coordinate all clinics including triage and follow-up. This nurse would also assist with the outreach activities described below.

- D. Continuum collaborates with other UNM/H.C. programs to provide outreach to rural areas, including conducting neurology clinics in Roswell every other month. Continuum plans to negotiate with the hospital in Roswell to expand this clinic and utilize it as a site to train local specialists regarding treatment for the DD population. Eventually, Continuum hopes to fade back, first to Telemedicine support, and then to phone consult as needed, with local practitioners taking over. Early in the next fiscal year, Continuum will be exploring needs of the Las Cruces area and developing a plan to support that area.

Continuum has also established a relationship with the Primary Care Association which coordinates the Federally Qualified Health Centers across the state. Plans are underway to provide training to both practitioners in those offices and residents placed by UNM. La Familia in Santa Fe has agreed to be the pilot site.

## II. Technical Assistance to Families and Community Programs

- A. Continuum plans to continue delivery of "How to Support People with Developmental Disabilities in the Medical Care System" for community program staff. This curriculum covers information such as appropriate access of emergency rooms versus situations where appointments should be made, how to make appointments (including requests for needed accommodations), what to bring to appointments, important information to share with the doctor, important questions to ask the doctor, and critical documentation to keep. Continuum strongly encourages community programs near clinics that receive Chronic Conditions Management to get this training, as well as other training in similar programs.
- B. Continuum develops and disseminates guidelines related to the management of medical issues within community programs. Continuum has disseminated guidelines on what to do when clients refuse prescribed medications. A draft is nearly finalized relating to advance directives for this population. Continuum staff also participate on a committee that is developing guidelines related to Tardive Dyskinesia.
- C. Continuum disseminates CHUMS (Client Health Updated Medical Summary) to community providers so that individuals with developmental disabilities will have key medical information with them at all times.
- D. Continuum responds to requests for information and/or consultation. This is an Ongoing and significant activity for all Continuum staff and includes information and referral to medical providers upon request.
- E. Continuum provides facilitation and/or mediation for Interdisciplinary Teams who are in distress. This past year, this service was piloted with three teams and was very successful and beneficial. A half-time Ph.D. was hired for this service during the coming fiscal year.

### III. Technical Assistance to Case Managers

- A. Continuum is contracting with a consultant to conduct a task analysis of case management duties and paperwork in order to provide DoH with recommendations for streamlining and high priority use of case manager time.
- B. Continuum provides consultation to the DD Division regarding the case management system, including input on the upcoming RFP and standards revisions and training of appropriate DDD staff regarding case management oversight.
- C. Continuum plans to update and redistribute "Medical Considerations for Individualized Service Plans: Guidelines for Case Managers". This document is a workbook developed to assist case managers to address medical issues when preparing for interdisciplinary team meetings.
- D. Continuum will develop and deliver training on two priority topics for case managers - topics to be mutually agreed by Continuum and the DD Division following completion of the task analysis described above.
- E. Continuum will collaborate with NET\*NM to: 1) develop test measures for pre-service and level 1 case management competencies; and 2) revise and deliver the "Facilitating for Results" curriculum.

### IV. Tracking and Data Collection

- A. Continuum will conduct an annual survey of case managers to capture unreported changes of physicians for class members and update the database.
- B. Beginning July 1, 1997, Continuum will create a phone log to track and analyze trends in information requests.
- C. A log of issues brought to Continuum's attention regarding class members including situation resolution and any Continuum action taken will be maintained.

The Continuum of Care will further enhance medical services to individuals with developmental disabilities through the addition of new programmatic initiatives in the next fiscal year. Four major enhancements to the Continuum's services are planned.

#### ***Medical Resource Consultants:***

Contract with 2+ FTE worth of part-time medical practitioners across the state who can serve as resource experts for their peers and community programs. This could include a variety of activities such as needs assessment, on site training and technical assistance, patient consultation, etc. The purpose is for Continuum of Care to identify and mentor local (regional) DD experts within the

medical field who can in turn provide technical assistance and support to their peers serving patients with DD. They will also be able to liaison with Regional Offices and local community programs. The intention is to contract for a portion of their time with the consultants spending the remainder of their time in their current medical practice. At least one of these consultants will be a Nurse Practitioner.

### ***Practitioner Support Funds:***

Money will be used to send medical practitioners (including dentists, specialists, nurses, etc.) to relevant training conferences or seminars, subsidize subscriptions to relevant journals, and/or purchase specialized consultation as needed by practitioners serving significant numbers of patients with developmental disabilities. These funds may be utilized to enhance training of Medical Resource Consultants mentioned above. Criteria will be established as to how practitioners [qualify] for this type of support.

### ***Telemedicine Capacity:***

Enable Continuum of Care staff to reach more practitioners with Chronic Conditions Management Curriculum which is currently delivered in face-to-face training sessions on site in primary care practices. Training would be delivered via two-way video conferencing from UNM/HSC to up to three link-up sites at once. Telemedicine capacity would also enable us to provide patient consultation via the two-way video rather than traveling to see patients in remote areas. This line item basically covers the per hour charge for linkage and bridging with remote sites. We intend to increase Telemedicine hours in the second year after set up and pilot phases are complete.

### ***Technology Consultation:***

Will allow us to contract with technology experts to 1) design and develop a web-page through which information can be shared 24 hours/day, 2) training of Continuum of Care staff regarding use, maintenance and upgrading of web page, 3) technical consultation and arrangements to implement Telemedicine distance education component described above under [Telemedicine Capacity] (i.e. how to bridge with remote sites; what equipment is needed; how to operate equipment; training staff, etc.), 4) design strategy and provide technical consultation to implement distance education delivery mode for the direct care staff training module.

### ***Computer & Distance***

Education Equipment: Purchase of equipment needed to implement distance education and Telemedicine activities. Include purchase of LCD panel plus other items identified by technology consultants. In addition, equipment will be purchased to allow electronic linkage to Medical Resource Consultants (i.e. modems).

***Residents:***

In order to establish a direct relationship with Family Practice, Internal Medicine and Nurse Practitioners similar to what we currently have with Neurology and Psychiatry Departments, pay for support of residency positions and nurse practitioner students in exchange for mandatory training opportunities regarding the DD population and for services to the DD population under faculty supervision.

Emphasis will be placed in identifying representatives from these departments in their rural training programs.

**PLAN OF ACTION**

May 15, 1997

**MEDICAL SERVICES**

Revised: 5/29/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: MEDICAL SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WILL BE ENHANCED THROUGH EXPANSION OF SERVICES OFFERED BY THE CONTINUUM OF CARE.</b>				
1. Contract with Medical Resource Consultant(s) in each region:				Individuals receiving T.A. from consultants will be surveyed regarding helpfulness, impact, etc.
a. Recruit	a. All CoC staff	07/01/97	10/01/97	a. At least 1 part-time consultant identified for each region
b. Prepare and process Contracts	b. Janice Duran A. Moralez	10/01/97	10/15/97	b. Contracts with defined work scope signed and processed
c. Train/orient consultants	c. All CoC staff	10/15/97	11/15/97	c. Training needs identified and skill enhancement plan written, steps begun
d. Coordinate technical assistance efforts among all consultants and core Continuum of Care staff and Regional Offices	d. Jennifer Lehman	10/15/97	Ongoing	d. Monthly communication with each consultant
2. Practitioner support funds distributed to support broad based skill enhancement:				Survey satisfaction and knowledge gained by those practitioners who participate in these activities
a. Identify opportunities	a. All CoC staff	07/01/97	Quarterly on all steps	a & c At least 3 opportunities are promoted each quarter
b. Establish criteria for practitioners to qualify	b. Javier Aceves MD	07/01/97		b. Practitioners who benefit actually serve significant # of DD patients
c. Promote opportunities	c. Jennifer Lehman Janice Duran	07/01/97		d. At least one practitioner takes advantage of an opportunity to enhance skills each quarter.
d. Make arrangements & process payment	d. Janice Duran	07/01/97		
3. Technology and distance education capacity:				Through technology, capacity training is delivered to twice as many practitioners as 1996-97 fiscal year. Survey satisfaction with technology based delivery method.
a. Work with Telemedicine and Project Start Up to design and implement technology plan	a. All CoC staff	08/01/97	6/30/98	



ACTIVITY	RESPONSIBLE PERSON	TIME LINE			MEASURE
		Begin	Due	Completed	
b. Purchase needed equipment	b. Janice Duran	10/01/97	11/15/97		Survey users of web page via e-mail and insert a counter to track utilization.
c. Conduct pilots and revise as needed	c. Tech consultants C of C staff	11/15/97	pilot by 12/30/97 then Ongoing		
d. Continue implementation	d. Tech consultants C of C staff				
4. Expand resident capacity:					
a. Develop Memorandum of Understanding with the Family Practice and Neurology Departments and Nurse Practitioner Program.	Javier Aceves MD	07/01/97	09/30/97		Survey residents regarding knowledge and comfort working with DD patients a. MOU signed & implemented
b. Coordinate training and service activities with both departments	Jennifer Lehman	09/97	06/30/98		b. At least quarterly contact with each participating resident and supervising faculty by CoC staff
5. DD Division will implement the relevant recommendations of Ellen Ashton from her audits performed at Los Lunas.	Designated DD staff and contractors	02/96	09/97		Contractor's report

## ***REGIONAL OFFICES***

## **REGIONAL OFFICES**

The DD Division implemented its Regional Office structure in 1995 consistent with its plans for restructuring and the recommendations of the Community Monitor.

This Plan of Action enhances the capacity of the Regional Offices to support the service system in the community. Additional personnel resources will be provided to support expanded initiatives in the areas of Case Management, Behavioral and supported Employment Services.

**PLAN OF ACTION**  
**May 15, 1997**  
**REGIONAL OFFICES**

Revised: 5/29/97, 6/4/97, 6/19/97, 7/9/97, 8/1/97, 8/29/97

ACTIVITY	RESPONSIBLE PERSON	TIME LINE		MEASURE
		Begin	Due	
<b>A. DESIRED OUTCOME: THE DD DIVISION WILL MAINTAIN AND STRENGTHEN THE INFRASTRUCTURE OF ITS REGIONAL OFFICES.</b>				
1. Regional Office staffing will be enhanced in the following areas: a. Case Management b. Behavioral Services c. Supported Employment Services d. Support Staff Secretary	Paul Schwalje	07/01/97	10/15/97	Positions filled
2. Based on the above, the number of full-time equivalent staff in the Regional Offices will be increased from a current level of 27 staff to 36 staff.	Paul Schwalje	07/01/97	10/15/97	Positions filled
3. Regional Office Capacity in the area of incident management follow-up and corrective action will be enhanced by increased collaboration with DHI. DHI will establish Regional Incident Management Investigators in each region.	Marcia Miller	10/01/97	10/15/97	Positions filled

***RECOMMENDATIONS OF THE  
1996 COMMUNITY AUDIT***

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## Recommendations of the 1996 Community Audit

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### *I. Case Management*

While significant improvement was found in the ability of case managers to implement adequate persons served planning, especially in the design of long-term visions and functional supports assessments, further work is now needed on the translation of this planning into meaningful goals and objectives for persons served. In addition, with case managers understanding their role more adequately, the next step in providing training in the team process can occur. Establishing goals and objectives needs to be better understood, how to integrate specialized plans of behavior, OT/PT, and speech as well as the utilization of assessments and evaluations in the formulation of plans. Case managers need to have their role of monitoring and implementing the plan reinforced by the Division to both providers and guardians. Teams need to be able to conceptualize how to adequately translate goals and objectives into methods and procedures for implementation. The teams need to better understand life style planning and inclusionary planning that incorporates all aspects of the person's life, especially as it relates to the vocational arena. In addition, the system must require meaningful input in the team process from the appropriate direct care staff.

#### RECOMMENDATIONS

1. The Division should develop and promulgate guidelines on expectations of case management supervisors, including mentoring new case managers and competency expectations.
2. While caseloads appear to be getting somewhat better, the Division should re-emphasize contractual limits on caseload sizes and require hiring practices for bringing on new case managers as caseloads increase.
3. Performance expectations should be standardized through annual certification and quality assurance reviews.
4. The 1995 recommendations should be implemented with Regional Offices Becoming the contract managers of the case management contracts. Direct supervision of case management agencies should occur out of the Regional Office with clear delegation of this responsibility from Central Office and with the Regions backed up as needed by the Division.
5. The Division needs to reinstate a high level professional Case Management Coordinator to insure consistent interpretation of policy, training and oversight.

### *2. Training*

The 1996 audit found that teams have shown an improvement in the development of long-range visions and functional support assessments. The next step is to provide technical assistance in developing goals, objectives and strategies (based on the long-term vision and functional supports assessment) that are specific, observable and measurable and for which specific time frames are identified.

The Division needs to continue its practice of providing training that is team-centered. Hands-on technical assistance must include supporting choice and determining a person's long-term vision when there are communication challenges. Teams need assistance in integrating behavior support plans, communication and occupational/physical therapy goals into the Individual Service Plan. Training is needed for all team members to support them in their roles and responsibilities and to facilitate better team processes. The Division must ensure training for persons served and guardians on both the CIDT and the available appeal processes.

Case managers also require continued support to monitor, coordinate and track services, as well as to provide advocacy. Regional offices must have and exert the authority necessary to back up case management and team recommendations.

### **RECOMMENDATIONS**

1. The Division should mandate a basic competency certification for direct care staff and case managers. Training should be designed to provide for demonstrated mastery of (pre)requisite knowledge, skills and attitudes required for on-the-job success.
2. All providers, including direct care staff, should be provided continued training on reporting abuse, neglect and exploitation.
3. The Division should continue with its hands-on case manager technical assistance training begun in 1996 for case managers who are untrained from the earlier training and to expand this training to teams as a whole.
4. The case management pre-service policy that has been developed should be promulgated and training should be provided in accordance with these policies. Case management agencies should submit training completion of competencies to the DD Training Coordinator who will coordinate this information with QAI for monitoring and compliance purposes.
5. Follow-up technical assistance should be provided after NET training and should be delivered by NET/NM in their database. Quarterly reports on competency completion should be submitted to the DD Training Coordinator to coordinate information with QAI for monitoring and compliance purposes.
6. The Division should develop training on natural supports including discovery, accessing, use of, and incorporation into the ISP. This should also include community relationship building and training Regional Offices to deliver this training in their respective regions.
7. Training should also be provided on:
  - Crisis planning including medical and behavioral;
  - Facilitating meetings and conflict resolution;
  - Integrating assessments/evaluations into persons served plans by teams;
  - Training Regional Office staff on coaching teams;

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- ~~• For direct care staff on reporting, abuse, neglect and exploitation. In addition, DD should restate their expectations through policy in this area; and,~~
  - ISP training should concentrate on integration of behavior, OT/PT, speech, nutrition and other plans into the larger ISP; using natural supports; and integrating goals and objectives, tasks and methodologies for achieving the long-term vision;
8. At least two more professional staff need to be added as trainers to the DD Division's Training Coordination office. This in particular could ensure coverage of the northern area of the State. The Department should consider moving two professional positions from Los Lunas as it downsizes to ensure that resources are preserved out of the budget and used in the most effective way for *Jackson* class members. This budget should also provide the necessary support costs for vehicles, equipment, travel, etc.

### **3. *Medical Services and Coordination***

Coordination of needed medical services was found to have improved between 1995 and 1996. Several specific areas found in this year's audit are issues, however. The system must insure that persons served receive needed:

- TD screening for persons on psychoactive medications;
- Blood level monitoring for specific medications;
- Participation of primary care physicians, psychiatrists, neurologists and other appropriate health care professionals in team meetings, especially when health issues are critical in the life of the person served;
- Training for all staff relative to side effects of specific drugs;
- Identification of health care professionals with the skills and commitment to provide medical services to persons with developmental disabilities; and,
- Crisis intervention plans as an integral part of the ISP.

### **RECOMMENDATIONS**

1. The Division should follow up on its recently distributed policy manual on medical coordination with specific training by Continuum of Care for each case management agency. Specific persons served found in the audit to require such actions should be selected by Continuum of Care as examples for hands-on technical assistance and training to each case management agency. Continuum of Care should be assigned to assist the Regional Office with any technical assistance needed in following up on both individual recommendations from the audit and systemic problems in medical coordination or identification of resources within that region.
2. As the resident population at Los Lunas declines and staff resources are made available, medical assessment and therapy capacity from Los Lunas should be assigned out to the Regions to fill in where there is not now existing specialties or



natural supports for persons served. It is still true in certain areas of the State that specialists capable of meeting individual person's needs in evaluation, assessment support, technical assistance and training for OT/PT, speech therapists and nutritional experts are not available. In addition, teams and providers have had difficulty in having available and being able to pay for adequate nursing services and participation of nurses on teams. Currently, the DD rates do not allow payment to health care professionals for meeting attendance. This is often circumvented when an agency is large enough to have nurses (or therapists) on staff, but small, rural agencies do not have this staff support readily available. The Division has nurses on its "traveling" technical assistance teams out of Regional Offices and is adding a nurse to the QAI staff. This, however, does not address having nurses from the community at regular team meetings. An assessment should occur by the Division and the Regions of those areas where there is not adequate service capacity. DoH should develop adequate linkages, joint powers agreements or memorandums of understanding with Public Health or other available services. In those instances where either temporary or long-term state support is needed to provide these medical or therapy services, existing resources should be transferred from Los Lunas as the population declines, with these resources going to the Regional Offices.

#### **4. *Day Training, Supported Employment and Vocational Activities***

The 1996 audit again found continuing problems with providers making available relevant day/work training programs. Day habilitation, in many instances, does not match "work interests" of persons served; goals for day habilitation often are not individualized; and, some day habilitation activities are still in the person's home. Data in regard to the number and type services actually provided in the day program and the number of hours available is also problematic. This data indicated a trend downward in meaningful day/work hours provided to persons served. Teams obviously require continued increased technical assistance in planning alternative, creative and innovative activities for day training, "down time", and retirement activities, in addition to prior recommendations made on innovative job finding, supported work, and meaningful vocational training.

An increase was noted in persons provided supported work opportunities in the 1996 audit, with several innovative special projects beginning to insure employment training. Deficiencies continue to exist, however, in the provision of meaningful and gainful employment for many individuals who clearly desire work opportunities and could meaningfully participate. Some teams are still caught in the "readiness" trap, presuming that behaviors have to decrease or certain skills have to be mastered before persons served can benefit from supported work. Vocational assessments and job profiles often were unavailable to teams for planning. Continued technical assistance, pilot programs and improved involvement with DVR are necessary to provide persons with satisfactory work opportunities and good job matches.

### **RECOMMENDATIONS**

1. Through the Regional Plans, specific goals should be established (by provider) in each Region for the development of vocational and work opportunity programs for a specific number of clients within the next 12 months. The Division's consultant on supported employment and the training contract with NET should support the regional goals established within these plans.

2. NET training should build upon the early work of the Division's consultant on supported employment. Training should be provided that includes a more person-centered vocational service planning model. This training should be geared toward increasing the level of expectation of staff, moving away from planning based on existing program structure, operations and staffing arrangements rather than on client potential or interests; and moving away from group rather than individualized service planning.
3. The Division should consider expanding the capacity of the external supported work consultant to more rapidly implement the recommendations and efforts underway in the vocational arena.

#### **5. *Guardians and Family Member Services***

Issues in ensuring adequate guardianship support to individuals remain. In addition, as the New Mexico service system moves more towards support of natural families to provide services, new types of assistance are needed.

#### **RECOMMENDATIONS**

1. Division guidelines for guardian involvement and activities should be developed and disseminated. This should include guidelines for participation in team meetings, advocacy for individual persons served and the roles and responsibilities of the case manager in working with guardians and their charges.
2. The Division should provide ongoing training for guardians on their role and how to effect change for their individuals within the system. This training could be provided through the ARC/New Mexico and the Regional Offices.
3. The Division should develop a training manual for Family Living Providers (home-based living). This set of guidelines should include:
  - The role of primary care giver (e.g., family members, guardians);
  - Participation in team meetings;
  - Working with the case manager and the role of the case manager;
  - The responsibilities of the Division and support services for home-based adult living and surrogate or mentoring families; and,
  - System responsibilities for monitoring and technical assistance.
4. Specific guidelines should be developed by the Division to assist case managers and Regional Offices outlining actions to be taken when guardians are not providing the appropriate level of assistance to individual persons served.
5. The Division needs to address how to finance change of guardianship in the community when current guardianship is not appropriate for an individual. Currently, the Division's budget does not include monies for this (approximately \$2,000 per case

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for court and legal work). While the ARC is often willing to provide guardianship and assist with changes, it cannot pay for the court costs. DoH Legal has interpreted that there is a conflict of interest for the legal department to do the court work.

## 6. *Problem Providers*

As with last year's audit, a few of the providers reviewed were determined to have sufficient problems to require action on the part of the Division. A separate report has been provided to the Division in regard to providers where significant problems existed in: delivery of client services; willingness of the provider to cooperate in implementing individual persons served planning in accordance with Division rules; lack of appropriate supervision of staff; the exertion of excessive control over persons served; environmental issues; and where there existed a clear lack of organizational capacity (i.e., several case management agencies) to provide the professional level of service required to meet departmental regulations and the needs of the persons served. Several providers this year are noted to need specific actions, many of which are in process through the Division and its Regions.

### RECOMMENDATIONS

1. Regional offices need to develop a performance contract with each of the problem providers noted above. This performance contract should be specific to the follow-up by Regional Offices and by the Office of Quality Assurance and Improvement in the next 12 months. Central Office must make it clear to providers that they will back up the Regional Offices and the Office of Quality Assurance and Improvement and that providers *must* come into compliance with the plan of correction or sanctions will be imposed.
2. A new issue in regard to case management became clear as problematic in the 1996 audit. The New Mexico DD system has had an increase in the number of small or single-person case management agencies approved by Medicaid that attempt to provide services for *Jackson* class members. This has not been effective. Single-person case management agencies do not have the professional support, the internal quality assurance capacity, nor do they provide the range of skills necessary to function in accordance with departmental rules or to meet the needs of persons served. The Division and the Medicaid agency should prohibit the development of further small or single-person case management agencies and only allow new case management agencies that are sufficiently staffed to provide the necessary support for both persons served and case managers.
3. Too many case management agencies exist in some regions to effectively coordinate with the DD system and providers of direct services. It is the recommendation from this audit that the Division develop an RFP for case management and limit by this RFP, case management agencies to two to three per region at most. This RFP should include administrative and organizational requirements, supervisory oversight of case managers, training and competency requirements, relationships with Regional Offices,

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service delivery expectations, including facilitation of meetings and monitoring of service delivery of direct service providers. The Division will have to work with Medicaid to insure meeting Medicaid Freedom of Choice rules that can allow for awarding of a limited number of case management contracts per region.

## 7. *System Capacity*

### **Regional Offices**

It was clear from the 1996 audit that Regional offices have become an important administrative and oversight mechanism for the DD system. Some confusion still exists as to the role of the Regional Offices and the obligation and requirement for providers to adhere to Regional Office direction. Past behavior of providers to "jump" from Regional Office to Central Office and from Division to Department to seek and obtain answers and decisions to their benefit remains. This practice must not be supported by the Division or the Department. It is time to re-evaluate and re-describe the role of the Regional Offices and to clarify their organizational authority.

In addition, the Regional Offices are going to require more administrative capacity to take on the roles assigned. The Regional Offices need to be able to function adequately in the approval of the plans of care, budgeting, training and technical assistance - especially continuing on the ISP and team process - and the supervision of the case management agencies. As noted above, case management contracts should be moved under the direct supervision of the Regional Offices. The Office of Quality Assurance and Improvement should be allowed to invoke sanctions with providers where Regional Offices follow up on plans of correction. Both the Regions and the QAI Office must be supported by the Central Office and Legal Office of the Department. Regional questions must be answered in a timely and consistent manner by Central Office and DoH Legal and Central Office must be responsive to Regional staff requests for assistance in working with providers.

### **RECOMMENDATIONS**

1. Central Office should evaluate the capacity of the Regions to undertake the functions currently delegated and as recommended in this report. Resources made available through the phase down of Los Lunas should be transferred to the Regional level.
2. The Division should promulgate and clarify the policy on the role of the Regional Office in relationship to providers and the responsibility of providers in coordinating and cooperating with Regional Office monitoring of provider agreements. Central Office should support the Regions by not allowing the providers to "jump" from regional Office to Central Office to resolve issues in regard to Regional directives.
3. The Division should continue the decentralization to Regions program operations. ISP review, budget review, technical assistance to teams, training, policy, recommendations, etc.
4. Regions should continue to strengthen their network with Public Health and other community health providers.

5. The Division should disseminate its Waiver Field Operations Manual as soon as possible.

### **Central Office Capacity**

Central Offices of the Division should continue with its planned re-structuring. The Regional Offices should have the capacity to continue its development of Regional Plans with increased Central Office capacity for coordinating training, case management and policy development. Capacity building is also required in Central Office in Quality Assurance and behavior programming oversight.

### **RECOMMENDATIONS**

1. A Central Office Case Management Coordinator should be hired to ensure consistency of policy interpretation, competencies and training of all case management agencies.
  2. Training staff (at least two additional) need to be added centrally to assist in oversight of all training.
  3. A Coordinator of Behavior Management Services and the clinical capacity to oversee behavior programming needs to be within Central Office.
  4. The Division and the Department have to guarantee decisions in a timely fashion when Regions and providers are awaiting decisions that affect the ability of services to be provided. The Division should adopt an internal policy of ensuring that all questions from the Regions are responded to within ten days and disseminated to all Regions so there is consistency of information and clarification of ongoing issues.
  5. Assurances should be given from the Department and the Division that Regions and the Office of Quality Assurance and Improvement have certain authorities and will be backed up by the Department. Regions should have the authority to take actions with providers that violate contracts (provider agreements, refusal to serve certain persons, or non-compliance with Departmental regulations or QAI directives on plans of correction) or when other Regional directives are not corrected.
  6. The Quality Assurance Office should be provided with more personnel and support resources to ensure that the backlog of complaints and grievances can be resolved without interfering with the ongoing activities of the Quality Assurance office.
  7. Resources from Los Lunas, as the resident population is reduced, should be directed toward support of the service system in the community to include additional staff at both the Regional and Central Office levels to achieve the above recommendations.
- 8. *Follow-up to the 1996 Audit***

Under separate cover, the Division has provided each Region with: (1) individual person summaries and recommendations to improve services for each specific individual audited; (2) an analysis of region-specific and provider-specific issues that must be addressed

within that Region; and (3) aggregate information in regard to the status of individual case management and provider agencies on audit findings.

### **RECOMMENDATIONS**

The Division should require of the Regions the following:

1. Individual follow-up and reporting on recommendations, by person audited, as to recommendations implemented and/or assistance needed to ensure services can improve at the individual level from the findings of the audit.
2. The Division should work with each Region to establish goals specific to each Region in regard to audit findings. These goals should be measurable between the 1996 and 1997 audit with goals specific to each provider. Quarterly reports from the Regions in regard to these plans should be provided the Division.

[ ] = **Items in brackets are recommendations that the Department has not agreed to implement. See Paragraph 31 of Joint Stipulation on Disengagement.**

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