POLICIES AND PROCEDURES
FOR
AUTAUGA-ELMORE MENTAL RETARDATION BOARD, INC.

MISSION STATEMENT

It is the mission of Autauga-Elmore Mental Retardation Board, Inc. to ensure that appropriate and quality services are available and accessible to persons with intellectual disabilities and related conditions throughout their life span. These services will be family and consumer driven, proactive and creative in their response to individual needs. Service delivery will be designed to provide a wide array of service options tailored to individual and family needs. Community-based services will promote family unity by natural family and community support system and above all, enhance the quality of life for citizens with intellectual disabilities and related conditions in Autauga, Elmore, and Lowndes Counties.

The primary role of the Autauga-Elmore Mental Retardation Board, Inc. will be the provision of case management services to eligible individuals, residential supports, supported employment, personalized in-home supports, continuous quality improvement through service providers within the Agency's service area, and fiscal administration of contracts within the Agency's service area.

All individuals within the Agency's service area with a primary diagnosis of mental retardation and related conditions that manifests itself prior to the age of 18 will be eligible for services. The Agency reserves the right to develop a waiting list for services in the event of funding limitations.

Reviewed by the Board of Directors: 11-5-2010

RECEIVED
APR 04 2011
BY:

Reference:

Alabama Department of Mental Health, Administrative Code: 580-5-30-.02(3)(a), 2005

POLICIES AND PROCEDURES
FOR

AUTAUGA-ELMORE MENTAL RETARDATION BOARD, INC.

CORE VALUES

- Continuously striving to educate ourselves, the individuals we serve, the families of those we serve, other professionals, and the community-at-large regarding all aspects of mental retardation and developmental disabilities.
- All human life is valuable and worthy of respect and dignity.
- Providing intentional and meaningful support to each other, the individuals we serve, and their families.
- True community can only be realized when All persons are respected and included as members of value.
- All people should understand that they have choices, learn about making choices, and be afforded opportunities to exercise those choices. Support systems should work to empower people to make informed real choices for their lives.
- Everyone has a dream that can be realized, and people should be empowered so that they are able to reach their own goals.
- Ensuring that the individuals we serve receive adequate and individualized supports and/or services which meet their own unique wants and needs.

AUTAUGA-ELMORE MENTAL RETARDATION BOARD, INC.

QUALITY ENHANCEMENT PLAN

November 1, 2010 – October 31, 2011

Steve Welch, Executive Director

RECEIVED
APR 04 2011
BY:

INTRODUCTION

It is the mission of the Autauga-Elmore Mental Retardation Board, Inc. (AEMR, Inc.) to ensure that appropriate and quality services are available and accessible to persons with mental retardation and/or developmental disabilities throughout their lifespan. These services will be addressed in a manner that is maximally effective and efficient, while supporting each individual's quality of life, human worth and dignity. All aspects of service delivery will be consumer and family driven, proactive and creative in their response to individual needs. Community–based services will promote family unity by natural family and community support systems and above all, enhance the quality of life of citizens with mental retardation and/or developmental disabilities in Autauga, Elmore and Lowndes counties. The continuum of supports, designed in concert with persons served and their families, will be flexible to meet the needs of persons served, while promoting personal autonomy and quality of life. Achievement of desired outcomes will be based upon and measured by consumer and family satisfaction.

The quality enhancement mechanisms addressed in this plan will emphasize a concern for individuality, flexibility and adaptability, building on the historical benchmarks of quality assurance, such as standardization, uniformity, conformity, and predictability. Objectives and activities addressed in the Quality Enhancement Plan will address the existence and maintenance of a sound infrastructure that ensures basic quality assurance elements are in place. Objectives and activities included in the Quality Enhancement Plan will also be prioritized based upon the following criteria:

1. The activities that people with disabilities and their families have identified as most important during the ongoing service planning and implementation process.
2. Such activities may change as priorities and external and internal environmental factors change.
3. The activities related to each objective can be accomplished within available resources.

The Executive Director is ultimately responsible for the provision of quality services and the implementation of the Quality Enhancement Plan. This Plan will be submitted to the Board of Directors of the Autauga-Elmore Mental Retardation Board, Inc. for annual review and approval. Revisions to the Plan will be made on an ongoing and as needed basis.

FUNCTION

The overall function of the Quality Enhancement Plan is to ensure optimally safe, efficient, and effective supports and services for each individual within the constraints set by available resources. The practical function of the Plan is to provide management, consultant, direct care and support staff with accurate and timely information that generates responsible decision-making while continuously seeking to improve organizational performance and the quality of life of persons receiving supports from this Agency and sub-contracting entities.

APPRAISAL OF PROGRESS/STATUS OF ACCOMPLISHMENT

In order to ensure that the Quality Enhancement Plan is effective and achieving targeted goals, routine analysis of results will be completed throughout the year. The status of quality enhancement activities will initially be reported to the Executive Director during monthly meetings, with quarterly reports reflecting the success of actions taken and what, if any, changes should be made.

QUALITY ENHANCEMENT OBJECTIVES

Objective 1: Maintain certification by the Alabama Department of Mental Health and Mental Retardation.

Activity 1: Conduct annual reviews of all agency Policies and Procedures to include all policy/procedure requirements mandated by the 2005 DMH/MR Certification Standards for Community Programs.

Activity 2: Ensure that all agency staff complete initial and annual training addressing all topics required by the 2005 DMH/MR Certification Standards for Community Programs.

Activity 3: Provide external training opportunities for all levels of staff to enhance their work skills and personal growth.

Objective 2: Employ a utilization review process to ensure service/support delivery to persons eligible for and benefit from said services and supports.

Activity 1: Each person's eligibility for services/supports is reviewed/ re-determined annually by DMH/MR staff in accordance with established eligibility criteria.

Activity 2: The case manager, along with other designated staff, will complete and submit all necessary paperwork in a timely fashion to ensure that eligibility is reviewed annually.

Activity 3: Case managers will review on a quarterly basis the support plan and monthly progress reports from the QMRPs to confirm that the appropriate level of care and supports are being provided and are of benefit to each person.

Activity 4: Agency procedures are followed for referring individuals to other entities when an individual's wants and/or needs cannot be met by the Agency.

Objective 3: Develop person-centered plans to drive the provision of person-centered supports and services.

Activity 1: Conduct quarterly reviews of case management and residential service records to assess completion of a functional assessment of wants and needs, and evidence of incorporation of assessment findings in the initial and annual ISP and Case Management Plans.

Objective 4: Measure consumer and family satisfaction with services provided for the purpose of identifying opportunities for improvement.

Activity 1: Quality Assurance Coordinator will mail out surveys or conduct interviews, as needed, with persons served and their families to assess satisfaction with all services provided by AEMR, Inc.

Activity 2: Agency will maintain a database of any complaints made, and analyze that data at least annually.

Activity 3: Focus groups will be formed for each service area, and interviewed to determine how to best improve Agency services.

Objective 5: Track incidents of abuse/neglect/mistreatment reported by or to AEMR, Inc. staff involving persons receiving services and ensure follow-up as warranted.

Activity 1: Incidents of abuse/neglect/mistreatment are documented and reported according to agency policies and procedures and to DMH/MR according to IPMS guidelines.

Activity 2: On a monthly basis, all reported incidents are entered into the tracking database.

Objective 6: Measure overall employee satisfaction and performance for the purpose of identifying opportunities for improvement.

Activity 1: Agency Development Coordinator will distribute, collect, and analyze Employee Satisfaction Surveys annually.

Activity 2: Human Resource Coordinator will ensure that all exiting employees receive an exit interview to complete

Activity 3: Agency Development Coordinator will collect and analyze the completed exit interviews.

Activity 4: Human Resources Coordinator will track employee overtime and absenteeism

Activity 5: Supervisors will complete 90 day and annual evaluations for all employees.

Objective 7: Ensure the presence of Basic Assurances for individuals served through monitoring.

Activity 1: Quality Assurance Coordinator will complete quarterly reviews of each department, which will include the monitoring of basic assurances.

Activity 2: Quality Assurance Coordinator will evaluate this aggregate data at least annually.

Activity 3: Agency Development Coordinator will complete a peer review to verify data reliability at least annually.

DOCUMENTATION OF PROBLEM RESOLUTION/IMPROVEMENTS

On a quarterly basis, the CQI Coordinator, with the Quality Assurance Coordinator, will compile a written status report of the CQI Plan, with any proposed amendments to the Executive Director. The Executive Director will make quarterly reports to the Board of Directors on the status of the Plan and will present proposed amendments for Board approval. After review of the quarterly reports, the Executive Director will issue written directives as to the corrective plan of action or measures to be taken to correct problems and enhance the overall quality of services provided.

FOLLOW-UP ASSESSMENT TO EVALUATE CORRECTIVE ACTIONS

The CQI Coordinator will review the status/outcome of corrective actions to ensure the desired outcome is achieved and mechanisms are in place to maintain the desired outcome.

CQI DOCUMENTATION

A copy of the CQI Plan and any related CQI activities will be retained in a central file in the office of the Executive Director.

Autauga Elmore MR Board
Local Meeting Statements - Fiscal Year 2010

ID Adults

Advocacy	Develop a social networking site for parents, similar to Facebook.
Advocacy	Identify legislators who are family members and enlist their support.
Advocacy	Provide Jane Davis and Shannon Byrd the complete list of all who participate in Local Planning Meetings to be notified of opportunities for advocacy.
Advocacy	Advocate. Show up. Be there. Let your voice be heard.
Advocacy	Advocates are needed.
Case Management	Case Manager caseloads have doubled due to budget constraints and increasing operating expenses. As a result, case management services are limited. There has been a 40% cut in case managers.
Crisis Management	Provide emergency beds to those who need it.
Crisis Management	Personal care and emergency services are needed.
Information Sharing / Networking	ADAP is a resource for those discriminated against. (1-800-826-1675)
Information Sharing / Networking	There is a need to increase communication between DMH, the 310 boards, providers, service recipients, family members and other stakeholders.
Planning Process	It was observed that attendance was approximately 50% of the)& meeting. It was speculated that having the meeting earlier in the day as opposed to the evening adversely impacted attendance.
Rate Structure / Budget	Community providers received no funding to offset expenses associated with the higher minimum wage law. Providers operate at less than level funding.
Rate Structure / Budget	DMH has a poor history of transferring dollars associated with facility closures to the community.

Rate Structure / Budget	DMH funding is public knowledge. Determine where the dollars go from the closure of Partlow.
Residential Services	There is a need, but no associated funding for behavioral management, medical needs homes.
Residential Services	There are currently 300-400 certified, unoccupied beds statewide. DMH no longer tracks vacancy rates.
Screening & Assessment	Funding is needed for assessment/intake to prevent crisis.
System of Services / Navigating system	While Community Support Services (CSS) Teams are extremely resourceful in diverting admissions to Partlow, additional education/training among providers is needed. There is the perception that promises are made that are not kept re: dental care, etc. This is especially noted among in-home residents.
System of Services / Navigating system	The group is not opposed to the closure of Partlow, however, it does want funds transferred to the community.
Transportation	Elmore County has no transportation and a lack of coordination of transportation resources.
Transportation	Advocacy should send flyers to individuals regarding the transportation curriculum/training.
Transportation	Partner with faith based organizations for transportation services. Ask faith based orgs specifically for individuals who are willing and able to voluntarily transport.
Waiting List	It is difficult to get people high enough on the waiting list in order to be served. The criticality scores do not work well. It's hard to get enough folks with high needs served.

ID Children

Advocacy	ADAP is a resource for those discriminated against (1-800-826-1675) ADAP has a children's team.
Case Management	Case managers are not currently invited to participate in IEP meetings in Autauga/Elmore. Better coordination with school system is needed. In Lowndes County case managers ask to participate in IEP meetings.
Case Management	DMH no longer funds case managers for the school system.
Early Intervention	Would like to know if children receiving EI services are getting on the waiting list. (it is believed that they are.)
Early Intervention	Early Intervention Contact information 1-800-543-3098 ADRS. At the Department of Mental Health the Office of Children's Services can be contacted for information on Early Intervention 1-334-353-7110.
Information Sharing / Networking	310 Boards should participate in the Multi-Needs Task Force. Contacts were recommended to serve on the Multi-Needs Task Force.

Insurance / Cost Coverage	It is difficult to obtain life insurance for a child because of this disability.
Rate Structure / Budget	Continue to seek private funding from foundations, etc.
Respite Care	There is a need for several days of respite care. Respite services are provided in Lowndes County through the 310 (Autauga/Elmore MR Board)
Respite Care	Respite care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term care to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.
Transitional Age	Current economic climate makes employment even more challenging for transitional age youth. Requires increased attention, focus and capability. Byron White will work to strengthen services for transitional age youth.
Transitional Age	Increased education is needed for parents of transitional age youth. They assume services will continue. Only crisis driven services are available.
Transitional Age	Parents have difficulty "letting go". When should they place children on the waiting list?
Transitional Age	A clear protocol is needed for transitional age youth. Few services exist. They are at home with parents or in DHR Foster Care. This deserves increased attention and focus.
Transitional Age	Very few transitional IEPs are developed although they should be done at age 14.