**WI BPDD Living Well Project Service Provider Self-Assessment** 

The purpose of this self-assessment is to provide an opportunity for organization’s leadership to gain full understanding of its policies, procedures and practices related to providing high quality home and community-based waiver services and to assess areas of need moving forward with the Living Well project.

Identify key people throughout your organization to include in completing this assessment. Drawing from diverse perspectives within your organization will result in a more accurate and complete assessment. Reflecting on your practices together may also be a helpful team building activity as you embark on your Living Well project work. The assessment process should be led by your management team and recorded by the organization’s Living Well project primary contact.

The completed report should be sent to Shannon Webb, Lead Living Well Project Coach, at shannon@incontrolwisconsin.org The report will be reviewed by the lead Living Well coach and mentor agencies and will be used to support your organization to build your Living Well Project Action Plan.

Please select only one response for the multiple-choice questions and rating scale tables. Comments and narratives can be kept brief and will be discussed in more detail during the review and action planning meeting with Shannon and the Living Well mentor(s).

This assessment will be completed at three times during the Living Well project. The first submission is due by August 15, 2019. Second submission will be midway through the project and third will be at project completion.

**Date Completed:** Click or tap to enter a date.

**Organization name & address:** Click or tap here to enter text.

**Living Well project lead contact information:** Click or tap here to enter text.

**Names/Titles of people who were involved in completing this assessment:**

|  |  |
| --- | --- |
| **Name:**  | **Title:**  |
|  |  |
|  |  |
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1. **Mission and Values**
2. **Organization Mission Statement: Click or tap here to enter text.**
3. **Organization Values Statement: Click or tap here to enter text.**
4. **Has your organization’s mission and values been evaluated within the last five years? Yes No**
5. **To what extent do your mission and values align with the policies and practices of your organization?**

☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Comments:** Click or tap here to enter text.
2. **Programs & Services**
3. **Total number of people served by your organization (unduplicated by service type): Click or tap here to enter text.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Funding source(s)**  | **# served****(see note below)** | **Comments** |
|  |  |  |  |
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*Note: unlike the question above the total number served will result in a duplicated number.*

1. **To what extent does your organization’s finance team interface with your operations and program management team when developing program budgets?**

☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent do you develop separate budgets based on service/program type?**

☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Do budgets include the following:**

|  |  |
| --- | --- |
| Census and utilization | ☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All  |
| Staffing ratios | ☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All  |
| Staffing cost per hour  | ☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All  |
| Other direct costs of the program | ☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All  |
| Indirect cost allocated to the program | ☐To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All  |

1. **Comments:** Click or tap here to enter text.
2. **Quality Assurance & Improvement**
3. **To what extent is your organization using a variety of methods to set quality benchmarks and measure progress towards those benchmarks?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

* 1. **What are some of your organization’s current benchmarks for improving service quality?** Click or tap here to enter text.
	2. **Briefly describe how your organization measures progress toward these benchmarks?** Click or tap here to enter text.
1. **To what extent does your organization conduct surveys of participants and families to assess the quality of services?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Briefly describe ways your organization involves people with disabilities and families in assessing and improving the quality of services?** Click or tap here to enter text.

**3. To what extent does your organization engage staff to assess their satisfaction with their jobs and the training/support they need to be successful?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Briefly describe how you do this:** Click or tap here to enter text.

**4. To what extent does your organization share performance data with stakeholders, including the people you support, staff, family members, funders, etc.?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Briefly describe how you do this:** Click or tap here to enter text.
2. **Outreach & Education**
3. **To what extent does your organization provide education on community-based services in a variety of methods to people you support, families, funders and other partners?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

* 1. **Briefly describe how your you do this?** Click or tap here to enter text.
1. **To what extent does your organization support peer to peer learning opportunities for people with disabilities and their families?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Briefly describe how your organization does this:** Click or tap here to enter text.

**3. To what extent does your organization support peer to peer learning opportunities for staff?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Briefly describe how your organization does this:** Click or tap here to enter text.
2. **Additional Comments:** Click or tap here to enter text.
3. **Person-Centered Planning**
4. **Please rate the following indicators for your organizations practices below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator[[1]](#footnote-1)** | **Great Extent** | **Some-what** | **Very Little**  | **Not at all** |
| 1. Do people receive information and support to direct their own planning process to the maximum extent possible?  **Factor 8A Probe 3**
 |  |  |  |  |
| 1. Is the information in plain language that is accessible to the person and reflects cultural considerations? **Factor 2d, Probe 3**
 |  |  |  |  |
| 1. Are peoples’ plans developed with support teams that are chosen by them? **Factor 8A, Probe 2**
 |  |  |  |  |
| 1. Do teams include both paid and natural supports? **Factor 8A, Probe 2**
 |  |  |  |  |
| 1. Do person-centered plans include goals, action steps and methods to achieve the objectives? **Factor 8a, probe 7**
 |  |  |  |  |
| 1. Are person-centered plans and goals based on assessments and individual strengths and needs? **Factor 8a, Probe 5.**
 |  |  |  |  |
| 1. Are person-centered plans modified or updated based on the people’s progress (or lack of progress) and preferences? **Factor 8A, Probe 11**
 |  |  |  |  |
| 1. Does your organization have a system to monitor implementation of person-centered plans? **Factor 8b, probe 4**
 |  |  |  |  |
| 1. Does this monitoring system include direct observation of services and supports and use reliable data to evaluate people’s progress. Factor **8b, probe 4**
 |  |  |  |  |
| 1. Are person-centered plans developed annually and reviewed every six months by the team? **Factor 8a, probe 10**
 |  |  |  |  |
| 1. Does your organization tap into community resources (e.g. organizations, clubs, places of worship, schools, etc.) to build natural supports? **Factor 3b, Probe 5**
 |  |  |  |  |
| 1. Does your organization have a system for documenting people’s involvement and contact with their support networks? **Factor 8d, Probe 3**
 |  |  |  |  |
| 1. Does the person-centered plan document the need for support in making important decisions (guardianship) as well as possible alternatives (e.g., supported decision making)? **Factor 1e Probe 4**
 |  |  |  |  |
| 1. Do you provide information to support teams and people receiving services on supported decision-making? **Factor 1E**
 |  |  |  |  |
| 1. Do you utilize personal preference assessments and discovery tools to identify and tailor people’s work and recreational activities? **Factor 2e probe 1**
 |  |  |  |  |
| 1. Do people receive the support needed to make informed choices about the kinds of work and activities they prefer? **Factor 2e, Probe 2**
 |  |  |  |  |
| 1. Do people choose their goals and services? **Factor 8 a, probe 8**
 |  |  |  |  |
| 1. Do people choose where they work (or spend their day)? **Factor 8 a, probe 8**
 |  |  |  |  |
| 1. Do people choose where and with whom they live? **Factor 8 a, probe 8**
 |  |  |  |  |
| 1. Are supports actively focused on assisting people to achieve their goals and desires? **Factor 2e, Probe 3**
 |  |  |  |  |
| 1. Are the activity and work options available to people age appropriate, culturally normative and promote a positive self-image? **Factor 2e. Probe 4**
 |  |  |  |  |
| 1. Are people actively supported to work in competitive integrated employment? **Factor 2e, Probe 7**
 |  |  |  |  |
| 1. Are people actively supported to engage in community life? **Factor 2e, Probe 8**
 |  |  |  |  |
| 1. Do people have autonomy and independence in making life choices including control over their own schedules and routines? **Factor 2d, Probe 2**
 |  |  |  |  |
| 1. Do people have access to transportation to access community services and places similar to those used by the community at large? **Factor 2d Probe 8**
 |  |  |  |  |

1. **Comments:** Click or tap here to enter text.
2. **Staffing**
3. **To what extent does your organization ensure staff are well-trained and fully supported to meet the needs of those they serve?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent do job descriptions include expectations to provide person-centered supports?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization have a career ladder for DSPs with increasing levels of compensation?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent have you identified, documented and shared with DSPs the competencies needed to provide person-centered supports your organizations offers in the community?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent are these competencies tied to DSP performance reviews?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **What training do you require for direct support professionals (both initial and ongoing):** *List in the table below*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Primary Learning Objectives** | **Initial or Ongoing** | **Frequency** | **Method (online, classroom, etc.)** |
|  |  |  |  |  |
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1. **To what extent are support staff trained to promote dignity and respect[[2]](#footnote-2) and to recognize each person as a unique individual?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent are staff knowledgeable about identifying and reporting potential abuse, neglect and exploitation?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Please rate the following indicators for your organization’s practices below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator[[3]](#footnote-3)** | **Great Extent** | **Some-what** | **Very Little**  | **Not at all** |
| 1. Do staff receive orientation on what constitutes abuse, neglect, mistreatment and exploitation? Factor **4d, Probe 1**
 |  |  |  |  |
| 1. Do they receive orientation on the prevention, detection and reporting of abuse, neglect, mistreatment and exploitation (ANME)? Factor **4d, Probe 1**
 |  |  |  |  |
| 1. Do you provide ongoing training for staff in prevention, detection and reporting (of ANME)?
 |  |  |  |  |
| 1. Before providing supports to people, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures? Factor **4d, Probe 2**
 |  |  |  |  |
| 1. Is staff performance with respect to the job description evaluated during a probationary period and annually thereafter? Factor **7e, Probe 3**
 |  |  |  |  |
| 1. Do performance evaluations include staff’s objectives for professional and personal growth? **Factor 7e, Probe 4**
 |  |  |  |  |
| 1. Does the organization implement an ongoing training program to maintain, update and improve staff competency? Factor **7b, Probe 4**
 |  |  |  |  |
| 1. Does the organization provide staff with written personnel policies and procedures including information on compensation plans, benefits, process procedures, and opportunities for continuing education? Factor **7e, Probe 1**
 |  |  |  |  |
| 1. Does the organization have a system that addresses people’s preferences and choices when hiring or identifying regularly assigned staff for them? Factor **7d, Probe 3**
 |  |  |  |  |

1. **Ensuring Health, Safety, and Security**
2. **To what extent does your organization provide information and education to people about their right to be free from abuse, neglect, exploitation and/or mistreatment?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization ensure people receiving support are healthy, safe, and secure?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization review incident reports and data to analyze trends?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Please rate the following indicators for your organization’s practices below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator[[4]](#footnote-4)** | **Great Extent** | **Some-what** | **Very Little**  | **Not at all** |
| 1. Are people’s abilities to be safe in their environments assessed? Factor **6a, Probe 1**
 |  |  |  |  |
| 1. Are individualized safety assessments completed on an ongoing basis and reviewed at least annually? Factor **6a, Probe 6**
 |  |  |  |  |
| 1. Does your organization help people know how to respond to emergencies and access emergency services?
 |  |  |  |  |
| 1. Does the organization’s provide people with a Rights Policy that is in plain language that is accessible to the person?
 |  |  |  |  |
| 1. Do people receive needed supports to report complaints, problems or concerns? Factor **2b, Probe 1**
 |  |  |  |  |
| 1. Are families and legally authorized representatives informed about, and do they understand, the organization’s due process and complaint process? Factor **2b, Probe 2**
 |  |  |  |  |
| 1. Does your organization assess people’s abilities to exercise their rights, especially those rights that are most important to them? Factor **1b, Probe 4**
 |  |  |  |  |
| 1. Are people actively supported to control their personal resources and belongings? Factor **2e. Probe 9**
 |  |  |  |  |
| 1. Does the person-centered plan document supports needed to protect and promote the person’s rights? Factor **1b, Probe 6**
 |  |  |  |  |
| 1. Are the assessments of people’s rights ongoing and reviewed at least annually? Factor **1b, Probe 7**
 |  |  |  |  |
| 1. Does the organization review and analyze complaint information at least annually? Factor **2b, Probe 4**
 |  |  |  |  |
| 1. Are the materials you provide to people about their rights to be free from abuse, neglect, mistreatment and exploitation understandable and accessible? Factor **4b, Probe 1**
 |  |  |  |  |
| 1. Does your organization have an Incident Management system for maintaining data on reports of allegations of abuse, neglect, mistreatment or exploitation? Factor **4c, Probe 6**
 |  |  |  |  |
| 1. Does this information enable you to evaluate both individual and organizational outcomes? Factor **4c, Probe 6**
 |  |  |  |  |
| 1. Does your organization have an Incident Management system for maintaining data on injuries, of known and unknown origin, that enables evaluation of both individual and organizational outcomes? Factor **4c, Probe 4**
 |  |  |  |  |
| 1. Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect, mistreatment and exploitation, and provide additional competency-based training as needed? Factor **4d, Probe 5**
 |  |  |  |  |
| 1. Do people who are identified as responsible for investigations receive competency- based initial and refresher training on how to conduct investigations? Factor **4e. Probe 3**
 |  |  |  |  |
| 1. Are behavior supports developed by a qualified professional and/or someone who knows the person well? Factor **8c, Probe 2**
 |  |  |  |  |
| 1. Are they based on an assessment of the function of the behavior, including, but not limited to, the communicative intent of behavior? Factor **8c, Probe 2**
 |  |  |  |  |
| 1. Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person’s behavior? Factor **8c, Probe 3**
 |  |  |  |  |
| 1. Do support staff provide behavior supports only after they have completed required training and demonstrated competency? Factor **8c, Probe 5**
 |  |  |  |  |
| 1. Is there an Incident Management system for review of intrusive and restrictive interventions that enables evaluation of both individual and organizational outcomes? Factor **4c, Probe 6**
 |  |  |  |  |
| 1. Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device or procedure used? Factor **8e, Probe 7**
 |  |  |  |  |
| 1. Are restraints only used as a last resort, and only after review by a Human Rights Committee, when less intrusive interventions have been tried, with a fading plan, with data collection and review, etc.?
 |  |  |  |  |

1. **Fostering Support Networks, Friendships & Intimate Relationships**
2. **To what extent does your organization involve and help people grow their natural support networks?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization help people form and maintain friendships?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to have intimate relationships?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to have an array of valued social roles?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to learn the skills and behaviors needed to have valued social roles?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Comments:** Click or tap here to enter text.

**IX. Ensuring Privacy and Confidentiality**

1. **To what extend does your organization ensure people have privacy[[5]](#footnote-5) in their homes and places you provide support to them?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization inform people about the types of documentation your organization keeps about them and where it is kept?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization have policies and procedures in place for sharing information with funders, other service providers and other people?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to make choices about how, when and with whom they want their information shared?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization ensure staff are knowledgeable about confidentiality laws?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization ensure staff learn about, document and know about people’s preferences about sharing their information?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Comments:** Click or tap here to enter text.

**X. Informed Choices about Home, Work and Services**

1. **To what extent does your organization support people to make informed choices about working in the community?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does support to make informed choices about work involve routine, regular exposure and exploration activities in typical community settings?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to make informed choices about where and with whom to live, utilizing routine, regular exposure and exploration activities in typical community settings?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does your organization support people to make informed choices about the services and supports they can receive?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **To what extent does support to make informed choices about their service involve exposure and exploration activities to see examples of these services or meet the people involved?**

**☐**To a Great Extent  ☐Somewhat ☐Very Little ☐Not at All

1. **Comments:** Click or tap here to enter text.

**XI. Priority for Implementing Change**

1. **Based on this assessment, rank the following areas for improvement in your organization:**

|  |  |
| --- | --- |
| **Assessment Area** | **1 = Most Important for Our Organization at this Time****10 = Least Important for Our Organization at this Time** |
| 1. Aligning organizational mission/values with services/practices
 |  |
| 1. Expanding community-based services
 |  |
| 1. Improving quality assurance methods
 |  |
| 1. Improving/expanding outreach and education
 |  |
| 1. Improving person centered planning practices
 |  |
| 1. Developing staff competencies
 |  |
| 1. Ensuring people’s health, safety, security and rights
 |  |
| 1. Fostering support networks, friendships & intimate relationships
 |  |
| 1. Ensuring people’s privacy
 |  |
| 1. Supporting people to make informed choices
 |  |

1. **Additional Comments:** Click or tap here to enter text.
1. Indicators in this table are from the Council on Quality and Leadership (CQL) *Basic Assurances®* Enhancing Health, Safety and Human Security (2015). Reprinted [or adapted] with permission for use in the 2018-2023 Wisconsin Living Well Grant. [↑](#footnote-ref-1)
2. Treating people with dignity and respect includes supporting people to have genuine choices over what they do during the day, including non-disability related options, providing experiences to make truly informed choices, affording people the “dignity of risk,” and treating/supporting them as you would want to be treated/supported. [↑](#footnote-ref-2)
3. Indicators in this table are from the Council on Quality and Leadership (CQL) *Basic Assurances®* Enhancing Health, Safety and Human Security (2015).Reprinted [or adapted] with permission for use in the 2018-2023 Wisconsin Living Well Grant. [↑](#footnote-ref-3)
4. Indicators in this table are from Indicators in this table are from the Council on Quality and Leadership (CQL) *Basic Assurances®* Enhancing Health, Safety and Human Security (2015). Reprinted [or adapted] with permission for use in the 2018-2023 Wisconsin Living Well Grant. [↑](#footnote-ref-4)
5. Examples of ensuring privacy include: requiring staff to always knock *and* wait for permission before entering someone’s room or home, people having the right to lock their bedroom doors, respecting people’s decisions not to share feelings or sensitive information, personal cares are done in typical/private spaces, staff do not talk about one person in front of another, etc. [↑](#footnote-ref-5)