



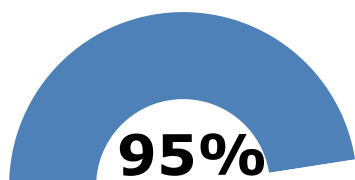
DDS Quality Outcomes

- Practice Rights
- Rights Protected

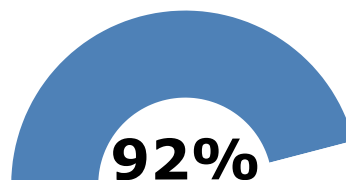
	<p>People understand and practice their human and civil rights</p> <p>Ensuring that people understand and can practice their rights is one of the most basic outcomes for evaluating the quality of services and supports provided by DDS.</p>	
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L & C

People understand their human rights



of adults are supported by **staff** who are **trained in human rights**.



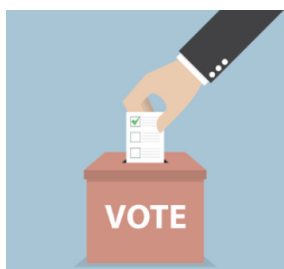
of adults/guardians have been **informed of their human rights** and know how to file a complaint.

NCI

People exercise their rights



29% of adults with I/DD have **attended a self-advocacy** group, meeting, conference, or **event**, or chose not to.



Of adults with I/DD, how many have ever **voted** in a local, state, or federal **election**, or chose not to?

47% of **all adults** surveyed voted



66% of adults **without a guardian** voted



37% of adults with a **limited or full guardian** voted



Data Sources:



- National Core Indicators, surveys collected in Massachusetts in fiscal year 2018



- Massachusetts DDS Licensure and Certification data, collected in 2018 and 2019



Quality Assurance Brief

March 2021

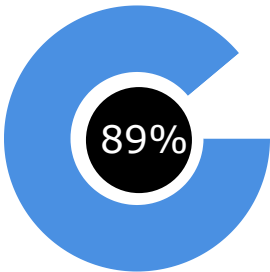


People experience respect for their human rights

Ensuring that people are treated respectfully in everyday communications is a basic indicator for evaluating DDS services and supports for human rights outcomes.

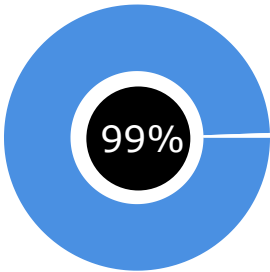
NCI

89% of adults said **staff** treat them with respect.



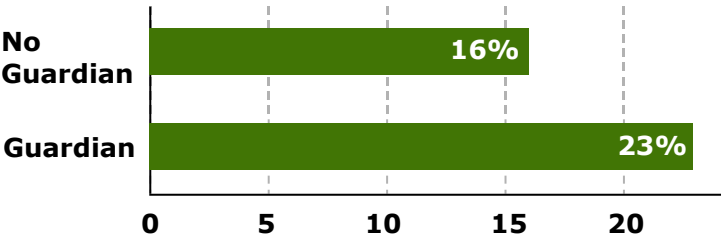
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99% of adults said **communication** with and about them is **respectful**.



NCI

19% of adults said **others** read their mail or email without asking.

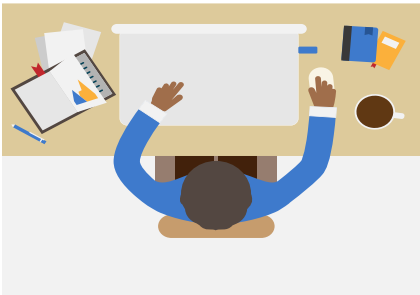
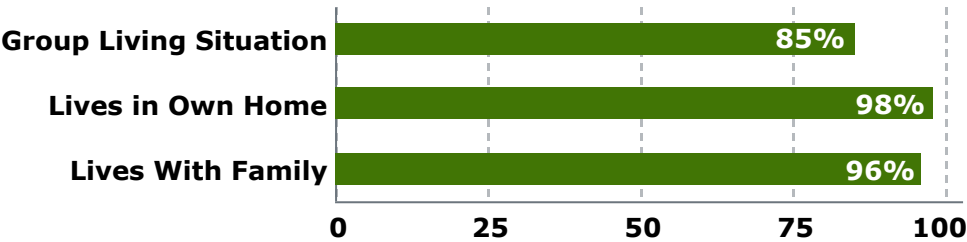


People have the right to use communication technology freely

Respecting individual's desires to use technology to communicate with others as they wish is one way to protect an individual's rights.

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90% of adults can **use the phone and internet** when they want.



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99% of adults with I/DD living in residential supports and individual homes **can make and receive phone calls** and use other communication devices.



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Providers actively oversee and protect people’s Human Rights

Providers review restrictive practices and behavior plans and maintain an active and effective Human Rights Committee.

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% of providers

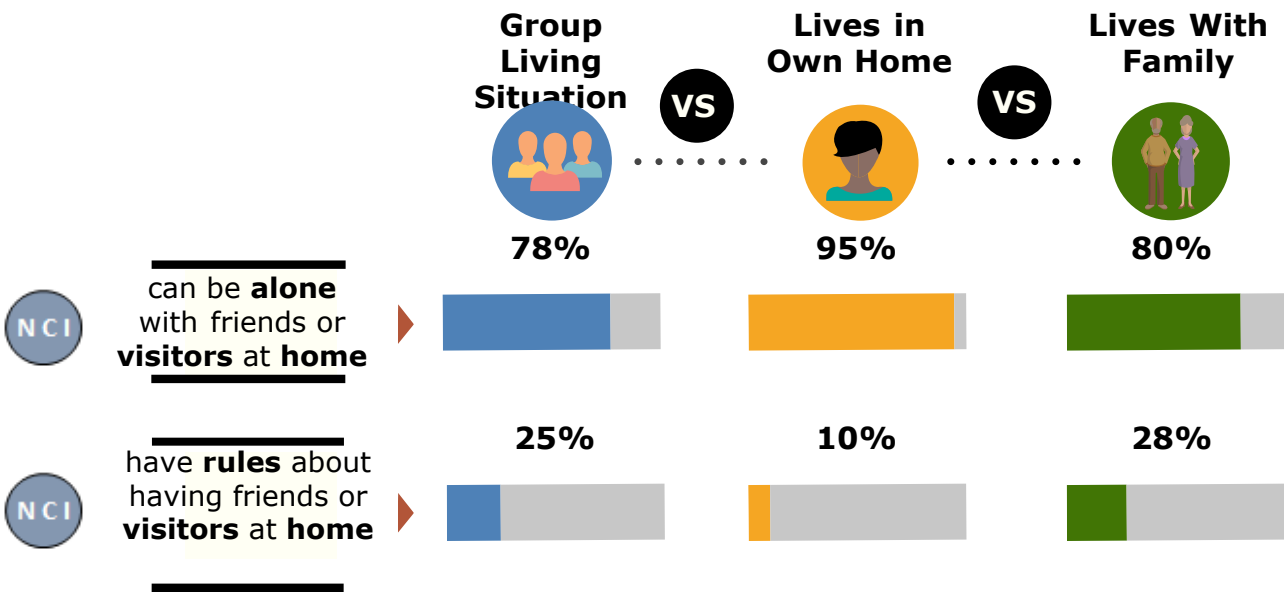
	Initial	Follow-up*
Providers make sure that restrictions about what one person can do are not unfairly applied to everyone else	56%	86%
Providers review behavior plans as required	94%	100%
Providers review supports and health related protections as required	81%	93%
Providers review all restraints	93%	99%
Providers have an effective Human Rights Committee that includes required individuals and meets regularly	61%	84%

People can visit with family and friends when they want to

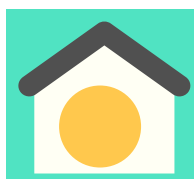
Ensuring people's right to visit with family and friends, in a private place in their home if they choose, is a basic indicator for evaluating how well people's rights are protected and privacy respected.

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100% of adults with I/DD living in residential supports and individual homes **can visit** with **family/friends**.



*Providers are re-assessed 60 days after their initial review. Most identified issues are resolved by this point.



Privacy is respected

Ensuring a person's right to privacy is a basic indicator for evaluating DDS services and supports for protecting rights.

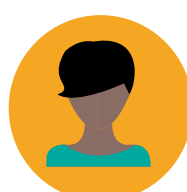


Group Living Situation



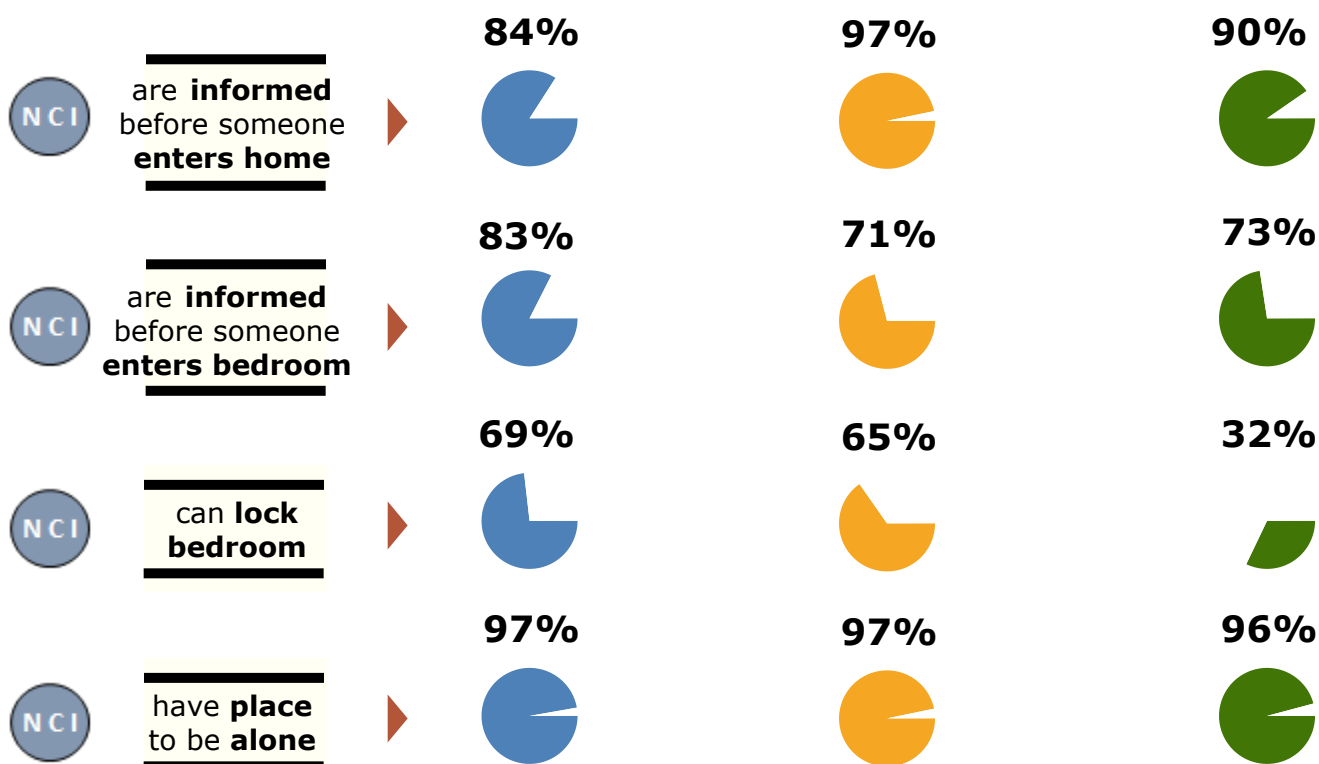
VS

Lives in Own Home



VS

Lives With Family



Among the population of adults with I/DD living in residential supports and individual homes,

* **96%** have **privacy** in their own **personal space**

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* **97%** have **privacy** when taking care of **personal needs** / discussing personal matters

* **99%** can **access** and **keep** their own **possessions**



QUESTIONS AND ANSWERS

1) What are Quality Assurance (QA) outcomes?

With the guidance of stakeholders, DDS established a set of outcomes that represent system expectations and form the basis for evaluating the quality of services and supports that DDS provides to individuals. Quality Assurance Outcomes help create a more “holistic” picture of the quality of supports within the DDS system and help identify areas that may become the focus for quality improvement initiatives and activities.

2) Where does the data come from?

DDS Rights and Respect data are from the following two sources:

Licensure and Certification: Data are collected through licensure and certification processes by which providers of community services are licensed and certified by DDS to provide supports. Data are gathered on-site by a team of trained Quality Enhancement Specialists through interviews with staff, families, and service recipients as well as through reviews of documentation and observation. Data are obtained from residential, day, and employment services. The goal is to ensure that providers meet an acceptable level of quality, that essential safeguards for service recipients are in place, and that outcomes for specific service types are achieved. The data are collected to inform whether the provider has met or not met each standard and ratings are restricted to these two categories (met/not met) only.

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National Core Indicators: The National Core Indicators is a national survey conducted periodically in participating states. Massachusetts DDS has collected NCI data every two years since 1999. Trained staff conduct face-to-face interviews with a random, representative sample of all adults who receive paid supports from the MA DDS, including people who live by themselves, in residential supports, and with family. Data are reported at the state level, can be compared to averages of all participating states. +/- 5% margin of error with a 95% confidence level. Please note that, due to calculation differences, values reported in this brief may not align exactly with those reported by NCI.

NCI

<https://www.nationalcoreindicators.org/states/MA/>

3) How often are data collected?

DDS collects data through its Licensure and Certification process each year. Each provider is required to go through the Licensure and Certification process at least once every two years. NCI data are collected every two years. A new sample is selected for each year of NCI data.

4) Why is only one year of data shown?

Periodically, the NCI changes the order or wording of their questions, or adds additional response options. This makes it difficult to compare percentages across years to look for trends.

5) Where can I learn more about this process?

DDS Licensure and Certification information:

<https://www.mass.gov/lists/dds-licensure-and-certification>

DDS Quality Management:

<https://www.mass.gov/dds-quality-management>