

An Independent Assessment of the Region 10 Quality Assurance Commission VOICE Review Program

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Executive summary

Beginning in 1995, a group of community stakeholders in Southeast Minnesota began to explore community initiatives to improve services. One of these initiatives received Legislative authority and funding to plan, design, and implement a new outcome-based quality assurance system for community services. This plan created and granted the “Region 10 Quality Assurance Commission” (hereafter referred to as “The Commission”) the authority to serve as the regional quality assurance and licensing entity for Region 10 counties (11 counties in the southeastern corner of Minnesota) wishing to implement a program of outcome-based quality assessment. Using an approach developed by this commission, program licensing reviews of organizations became based on the outcomes achieved by people as assisted by the supports they were provided instead of their conformity with stated program rules. The approach developed in Region 10 clearly addresses the four of the eight critical areas identified in the Centers for Medicaid and Medicare’s (CMS) Quality Framework.

The Commission is a quality assurance program of the community, by the community, and for the community and its members with Intellectual Disabilities/Developmental Disabilities (ID/DD). The Commission’s “VOICE” (Value of Individual Choices and Experiences) review process has received much attention in Minnesota and nationally. The Commission has been asked to present at national conferences sponsored by the Centers for Medicare and Medicaid Services and the National Association of State Directors of Developmental Disabilities Services. In Minnesota, it has received the Odyssey Award of the Department of Human Services for innovation in human services. The first independent evaluation of the VOICE review process was completed in 2001 by Newman and Associates. The assessment described in this report provides a second, updated independent evaluation. It reports quantitative and qualitative findings on the experiences of individuals, families, service providing agencies, and counties, including Region 10 counties that opted not to participate in VOICE.

Key findings included —

- VOICE requires a major time commitment from many people to serve as Quality Assurance Team (QAT) members. In the participating Region 10 counties, these costs are being donated by service providers and individuals. Sustained implementation of VOICE requires a strong and lasting commitment from local communities.
- VOICE is an approach that other areas of Minnesota have shown interest in adopting, and that holds promise for other service populations as well. The greatest impediment to growth of VOICE in other areas of Minnesota and its continued use in Region 10 counties is the lack of stable funding.
- VOICE is a progressive approach to quality assurance aligned with the current national direction of providing quality community-based supports for persons with ID/DD.
- The results of the VOICE reviews are seen as valid by the people who use them. The sources of this validity include the reviewers, the depth of the interview process, and the use of multiple people to provide information.

- The biggest perceived threat to the validity of VOICE reviews is concern that different QATs will come to different conclusions given the same information. The Commission has mitigated this threat by making sure the two members of each QAT have backgrounds that are different and complement each other. In addition, the Quality Assurance manager assists each QAT in determining ERIC scores and deciding if the information gathered supports those scores.
- A feature of VOICE that is key in separating it from most other approaches to quality assurance lies in measuring quality one person at a time. VOICE reviewers compare the outcomes for each person against the outcomes that person values rather than a set of uniform standards.
- VOICE has multiple intended uses and multiple intended users. In addition to monitoring service outcomes, it facilitates quality improvement discussions and interventions. VOICE results are useful to direct support professionals, county case managers, and families as well as to service providers and monitoring agencies.
- In addition to providing information for monitoring quality, VOICE reviews can be requested by any member of a quality circle to address communication concerns, consider changes in supports in response to changes in the consumer's life, or to discuss new directions for the consumer when current ideas are growing stale.
- VOICE reviews have been the impetus for major changes in consumers' lives, such as where they work or live. VOICE reviews have been less effective in encouraging changes in consumers' day-to-day lives.
- An important reason that VOICE reviews cause service changes and improvements is that all agencies and people supporting the consumer are included in the review process.
- People in counties using VOICE reviews view consumers becoming more independent in caring for themselves, having current day-to-day records of the person's activities, and addressing unusual or annoying behaviors as less important to monitoring quality assurance outcomes than people in non-VOICE counties (particularly the case managers).
- Additional research would be helpful to further explore the interests of policymakers, the implications for changing quality assurance models, and the outcomes of VOICE reviews in the lives of consumers and the agencies that support them. Research on the reliability (consistency) of VOICE results from different QATs and the costs and benefits of the VOICE process would also be helpful. Finally, research on the intended and unintended consequences of the loss of the traditional quality assurance models would be helpful. This research would be enhanced by having continued dialogue with various stakeholder groups from both participating and non-participating counties on the perceived and actual challenges in beginning and sustaining a VOICE-type review system.

Background

National context

In services for people with intellectual and developmental disabilities (ID/DD), quality assurance is an important public responsibility. *Quality assurance* is a general term applied to efforts of or under the auspices of responsible government entities to monitor whether publicly sponsored services are operating in the manner expected. Over the past decade, expectations for the operation of publicly sponsored services have been changing. This shift can be characterized as a movement away from monitoring inputs (e.g., Are staffing ratios at the level designated by rule?) and processes (e.g., Are program plans up-to-date?) to monitoring outcomes (e.g., Do service recipients have adequate opportunities to participate in activities they choose?). As a result, approaches to discern the outcomes of importance to persons with ID/DD and to develop systems of evaluation to measure them have become more and more commonplace (Bradley & Kimmick, 2003; The Council, 1993). The personal outcomes of importance within these evolving systems typically reflect universal outcomes of importance (e.g., choice in daily activities, control over one's home, respectful treatment by others) while recognizing the need to attend to the vulnerabilities of people with ID/DD (Gardner & Nudler, 1998).

There are several ongoing efforts to develop outcome-based quality monitoring systems in response to expectations conveyed in the Centers for Medicare and Medicaid Services' Quality Framework. The Quality Framework holds states responsible for assessing the extent to which Medicaid Home- and Community-Based ("waiver") Services are "participant-centered," and achieve "participant outcomes and satisfaction." Amidst the growing response to these national trends and federal government expectations, one of the most distinctive and nationally recognized has been the Region 10 Quality Assurance Commission (hereafter referred to as "The Commission").

Creation of the Region 10 Quality Assurance Commission

In 1995, concerned with the usefulness of the state quality assurance system, a group of Region 10 stakeholders—including consumers, family members, service providers, state and county employees, advocates, and other citizens—began to plan a community approach to quality assurance and improvement. The initiative was intended to replace traditional monitoring focused on rule following by organizations with an approach focused on outcomes for individuals. The goals of the initiative were to create, implement, manage, and staff an effective means to review services, not for their compliance with regulations, but for their effect on people's lives, and to use the information gathered in the review to contribute to improving people's lives and the services they receive.

Working with consultants and facilitators, these Region 10 stakeholders began to redefine how quality would be monitored. They developed and field-tested a unique quality review and information gathering system based on outcomes of importance to the quality of life and quality of support of persons with ID/DD. The stakeholders aimed to create —

- A way to use quality assurance results to contribute to the quality support and lifestyle to each individual;
- A system that was of, for, and by the community;
- A system that provided service providers with useful information to improve the lives of the people they served;
- A system in which the focus of quality assurance reviews was the consumer, not the consumer's or the agency's records;
- A system that was straightforward and based on human values that would make sense to non-professionals (i.e., typical members of the community) as the "important things in life";
- A system that was simple enough so that typical citizens of the community could offer service to the community by participating in quality improvement reviews.

Eventually, the Region 10 stakeholders requested and received authority from the Minnesota Legislature to take control of the quality assurance for community services for people with ID/DD within voluntarily participating counties within the Southeast Minnesota area designated as Region 10. The management and authority of this program was vested in the non-profit "Region 10 Quality Assurance Commission." Governing board members for The Commission are selected from among the broad constituency of individuals with interest in quality assurance and improvement and must include consumers, family members, service providers, advocates, service coordinators, and state and county officials. Among other governance responsibilities, Board members hire the paid Executive Director of The Commission.

The Commission's quality assessment program

The Commission's quality assessment methodology is called "VOICE" (Value of Individual Choices and Experiences). VOICE was designed around a concept of quality developed through interviews and focus groups with consumers, family members, service coordinators, advocates, and service providers. As a result, VOICE assesses a range of each consumer's overall life experiences, as well as the contributions of service providers to the nature and quality of those experiences. Trained Quality Assurance Teams (hereafter referred to as "QAT's" and inclusive of consumers, family members, advocates, providers, and county service coordinators) use VOICE to interview a sample of consumers from an agency and to gather ideas from each consumer's Quality Circle (inclusive of the consumer and his/her family, friends, neighbors, employers, support providers, and service coordinator). Based on these interviews, summaries are developed that reflect each consumer's overall life experiences and whether and how support providers and others are enabling the consumer to fulfill his/her choices and respond to his/her needs. The findings from sampled individuals within a service organization are then aggregated to make general suggestions to the agency as well as recommendations about its licensing. Unlike other "alternative quality assurance systems," VOICE has official status that allows it to operate as an alternative to the state-operated Department of Human Services licensing review process. Counties within Region 10 may opt to be a part of The Commission's VOICE program or they may remain participants in the state-

operated process. In the five participating counties, information generated from the VOICE reviews, and the reviews of procedural safeguards, are used to make licensing recommendations.

The review process

VOICE reviews are completed by volunteers who have received 2½ days of training and at least one mentored VOICE Review experience. Two volunteers make up each QAT and work collaboratively to complete each review. The VOICE process does not rely on checklists or any other highly structured data collection techniques. Instead, it relies on information gathered in semi-structured interviews with the consumer (the primary recipient of services) to the greatest extent possible, and with people who have firsthand knowledge about and interest in the adequacy and quality of services the consumer receives. Interviews are conducted both with people who have a professional relationship with the consumer (e.g., direct service professionals from the places where the consumer lives and works, county case managers, or even van drivers who have close relationships with particular consumers) and those who have a personal relationship with the consumer (e.g., parents, siblings, close friends, etc.). The number of people interviewed as part of a VOICE review varies according to the number of professionals who work directly with the consumer and with the size of his/her social network of involved family members and close friends.

Both of the QAT members attend all interviews conducted as part of the VOICE review. Typically, one of the QAT members leads the interview, while the other records what is being said. Each interview evaluates the consumer's outcomes in the eight life areas that are part of the ERIC scales. Each outcome area is scored using the following scale —

- E – Supports demonstrate excellence or move beyond expectations in addressing the consumer's needs and/or preferences
- R – Each service provider is adequately addressing the individual's essential needs and preferences
- I – The supports need improvement
- C – Supports are failing to address essential needs and basic preferences

The default score is an "R." During the review and subsequent discussion, evidence is reviewed to either justify the R or change the rating.

The task of the QAT is to compare the consumer's actual lifestyle to the desired lifestyle as expressed by the consumer and/or by those persons who know the individual's personal goals, preferences, and support needs best. The goal of the review is to gather all the information needed to assess how well the agencies and individuals who provide services to an individual are contributing to the individual's goals and responding to his/her preferences and needs.

Interviews are completed individually. They occur face-to-face whenever possible and via telephone when a face-to-face interview is not possible. Usually interviews are scheduled to be completed within a 3-5 day period.

Following the interviews, the two members of the QAT meet to discuss ways to present the information learned about the consumer's most important desires and preferences in a way that will have meaning for the consumer's family members and friends, the county case manager, agencies providing support, and especially for the consumer him/herself. This includes designing a Learning Portrait, which

is a representation of what the QAT learned is most important to the consumer who was the focus of the VOICE review, and sometimes highlights a few ideas learned during the review. Using a medium that will be especially interesting to the consumer, the QAT members create something (e.g., a poster, collage, decorated bowling pin or other special object, charm bracelet) that the consumer can keep, show to other people, and display as a memento of the VOICE review. The Learning Portrait is meant to acknowledge the individual as a unique and interesting person. The QAT also arranges a time and place to gather the Quality Circle (includes the consumer and everyone with a support role and/or a special interest in the consumer and the quality of his/her supports. At this meeting, the QAT presents the Learning Portrait and distributes a written summary of the VOICE review, including completed ERIC scales for each service provider. These reports are distributed at the end of the meeting, allowing the discussion to focus on the consumer, the Learning Portrait, and some general thoughts from the QAT about service issues that do not reflect on the quality of work for any one person or agency.

Once the QAT has shared the Learning Portrait and its general observations, the work of the two volunteer reviewers is finished. Service providers are required to make corrections by developing Action Plans in the consumers' services for any areas in which they received an "I" or "C" and report back to the paid staff of The Commission. The "Quality Circle," including all licensed service providers, as well as the consumer's county case manager, family members, and friends, is encouraged but not required to take action in response to the VOICE review. The members of the QAT that completed the VOICE review and staff members of The Commission are available upon request to provide technical assistance with issues noted in the VOICE review. The extent of support and assistance offered through The Commission varies according to what the Quality Circle requests, and acceptance of assistance is never a requirement imposed by The Commission. The QA manager (Quality Assurance manager) is available to provide extensive support in developing and implementing action plans in response to a VOICE review. The focus in providing assistance is on facilitating thoughtful discussion and problem solving among members of the Quality Circle rather than suggesting solutions.

Methodology

This independent evaluation was initiated by The Commission and conducted by the University of Minnesota's Research and Training Center on Community Living (RTC/CL). Given the required travel and complexity of data collection, modest funding was needed to pursue the evaluation. A request for funding was submitted and granted by the National Institute on Disability and Rehabilitation Research (NIDRR) as part of the core funding of the RTC/CL.

Together, The Commission and RTC/CL staff identified the following evaluation questions to guide the review —

- **Validity:** Are VOICE review summaries consistent with what people independently identify as important outcomes, needs, and lifestyle satisfaction?
- **Value:** Have/how have VOICE reviews affected the practices of Direct Support Professionals (DSPs), agencies, and others with regard to specific individuals and consumers more generally?
- **Impact on agencies:** What have agencies changed as a result of the VOICE process in areas such as staff training, staff choice/assignment, etc?
- **Usefulness to service coordinators:** Have/how have VOICE reviews helped service coordinators better understand individuals, assess individual needs and preferences, and develop and facilitate action plans?
- **Involvement of individuals and family:** Have/how have VOICE reviews changed the extent of input of individuals and/or family members into the quality review process? Has/how has this affected their influence on the conclusions/recommendations of the review and on the actions of service providers?
- **Expectations:** What are the perceived and measurable differences in expectations for service providers and their performance between traditional and VOICE quality assessment systems?
- **Effect of teams:** How does participation in VOICE reviews affect different types of team members (e.g., consumers, family members, service coordinators, service providers)? How do they perceive the VOICE experience? What do they learn from it? What do they do differently because of it? What sustains their involvement?
- **Future:** What are the long-range potentials and challenges of The Commission's initiative for: a) self-maintenance, b) applications to other populations within Region 10, and c) other areas around the state and the country? What would be needed to support such outcomes?

Data collection

Both quantitative and qualitative data were collected. Qualitative data collection included document reviews (e.g., VOICE review reports and recommendations, team training and orientation documents); participant observations of VOICE implementation; focus groups of agency leaders, service providers, and advocates to explore future directions; and semi-structured telephone interviews with managers from both service provider and county agencies. Quantitative data collection consisted of the distribution of a questionnaire to a random sample of families, service coordinators, and service providers from the counties using VOICE. A matching questionnaire was mailed to a comparison sample of persons in the

same roles from counties that had opted not to switch to the VOICE system. This questionnaire contained selected parallel items concerning the quality and utility of the traditional, state administered quality review process and the current quality of services in their area

Sample

VOICE consumers, their family members, service coordinators, support staff, VOICE team members, and others in the community were included in the review/evaluation. Sample members were selected randomly in about 20% proportions from target groups of interest (consumers, family members, service coordinators, and agency staff). To assure confidentiality, samples were drawn randomly by The Commission's coordinator according to the sampling ratios provided. The coordinator then contacted the individuals sampled to provide information about the study and the protections afforded, and to ask about willingness to participate. The research team knew identities of only those who agreed to participate. Information on returned questionnaires was anonymous since the information shared did not make it possible to identify exactly whom it came from.

In addition, in-person interviews were conducted with 27 people and phone interviews were conducted with agency managers from counties who were using the VOICE process (4 county, 1 service provider), and from counties who had chosen not to (2 county, 3 service provider). Two focus groups were held, one made up of self-advocates, family members, and professional advocates, and another made up of county case managers, as well as DSPs and managers from service provider agencies. Completed surveys were received from 177 people from nine counties. Survey respondents from counties participating in VOICE reviews included 36 consumers and family members, 22 county case managers or managers, and 55 DSPs or managers from service provider agencies. Survey respondents from counties not participating in VOICE reviews included 9 consumers or family members, 7 county case managers or managers, and 49 DSPs or managers from service provider agencies. Of the 45 respondents in VOICE counties who reported their level of familiarity with VOICE, 23 (51%) reported having a good, very good, or excellent understanding of The Commission and its activities. This question was not asked of provider organization staff.

Results

Validity

The VOICE review process is seen as valid because of who the reviewers are, and the amount of effort they put forth

Validity comes from sincere efforts by the QAT to talk with everyone and listen carefully... When [the QAT members] present back to [the Quality Circle]...they can gain legitimacy in [the Quality Circles'] eyes by the amount, quality, and accuracy ... of information that [the QAT members] are giving back....because they have done such a good job listening...

QAT member/father of a person with ID/DD

Because licensing decisions are based mainly on the information gathered in VOICE reviews, this information must be accurate. In addition to accuracy, a valid instrument should yield information with meaning, the same meaning, to all of its audiences. Validity is affected by the source(s) of information, and who the “judges” are. In the VOICE model, validity is influenced by the relationship and interaction between the QAT and each member of the Quality Circle, including the person with disabilities. As a result, a concerted effort has been made to engage individuals with disabilities as team members. The Executive Director of a local Arc noted, “A number of people with disabilities . . . have been trained as quality assurance team members, so they’re part of the QATs that go out and do the VOICE reviews.” Similarly, individuals who provide direct support have been recruited as QAT members. When referring to DSPs acting in the role of QAT members, a county case manager noted —

.... it brought a real human touch to the experience. These were people who had hands-on experience with individuals we work with. They were in the trenches, so to speak, but they brought a great deal of respect, experience, and support into the review. The focus was on the client; it wasn’t about the case manager, so that was a dramatic shift in the process.

Volunteer QAT members bring diverse experiences and perspective to the reviews because none are full-time quality assurance staff. Each person is there by choice. As one county case manager observed —

... They [the members of the QAT] were actually people who cared about how we felt and the experience that we had with the clients and what our relationships were, and to me that was a very unique process.”

Another county case manager acknowledged some initial doubt of VOICE reviews that was later dismissed —

With the [Quality Assurance] process, we had a chance to talk to people who were already in the field. I was a little suspicious at first because I wondered how we were going to have the accountability and how people who weren't serving as case managers could understand what we were doing.

A strong source of validity for VOICE reviews comes from interviewing all of the people who are involved with the consumer. This is complemented by using people from the community to conduct the review. The intended users of information from VOICE reviews are receiving that information from people who are their colleagues, neighbors, and fellow community members. Consumers participate in their own reviews and in the reviews of others. In contrast, a county case manager made a somewhat ironic observation regarding the traditional approach to quality assurance: “Really, the providers who are the rest of the team didn’t have a lot to say about the quality of service that we provided so they were actually separated from that.”

Those who serve as QAT members include staff from provider agencies, county case managers, family members, and consumers. The Quality Circle for nearly any consumer will include members from these same groups, meaning that both of the QAT members will hold role(s) similar to one or more of the interviewees. Parents and consumers valued this. One parent noted that, “What enhanced and was really special about the VOICE review was that more people were involved who are very important to our sons.”

The use of volunteers to make up each QAT is time-intensive, but the audiences of VOICE reviews view these volunteers as more credible than state licensors who may not talk with, or even see a consumer or “hands-on” DSP while completing a review. Most survey respondents from counties using the VOICE process felt that the information gathered and shared during the process came from people who have the background, and have put forth the effort necessary to truly understand the consumer, the supports being provided, and the context in which these come together. Specifically, survey respondents felt that those who knew the consumer best took an active role in the VOICE review (Mean = 3.22 on a scale of 1 to 4 with 4 meaning strongly agree), and that support staff who have daily contact with the consumer provided information (Mean = 3.22). Survey respondents also felt that the involvement of consumers in their VOICE review caused the results to be more accurate and complete than if they had not been involved—that is, if the review had relied only on the input of paid professionals (Mean = 3.11). A challenge identified by survey respondents is that results from a VOICE review may come out differently based on which two volunteers conducted it (Mean = 2.21). To address this concern, the QA manager assures that the two members of each QAT have different backgrounds and can assist each other in conducting interviews. In addition, the QA manager works with each QAT after all interviews have been completed to help them determine ERIC scores and decide whether the information obtained supports those scores.

Information is both deep and broad

“I think that is what quality means to me — having not just the essential basic services but the things that make that life enjoyable and fulfilling, the things most of us take for granted.”

Residential service provider

The information gathered in a VOICE review is deep as well as broad. The QAT members spend time with everyone important to the consumer and work hard to understand what each person has to say. “The more we talk to staff and family and the case manager and get consistent stories about what makes the person happy and how they know that, then that’s kind of validating that [information] for us,” reported a parent who volunteered as a QAT member. It is the task of each QAT to learn about the consumer’s preferences and needs related to each of the eight life areas on the ERIC scale. This includes interviewing or spending time with the consumer and talking individually with everyone who is close to the consumer or involved in providing support. In addition to learning about the consumer’s needs and preferences, the QAT also must discern the degree to which each agency involved is meeting each of those needs and honoring all of the consumer’s preferences. In interviews with the consumer and with each member of the Quality Circle, the QAT works to gather information beyond that which is immediately obvious. As a result, when the QAT shares what they have learned across these interviews, ideas surface that not everyone already knows and that might surprise some members of the Quality Circle. As the QAT shares its results, the understanding the two reviewers have achieved and the degree to which they have listened carefully to everyone shows, and people feel heard. This very thorough method of gathering information needed to complete the ERIC scale, including gathering the same information from multiple sources, increases the accuracy and credibility, and therefore the validity, of VOICE reviews.

Information is person-centered

“In the [VOICE] process we put the person in the very center of the process. The person actually sets the tone, standards, and determines what is looked at. It is done from their point of view.”

Volunteer QAT member

“The strengths of the VOICE review process definitely are that it is very personalized and individualized. It generates ideas, new ways of doing things, and definitely a learning experience for all parties involved.”

Vocational service provider

QAT members do not have a defined set of questions to use or particular things that they always consider as they complete a VOICE review. Instead, the reviewers must match the way they learn about the consumer with the ways the individual communicates. As the executive director of a service organization who also volunteers as a QAT member noted, “The unique part about the whole [VOICE] process is that individual interview, making it personal, being flexible, and just going with the flow with the person and making them feel comfortable, making them feel relaxed.”

This flexibility in the way information is gathered is a threat to its reliability in that there is no firm control over the topics addressed or the specific information obtained during each VOICE review. The payoff is that the information gathered is person-centered. The two members of each QAT have the opportunity and duty to find the best way to understand what is important to the consumer and how well the consumer’s needs and desires are being met in each of the eight life areas included in the ERIC scale. They also need to consider which of these areas may be especially important to the specific consumer and spend more time collecting information about those, as compared to areas that are not as important to the consumer and members of their Quality Circle. At the end of the review, the QAT puts together a Learning Portrait that will show the things most important to the consumer in a way that will have special meaning for him/her, and decides how to gather the Quality Circle to share what they have learned. This person-centeredness makes the results of the VOICE review more useful for and relevant to the Quality Circle. Most survey respondents felt that VOICE review results connect the individual with appropriate supports (Mean = 3.00), and are useful in helping the consumer have the life he/she wants (Mean = 3.24).

VOICE provides a comprehensive view of supports

“When you have a [VOICE] team coming in it isn’t just a few minutes of looking at files and asking a few questions. You look at every team member, family, and you visit their work site, home, and you get a really strong picture of what their life is like.”

County case manager

“One piece that is in our system that hasn’t been anyplace else is reviewing the entire system at one time and looking at an individual’s life and all of the supports that go around that.”

Arc staff person

“Everybody hears all of the info at the same time. There is not this little turf war going on between the work provider and the county and the residential provider; everybody is expected to receive this as a team and receives it as a team and is focused on this individual.”

Volunteer QAT member

The most important task of programs supporting people with disabilities is to meet the needs of each consumer. Traditional approaches to quality assurance have monitored the success of specific agencies and programs in doing what is expected of them using a top-down approach. An agency executive director described a traditional quality review and how the VOICE approach has improved upon that:

We capture the contributions made by the residential provider, the work provider, the case manager at the county level (and others)... and it really is so much more powerful for that individual to have all of those people sitting at the table hearing the same thing.

Traditionally, the primary evidence of quality has been policies, procedures, and well-kept records showing how the agency generally completed its work. Reviews of services provided to individual consumers were used to confirm that the policies and procedures were carried through, regardless of the degree to which the efforts were effective in helping individual consumers.

The VOICE process turns this model upside down. The primary evidence to determine whether a program is meeting individual needs is the degree to which the agency is meeting the needs of a random sample of individual consumers. This is discerned primarily by talking directly with those consumers and those closest to them during VOICE reviews. Reviews of policies, procedures, and written records are used to supplement the findings of the VOICE reviews and assure that the experiences of the consumers sampled are representative of the experiences of all consumers in the program. When a VOICE review is arranged for a consumer, the key program staff who support the consumer, as well as the consumer's case manager, are involved. No one program or support person is placed "under the microscope." The entity being evaluated is the Support Circle as a whole. When each service provider represented later has its license review, however, the ERIC scale becomes one of 3-4 VOICE reviews used to judge the adequacy and quality of services provided by the program as a whole.

Validity is augmented through the use of multiple sources

"We talk with each person to find out what is important to that person and basically validate what everybody is saying and find out that the Quality Circle, all those around that person, are all on the same page of what that person wants in all settings."

QAT participant

"We make sure that we're hearing all points of view for that person through their total Quality Circle because it is so important that you can put all those pieces together for that person."

Volunteer QAT member

The QAT conducting each VOICE review interviews everyone who has an ongoing relationship with the consumer whose services are being reviewed. This includes the program manager(s) and DSP(s) from each agency or program from which the consumer receives support, and family members and friends who have a close relationship with the consumer. The two reviewers ask questions to ascertain that consumer's

perspective on the quality of services and the quality of life s/he experiences in each of the eight life areas listed on the ERIC scale. In this process, the members of the QAT may hear the same ideas coming up in multiple interviews, indicating the validity of their findings. When different perspectives emerge regarding one or more life areas, the QAT has a chance to investigate further. As new questions emerge in later interviews, the reviewers may contact people interviewed earlier to add their perspectives.

Critical audiences judge reviews based on paper as less relevant than a “person-centered” approach such as VOICE

“Our system looks at the person and how they’re doing, where the traditional system looks at the provider and how they’re doing.”

Arc staff person

Provider agency staff, consumers, and family members are aware of, and have become accustomed to the traditional approach to quality assurance and licensing. A father active with The Commission recalled that —

Under the previous (quality assurance) model I had very little contact with (the process); it was essentially a paper chase. All I ever heard about, actually the only time I heard about it was when I was on the Board of Directors at the agency, they would say the licensors are coming next week. There would be this flurry in the office to get all of the paperwork up to order and all this other kind of stuff and it was a huge pain in the ass to the organizations. People grumbled about it and said this really distracts us from our real work, which is supporting your sons and daughters in their real lives, and this contributes nothing, it just distracts from it.

Stakeholders associate traditional licensing with paper reviews that seem one-dimensional and meaningless, and therefore the method seems meaningless. As a local Arc staff member observed, “There traditionally has been relatively little contact directly with people with disabilities. Their systems have tended to focus on paper compliance.” This perception appears to cause programs to put little energy into preparing for quality assurance reviews and makes the results from licensing reviews appear to have very little value or status among those who would use them. In contrast, a parent who is also a QAT volunteer noted —

Instead of coming in and looking at files or looking at some sort of checklist of any kind to make sure everything is in place for the person we talk to the person and let them tell us how things are in their life.

To test the prevalence of such perceptions, a sample of people across roles who had been involved in the VOICE process was surveyed as part of this evaluation. Table 1 summarizes their responses.

Table 1. Are VOICE results consistent with what consumers identified as important outcomes, needs, and lifestyle satisfaction?	N	Mean	SD
Those who know the consumer best provide information	27	3.22	0.70
Support staff who work daily with the consumer take an active review role	27	3.22	0.80
Involving people and families in VOICE produces different results than just asking staff	27	3.19	0.79
Consumer involvement in VOICE is more accurate and complete	28	3.11	0.74
Results are inaccurate due to consumer involvement (Reversed item)	27	2.93	0.92
Learning Portrait adds meaning to the VOICE review	25	2.88	1.09
Learning Portrait helps the consumer understand the learning from the VOICE review	25	2.84	0.99
Family involvement in VOICE increases the accuracy of information	28	2.82	0.98
Family involvement in VOICE increases the completeness of results	28	2.82	0.94
VOICE review depends on information directly from consumer	27	2.70	0.67
Average across items regarding validity/Region 10 respondents		2.84	0.83

4= definitely yes, 3 = Yes, generally, 2 = no, not really, 1 = no, definitely not

Information gathered from interviews, focus groups, and case studies provide evidence that VOICE review results successfully identify outcomes, needs, and lifestyles that match what consumers see as important. These include comments and resulting themes that show that those involved in VOICE reviews saw the QATs as effective: 1) in hearing and understanding information shared by consumers, and 2) by using a system that is seen as being person-centered.

Responses to the opinion survey indicate mixed opinions regarding the degree to which consumers' ideas come through as part of the VOICE review. Most respondents felt that involving family members in the VOICE process caused the information collected to be more complete (Mean = 3.19), as did consumer involvement (Mean = 3.11). However, respondents were much less confident that VOICE depends on information that comes directly from the consumer (Mean = 2.7). This is slightly below the average across all responses (Mean = 2.76). Respondents did not feel that the involvement of consumers caused inaccuracies in VOICE review results (Mean = 2.93). Respondents were very confident that review results were based on the ideas of people who knew the consumer best (Mean = 3.22), including DSPs who work with the consumer every day (Mean = 3.22).

Value

Have/how have VOICE reviews affected the specific practices of DSPs, agencies, and others with regard to specific individuals and consumers more generally?

A final and important task of evaluators is to prepare a set of results from the data collected and a means to share them that will likely lead to “intended use by the intended users” (Patton, 1997). When contrasted with traditional approaches to quality assurance in programs supporting people with ID/DD, VOICE has more intended uses and more intended users.

Both VOICE and the traditional approach to quality assurance are intended to assure that consumers are protected from abuse or neglect at the hands of their caregivers or anyone else. In addition, quality assurance systems have been charged with assuring that consumers are being supported to participate in meaningful activities intended to increase their independence in caring for themselves, managing their households, working in productive jobs, and accessing their communities.

Technologies have been developed to support traditional quality reviews, allowing evaluators to use standardized checklists to make sure programs are providing the services they are supposed to and are using accepted practices in doing so. In this system, quality is assessed by reviewing policies and procedures to make sure mechanisms are in place to keep the program on track in providing supports to each consumer the “right way.” As an added check, the records of a randomly selected sample of consumers are thoroughly analyzed to make sure the program is following through with its stated policies in serving individual consumers. The intended users of the results from these reviews are the state and local government agencies who grant licenses to provide services based on compliance, and the managers of programs that need a current license in order to be reimbursed for services provided through government-run programs such as Medicaid. Reimbursement through programs such as these is the predominant and often only source of income for most service providers. Assuming that following the regulations set by government translates into provision of supports that meet the needs of all persons with ID/DD, these systems of quality assurance truly do assure a baseline level of quality in all programs serving persons with ID/DD. The system is helpful to programs not meeting minimum standards in that it provides them with a structure to use in improving their supports. However, for programs already meeting minimum standards, this system of quality assurance does not provide any guidance or incentives to improve services. Its only intended use is to assure a minimum level of quality across all programs, and its only intended users are government entities that make licensing decisions and program managers charged to respond when programs are failing to meet minimum standards.

VOICE reviews have the same intended use as traditional quality assurance reviews in ensuring that providers protect the health and safety of consumers, and that consumers are provided regular opportunities to take part in activities that are meaningful, and that increase their involvement and independence at home, at work, and in the community. The Commission relies on the results of VOICE reviews to make licensing decisions as programs come up for review, along with a paper review done by staff of The Commission. The intention of the paper review is assuring that programs have systems in place to protect the safety and dignity of consumers who are at particular risk or who have been the

victims of abuse or neglect, and of consumers who are restricted, restrained, or asked to take medication in response to their challenging behavior.

Beyond this, VOICE reviews have additional intended uses and intended users. VOICE reviews are done one consumer at a time with a goal of actively involving the consumer and everyone who has a close relationship with him/her. During a VOICE review, QAT members gather information individually from the consumer and from each of the other persons with an important role in the consumer's life about the needs, preferences, and goals of the consumer in the eight life areas included on the ERIC scale. At the end of the review, all of these perspectives are melded together and given back to the consumer and his/her Quality Circle in a way meaningful to all. From this comes many additional uses at the discretion of the consumer and other Quality Circle members. Quality Circles have found VOICE reviews to be a way to come to agreement in areas where finding agreement had been difficult, to generate new ideas when the consumer and the Quality Circle had encountered a roadblock, and to help those members of the Quality Circle who had been quiet to have their thoughts and ideas heard. Sometimes, VOICE reviews are requested when a Quality Circle needs help; other times, a Quality Circle experiences unexpected benefits when randomly selected for a VOICE review. The quotes below suggest some of the "value-added" elements in switching from a top-down standards-based approach for quality assurance to a community-driven and open-ended approach such as VOICE.

VOICE can be used as a problem-solving tool

"Before [his VOICE review] he used to be very frustrated. He would come to work and sleep all day long. Now he is well rested and he doesn't sleep at work... I think he is more content because he has a good home base and a good home staff who look after him and make sure he is well taken care of."

VOICE review participant

"There were some communication barriers and we knew this was the time we needed to look at another VOICE review. Whenever I see problems in somebody's life I usually call and ask [The Commission] to look at some sort of a VOICE review. I think it is a wonderful way to get people on the same page and talk about issues. Otherwise they keep snowballing into no resolution."

County case manager

In addition to completing VOICE reviews with a random sample of consumers to fulfill its licensing function, The Commission is available to schedule VOICE reviews as requested by the Quality Circle of any consumer in a participating county. A VOICE review may be requested when the members of a Quality Circle are running out of fresh ideas or do not agree about the next steps to take to help a consumer who is struggling. The VOICE review adds two sets of fresh eyes to the situation. As with any review, the role of the QAT is not to act as experts who are there to offer solutions, but to reflect back to the Quality Circle how they see the current set of supports either meeting, or not meeting the consumers

needs and preferences. In this way, QATs not only monitor the adequacy of the current set of supports, but also assist the Quality Circle to solve problems and bring about quality improvement.

Active involvement in the VOICE process increases self-awareness and self-confidence for people with disabilities

“I think this person was somewhat enlightened with the results of it [VOICE review]. I think she became very much more open right after the process was completed. She had better self-esteem. I think it was a good process for her to become more outgoing and positive about herself.”

Vocational counselor

“The next IEP meeting we had at school, our sons literally ran the whole thing.”

Parents of sons with Autism

“It was astounding to see what that did for [my son]. That he could actually participate in a meeting and take charge of it. I think that was another significant event for him, that he actually could take charge of a meeting and on top of having his own home and hiring his own people, this has been huge for him.”

Volunteer QAT member

“The Learning Portrait idea came about because we have a lot of individuals with disabilities who don’t know how to read or write. You hand them a report and they aren’t going to be interested in it. I think that the VOICE review process does empower people to step forward and know that they have that ability to control their life.”

Quality Assurance manager for The Commission

The VOICE review invites everyone involved in the consumer’s life in any significant way to be involved in the process, but the members of the QAT have a commitment to begin by hearing or seeing the consumer expressing what is important to him/her. At the beginning of a VOICE review, the two members of the QAT determine the best way to gather information directly from the consumer. The purpose is to begin the review by learning how the consumer sees his/her needs, preferences, and hopes for the future, as well as his/her support needs, the best ways for them to be met, and his/her satisfaction with his/her current life situation and system of supports. These ideas will become the yardstick used in the rest of the review, and the basis for the Learning Portrait shared at the end of the review. The Learning Portrait summarizes what was learned in the VOICE review in a way meaningful to the consumer. Though the consumer may not be able to articulate their opinions in all the areas, he/she is given the chance to add as much he/she can to the review and see those ideas being reflected back by the QAT members who had visited. Often, the consumer is able to share many ideas through an interview and

plays an instrumental role in the final meeting when ideas from the review are shared. In all cases, QAT members strive to listen to or watch the consumer communicate ideas important to the review and demonstrate to the consumer that those ideas have been heard. VOICE is a method of quality assurance that involves consumers directly. In interviews done as part of this evaluation, there were multiple examples of how this involvement has helped consumers to have more confidence in situations beyond the VOICE review.

VOICE addresses essential quality assurance areas and day-to-day service provision issues

“[She] complained of having back pain. She also said that her feet were sore at the end of her work shift [after standing on concrete floors for hours]. This led to installing soft mats at the laundry where she worked, and doing so for others as well. We use VOICE as a quality assurance process to make sure the person is getting what they want, need, hope, and dream.”

Quality Assurance manager with The Commission

“There are providers who [have found the VOICE review is] good for us to train our staff in these elements and these are the things that are critical for us in providing good service, so they have taken information and turned it into a staff development tool.”

Arc staff person

“Ideas came up through VOICE that we had just never thought of before. Many of these ideas are not hard to implement, we just needed to pay attention to them.”

Paraphrased comment from focus group participant

“That puts a real smile on our face when our daughter starts to be more independent and she starts to do more things for herself. That is what [service provider] has helped our daughter do and also with the VOICE review that has been an excellent program to come through and make sure [service provider] is on task.”

Father of daughter with Autism

VOICE reviews have caused changes in the way DSPs do their work and in the lives of consumers. The data refer to day-to-day events and are coming from people who are in a position to make the changes called for in the review. When a quality review depends upon program records, policies, and procedures to judge quality, QATs spend most of their time and have the greatest amount of interaction with those staff members in the agency who monitor and manage paper (program records, policies, etc). When results and recommendations come back from such reviews, it is not surprising they are often most relevant to managers, and lack credibility with the DSPs who have been left out of the process. Using

VOICE, the reviewers spend most of their time with people who have day-to-day contact with consumers, and build rapport and credibility with that group. This approach is likely to cause changes in the day-to-day practices of DSPs, and in the day-to-day lives of consumers, because it responds directly to people in those roles.

VOICE causes participants to go beyond the surface in evaluating service quality

“[Through the VOICE review process] I kind of looked at how we were doing things and where I could give her more choices. She requires a lot of direction but it makes you look at the fact that she needs choices. . . . Kind of gives you more awareness of how I’m working.”

DSP providing in-home support for a seven-year old girl

“Going through this VOICE process and seeing the consistencies and inconsistencies that happen and putting them all together makes it that much better. You do set a higher standard and that standard always goes up.”

Quality Assurance manager with The Commission

The VOICE review process, and the eight life areas around which VOICE reviews are structured, is meant to provide a comprehensive view of a consumer’s life situation. When the QAT members ask questions regarding the unique needs and preferences of the consumer before asking about the quality of the consumer’s current life situation, interviewees are encouraged to move beyond the standard responses to think about why they are drawing the conclusions that they are in each of the eight life areas. Asking the consumer to describe a typical day, and asking questions along the way, helps the consumer explain all the things that are either going well or are bothersome in his/her life. Being asked for such detailed information can be demanding for the person being interviewed, but leads to the QAT members gaining a clear understanding of the quality of the consumer’s life and of the workings of the Quality Circle in perpetuating it. When the two members of the QAT summarize the ideas heard across all of the interviews, the Quality Circle receives an accompanying document that can lead to either additional questions to ask, actions to take, or both. In both acknowledging and expressing concerns regarding the comprehensiveness of VOICE, one supervisor from a county agency noted that QAT teams sometimes held Quality Circles and provider agencies responsible for unmet needs over which they have no control, or which would require resources not currently available. A parent suggested that identifying services and supports needed by at least one consumer that are not currently available is a strength of VOICE rather than an area of concern.

VOICE provides opportunities for networking and innovation

“Just knowing there is a lot of really great experience out there with people with disabilities and a lot of great ideas that these people have and they haven’t been tapped into.”

Quality Assurance manager with The Commission

“In the process I got introduced to a ton of bright, committed people, and some of this stuff actually opened my eyes and opened my mind up to some alternative possibilities for my son’s life.”

Volunteer with The Commission

“I think the neatest thing about [consumer] is that he has moved on to a situation that we haven’t experienced with a lot of people in [this] County.”

County case manager

“There are still some major issues in my son’s life, there always will be, but we have a much bigger bag of tools to work with.”

Volunteer with The Commission

Sometimes VOICE reviews are requested when “tried and true” approaches are not working, or when a consumer has hit a rut and the Quality Circle needs new ideas and new energy. VOICE can be an impetus to new ideas and solutions. As the QAT members interview the consumer and each person who has a significant role in the consumer’s life, they gain a strong understanding of the consumer and the system of support surrounding the consumer. In reviewing the eight life areas with either the consumer or another person from the Quality Circle, one of the QAT members may ask just the right question to elicit information no one else had heard before. In looking across the interviews to complete ERIC scales and create a Learning Portrait, the QAT may notice connections or disconnects between the individual interviews that no one has noticed before. After the VOICE review has been completed and the reviewers have left, members of the Quality Circle may see additional connections and ideas. Following a VOICE review, some consumers make large life changes, such as moving into a new living situation, and sometimes these changes come about because of new information and ideas generated in a VOICE review.

VOICE reviews sometimes cause changes in major areas such as where people live and work

“As the result of a second VOICE review . . . we determined that our son would probably benefit from taking the next step, which would be to live in his own home“

Volunteer QAT member

“[consumer] changed providers and moved into this house after his last VOICE review . . . they [former service provider] didn’t have the signing ability and were not making a major effort to acquire it.”

Guardian

“Everything we do in this house is for [consumer] and for his quality of life. We try to keep this house as home like as possible and as non-institutional as possible.

Managing employer for consumer who selects own staff

In addition to monitoring the adequacy of supports, an intention of VOICE is to encourage quality improvement. VOICE reviews use the eight major life areas of the ERIC scale to gather ideas from the consumer and others who are close to the consumer about the consumer’s needs and preferences. The eight life areas are designed to include all aspects of the consumer’s life, and the QATs do not tie them to the funding streams that the consumer is currently using or the possibilities and resources available in the consumer’s current living or work setting. Instead, they are referenced against the life desired by the consumer. Because all members of the Quality Circle are involved in the VOICE review, the expertise to respond to unmet needs or new ideas is often present either in the persons involved the VOICE review or in the resources of which each is aware. As a result, VOICE reviews can be an impetus for any necessary changes, be they the small, everyday changes that DSPs can make immediately, or very large changes that will require stepping outside the services and supports currently available. After one VOICE review, the consumer who the review had focused on moved on to a different job with the support of her Quality Circle, and after another, new rubber mats were installed at the laundry where the focus person worked because she was coming home every night with sore feet. Both of these are examples of significant changes made in consumers’ lives as the direct result of problems or needs noted in a VOICE review.

Impact on agencies

VOICE may improve relationships among agencies supporting a common consumer, and between service providers and families

“ . . . her parents have a lot more confidence and are enjoying the process for watching her grow and thrive. They are learning to let go a little bit and to trust the providers. They know we want what is best for their child. . . . The communication is so much better, we can initiate the calls, they can contact us, and there isn’t that fear that somebody is doing something wrong or that they are bad because we are asking questions. It is really so we can be better at what we do.”

County case manager

“Some guardians have used the VOICE process to explore the balance between their perception of what is safe for a person and what the person wants (e.g., a person who wants to move from a group setting to a more independent living arrangement). Sometimes the difference is resolved in favor of the person’s choice. Other times, participation in VOICE simply makes clear the difference between what others think makes sense for the person and what guardians think.”

Focus group facilitator

VOICE reviews are intended to be positive and focused on the needs of the consumer. They are not intended to place blame on anyone or focus on things that have occurred in the past. Because of this, members of the Quality Circle can come together and learn what each knows about the consumer in addition to learning, or relearning, about the consumer’s needs and desires. Because volunteer QAT members interview everyone individually, the perspective of each member of the Quality Circle can come through and the QAT members can weigh each when summarizing the review. QATs make concerted efforts to contact everyone with a strong interest in and understanding of the consumer. Sometimes this means the reviewers drive 1-2 hours or conduct a telephone interview to hear from a family member who may or may not be currently involved in the consumer’s life. While this adds cost to VOICE reviews, QATs obtain information that deepens and completes their understanding of the consumer, and consumers may regain connections with important people that last beyond the review.

Have/how have VOICE reviews affected the practices of DSPs, agencies, and others?

The interviews, focus groups, and mini-case studies provide evidence that VOICE reviews improve the lives of consumers who participate in them. These changes seem to be fueled by 1) who takes part in the review, with the QAT members putting a great deal of energy into connecting with and thoroughly interviewing everyone who has an interest in and insights into what the consumer needs in order to be

comfortable, happy, and stimulated; and 2) the ability of the VOICE process to engage all members of the Quality Circle in learning about the consumer, what improves the consumer's quality of life, and the support needed by the consumer to be successful.

Using a scale on which 4 = strong agreement and 1 = strong disagreement, most participants agreed or strongly agreed with statements that VOICE reviews —

- Consider the adequacy of support needed to be involved with family (Mean = 2.89),
- Include ideas DSPs can use immediately to improve supports (Mean = 3.00), and
- Pick up on practical, everyday issues such as menus or meal times (Mean = 2.89).

Agreement was also noted with statements such as: VOICE reviews consider support needed to be involved with friends (Mean = 3.04), and to be involved in the community (Mean = 3.18). High levels of agreement with these items support the conclusion that VOICE reviews are helpful in improving the supports of individual consumers. Agreement was less strong for statements that VOICE reviews —

- Lead to practical and noticeable changes for people with disabilities (Mean = 2.63),
- Lead to noticeable improvements for the consumer (Mean = 2.60), and
- Help staff see when to encourage the consumer and when to allow time to relax (Mean = 2.57).

What have agencies changed because of the VOICE process in areas such as staff training, staff choice/assignment, etc?

The opinion survey included only a few items regarding the impact of VOICE on agency-wide practices. Survey respondents showed modest agreement with statements that the ideas and recommendations from VOICE reviews cause improvements for more than one person (Mean = 2.91), and that results from VOICE reviews lead to new ideas for staff orientation and training (Mean = 2.88). Agreement was lower for the idea that VOICE leads to changes in scheduling of support staff (Mean = 2.57).

Usefulness to service coordinators

Some county supervisors have difficulty finding enough use for information gained through the VOICE process to warrant the time spent by case managers

In telephone interviews with supervisors and managers in county agencies, one manager reported using VOICE reviews in a variety of ways, including evaluating the performance of service providers each year as they sign a new contract to provide services in that county, and in the performance reviews of case managers. Four other county managers could not cite any ways they used VOICE review results beyond evaluating the services and providing additional assessment information for the consumer on which the review was done. All county supervisors saw some value in the VOICE process for case managers, but three of the five saw the primary users and strongest advocates for VOICE being service providers.

Have/how have VOICE reviews helped service coordinators better understand individuals, assess individual needs and preferences, and develop and facilitate “action plans”?

The survey distributed to county case managers and supervisors included eight items asking the degree to which VOICE was useful to service coordinators. These items were omitted from the surveys distributed to family members, guardians, and provider agency staff, so the number of respondents to these items is quite low (18). On seven of the eight items, mean scores exceeded an average of 2.5, indicating more agreement than disagreement with the statements. Respondents reported the information that case managers receive as part of a VOICE review as being worth the amount of time spent (Mean = 3.67) and view county case managers as part of the VOICE team (Mean = 3.39). Respondents also agreed that the VOICE process measured the quality of work done by county case managers (mean=2.95); brought providers and case managers together to solve problems (mean=2.89); helped service coordinators monitor quality (mean=2.79); provided them with useful information (mean= 2.74); and helped them find new ways to support persons with disabilities (mean= 2.68). On the other hand, county respondents did not feel that VOICE provided them with an in-depth understanding of the consumer (mean= 2.32).

An important difference between VOICE and traditional methods of quality assurance is that VOICE is inclusive of all members of the Quality Circle, especially those who are closest to the consumer and provide direct support. Provider agency staff and county case managers have found many uses for the VOICE process and results, and now proactively request a VOICE review when a consumer or Quality Circle is struggling. Most consumers and family members are drawn into a VOICE review, either in following another’s advice or because of being randomly selected, and find benefit as they become actively involved in the process. All of these groups seem supportive of VOICE, and would be greatly disappointed if the approach were abandoned.

One group who has not consistently found use for the VOICE process or results appears to be supervisors in county agencies. While one county is using VOICE results in the contracting process with service providers and in monitoring the work of case managers, other counties have not found any use for VOICE. They view VOICE as something that is helpful and favored by service providers, but have difficulties seeing how the added costs of VOICE are helping the larger system. A possible step for The Commission would be to work with counties and others who are not seeing any added benefits in finding ways to make the VOICE process and results more useful to them. Making VOICE useful is necessary to gain the support of those managers in county agencies who have influence in the direction of quality assurance activities on a local level.

Involvement of consumers and families

VOICE provides consumers an opportunity to discuss their lives, their successes, and their struggles, in addition to their preferences in receiving support from others and their frustrations with their current system of supports. At the end of the review, consumers are the focal point of a meeting where they receive a Learning Portrait that demonstrates they have been heard throughout the process.

As part of VOICE, parents, family members, and friends discuss their views on how service providers are doing in providing supports that match the consumer's needs, preferences, and future goals, and service providers have an opportunity to comment on the supports that they and others are providing. QAT members are chosen so as not to be affiliated with any agency involved in the review, not already acquainted with the consumer, and not a close colleague of any member of the Quality Circle.

Interviews are conducted informally in a comfortable location so that those being interviewed will feel free to share their thoughts about the consumer and current system of supports. At the closing meeting, the volunteer QAT members explain what they have learned about the consumer with everyone and present the consumer with a Learning Portrait that summarizes what they have learned about the consumer in a format that has special meaning to the individual. Learning Portraits focus on the consumer's strengths and interests, with additional information about the consumer's talents. For example, a consumer who loves auto racing may receive a model racecar as a learning portrait. The racecar may be covered with decals and stickers, each with a word or phrase describing some positive trait or interest of that consumer that describes more about what makes the consumer unique. After presenting the Learning Portrait, the presenters distribute a written report that includes completed ERIC scales for each service provider involved and for the consumer's case manager. These are distributed at the end of the meeting so the focus can remain on the consumer. At this point, the QAT passes out evaluation forms on the process with postage paid envelopes, and the VOICE review is complete.

The Quality Circle is left with the QAT's summary. If an individual provider receives a "C" in any of the eight life areas, they are required to respond to The Commission within 30 days with an explanation of how the problems noted have been remedied. If a service provider receives an "I" in any areas, they need to respond within 60 days. Beyond that, the Quality Circle can decide what, if anything, they want to consider further from the review. Sometimes Quality Circles use VOICE as a jumping off point for major changes in the consumer's system of support. Sometimes individual providers may take steps to improve the ways in which they support the consumers. Other times, a Quality Circle may learn that everything is working well and take no further action.

VOICE engages participants and sometimes increases people's involvement

“. . . process itself makes people more open to considering that there is more out there than what a lot of people are getting.”

County case manager

“Because of our son’s life we’ve become very much interested in the whole process [VOICE] and how it has come about and we have joined with the stakeholders in Region 10 to try to help improve the quality of life for all people with developmental disabilities in this region.”

Volunteer QAT member

“It was a learning experience. It was educational for me, and it gave me insight to different perspectives and gave me a chance to see the team in a different way. It actually brought my attention to certain areas that I needed to work on and perhaps never looked at before.”

County case manager

People surveyed and interviewed for this evaluation often reported increased involvement with the consumer and sometimes became involved in larger advocacy efforts as the result of their participation in a VOICE review. VOICE reviews offer an opportunity for people to learn from each other, which can lead to new ideas. Some people hear information that piques their curiosity about new possibilities for the consumer and some hear ideas that may be helpful to other consumers they support. The Region 10 Stakeholders group works on issues to improve services for people with disabilities through learning about systems issues and discussing ways to get involved in advocacy efforts. The ongoing process of conducting VOICE reviews and participating in the Stakeholder Group seem to strengthen both efforts, with attending a meeting of the Stakeholder Group providing an opportunity for people to learn about or be reminded of VOICE, and positive experiences in VOICE reviews causing participants to become interested and involved with the Stakeholder Group.

Participating in a VOICE review is energizing

“When I get calls from [The Commission] I get excited because it gives me the chance to show off what is going on with our consumers and also makes some improvements and it really helps me do my job. It helps me.”

County case manager

“I’ve done many VOICE reviews throughout my last four years within this process and every time I finish a review I feel more pepped up that we actually were able to bring some good stuff to the table for these people and really give them some good things to work with.”

Quality Assurance manager with The Commission

“The future of supports really for all of us is this sense of connectedness, a real sense of community, of working together and breaking down barriers and learning how to appreciate each other’s strengths and wisdom and use it to benefit each other. There is immense power in that.”

Volunteer for the Commission

VOICE reviews are a positive process that energizes participants. Consumers have an opportunity to share what is important to them and receive affirmation that they have been heard. Parents and family members have their thoughts and ideas given equal weight as those of professionals, and DSPs receive recognition for the good work they have been doing. Everyone’s ideas carry weight in the VOICE process, and for some participants, it may be a new experience to be actively involved in thinking about the needs and desires of the consumer. The interviews demonstrate how VOICE reviews provide participants in all roles with energy that lasts beyond the review. Examples provided earlier in the report include increased confidence among consumers in speaking up for themselves in a variety of contexts after the experience of feeling heard during the VOICE process, and of Quality Circles making new efforts to improve the quality of supports for a consumer even when a VOICE review did not uncover any “problems” that needed to be addressed.

VOICE promotes sharing of ideas and resources between agencies

“It gave me a chance to get to know providers that I hadn’t worked with but perhaps worked with their peers.”

County case manager

“I think the best thing for me as a service provider is just being hooked up.”

Director of small residential service provider

VOICE reviews are collaborative processes in which everyone has ideas to share and everyone has an opportunity to hear information and ideas that are new to them. Some participants find satisfaction in VOICE as they connect with others who have useful knowledge or expertise and who may become ongoing resources to them, or who may provide ideas immediately helpful in work with another consumer. These connections occur since the members of each QAT are people from nearby communities who work in roles parallel to one or more members of the Quality Circle.

VOICE acts as a positive rather than a punitive approach to monitoring and improving services

“Initially we thought it would be a little intimidating but actually it brought everyone to the table equally and it gave us a friendly way to learn.”

County case manager

“I felt that it [VOICE] was a very uplifting process for the folks that I work with and that made me feel good that there are people out there to help individuals become more positive. Rather than dwell on the negative they were dwelling on the positive aspects of a person’s life.”

Mother/nurse

“I think the most important information that came out of the whole thing is people working together, nobody pointing fingers, trying to work for the benefit of Bob; I think that was a very good, positive experience.”

VOICE review participant

While the purpose of VOICE reviews is to provide a critique of the Quality Circle and may generate suggestions that apply to some members more than others, the process is not intended to put anyone on the spot or provide needless negative feedback. The interviews and focus groups provide examples of times when a VOICE review served as a way for the entire Quality Circle to take some ownership in finding solutions and generating new ideas in an area in which a consumer’s needs or preferences were not being met. This is markedly different from the traditional approach to quality assurance, which evaluates service providers in isolation and, when problems or needs for improvement surface, the service provider being evaluated becomes solely responsible for finding solutions. The traditional quality assurance system is designed to notice areas where the provider is not meeting a particular standard and to pass over areas where the provider is doing well. By contrast, VOICE identifies both areas needing improvement, and where the Quality Circle is doing an exemplary job in supporting the consumer. This positive approach seems likely to, and is effective in encouraging everyone to improve upon the supports being provided instead of only fixing problems and meeting minimum standards.

Traditional/standards-based approach provides clarity and comfort for some

“It [traditional review] was a lot of going through your paper and seeing that you had all the right pieces and that all your ducks were in a row, which was very helpful for me because I was starting a new business and that was what I needed.”

Director of small residential service provider

“We were accustomed to having a process where we were being reviewed by the state. It was a very formal review, very predictable, a good chance to put our ducks in a row before we were interviewed.”

County case manager

“I do have a concern that if we don’t look at the paper, that certain important principles that the system is based on, client protection, privacy, training of employees, those things will get lost and I think we need those. We desperately need that underpinning of paper, documentation, proof that we are doing what we say we are doing.”

Director of small residential service provider

A few of the people interviewed as part of this evaluation saw value in having some standards that providers can use as a guide in organizing their work, and in maintaining some paper trail that others can readily use to see their effort, or lack of effort, in reliably providing services. Many proponents of VOICE and other outcomes-based approaches to quality assurance would argue that usually program records say little about the actual quality of supports. The Commission does complete a paper review with agencies prior to their licensing reviews, which was not included as part of this evaluation. There may be value in studying the unintended consequences of the loss of particular aspects of traditional quality assurance models.

Review of evaluation questions related to value

The data collected demonstrates some ways in which the VOICE review process is helpful to all of the members of the Quality Circle and suggests areas where the process is especially helpful to persons in particular roles or with unique questions. The Commission was interested in learning about ways people benefit from participation in VOICE reviews, whether and how people in different roles accrue different benefits, and especially, how family members experience the VOICE process. Because of limitations in the amount and quality of data available, it is difficult to answer these questions completely, but an attempt to provide some ideas from the data follows.

Have/how have VOICE reviews changed the extent of input of individuals and/or family members in the quality review process?

The interview and focus group data identify some ways in which some family members have benefited from participating in a VOICE review. However, it is difficult to find any ways in which the VOICE experience is different for family members than other members of the Quality Circle, and no comparison data are available from families in areas where the traditional and less participatory approach to quality assurance is followed. Survey data indicate that families are interested in evaluating quality (Mean = 3.39) and that VOICE reviews are important to both consumers and their family members (Mean = 3.07). Both of these items received a much more favorable response than the average of all items on the survey (Mean = 2.76). The survey results show only slightly higher than average agreement that family

involvement increases the completeness of results (Mean = 2.82) or the accuracy of results (Mean = 2.82). Families and people with disabilities do not have a role in the traditional approach to quality assurance.

Has/how has the VOICE process affected families' influence on the conclusions/recommendations of the review and on the actions of service providers?

The data currently available do not measure the impact of families or of any other group on the conclusions and recommendations resulting from VOICE, nor on the actions of service providers following a VOICE review.

How does participation in VOICE reviews affect different types of team members (e.g., consumers, family members, service coordinators, service providers)?

While the data collected shows many positive effects of participation in a VOICE review across respondents regardless of role, it is difficult to isolate differences in the benefits enjoyed by people in particular roles. One notable exception was that increased self-confidence was a benefit often attributed to consumers but not to any other groups. A possible explanation is VOICE's departure from the historic exclusion of people with disabilities in evaluating the services on which they depend, and the lack of technologies available to gather the views of consumers on the abstract construct of quality. Another exception was professionals' frequent mention of networking opportunities, a benefit of VOICE not mentioned by family members or people with disabilities. This may be explained by the fact that the greatest number of QAT members, the visitors to the Quality Circle who are available to network with, come from professional roles, or because more interviews were done with professionals than either family members or people with disabilities.

Expectations

What are perceived and measurable differences in expectations for service providers and their performance between traditional and VOICE quality assessment/improvement systems?

VOICE assumes person-centeredness is what matters the most in judging service quality

"This process has been refreshing, focusing on the lives of people rather than on paper work and red tape."

Nonprofit service provider

“It’s important for Susan to be able to tell how she feels about things and it’s all about that person, it’s all about the person who is having the VOICE review. How they feel, what they want to do, and what they want to become in their life.”

Service provider and Individual advocate

“It [traditional review] was a lot of going through your paper and seeing that you had all the right pieces and that all your ducks were in a row, which was very helpful for me because I was starting a new business and that was what I needed. Then with the VOICE review, being more person-centered, I think we didn’t talk a lot about the paper. They looked at the paper and saw it was all there and went to the heart of the reason why we all work, and that is how can we make Susan’s life a better life.”

Residential service provider

“I think the nicest thing about the [VOICE] process is that you have people coming in and asking you about the person they are looking at. It isn’t going in and looking at files and just seeing if the paperwork is up to speed. Half of the time they might not even know the person they are looking at or meet for five minutes and they aren’t looking at their desires. When you have a team coming in it isn’t just a few minutes of looking at files and asking a few questions. You look at every team member, family, and you visit their work site, home, and you get a really strong picture of what their life is like.”

County case manager

“Instead of coming in and looking at files or looking at some sort of checklist of any kind to make sure everything is in place for the person. We talk to the person and let them tell us how things are in their life. We make sure that we’re hearing all points of view for that person through their total Quality Circle because it is so important that you can put all those pieces together for that person.”

Volunteer QAT member

As these quotes demonstrate, participants in VOICE define quality according to the day to day experiences of consumers. Providers (vocational, residential, and county) are evaluated against the standard of whether the consumer has the life they want rather than against standards for process or paperwork. Respondents to surveys distributed in counties using the VOICE approach answered a set of questions regarding the importance of 13 different elements in judging the overall quality of a program, and another set regarding their satisfaction with the way programs in their area are currently supporting people with ID/DD. Respondents from counties that have continued using the traditional approach to quality assurance answered the same two sets of questions.

VOICE places its focus on how the consumer is doing rather than how the provider(s) are doing

“[The traditional system] comes from a provider focus where our system comes from a person focus. Our person looks at or our system looks at the person and how they’re doing, where the traditional system looks at the provider and how they’re doing.”

Arc staff person

“We don’t focus on the provider agencies, we focus on the person.”

Parent

“This review process is different because it looks more at a person and how well they are doing in their life and how happy they are rather than a formal way of evaluating a program as to coming in and making sure the paperwork was in order and that the temperature of the fridge was right.”

Vocational service provider

“The traditional licensing system that I am familiar with was kind of an invisible process. We would have people come down and question us about certain formalities. Was the paperwork in order, were we providing choice to the client, where we following through with our plans?”

County case manager

With both approaches, the elements rated by participants as most important were protection against abuse and neglect (Mean = 4.7 on a five point scale), health and safety (Mean = 4.7), respect for people’s rights and dignity (Mean = 4.7), addressing behaviors harmful to the consumer or others (Mean = 4.6), providing supports to participate in enjoyed activities (Mean = 4.6), and monitoring the emotional health of the consumer closely (Mean = 4.5). Elements rated as relatively less important were addressing unusual or annoying behaviors (Mean = 3.9), keeping daily records of what the consumer does (Mean = 4.0), participating in activities with persons who do not have disabilities (Mean = 4.1) and having a job or other age-relevant activity (Mean = 4.1).

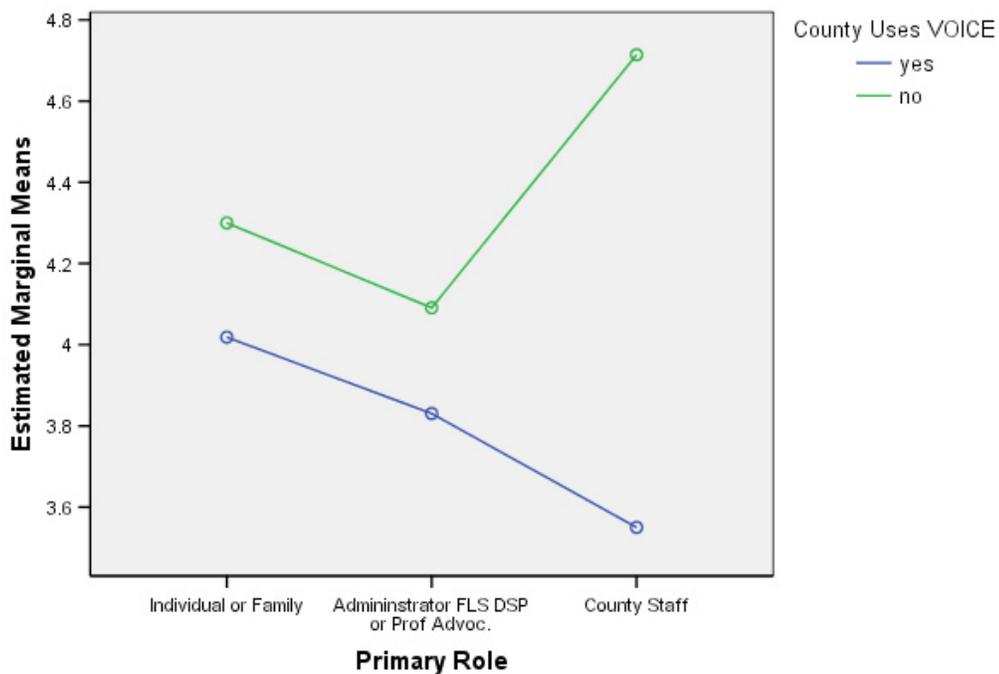
Table 2. How important are each of the following in assuring quality of services for people with disabilities?	County is using VOICE Reviews										
	Yes			No			Total			F	
	N	M	SD	N	M	SD	N	M	SD		
People are protected against being abused or neglected	108	4.7	0.6	40	4.8	0.4	148	4.7	0.6	0.94	
People are kept healthy and safe	106	4.7	0.6	40	4.8	0.4	146	4.7	0.6	1.87	
People's rights and dignity are respected	107	4.6	0.5	40	4.7	0.5	147	4.7	0.5	0.79	
The physical health of the person is closely monitored	109	4.6	0.7	40	4.7	0.5	149	4.6	0.6	1.58	
Behaviors harmful to self or others are addressed	108	4.5	0.7	39	4.7	0.5	147	4.6	0.7	3.87	
The emotional health of the person is closely monitored	106	4.5	0.6	40	4.7	0.5	146	4.5	0.6	1.65	
Each person receives support to participate regularly in activities he/she enjoys	109	4.4	0.6	41	4.4	0.7	150	4.4	0.6	0.11	
Each person likes the places where he/she lives and works	109	4.4	0.6	39	4.4	0.7	148	4.4	0.6	0.06	
Each person is provided training to become as independent as possible in caring for self	109	4.2	0.8	40	4.6	0.6	149	4.3	0.8	7.54	**
Each person is encouraged to practice self-determination by letting others know what he/she wants and needs	108	4.4	0.6	41	4.3	0.8	149	4.3	0.7	0.62	
Each person has a job or something to do during the day similar to other people of the same age	109	4.1	0.8	40	4.3	0.8	149	4.1	0.8	1.89	
Each person receives support to participate regularly in activities that promote contact with people who do not have disabilities	109	4.0	0.7	39	4.2	0.8	148	4.1	0.7	1.25	
Records showing what each person does each day are current and well-maintained	109	3.8	0.8	40	4.3	0.7	149	4.0	0.8	9.78	**
Unusual or annoying behaviors are addressed	108	3.8	0.9	39	4.3	0.7	147	3.9	0.9	10.96	**

1 = Not a function of quality assurance; 2 = Not important; 3 = Somewhat important; 4 = Very important; 5 = Essential

There were no statistically significant differences between respondents from counties using VOICE reviews and respondents in the other Region 10 counties in importance ratings for 10 of the 13 elements. However, respondents from the counties using VOICE reviews reported three elements to be less important to assuring quality of services than those from the other counties in Region 10. These elements were: providing training for the consumer to become independent in self-care ($F=9.78, p<.05$), maintaining daily records of what the consumer does ($F=7.56, p<.05$), and addressing the consumers use of unusual or annoying behaviors ($F=10.96, p<.05$).

A follow-up analysis was conducted on the three items found to differ between the respondent groups. Specifically, a two-way analysis of variance was used to examine whether opinions about the importance of various elements to quality assurance differed for family members and advocates, organizational staff, and county employees, as well as by quality assurance approach. While the differences between VOICE and non-VOICE counties continued to be statistically significant, respondents in various roles did not differ on the importance of providing training for the consumer to become independent in self-care or on the importance of addressing unusual or annoying behaviors. However, a significant interaction was found between primary role and whether the person was from a county using VOICE for the question about the importance of maintaining records of what each consumer does each day ($F = 3.09, p < .05$; see Figure 1). Specifically, respondents who were county employees and worked in non-VOICE counties rated having current and well-maintained daily records as much more important in quality assurance than respondents who were county employees and worked in VOICE counties. For the other two respondent groups, respondents from the VOICE counties reported this item to be less important than respondents in the other Region 10 counties, but not to the extreme levels that the county employees reported. Consistent with the qualitative responses, survey respondents in the VOICE counties did not view written records showing what the consumer does each day as a key measure of quality, while those not involved in the VOICE project, particularly county staff, viewed those records as essential to monitoring and assuring quality of services.

Figure 1 Importance of having current and well maintained records of what person does daily



Satisfaction with services did not vary for VOICE and non-VOICE counties

“It [VOICE] also gave us a chance to get to know the providers in a different way. It wasn’t just somebody that we hired and expected to be trained professionals in their field, they were actually people who cared about how we felt and the experience that we had with the clients and what our relationships were, and to me that was a very unique process.”

County case manager

“[VOICE is a] method of transport . . . It is the destination that is different, not the vehicle.”

Consulting researcher

Respondents from both areas rated their level of satisfaction with specific elements of supports offered to the people with disabilities with whom they were directly involved (see Table 3). Overall, they were most satisfied that medications were handled safely (Mean=3.74 on a 4 point scale), health and safety issues were addressed (Mean=3.66), and individuals with disabilities received information about their rights (Mean=3.63). They were least satisfied with the involvement of individuals with disabilities in service planning (Mean=3.34), provision of needed information in writing for individuals and families (Mean=3.42), training for newly hired DSPs (Mean=3.44), and involvement of families in service planning (Mean=3.44). There were no statistically significant differences between respondents in VOICE counties and respondents in the other Region 10 counties on these items.

Table 3. Satisfaction with supports offered to the people with disabilities with whom you are directly involved	N	Mean	SD
Medications in the consumer’s home are handled safely	127	3.74	0.44
Each person’s health and safety issues are addressed	140	3.66	0.54
Consumers are provided with information about their rights	141	3.63	0.58
The physical appearance of the consumer's home is pleasing	126	3.52	0.59
Each person’s behavioral and emotional issues are addressed	137	3.52	0.61
DSPs and support staff have access to necessary information in written form	124	3.51	0.58
DSPs are well trained on health and medication issues	135	3.50	0.66
DSPs understand consumer rights	139	3.46	0.63
Important information is written down as necessary	126	3.46	0.63
The consumer’s home is within close proximity to community resources	128	3.45	0.57
There are enough DSPs present in the consumer’s home	120	3.45	0.62
Families are involved in service planning	138	3.44	0.64
Newly-hired DSPs receive adequate training	125	3.44	0.65
Families have access to necessary information in written form	133	3.42	0.71

Table 3. Satisfaction with supports offered to the people with disabilities with whom you are directly involved	N	Mean	SD
Consumers have access to necessary information in written form	125	3.41	0.65
Consumers are involved in service planning	142	3.34	0.67

1 = No, definitely not; 2 = No, not really; 3 = Yes, generally; 4 = Yes, definitely

Future challenges and opportunities

What are the long-range potentials and challenges of The Commission’s VOICE initiative for: a) self-maintenance, b) applications to other populations within Region 10, and c) to other areas? What would be needed to support such outcomes?

Based on the observations of participants in this evaluation, the Region 10 Quality Assurance model and VOICE review process deserve a future. They deserve a future in Region 10 where considerable testimony supports the idea that VOICE changes lives for the better. They also deserve a future in other parts of Minnesota and beyond, in other communities which wish to extend their direct responsibility for the quality of the lives, supports, and protections afforded to their fellow citizens with disabilities. The future of VOICE and other community-based quality assurance initiatives is by no means guaranteed. As a model, it contends with other interests and perspectives. It complicates roles and expectations in what have been government-managed functions that have operated in a particular manner for many years. It demands commitments of time, energy, and resources of individual and organizational volunteers that have rarely been allocated to quality assurance activities.

The broad support for the Region 10 VOICE model in the counties where it operates derives in large part from its consistency with the basic values and principles of community supports and quality assurance that have emerged in the past decade. These, as derived from a national consensus conference on national goals for persons with ID/DD, include —

- That quality is manifested in outcomes for people, not in the processes of organizations;
- That quality is highly personal and that it must be assessed via individual experiences;
- That the essential paths to quality in human services and supports are found in successful efforts to assure and increase the self-determination and personal control of each individual in his/her own life;
- That consistent contributions to the quality of an individual’s life and support derive from creating and sustaining reciprocal, voluntary, and valued relationships with others, including family, friends, and others in one’s neighborhood, workplace, and other community settings;
- That investments in each individual’s potential, capacity to contribute, and personal preferences are important in improving the quality of his/her life and the value of provided support; and
- That access to sufficient, high quality health and wellness services and individually needed protections are essential aspects of achieving and sustaining quality of life and support (see Lakin & Turnbull, 2005).

Although in a regional rather than national context, the values and principles developed by Region 10 stakeholders guide how they pursue national goals. The challenge for the Region 10 stakeholders was,

and is, less about whether they could establish the right goals, and more about whether they could design, implement, and sustain a program that would contribute to achieving such goals. One of the members of the evaluation team who came to Region 10 to conduct focus groups was John O'Brien, one of the creators of Personal Futures Planning. While visiting Region 10, O'Brien observed —

. . . what matters is the life experience that people are living and so our whole understanding of what quality is shifts from a mechanistic one that says quality is adherence to externally-defined professional standards . . . to how well are we doing at understanding who this person is and what will make their life good and how creative can we be in taking the next step with this person. You go from something that is closed-ended, external to the person, and able to fit the myth of objectivity to something that is personal—to something that demands creativity and to something that is emergent.

There is a struggle between what O'Brien referred to as the "objectivity" that comes from consistently applying the same standards of quality to all programs and individuals and the "subjectivity" of trying to understand the quality of support a consumer receives through their eyes and from the perspective of those in his/her life without having a concrete *a priori* definition of what quality will look like. The latter is demanding and time consuming, and requires faith in the will and ability of participants. In the end, it will have a future only as bright as the value of its outcomes compensates those who participate in it and those are called on to finance it.

The challenge of sustaining a quality assurance approach that relies heavily on the voluntary and ongoing participation of sensitive and well-prepared QAT members to conduct reviews is often noted by those who have a stake in the VOICE process. Within Region 10 counties, concerns are often raised about the stability of the state's commitment and financing of The Commission. With regard to the stability and capacity to fill openings on QATs, participants note that the most important recruitment mechanism for new QAT members are the experiences of people who have gone through the VOICE process, whether consumers, family members, support providers, or case managers. People who have had their own lives or lives of people they care about, changed by the process seek to give others that experience. People participating as QAT members speak of the honor of being invited into someone's home and life, the privilege of being able to contribute to making the consumer's life better, and the creative outlets from problem solving to creating a Learning Portrait for the consumer. The challenges of impermanent funding are daunting for many invested in the work of The Commission. Despite its high levels of volunteer participation, it is viewed as more expensive than the traditional licensing system. The question of importance to the experiment embodied in The Commission is whether that greater expense will be viewed as an investment worthy of long-term commitment or a fanciful regional experiment provided with temporary funding until the latest fad trumps it. The absence of permanence does clear damage to The Commission's impact. It diverts substantial energy to biennial advocacy for its own survival, it lessens the attractiveness of participating among some counties in Region 10, and it substantially impedes adoption of the VOICE review process or other efforts in other regions striving to be responsible agents of quality for their own communities and citizens.

Clearly, participants in The Commission's work are hopeful that what they have given and gained through their experience will become available in all the counties in Region 10, in other parts of Minnesota, and with different group of people with disabilities. Conversations have taken place regarding adopting The Commission's VOICE review process or program development approach in other parts of the state and with consumers other than those with intellectual and developmental disabilities. Inevitably, these discussions are impeded by the uncertainty of long-term financing of an alternative quality assessment system and the concern that inevitably all the energy and creativity of such efforts will be pulled back under state agency authority. Despite its national and state recognitions and awards, the uncertainty of continuing state financing remains a major impediment to the influence and expansion of the experiment in quality assurance undertaken by The Commission.

Opportunities for future research and evaluation

Additional research would be helpful to explore further the interests of policymakers, the implications for changing quality assurance models, and the outcomes of VOICE reviews in the lives of consumers and the agencies that support them. Research on the reliability (consistency) of VOICE results from different QATs and the costs and benefits of the process would also be helpful. Finally, research on the intended and unintended consequences of the loss of the traditional quality assurance models would be informative. This research would be enhanced by continued dialogue on the perceived and realized challenges in beginning and sustaining a VOICE-type review system. This discussion would be most helpful if members of all the various stakeholder groups from both participating and non-participating counties were included.

Conclusions

In 2003, the Center for Medicaid Services (CMS) introduced its Quality Framework for Home and Community-Based Services (HCBS), a federal program that provides funding to help persons with ID/DD live and work in the community. The Quality Framework asks states to maintain an ongoing quality assurance system to monitor and report on the quality of supports across seven areas. The Quality Framework intends that state systems have components of “discovery” and “remediation.” The current licensing process of conducting annual visits to review policies and program records to catch discrepancies between agency practices and defined standards provides for the discovery component of the framework, and issuing “correction orders” as a means to bring programs up to the minimum standards where discrepancies exist is in keeping with the intent of the “remediation” component. Standards-based licensing partially matches the Quality Framework in two of the four areas for which service providers hold primary responsibility, Participant Safeguards, and Participant Rights and Responsibilities, but does not adequately monitor “Participant Centered Service Planning and Delivery” or “Participant Outcomes and Satisfaction” since it references service quality against a set of standards instead of the needs of individual consumers. Minnesota currently does not monitor the performance of county and state agencies in areas of the Quality Framework for which they hold primary responsibility, which are “Participant Access” to HCBS services, “Provider Capacity and Capabilities,” or “System Performance.” The third component in the Quality Framework, “continuous improvement,” is not addressed by the current licensing system since it only monitors the compliance of programs with the minimum standards, and does not include assistance or incentives to encourage programs to go beyond the minimum standards.

Because VOICE focuses on one consumer at a time, it does monitor the areas of “Participant Outcomes and Satisfaction” and “Person Centered Service Planning” as prescribed in the Quality Framework. VOICE also addresses the “Continuous Improvement” component of the Framework, since it provides encouragement and ideas for improvement in areas judged to be adequate. Although VOICE does not measure the larger systems issues for which counties and states are responsible, it does include the county case manager in the review. It will be increasingly important for the quality assurance system(s) to be person-centered, focused on service improvement and inclusive of the entire service system in order to maintain eligibility for federal funding in addition to pushing the improvement of support provided to people with disabilities.

The obvious dilemma is that VOICE reviews cost more but they also provide a much richer set of data. These costs are mitigated in the counties currently involved to the extent that many participants, including all QAT members, are volunteering their time to this effort. However the system may require more, and more stable, funding to be sustained. VOICE reviews provide a rich set of useful information that has demonstrated positive outcomes for participants and service improvements as well as serving a monitoring function. It offers a very different approach to addressing the quality framework requirements articulated in the Centers for Medicaid and Medicare Services requirements for Home- and Community-Based Services. Further efforts to compare and contrast exactly how traditional, standards-based

approaches to quality assurance, and alternative approaches such as VOICE reviews address the requirements of the CMS quality framework would be valuable.

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