



What Really Matters:
An Initiative on Excellence in Person-Centered Services

Delphi Survey Report

By

James F. Gardner, PhD

&

Sylvia Nudler

February 1, 2010

TABLE OF CONTENTS

<i>What Really Matters</i> Initiative overview	3
<i>What Really Matters</i> Objectives	3
<i>What Really Matters</i> Information Gathering Strategy	4
Delphi Survey On Person-Centered Services	6
Delphi Survey Participants	7
Delphi Survey Summary of Findings	8
Conclusions and Next Steps	9
Data Tables.....	10
Appendix 1. Delphi Survey Round 1 Questionnaire.....	17
Appendix 2. Delphi Survey Round 2 Questionnaire.....	19

WHAT REALLY MATTERS INITIATIVE OVERVIEW

In the early 1990's, CQL | The Council on Quality and Leadership published the *Personal Outcome Measures*®. For the last 20 years CQL has collected data and explored variables that promote peoples' quality of life. In 2000, CQL introduced a dialogue on social capital and disability. CQL redefined quality within the context of community, arguing that people find meaningful life opportunities and alternatives outside of organizational services and programs. The role of organizations is to connect people with resources and social networks in their communities.

Unfortunately, data and experience indicate that organizations are having difficulty making this connection to the importance of community and personal quality of life. In response, CQL has launched a new initiative to focus system, organizational, and individual attention on "What Really Matters" to people. Our strategy is guided by the observation of artist Georgia O'Keeffe – "Only by selection, by elimination, by emphasis do we get at the real meaning of things." CQL's new initiative assists organizations and communities to strip away unnecessary distractions and focus on the real meaning of things – personal choice and person-centered services.

The *What Really Matters* initiative identifies person-centered services with the greatest impact on people's quality of life. We measure the effectiveness of person-centered services through the right blend of measures, indicators, and questions such as the *Personal Outcome Measures*®. CQL guides organizations and communities in the development of person-centered services. This new prioritization allows us the opportunity to collaborate with colleagues and organizations, communities, and systems across the fields of physical disability, aging, mental health, and intellectual and developmental disabilities.

WHAT REALLY MATTERS OBJECTIVES

CQL identified preliminary information gathering objectives for the *What Really Matters* Initiative across service settings for people with mental illness, people who are elderly, and people with intellectual and developmental disabilities.

Goals:

- To seek advice on the trends, issues, concerns, needs and goals of a wide range of people receiving human services – as well as those of organizations/service providers, public officials, advocates, and workers
- To obtain input about, and reaction to, these questions:
 - What is the current thinking about person-centered services and supports? How would you define it?
 - Where are the commonalities across different groups? Where are the differences?
 - Where are the successes in your field in terms of person-centered services and supports? Why do you think it's working? What are the barriers?
 - How do you **define quality** in person-centered" services and supports?
 - Who should **measure quality** (and how)?
 - What do consumer, families, and/or providers (stakeholders) want in terms of a quality measurement system?
- To convert this input into insight and action that will ultimately improve the lives of all stakeholders
- To connect and engage with diverse perspectives and ideas
- To lay the foundation for ongoing dialogue and collaboration beyond this initiative

WHAT REALLY MATTERS INFORMATION GATHERING STRATEGY

The CQL Board of Directors initiated an ongoing review of our current services and capabilities, future opportunities, and emerging demand from consumers, families, and providers. During our Board of Directors meetings in 2008 and 2009 we shared reports from, and engaged in conversations with:

- John Allen, New York State Office of Mental Health, Albany, NY
- Suzanne Bosstick, Centers for Medicare and Medicaid Services, Baltimore, MD
- Suzanne Crisp, Boston College, National Resource Center for Participant-Directed Services, Chestnut Hill, MA
- Derrick Dufresne, Community Resource Associates, Inc., St. Louis, MO
- Bonnie Kantor, Pioneer Network in Culture Change, Columbus, OH
- Robert Kay, Green Mountain Self Advocates, Montpelier, VT
- Renee Pietrangelo, ANCOR, Alexandria, VA
- John O'Brien, Responsive Systems Associates, Lithonia, GA
- Jeff Ridgeway, People First, Mobile, AL
- Nancy Thaler, National Association of State Directors of Developmental Disabilities Services

In the fall 2009, CQL launched a wide-ranging review, drawing on multiple resources and methods to identify and prioritize the critical success factors for Person-centered supports and services. Figure 1 below identifies those sources of input.



Figure 1

Staff met with representatives from a wide range of organizations in the fields of aging, mental health, and intellectual and developmental disabilities including:

- ANCOR
- Autism Society of America
- National Association of Area Agencies on Aging
- National Association of Peer Supports
- National Association of State Directors of Developmental Disability Services
- National Association of State Mental Health Administrators
- National Council on Aging
- Pioneer Network in Cultural Change
- Substance Abuse and Mental Health Services Administration
- The Arc
- U.S. Department of Health and Human Services – Administration on Aging
- U.S. Department of Health and Human Services – Office on Disability
- United Cerebral Palsy

We conducted focus group meetings with current customers, providers, and state officials. We also invited other groups of participants (by discipline, field) with a range of perspectives (including self-advocates, families, professionals, providers, thought leaders) to join us in discussions about organizational practices and factors that influence person-centered services and quality of life.

CQL contracted with a number of organizations and individuals including the Human Services Research Institute (HSRI) and Nancy Weiss to review research and current practices, develop position papers and provide recommendations on indicators and factors impacting person-centered services.

In late 2009 CQL staff and consultant service users pilot tested factors influencing person-centered services in organizations providing services for persons with mental illness (River Valley Behavioral Health Services, KY), intellectual and developmental disabilities (Hammer Inc., MN), and elderly and disabled (Genesis Health Care, MD).

DELPHI SURVEY ON PERSON-CENTERED SERVICES

CQL supplemented this information gathering using a Delphi Panel in late 2009. The Delphi method (<http://www.iit.edu/~it/delphi.html>) is an exercise in group communication among a group of geographically dispersed experts. A Delphi survey comprises a series of questionnaires sent to a pre-selected group of experts. These questionnaires are designed to elicit and develop individual responses to the problems posed and to enable the experts to refine their views as the group's work progresses in accordance with the assigned task. Anonymity, controlled feedback, and statistical response characterize Delphi. The group interaction in Delphi is anonymous, in the sense that comments, forecasts, and the like are not identified as to their originator but are presented to the group in such a way as to suppress any identification.

CQL developed the Delphi survey questionnaire items based on a report prepared by the Human Services Research Institute (HSRI) in the late summer of 2009. Staff from HSRI conducted a literature review and individual and focus group interviews to identify significant variables that influenced person-centered services.

The Delphi survey was administered in the Fall of 2009. Round 1 began on October 6, 2009 and ended on October 26, 2009. Round 2 began on November 3, 2009 and ended on December 3, 2009. CQL invited forty-five (45) people to participate. Forty (40) people participated in the Delphi survey Round 1. Thirty seven participants (37) submitted valid responses.

The participants identified themselves with the following sectors:

- | | |
|---|----|
| ● Intellectual and Developmental Disabilities | 19 |
| ● Mental health | 12 |
| ● Aging | 5 |
| ● Other (public policy, disability, etc) | 4 |

The participants identified themselves with the following roles:

- | | |
|--|----|
| ● Advocate | 10 |
| ● Provider | 9 |
| ● Public Official | 4 |
| ● Consumer | 3 |
| ● Researcher | 1 |
| ● Other (multiple roles—foundation, association, consultant, advocate) | 13 |

In addition, six participants resided/worked in Europe, Australia, or New Zealand. Approximately 12 participants experience disability/aging, either individually or as a family member.

DELPHI SURVEY PARTICIPANTS

- Neal Adams, Director of Special Projects, California Institute for Mental Health, Sacramento, CA
- John Allen, Special Assistant to the Commissioner, New York State Office of Mental Health, Albany, NY
- Ken Baker, Chief Executive, National Disability Services Limited, Deakin, ACT, AUSTRALIA
- Stephen Bennett, President and CEO, United Cerebral Palsy, Washington, DC
- Peter Berns, Executive Director, The Arc of the United States, Silver Spring, MD
- Henry Claypool, Director, Office on Disability U.S. Department of HHS, Washington, DC
- Marguerite Colston, Vice President Constituent Relations, Autism Society of America, Bethesda, MD
- Judith Cook, Professor of Sociology in Psychiatry, University of Illinois, Chicago, IL
- Suzanne Crisp, Director of Program Development and Implementation, Boston College National Resource Center for Participant-Directed Services, Chestnut Hill, MA
- Doreen Croser, Executive Director, AAIDD, Washington, DC
- Laurie Curtis, Senior Program Associate, Advocates for Human Potential, Sudbury, MA
- Derrick Dufresne, Senior Partner, Community Resource Alliance, St. Louis, MO
- Chester Finn, President, SABE, Albany, NY
- Michael Fitzpatrick, Executive Director, National Alliance on Mental Illness, Arlington, VA
- Larry Fricks, Vice President Peer Services, Depression and Bipolar Support Alliance (DBSA), Chicago, IL
- Nancy Fudge, Mental Health Advocate, Consultant, Florida Self Directed Care, Green Cove Springs, FL
- Stan Goldman, Program Officer, The Harry and Jeanette Weinberg Foundation, Owings Mills, MD
- Lucile Hanscom, Executive Director, Picker Institute, Camden, ME
- Michael Hlebechuk, Residential Supports Coordinator, Oregon Office of Addictions and Mental Health Services, Salem, OR
- Holly Janczak, Executive Director, National Association of Qualified Developmental Disability Professionals (NAQ), New Lenox, IL
- Bonnie Kantor, Executive Director, Pioneer Network in Culture Change, Columbus, OH
- Robert Kay, CEO, Green Mountain Self Advocates, Montpelier, VT
- Michael Kendrick, Owner and CEO, Kendrick Consulting Services, Holyoke, MA
- Leigh Ann Kingsbury, President, Innovations in Leadership and Supports, Inc, New Bern, NC
- Dianne Maxwell, National Assistant for Program and Residential Coordination, Grow in America, Champaign, IL
- John Morris, Director of the Human Services Practice, Technical Assistance Collaborative, Boston, MA
- John O'Dea, Executive Director, Western Care Association, Castlebar, Co. Mayo, IRELAND
- Rod Patterson, President and CEO, The Institute on Public Policy for People with Disabilities, Pontiac, IL
- Julie Petty, Project Program Specialist, Arkansas' University Center of Disabilities, North Little Rock, AR
- Renee Pietrangelo, Chief Executive Officer, ANCOR, Alexandria, VA
- Harvey Rosenthal, Executive Director, New York Association of Psychiatric Rehabilitation Services, Albany, NY
- Jill Schumann, President/CEO, Lutheran Services in America, Baltimore, MD
- Richard Sheola, President Public Sector Division, ValueOptions, Cypress, CA
- Fran Silvestri, Director, International Initiative for Mental Health Leadership (IIMHL), Auckland, NEW ZEALAND
- Michael Smull, President, Support Development Associates (SDA), Annapolis, MD
- Sue Swenson, Consultant, Bethesda, MD
- Javier Tamarit, Quality Manager, FEAPS (Spanish Confederation of Organizations for Persons with Intellectual Disabilities), Madrid, SPAIN
- Nancy Thaler, Executive Director, NASDDDS, Alexandria, VA
- Linda Timmons, President and Chief Executive Officer, Mosaic, Omaha, NE
- Julia Wolfson, Founder and Principal, Turning Forward, O'Connor, ACT, AUSTRALIA

DELPHI SURVEY SUMMARY OF FINDINGS

CQL staff conducted two rounds of the Delphi survey. Following the first round, we developed a set of questions for the second round. We shared the results of the first round of the survey with all respondents when we sent them the second survey. We analyzed the first round of all 37 respondents. We then analyzed the results by sector – mental health (MH), intellectual and developmental disabilities (IDD), and aging.

We are able to note prioritization of items by the various sector representatives. However, the small sample size and sample selection criteria preclude any analysis beyond descriptive statistics and rank order of items. A review the results of Round 1 and Round 2 of the Delphi Panel survey results and look at Round 1 responses by sector, allow several observations.

The Delphi survey did reveal a remarkable consensus and agreement on the factors influencing person-centered services. Respondents only rarely rated items as “not important” or “somewhat unimportant.” Major difference appeared within the relative rating of *Strongly Agree/Very Important/Definitely Will* (+2) vs. *Agree/Important/Will* (+1).

- Respondents acknowledged the importance of supports in terms of flexibility of supports, level of support, quality of supports, and availability of supports in a crisis.
- Respondents did not prioritize either support/service brokers or fiscal intermediaries as a priority requirement for person-centered services.
- Respondents did not rate individual control particularly high. Control over individual budgets and individual authority to direct services did not emerge as priorities.
- Public transparency was not a priority.
- While a stable and reliable workforce was considered important, there was no corresponding priority placed on fair and affordable provider rates or effective pay for providers.
- Respondents showed less enthusiasm for theoretical constructs such as the use of informal community resources or collaborative provision of community supports.
- Peer support and natural support were a priority for IDD and MH sectors, but not for the aging sector.
- The aging sector placed less importance on community membership and collaborative support delivery.
- The aging sector was more inclined to emphasize provider rates, a stable work force, and quality assurance than the IDD or MH sectors.

CONCLUSIONS AND NEXT STEPS

The information gathering from CQL individual and focus group meetings, contracts with HSRI and Nancy Weiss, the Delphi Survey, and the CQL pilot tests have resulted in the development of a set of excellence/best practice factors in person-centered services. The use of independent consultants, focus group meetings of representatives from multiple service sectors and perspectives, and the Delphi Panel provide a preliminary measure of face and content validity for our emerging set of excellence/best practice factors in person-centered services.

We recognize difference between and among the different sectors of aging, mental health, and intellectual and developmental disabilities. CQL is developing a set of generic core factors that can guide person-centered services across these different sectors. At the same time, CQL is using each of these generic core factors as a beginning foundation for the refinement of more detailed and specific factors for applications in the sectors of aging, mental health, and intellectual and developmental disabilities.

CQL will field test these applications in community settings that provide services and supports for people who are aging, people who have mental illness, and people with intellectual and developmental disabilities. Field tests will take place in the Spring and Summer of 2010. We expect to finalize the three applications and incorporate them into our quality improvement work with organizations and communities that provide supports in aging, mental health, and intellectual and developmental disabilities.

Our working draft consists of 36 items in 7 categories, representing key elements/best practices in Person-Centered Services. In the Spring of 2010, field tests will take place at community organizations providing services to the elderly, people with mental illness, and people with intellectual and developmental disabilities. CQL will incorporate these person-centered services factors in its quality improvement, organization development, and accreditation programs. We will gather data during our work on organizational priorities, continuous improvement practices, successful implementation, and finally the impact of these person-centered service factors on personal quality of life as measured with the *Personal Outcome Measures*[®].

DELPHI SURVEY ROUND 2: RESULTS

Twenty-seven (27) respondents participated in the second round of the Delphi survey. Breakdown of respondents was:

IDD 44%

MH 37%

Aging 19%

The specific Round 2 questions are found in Appendix 2. The following grid lists the two most important and two least important rated responses in each of the four questions.

Questions 1 – 4: Rate the following seven (7) items in terms of importance in making person/self-directed services a reality for people.

Top two responses	Question 1	Question 2	Question 3	Question 4
1	Peer support and/or natural family support (such as family or close friends)	Person-centered planning	Planning is person centered	Internal cultural change (attitude and behavioral change by employees)
2	Accessibility to Supports	Fair assessment of need	Individuals feel welcome and heard	Access and availability of community based services to maintain and promote independence
Bottom two responses				
6	Service/Support broker	Fair and affordable provider rates	Informal community resources are utilized	Access to information and financing options by consumers
7	Fiscal Intermediary	Quality assurance	Supports are available in a crisis	Public transparency

DELPHI SURVEY ROUND 1: PARTICIPANT RESPONSES

Forty (40) people responded to the Delphi Survey Round 1. There were 37 valid responses. Breakdown of respondents was IDD (46%); MH (30%); Aging (14%) and Other (11%).

Specific questions in the Delphi Survey Round 1 are found in Appendix 1.

The questions contain a scale of *Strongly Agree/Very Important/Definitely Will* (+2); *Agree/Important/Will* (+1); *Neutral* (0); *Disagree/Not Important/Will Not* (-1); *Strongly Disagree/Not At All Important/Definitely Will Not* (-2).

Question 5. Please indicate your agreement with the following statements:

% Respondents in strong agreement or agreement	Three-item question
1 (100%)	Implementing the principles of self-directed services will increase people's quality of life
2 (97%)	Accountability and review are legitimate parts of a publicly funded system of self-directed services
3 (89%)	All people with adequate supports are capable of exercising self-directed services

Question 6. Please indicate your rating of the importance of these elements in self-directed services:

Top three	Six-item question
1	Accessibility to supports
2	Peer support and/or natural family support (such as family or close friends)
3	Information about budgets and supports
Bottom two	
5	Personal control over the individualized budget
6	Support/Service broker

Question 7. The implementation of self-directed services will vary by:

Top three	Five-item question
1	Level of supports available
2	Quality of supports provided
3	Rate setting and reimbursement systems
Bottom two	
4	Type and intensity of disability
5	Physical setting and location

Question 8. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided indicate your opinion about the importance of each *Principle* in facilitating self-directed services:

Top three	Eight-item question
1	Flexibility in support delivery
2	Individual authority to plan and pursue one's own vision
3	Meaningful leadership roles for individuals and families & (tied) Commitment to excellence and personal outcomes
Bottom two	
7	Collaborative support delivery
8	Individual authority to direct services

Question 9. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided, indicate your opinion about the importance of each *Structure* in facilitating self-directed services

Top three	Nine-item question
1	Person-centered planning
2	Information and training for individuals and participants
3	A stable and qualified workforce
Bottom two	
8	Fair and affordable provider rates
9	Effective pay for providers

Question 10. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided indicate your opinion about the importance of each *Process* in facilitating self-directed services:

Top three	Thirteen-item question
1	Supports are available in a crisis
2	Supports are flexible to meet changing needs
3	Planning is person-centered
Bottom two	
12	Individuals control their budget allocation
13	The public is kept informed

Question 11. Organizational and/or systems transformation in self-directed services and supports will require:

Top three	Six-item question
1	Internal cultural change(attitude and behavioral change by employees)
2	Access and availability of community based services to maintain and promote independence
3	Stable and competent workforce
Bottom two	
5	Individual budget control by people receiving services
6	Access to information and financing options by consumers

DELPHI SURVEY ROUND 1: RESPONSES FOR PARTICIPANTS BY SECTOR – INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD), MENTAL HEALTH (MH), AND AGING

Question 5. Please indicate your agreement with the following statements:

Three-item question			
Top three	IDD	MH	Aging
1	Implementing the principles of self-directed services will increase people’s quality of life	Accountability and review are legitimate parts of a publicly funded system of self-directed services	Implementing the principles of self-directed services will increase people’s quality of life
2	Accountability and review are legitimate parts of a publicly funded system of self-directed services	Implementing the principles of self-directed services will increase people’s quality of life	Accountability and review are legitimate parts of a publicly funded system of self-directed services
3	All people with adequate support are capable of exercising self-directed services	All people with adequate support are capable of exercising self-directed services	All people with adequate support are capable of exercising self-directed services

Question 6. Please indicate your rating of the importance of these elements in self-directed services:

Six-item question			
Top three	IDD	MH	Aging
1	Accessibility to supports	Accessibility to supports	Individualized Budgets & (tied) Personal control over individualized budgets
2	Peer or natural support	Peer or natural support	
3	Individualized budgets	Information about budgets and support	Accessibility to Supports & (tied) Information about Budgets and support
Bottom two			
5	Personal control over individualized budgets	Personal control over individualized budget	Service/Support broker
6	Service/Support broker	Service/Support broker	Peer or Natural support

Question 7. The implementation of self directed services will vary by:

Five-item question			
Top three	IDD	MH	Aging
1	Level of supports available	Quality of supports provided	Level of supports available & (tied) Rate setting and reimbursement systems
2	Quality of supports provided	Level of supports available	
3	Rate setting and reimbursement systems	Rate setting and reimbursement systems	Quality of supports provided
Bottom two			
4	Type and intensity of disability	Type and intensity of disability	Physical setting and location
5	Physical setting and locations	Physical setting and location	Type and intensity of disability

Question 8. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided indicate your opinion about the importance of each *Principle* in facilitating self-directed services:

Eight-item question			
Top three	IDD	MH	Aging
1	Flexibility in support delivery	Individual authority to plan and pursue one's own vision.	Individual authority to plan and pursue one own vision & (tied) Individual authority to direct services & (tied) Meaningful leadership roles for individuals and families & (tied) Flexibility in support services & (tied) Access to satisfactory support options & (tied) Commitment to excellence and personal outcomes
2	Commitment to excellence and personal outcomes	Community membership & (tied) Flexibility in support delivery	
3	Individual authority to plan and pursue one's own vision		
Bottom two			
7 & 8 tied	Individual authority to direct services & (tied) Access to satisfactory support services	Individual authority to direct services & (tied) Collaborative support delivery & (tied) Commitment to excellence and personal outcomes	Community membership & (tied) Collaborative support delivery

Question 9. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided, indicate your opinion about the importance of each *Structure* in facilitating self-directed service.

Nine-item question			
Top three	IDD	MH	Aging
1	Person-centered planning	Person-centered planning	Person-centered planning & (tied) Information and training for individuals/participants & (tied) Fair and affordable provider rates & (tied) A stable and qualified workforce & (tied) Quality assurance
2	Information and training for individuals/participants	Information and training for individuals/participants	
3	Fair and ample individual budgets & (tied) A stable and qualified workforce	Fair and ample individual budgets & (tied) A stable and qualified workforce	
Bottom two			
8		Effective pay for providers	Fair assessment of need & (tied) Effective pay for providers & (tied) Public transparency
9	Fair and affordable provider rates & (tied) Effective pay for providers	Quality assurance	Fair and ample individual budgets

Question 10. Researchers have identified a number of indicators for excellence in self-directed services. Using the scale provided indicate your opinion about the importance of each *Process* in facilitating self-directed services:

Thirteen-item question			
Top three	IDD	MH	Aging
1	Supports are available in a crisis	Supports are available in a crisis & (tied) Planning is person-centered & (tied) Peer support/mentoring is available	Individuals feel welcome and heard & (tied) Practices demonstrate cultural awareness and sensitivity & (tied) Planning is person-centered & (tied) Supports are flexible to meet changing needs & (tied) Quality of supports is measured
2	Supports are flexible to meet changing needs & (tied) Planning is person-centered		
3			
Bottom two			
12	The exchange of information is adequate yet not burdensome & (tied) Individuals control their own budget allocation	The exchange of information is adequate yet not burdensome & (tied) Quality of supports is measured	Informal Community supports are utilized & (tied) The public is kept informed
13	The public is kept informed	The public is kept informed	Peer support /mentoring is available

Question 11. Organizational and/or systems transformation in self-directed services and supports will require:

Six-item question			
Top three	IDD	MH	Aging
1	Access and availability of community based services to maintain and promote independence	Internal cultural change(attitude and behavioral change by employees) & (tied) Access to information and financing options by consumers	Internal cultural change(attitude and behavioral change by employees) & (tied) Access and availability of community based services to maintain and promote independence & (tied) Stable and competent workforce & (tied) Access to information and financing options by consumers
2	Internal cultural change (attitude and behavior change by employees) & (tied) Stable and competent workforce		
3	Support from advocates, self advocates, peer supporters, mentors, and champions	Support from advocates, self advocates, peer supporters, mentors, and champions	
Bottom two			
5	Individual budget control by people receiving services	Individual budget control by people receiving services	Individual budget control by people receiving services
6	Access to information and financing options by consumers	Stable and competent workforce	Support from advocates, self-advocates, peer supporters, mentors and champions

APPENDIX 1. DELPHI SURVEY ROUND 1 QUESTIONNAIRE

Questions #1 - 4	Demographic Information
Question #5	Please indicate your agreement with the following statements: (Strongly Agree, Agree, Neutral, Disagree, Strongly Agree)
	A. Implementing the principles of self-directed services will increase people's quality of life
	B. All people, with adequate supports, are capable of exercising self-directed services
	C. Accountability and review are legitimate parts of a publicly funded system of self-directed services
Question #6	Please indicate the importance of these elements in self-directed services: (Extremely Important, Very Important, Neutral, Not Important, Not at All Important)
	A. Individualized budgets
	B. Personal control over the individualized budget
	C. Service/Support broker
	D. Peer support and /or natural support (such as family or close friends)
	E. Accessibility to supports
	F. Information about budgets and supports
Question #7	The implementation of self-directed services will vary by: (Definitely Will, Will, Neutral, Will Not, Definitely Will Not)
	A. Type and intensity of disability
	B. Level of supports available
	C. Quality of supports provided
	D. Rate setting and reimbursement systems
	E. Physical setting and location
Question #8	Researchers have identified a number of indicators for excellence in self-directed services. Indicate your opinion about the importance of each <i>Principle</i> in facilitating self-directed services. (Extremely Important, Very Important, Neutral, Not Important, Not at All Important)
	A. Individual authority to plan and pursue one's own vision
	B. Individual authority to direct services
	C. Community membership
	D. Collaborative support delivery
	E. Meaningful leadership roles for individuals and families
	F. Flexibility in support delivery
	G. Access to satisfactory support options
	H. Commitment to excellence and personal outcomes

Question #9	<p>Researchers have identified a number of indicators for excellence in self-directed services. Indicate your opinion about the importance of each <i>Structure</i> in facilitating self-directed services. (Extremely Important, Very Important, Neutral, Not Important, Not at All Important)</p>
	A. Fair assessment of needs
	B. Fair and ample individual budget
	C. Fair and affordable provider rates
	D. Effective pay for providers
	E. Information and training for individuals/participants
	F. Person-centered planning
	G. A stable and qualified workforce
	H. Quality assurance
	I. Public transparency
Question #10	<p>Researchers have identified a number of indicators for excellence in self-directed services. Indicate your opinion about the importance of each <i>Process</i> in facilitating self-directed services. (Extremely Important, Very Important, Neutral, Not Important, Not at All Important)</p>
	A. Individuals feel welcome and heard
	B. The exchange of information is adequate, yet not burdensome
	C. Practices demonstrate cultural awareness and sensitivity
	D. Individuals control their budget allocation
	E. Planning is person-centered
	F. Individuals choose and manage supports and providers
	G. Money and services/supports are portable
	H. Supports are flexible to meet changing needs
	I. Supports are available in a crisis
	J. Informal community resources are utilized
	K. Peer support/mentoring is available
	L. Quality of supports is measured
	M. The public is kept informed
Question #11	<p>Organizational and/or systems transformation resulting in self-directed services and supports will require: (Definitely Will, Will, Neutral, Will Not, Definitely Will Not)</p>
	A. Internal cultural change (attitude and behavioral change by employees)
	B. Access and availability of community based services to maintain and promote independence
	C. Stable and competent workforce
	D. Access to information and financing options by consumers
	E. Individual budget control by people receiving services
	F. Support from advocates, self-advocates, peer supporters, mentors and champions

APPENDIX 2. DELPHI SURVEY ROUND 2 QUESTIONNAIRE

Question #1	Rank order these 7 items in terms of making person/self-directed services a reality for people (1= Most Important; 7 = Least Important)
	Individualized budgets
	Personal control over the individualized budget
	Service/Support broker
	Peer and/or natural support
	Accessibility to supports
	Information about budgets and supports
	Fiscal intermediary
Question #2	Rank order these 7 items in terms of making person/self-directed services a reality for people (1= Most Important; 7 = Least Important)
	Fair assessment of needs
	Fair and ample individual budget
	Information and training for individuals/participants
	Person-centered planning
	A stable and qualified workforce
	Fair and affordable provider rates
	Quality assurance
Question #3	Rank order these 7 items in terms of making person/self-directed services a reality for people (1= Most Important; 7 = Least Important)
	Individuals feel welcome and heard
	Practices demonstrates cultural awareness and sensitivity
	Planning is person-centered
	Money and services/supports are portable
	Supports are flexible to meet changing needs
	Supports are available in a crisis
	Informal community resources are utilized
Question #4	Organization and /or systems transformation resulting in self-directed services and supports will require the following changes: ((1= Most Important; 7 = Least Important)
	Internal cultural change
	Access and availability of community based services to maintain and promote independence
	Stable and competent workforce
	Access to information and financing options by consumers
	Individual budget control by people receiving services
	Support from advocates self-advocates, peer supporters, mentors and champions
	Public transparency