

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

SELF-ADMINISTERED FORM

INSTRUCTIONS:

In addition to questions that can be answered through personal interview, there is some information that is best collected with a form like this. For the most part, the information requested requires consolidation of information you are already collecting.

The form is divided into separate sections, one section for each of the key functions¹ all P&As implement. We would appreciate it if you would provide us with information that responds to the questions for each key function. When documentation is required, please append to this form.

So that data from all P&As can be rolled up to the national level, it is important that all programs that complete this questionnaire use the same time period [REPORTING PERIOD]. Therefore, please answer all questions using the following REPORTING PERIOD:

From [to be completed by _____]
MM DD YY YY

To [to be completed by _____}
MM DD YY YY

We are providing you with a CD that contains this form, as well as a paper copy of the form. Please feel free to complete this form by computer or with a pen. If you complete this form by computer, please save it as a Word file and send it to _____ as an attachment. Documentation should be sent to _____ in the self-addressed envelope we have provided.

If you complete this form with a pen or pencil, please return the form with all documentation to _____ in the self-addressed envelope we have provided.

If you have any questions, please do not hesitate to call _____ at _____.

¹ Key functions are groups of activities carried out by the DD Network programs. Taken together, they cover all key aspects of program activity.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

ID Number
[Completed by _____]

Name of Program _____

Executive Director _____

Name and contact information of person (people) completing form:

| Name | Section Completed | Telephone Number | Email |
|------|-------------------------------|------------------|-------|
| | Planning and Priority Setting | | |
| | Intake and Assistance | | |
| | Individual Advocacy | | |
| | Governance and Management | | |

Planning and Priority Setting

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

1. What are the priorities contained in the Statement of Goals and Priorities (SGP)?
PLEASE LIST.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

2. What systemic advocacy issues are contained in the SGP? PLEASE LIST.

3. What populations and communities are identified in the SGP as priorities (e.g., ethnic or racial minorities, specific types of developmental disabilities, specific rural communities that are hard to serve)? PLEASE LIST.

4. How many clients comprised the P&A caseload during the reporting period?

No. of individual advocacy clients

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

5. How many clients in the P&A caseload were contained in each of the following categories during the reporting period? PLEASE LIST.

| | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quality assurance, including abuse, neglect, discrimination of rights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education and early intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recreation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

6. What systemic advocacy issues were addressed during the reporting period?
PLEASE LIST.

7. During the reporting period, what populations and communities were focused on for outreach activities (e.g., ethnic or racial minorities, specific types of developmental disabilities, specific rural communities that are hard to serve)?
PLEASE LIST.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

8. During the reporting period, what populations and communities were focused on for community education activities (e.g., ethnic or racial minorities, specific types of developmental disabilities, specific rural communities that are hard to serve)? PLEASE LIST.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

ID Number
[Completed by _____]

Intake and Assistance

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____]
M M D D Y Y Y Y

9. During the reporting period how many intake forms were completed?

10. During the reporting period, how many intake forms were completed correctly?²

PLEASE DOCUMENT.³

Don't know [CHECK, IF APPLICABLE.]

11. During the reporting period, how many individual advocacy cases were opened?

12. During the reporting period, how many intake forms were fully completed among individual advocacy cases opened?⁴

PLEASE DOCUMENT.³

Don't know [CHECK, IF APPLICABLE.]

13. During the reporting period, how many initial calls did the P&A receive?

² Correctly completed intake forms are those that comply with intake procedures regarding accuracy and appropriate amount of information to collect for callers or others who approach the P&A (e.g., in person, through written correspondence, through email) for help.

³ Documentation is tangible evidence – such as a report to the Board/Commission, summary of survey results; audit or performance review results.

⁴ Fully completed intake forms are those that comply with intake procedures regarding appropriate amount of information to collect on people for whom a file was opened.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

14. During the reporting period, how many initial calls were responded to within the maximum response time required?⁵

PLEASE DOCUMENT.⁶

Don't know [CHECK, IF APPLICABLE.]

No requirement for maximum response time [CHECK, IF APPLICABLE.]

⁵ Response time is the length of time (in working days) in which the P&A responds to someone contacting the program. Maximum response time is the length of time (in working days) in which the P&A *is expected* to respond to someone contacting the program.

⁶ Documentation is tangible evidence – such as a report to the Board/Commission, summary of survey results; audit or performance review results

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

ID Number
[Completed by _____]

Individual Advocacy

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

15. How many individual advocacy cases were opened during the reporting period?
(See Question 11.)

16. How many individual advocacy cases opened during the reporting period address the priorities in your SGP?

17. How many individual advocacy cases opened during the reporting period address issues considered to be priorities for specific populations or communities in the SGP?

18. How many individual advocacy cases opened during the reporting period address emerging or emergency issues⁷ not anticipated in the SGP?

⁷ An emerging issue is one that draws the attention of the P&A and continues to unfold as a possible issue to address immediately, in the near future, or within the next planning and priority setting process. An emergency issue is one that demands immediate action (e.g., an abuse and neglect situation, an impending legislative or policy action that would result in a loss of benefits or rights, or a private provider action that would jeopardize the health and welfare of an individual(s) with a developmental disability).

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

19. How many individual advocacy cases in the P&A caseload during the reporting period were (are being) litigated?

20. How many other types of individual advocacy cases opened during the reporting period consisted of:

a. Technical assistance in self-advocacy

b. Short-term assistance

c. Investigation/monitoring

d. Negotiation

e. Mediation/alternative dispute resolution

f. Administrative hearings

21. How many individual advocacy cases were closed during the reporting period?

22. Among individual advocacy cases closed during the reporting period, how many different client objectives were addressed?

23. Among those individual advocacy cases closed during the reporting period, how many separate client objectives were met?⁸

24. How many times during the reporting period was staff penalized for failing to maintain confidentiality in the past year?

⁸ We assume that each client will have at least one objective and some may have more than one. Therefore, the number of separate client objectives will likely be more than the total number of clients for whom a case was closed during the reporting period.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

24. If you used a survey during the reporting period to measure client satisfaction, how many forms were sent out (distributed)?

- Did not use a survey to measure satisfaction during the reporting period
[CHECK, IF APPLICABLE.]

26. How many forms were returned?

PLEASE DOCUMENT.⁹

27. Overall, how satisfied do you think P&A clients were with the assistance they received during the reporting period?

- Highly satisfied
 Satisfied
 Somewhat satisfied
 Not at all satisfied

PROVIDE DOCUMENTATION.⁸

- Don't know [CHECK, IF APPLICABLE.]

28. How satisfied do you think P&A clients were with the efficiency of the process for meeting their requests (e.g., the P&A responded quickly) during the reporting period?

- Highly satisfied
 Satisfied
 Somewhat satisfied
 Not at all satisfied

PROVIDE DOCUMENTATION.

- Don't know [CHECK, IF APPLICABLE.]

⁹ Documentation is tangible evidence – such as a report to the Board/Commission, summary of survey results; audit or performance review results.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

ID Number
[Completed by _____]

Systemic Advocacy

No questions

Community Outreach and Education

No questions

Governance and Management

All questions in this section refer to the following reporting period:

From [to be completed by ____]
 M M D D Y Y Y Y

To [to be completed by ____}
 M M D D Y Y Y Y

29. How many members comprise the P&A Board/Commission?
30. How many Board/Commission members are there with:
- a. a developmental disability
 - b. a cognitive disability
 - c. expertise in policy and laws related to people with disability
 - d. expertise in business or finance
 - e. expertise on the developmental disabilities population
 - f. expertise on advocacy
 - g. expertise on State systems
31. How many grievances were made during the reporting period?

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

PROTECTION AND ADVOCACY (P&A) SYSTEM

32. During the reporting period, how many grievances were made by individuals who did not have their cases considered by the P&A?

33. During the reporting period, how many grievances were made by P&A clients?

Please append all documentation and additional pages to this form and return it in the stamped, self-addressed envelope provided by _____.

Thank you for your assistance in completing this form.