

Outcomes - The Gateway to Implementation

Outcomes – The Gateway to Quality

St. Louis, MO

October 20 & 21, 2015

RRTC/CL Community Living and Participation

- A *complex* and *evolving* construct related to individual preferences, contexts and cultural and linguistics lenses
 - where and with whom a person **lives**;
 - if and where a person **works**;
 - the **financial resources** available to the individual;
 - what a person does **during the day**;
 - their quality of **relationships** with others;
 - what and with whom a person does things of **personal interest**,
 - an individual's **health** (physical and emotional);
 - if, where and with whom they meet their **spiritual needs**;
 - their interest and opportunity to engage in **learning** and personal **growth**;
 - their opportunities and ability to make **informed decisions** about and **determine the direction of their own life**, and
 - their **human right to assume roles and responsibilities as a citizen** (e.g. neighbor, taxpayer, voter).

Context

Person. Family. Community.

One Person
+
Individual Context
=

Right Ethical Decision
Making Process
+
Complexity
=

Right Decisions
=

Quality Implementation

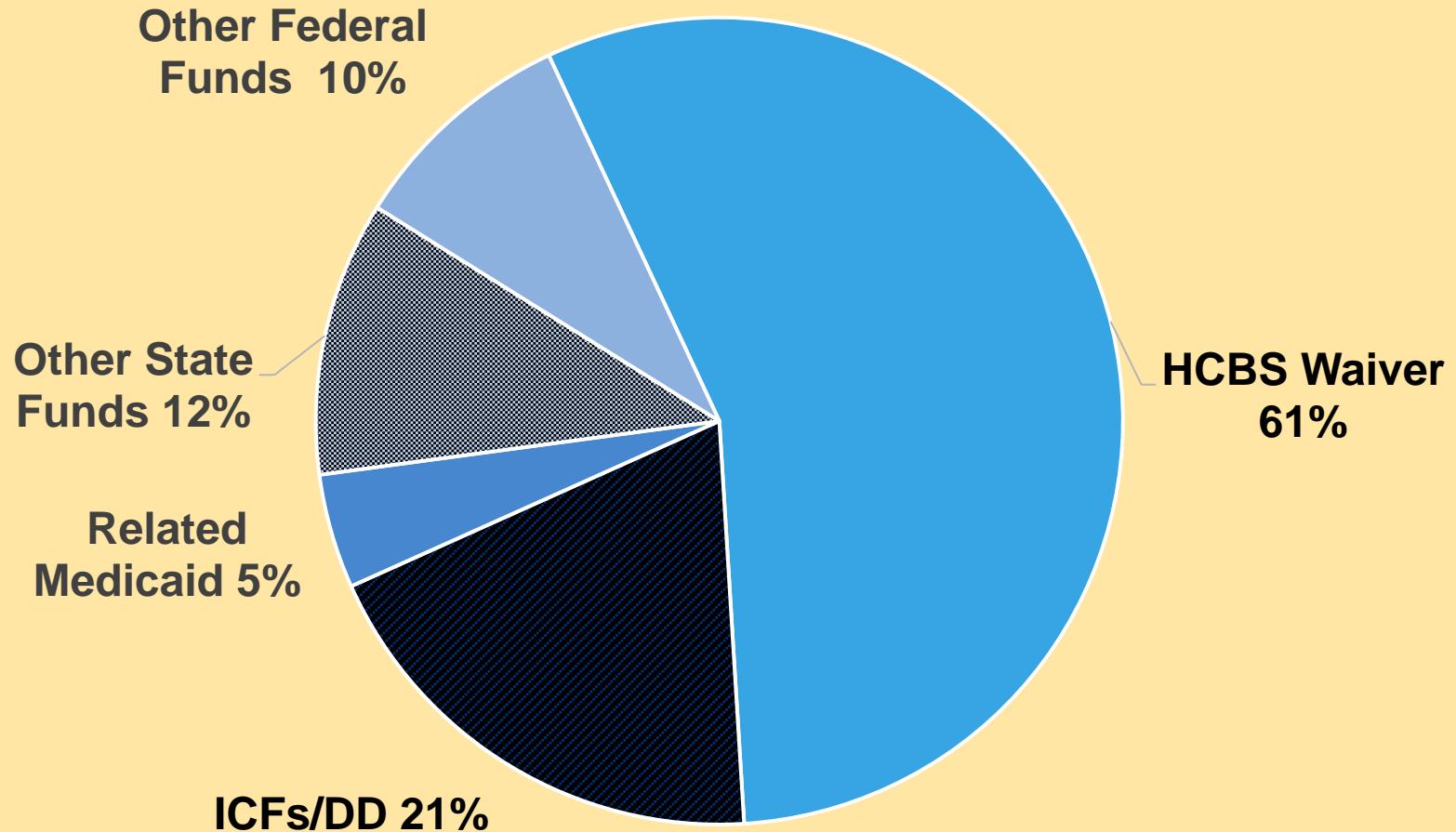
Context

State. United States.



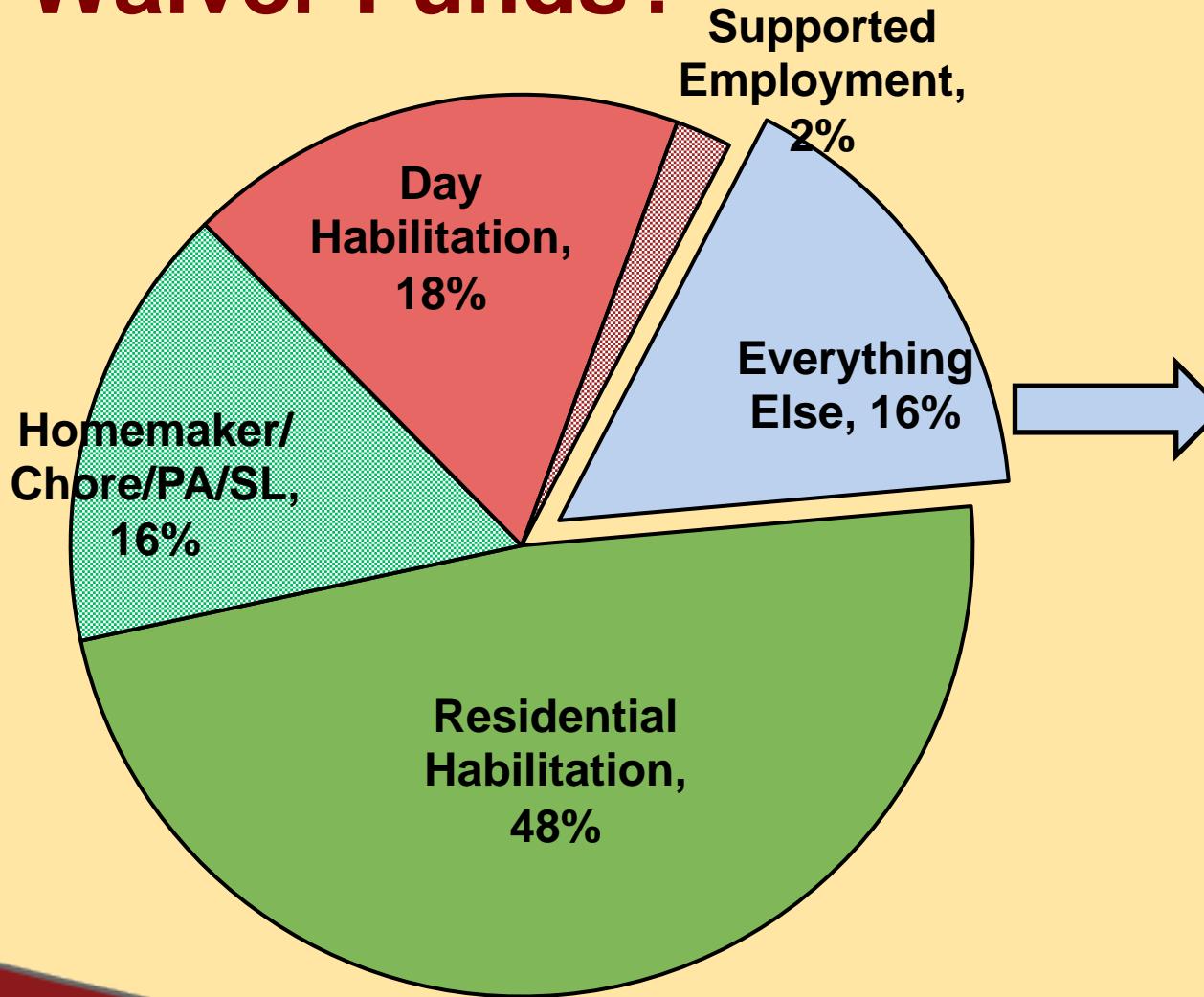
United States of America

Where does the money come from?



Source: Braddock et al., SOS, 2015

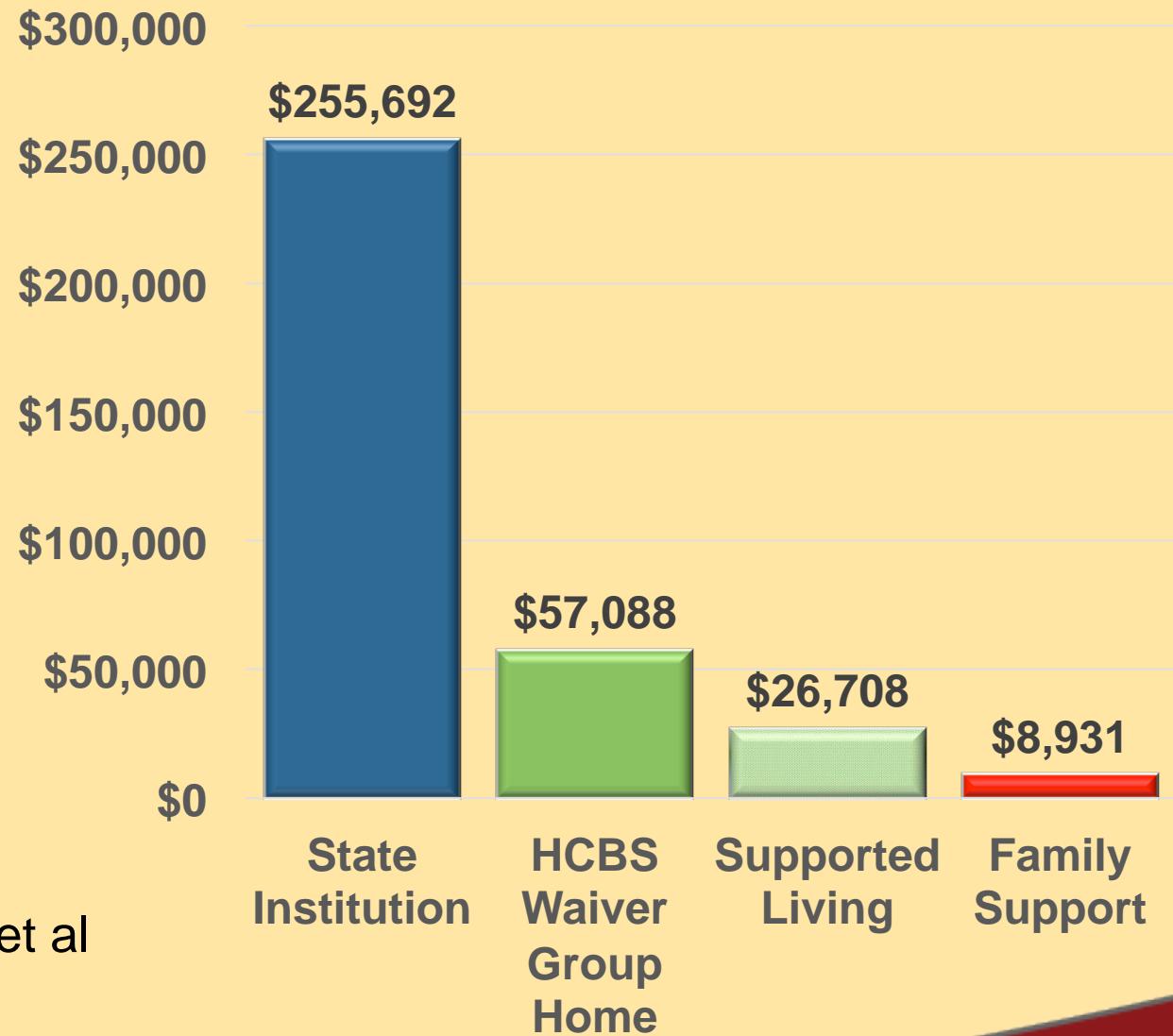
Where do states spend their HCBS Waiver Funds?



- 3%
 - Prevocational Services
- 2%
 - Health and Professional Services
- 1%
 - Transportation
 - Care Coordination
 - Respite
 - Family Training and Counseling
- <1%
 - Community Transition Supports
 - Assistive and Medical Technologies
 - Financial Support Services
 - Adult Day Health
 - Individual Goods and Services
 - Self Advocacy Training
 - Education
 - Recreation and Leisure

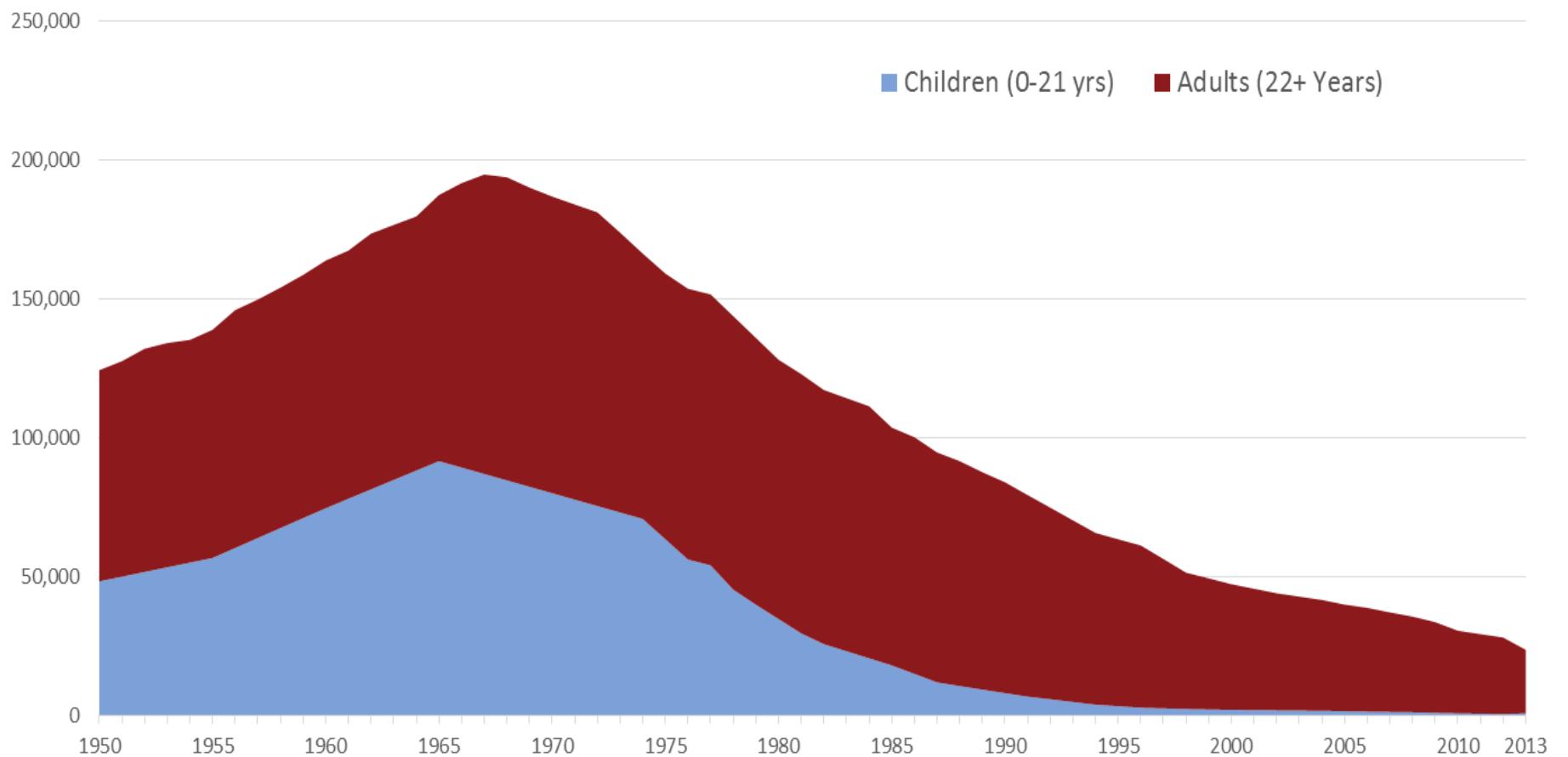
Source: Friedman & Rizzolo (2015).

Average Annual Cost Per Person: 2013



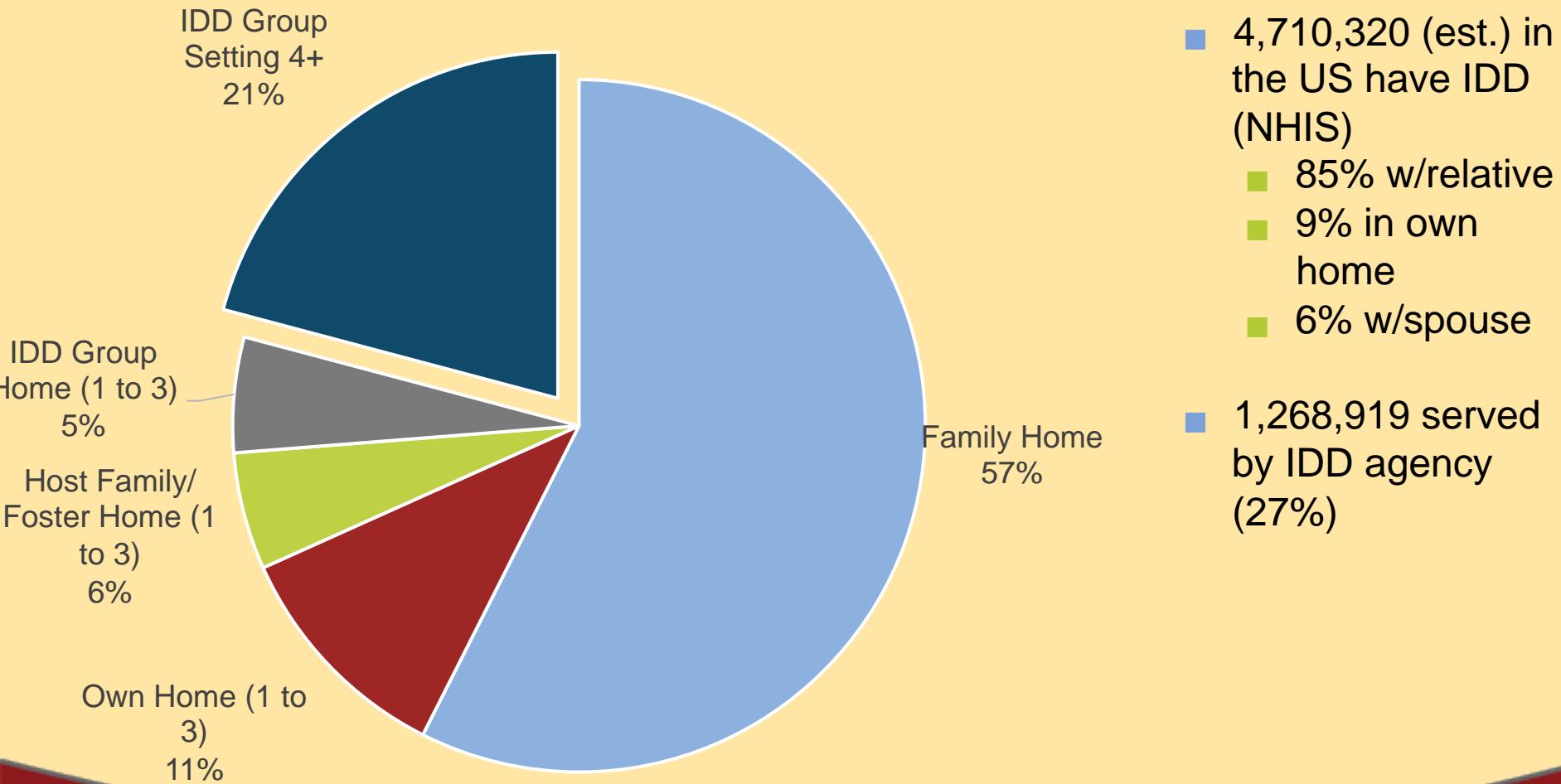
Source: Braddock et al

Children and Adults in State IDD Facilities 1950-2013



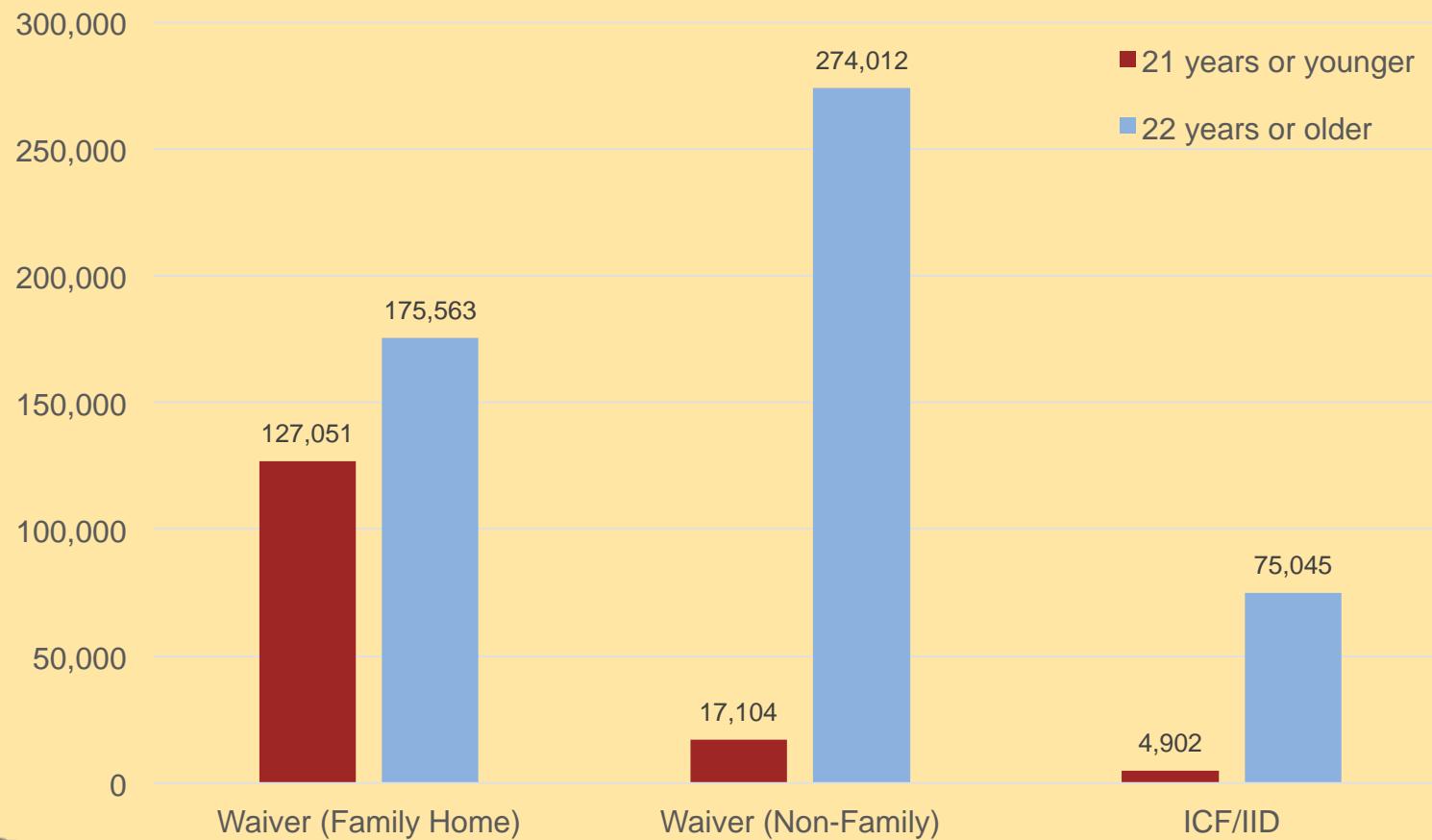
Source: RISP - Larson et al, 2015

Where did people with IDD live in 2013? (Setting Type)



Source: RISP - Larson et al, 2015

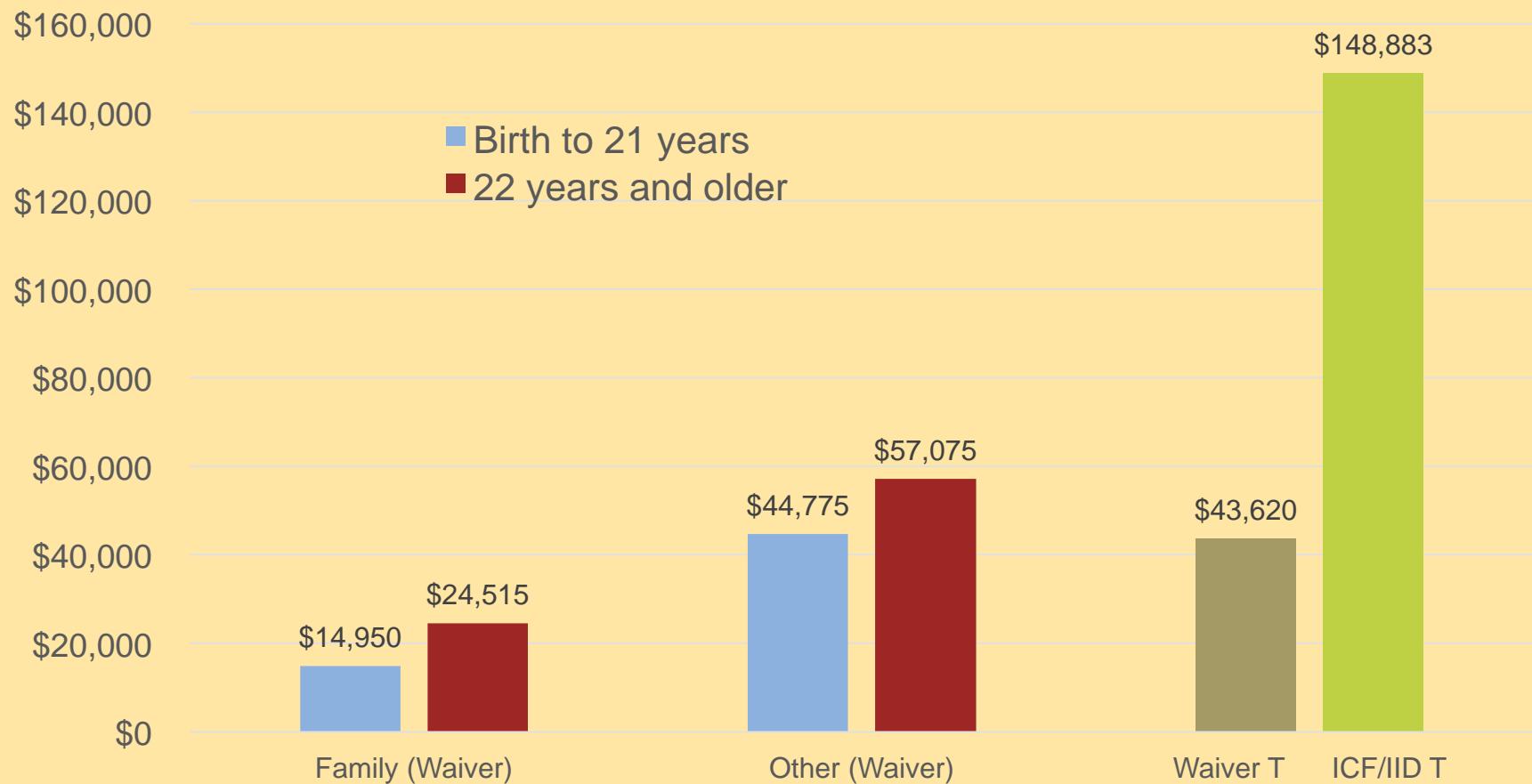
Medicaid LTSS Recipients with IDD By Age and Funding Authority 2013 (36 states reporting)



Source: RISP - Larson et al, 2015

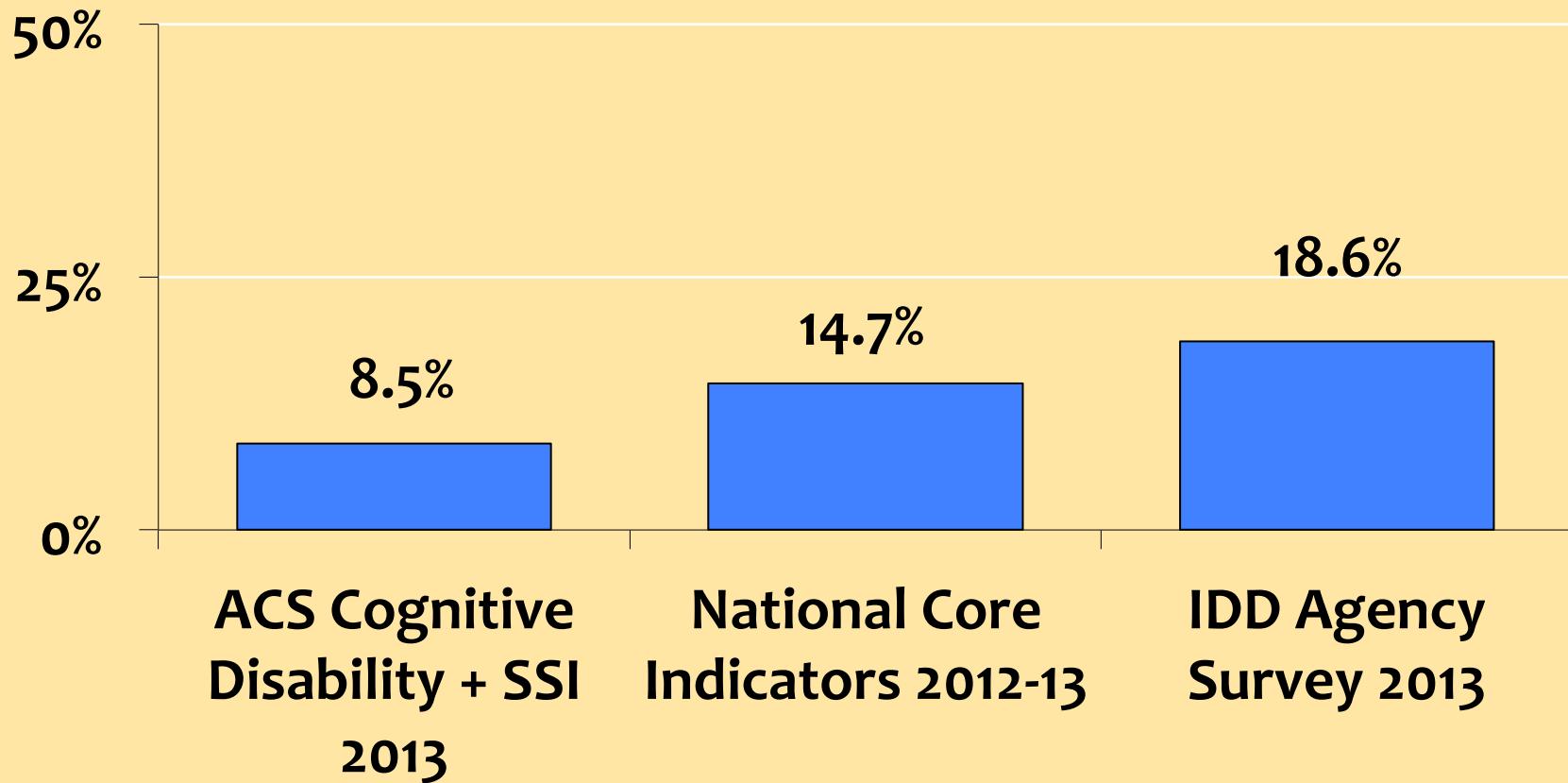
UNIVERSITY OF MINNESOTA

FY 2013 Per Person Medicaid Expenditures by Age and Setting (26 states by age; 51 states for totals)



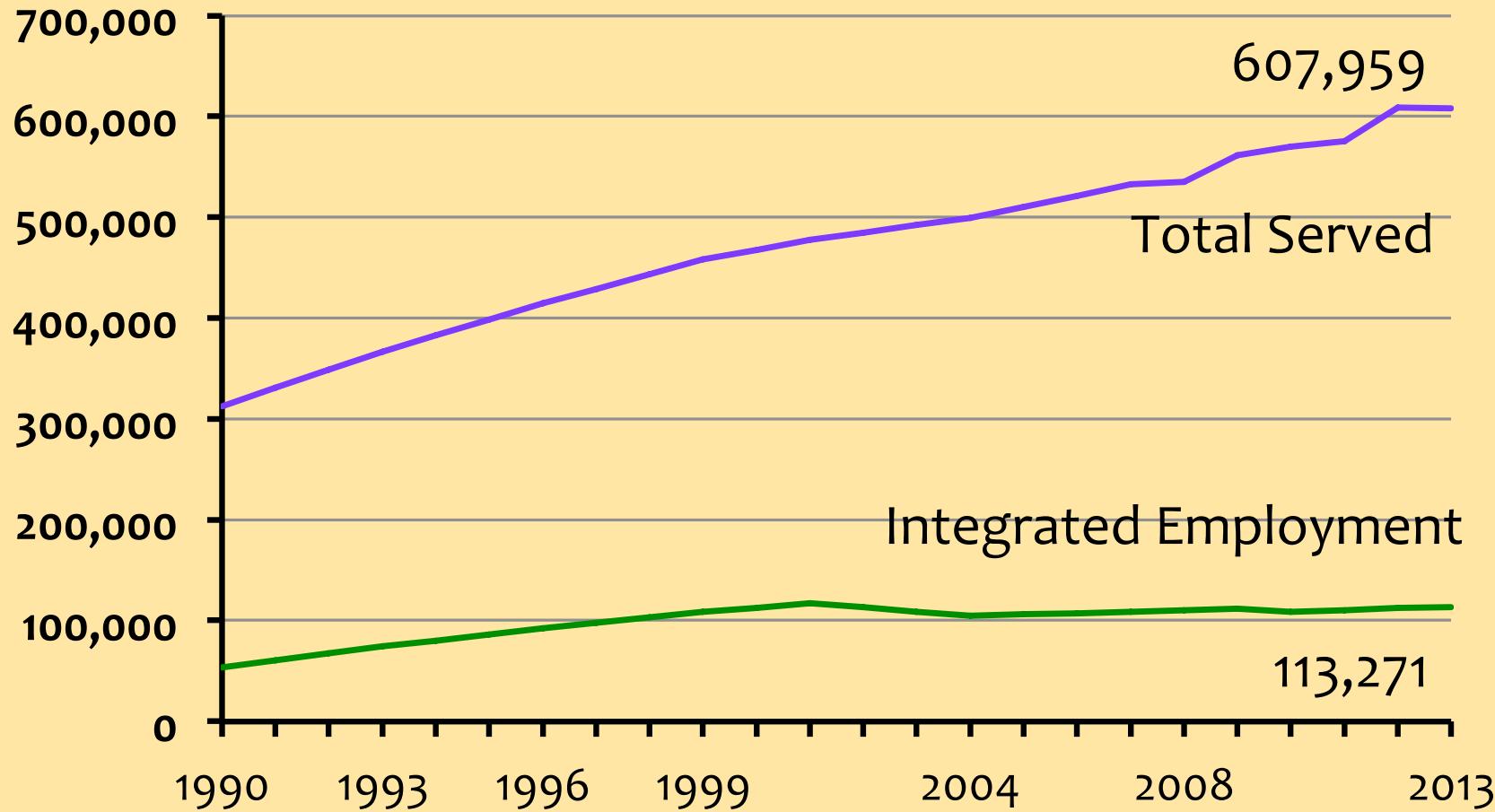
Source: RISP - Larson et al, 2015

How many people are employed?



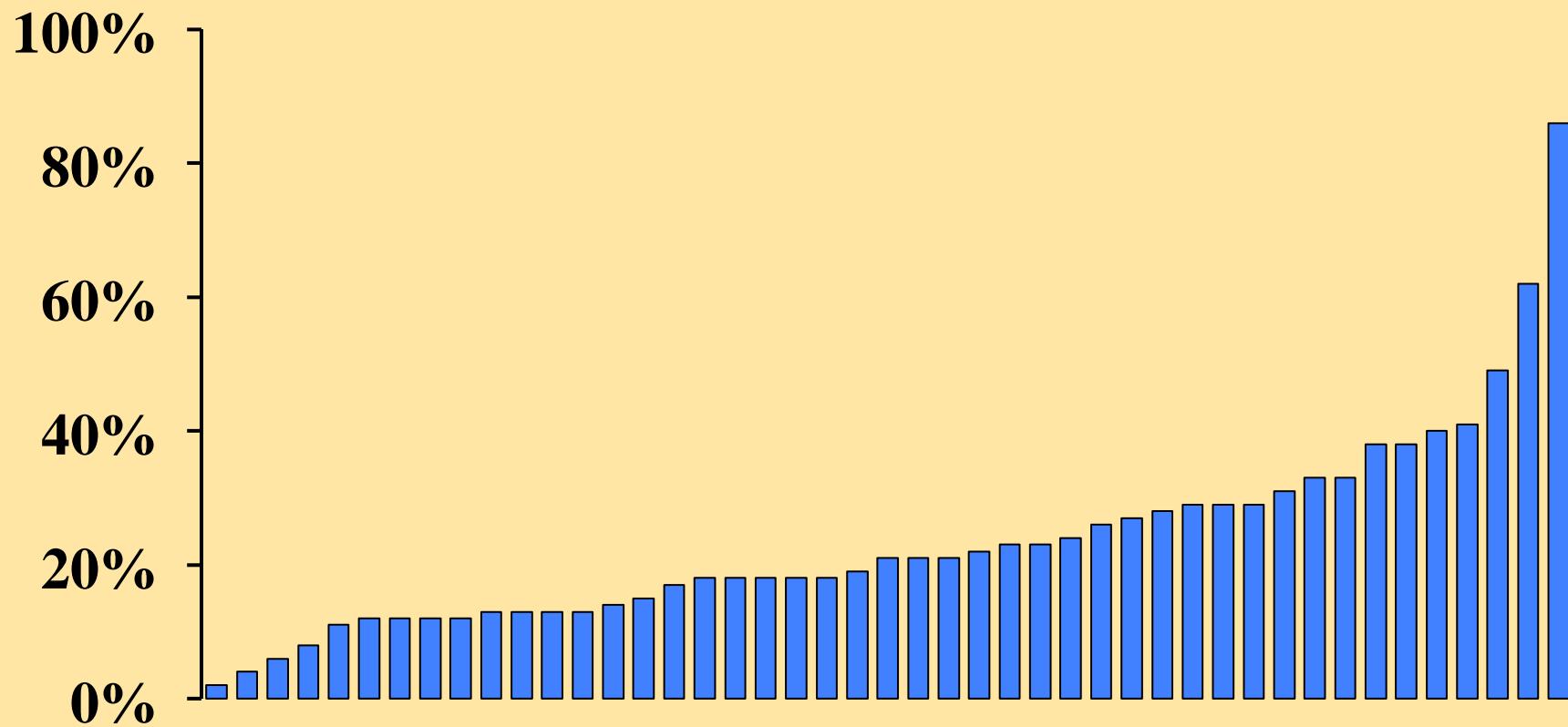
Source: Butterworth, 2015

Employment and Day Supports IDD Agencies: Nation



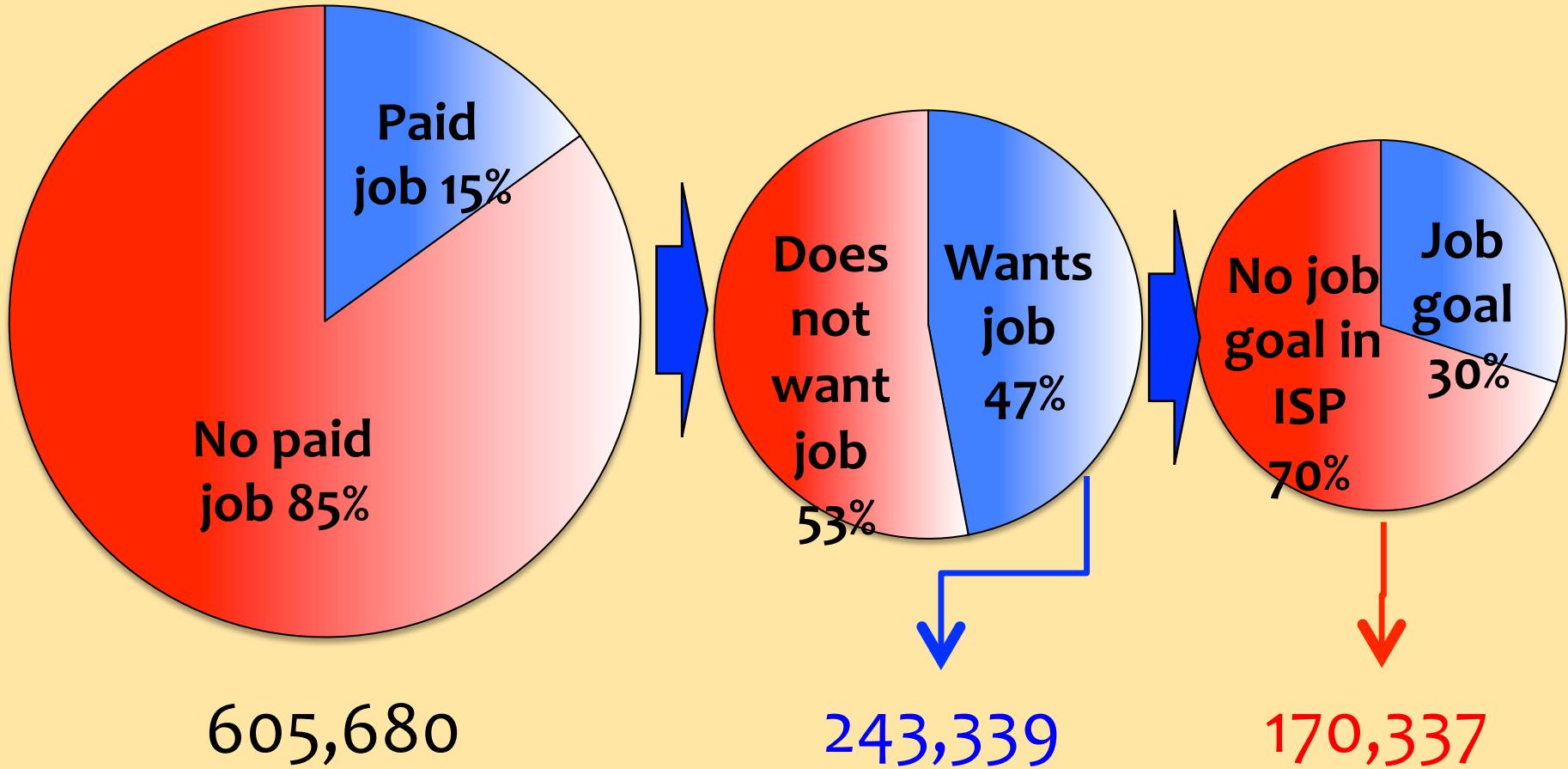
Source: ICI National Survey of
State IDD Agencies

Participation in integrated employment services varies widely



Source: ICI National Survey of
State IDD Agencies

Supporting Choice



Source: National Core Indicators Project
2012-2013

Monitoring Quality

- State level
 - National Cores Indicators
 - State QI/QA programs
 - Comparison with other states
 - State regulations
 - Sometimes requiring accreditation such as CQL
 - Licensing
 - Briefs/Reports
- Organizational Level
 - Accreditation
 - CQL – focus on POM
 - Carf
 - Organizational QA/QI Programs



National Core Indicators Systems Level Outcome Measures

- Chose Home (US 49%)
- Chose Roommate (US 38%)
- DSPs Show Up 89%
- Has a job (14%)
- Relationships – loneliness (40%)
- Self-Determination (7%)
- Overall Health and Wellness
 - takes mood drug (54%)



Council on Quality and Leadership: *Personal Outcome Measures (POM)*

My Self

- Connected to **natural supports** (63%)
- Have intimate **relationships** (70%)
- Are **safe** (86%)
- Have best possible **health** (86%)
- Exercise **rights** (52%)
- Are **treated fairly** (59%)
- Are **free from abuse and neglect** (82%)
- Experience **continuity and security** (79%)
- Decide where to share personal **information** (76%)

My World

- Choose **where and with whom they live** (47%)
- Choose **where they work** (41%)
- Use their environments (76%)
- Live in **integrated environments** (42%)
- Interact with members of the **community** (73%)
- Perform different **social roles** (42%)
- **Choose services** (57%)

My Dreams

- **Choose personal goals** (52%)
- **Realize personal goals** (75%)
- **Participate in life of the community** (65%)
- Have **friends** (54%)
- Are **respected** (76%)

Source: Council on Quality and Leadership, 2014

National Quality Forum HCBS Outcome Measurement Domains (CMS + ACL)

- Workforce/Providers
- Consumer voice/ownership
- Choice and control/self-determination
- Human and legal rights
- System performance
- Full community inclusion
- Caregivers support
- Effectiveness/Quality of services
- Services are accessible, appropriate, sufficient, dependable, timely and coordinated
- Equity and fairness
- Physical and emotional well-being

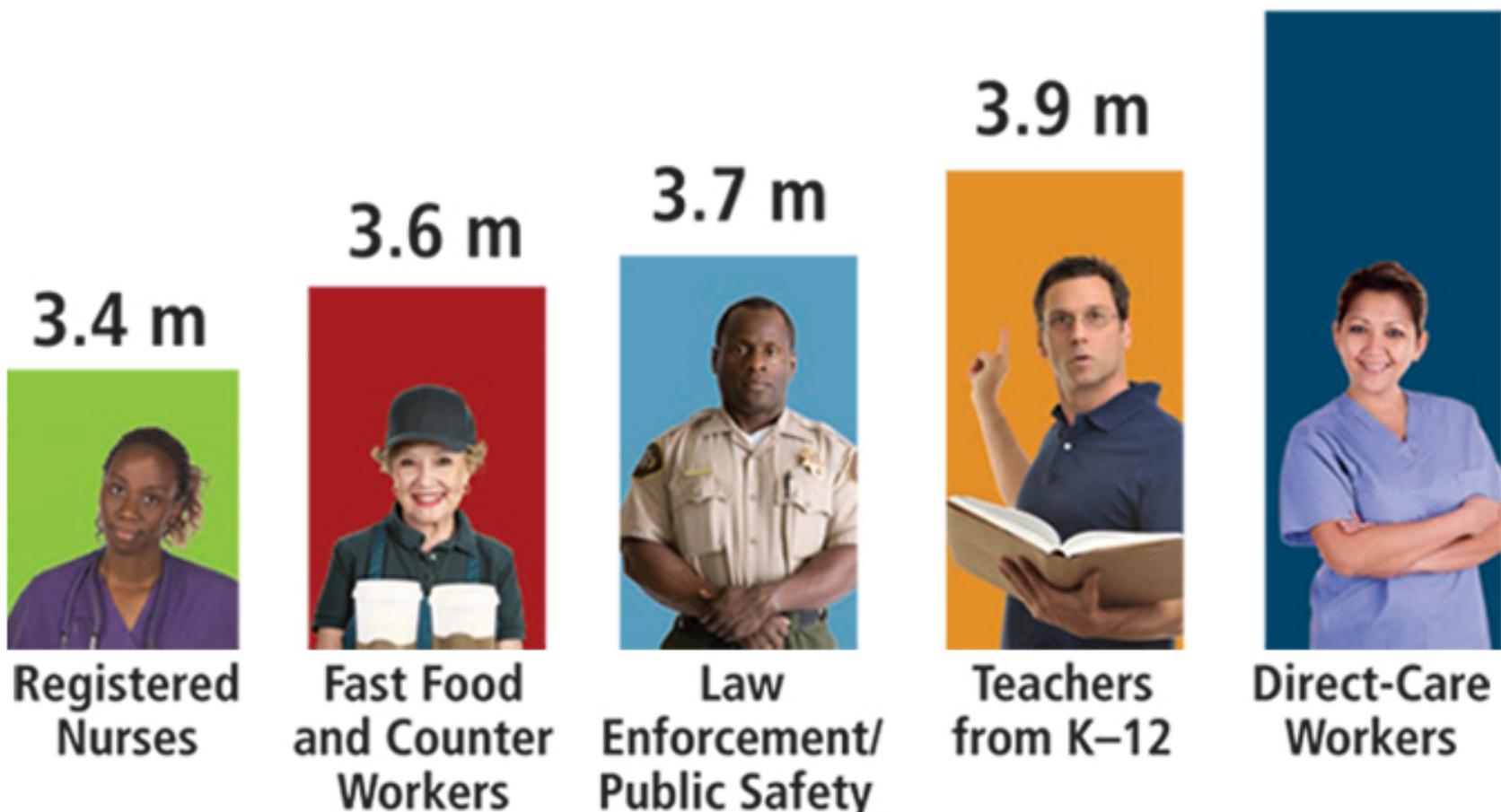
Context

Organization. Direct Support
Workforce.

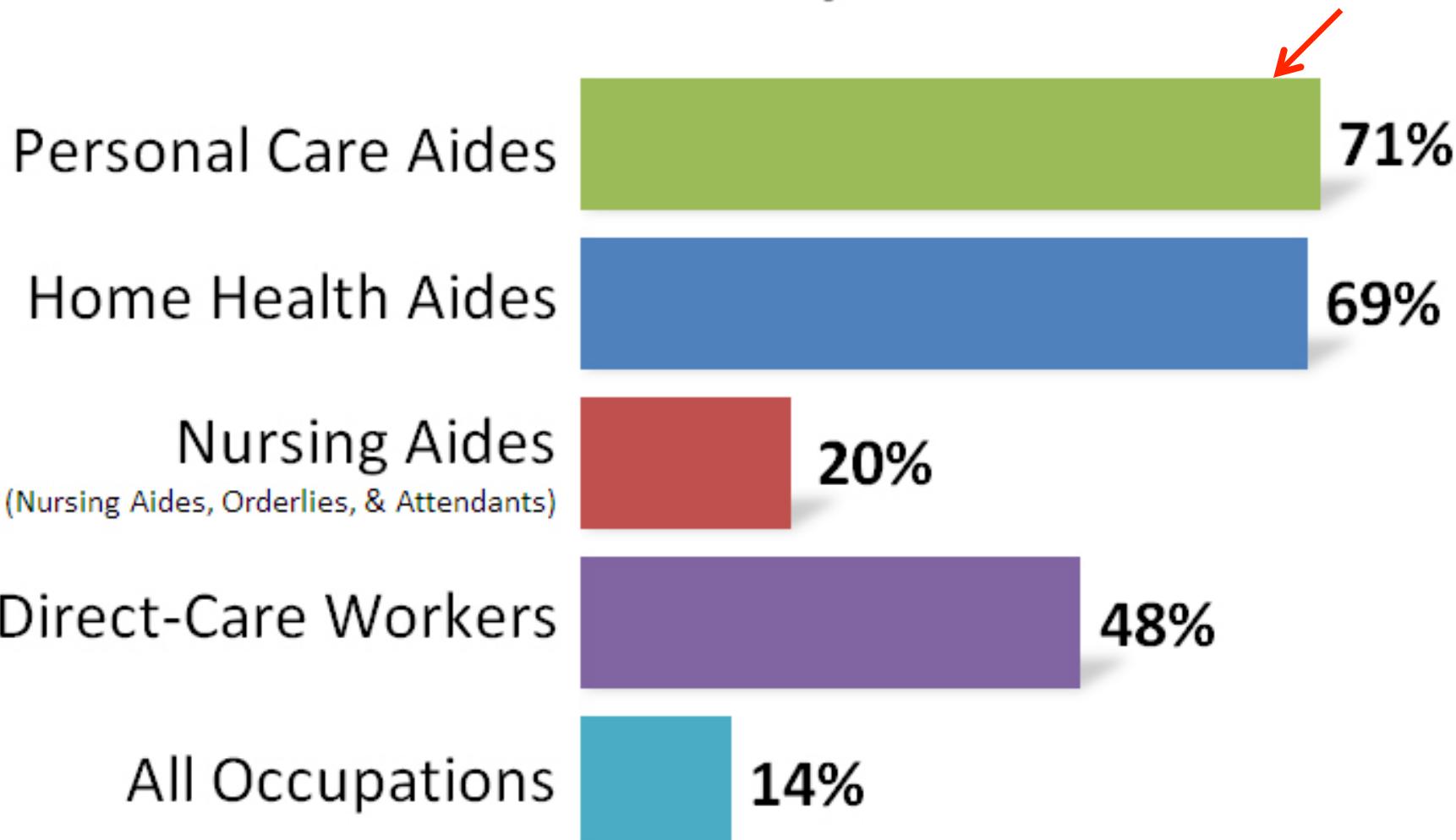
Gateway to Quality =

DSP Workforce.

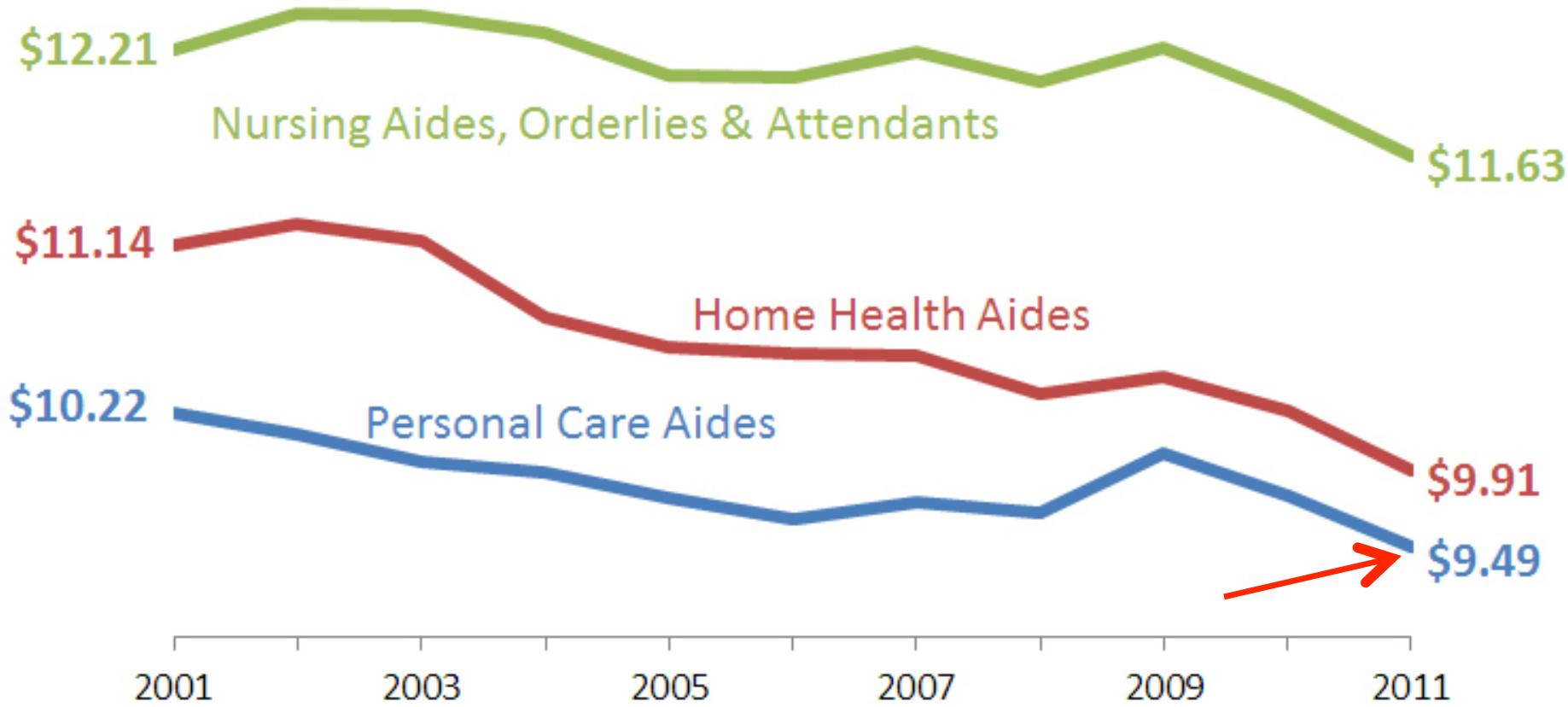
Five Million Direct-Care Workers Needed by 2020

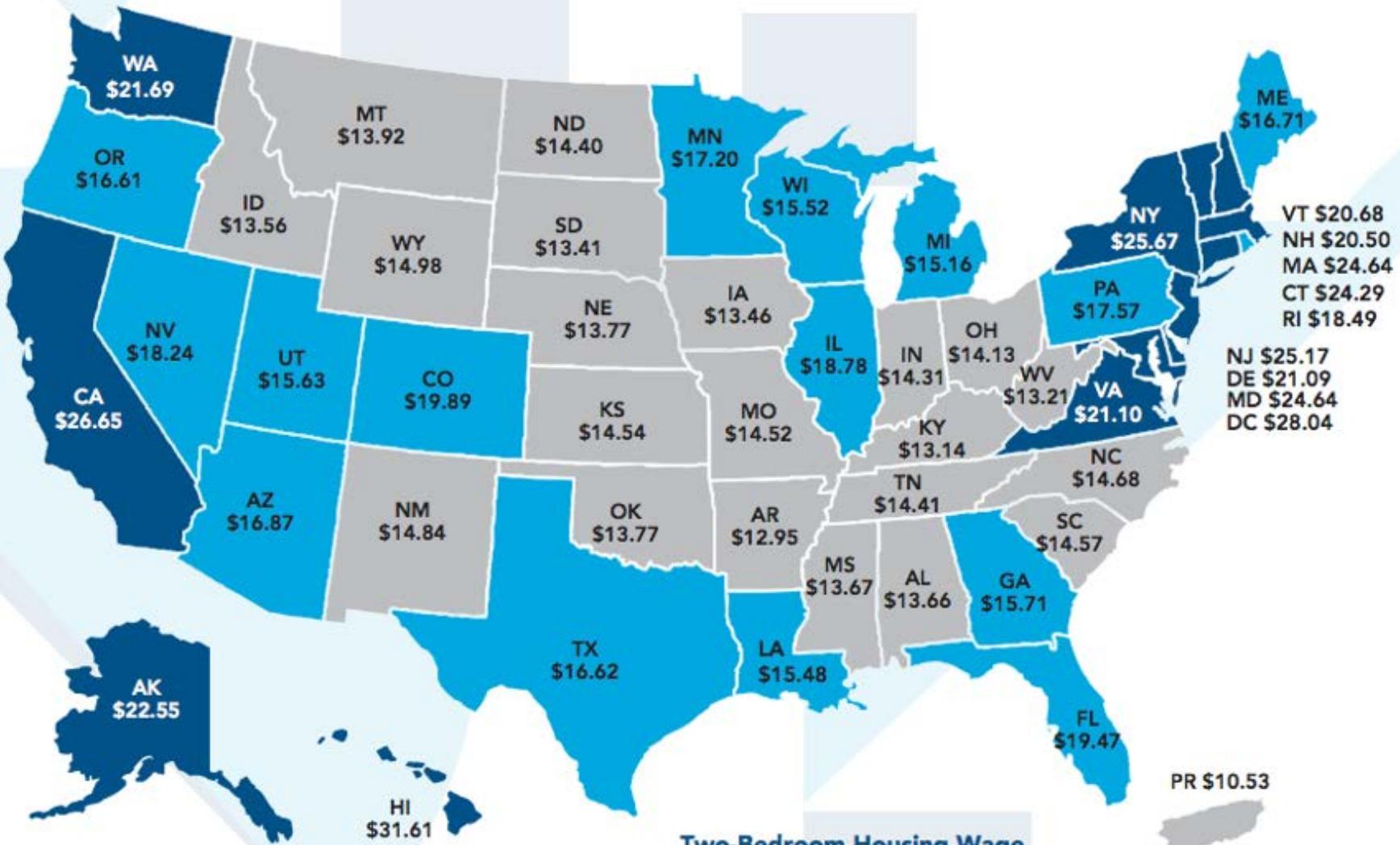


Growing Demand for Direct-Care Workers in the US, 2010-2020



Median Hourly Wages for Direct-Care Workers, adjusted for inflation (2011 dollars)





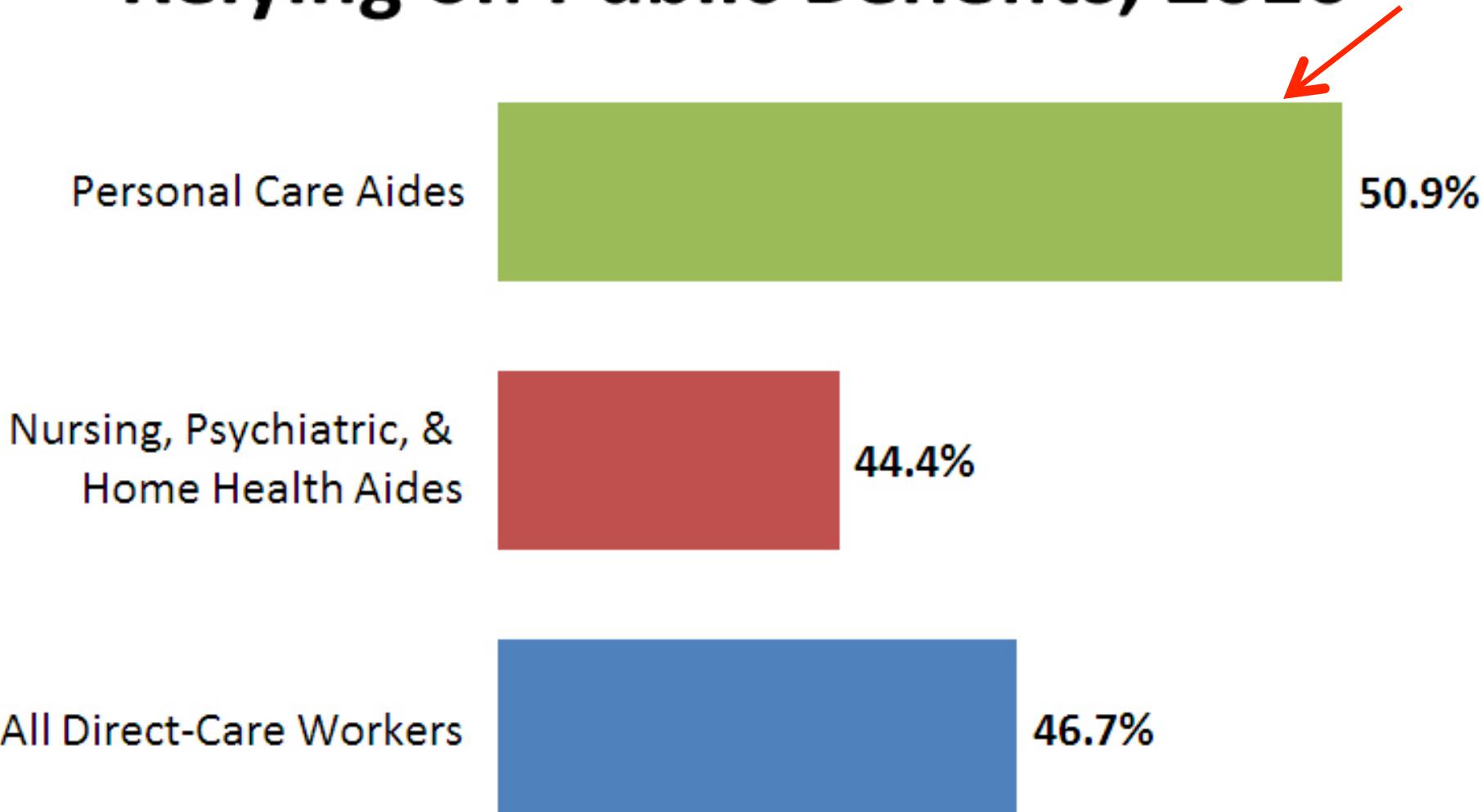
Two-Bedroom Housing Wage

Less than \$15.00

Between \$15.00 and \$20.00

\$20.00 or More

Direct-Care Worker Households Relying on Public Benefits, 2010





Direct Support - Isolation



DSP Discrepancy: High Expectation, Low Wage and Poor Training

Specialized knowledge

Comply with rules and regulations

Document

Support choice

Culturally competent

Respect rights

Teach

End shift neat & tidy

Problem-solve

Medical support

Work well with others

Maintain health & safety

Person-centered

Workforce Conditions: Deter People from Entering and Staying in DSP Jobs



Turnover Is Costly

- In New York's private sector 97,382 DSPs
- DSP turnover rate averaged 28.8%
 - each calendar year 28,046 leave their positions
- Annual turnover costs in the I/DD sector alone
 - very conservatively estimated at **\$79,804,549**
 - reducing turnover by 10% would save the system \$7,980,618 each year.

Impact of Staff Turnover on Intervention Implementation Studies

- Active Support (Larson, Ticha & Qian, 2014)
- Self-Determination (Abery & Ticha, 2014)
- Comprehensive Training (Hewitt, Nord & Bogenshutz, 2014)
- Participatory Planning and Decision Making Group (PPDM) (Abery, Ticha & Qian, 2015)

If DSPs are the Gateway to Quality

- Then.....
 - We are not focusing on the right things, are we
 - rallying enough behind the crisis of the DSP workforce to find solutions
 - investing enough in DSP recruitment, selection, training, retention and professional development

Your Call to Action



HEALTH

Who Decides Where Autistic Adults Live?

For many intellectually and developmentally disabled people, large campuses or farmsteads may be better options than small group homes. But new state laws could make it hard for big facilities to survive.

Link to article:

<http://www.theatlantic.com/health/archive/2015/05/who-decides-where-autistic-adults-live/393455/>



ABOUT
≡

VIDEOS
1 TOTAL

\$3.99
Rent or Buy

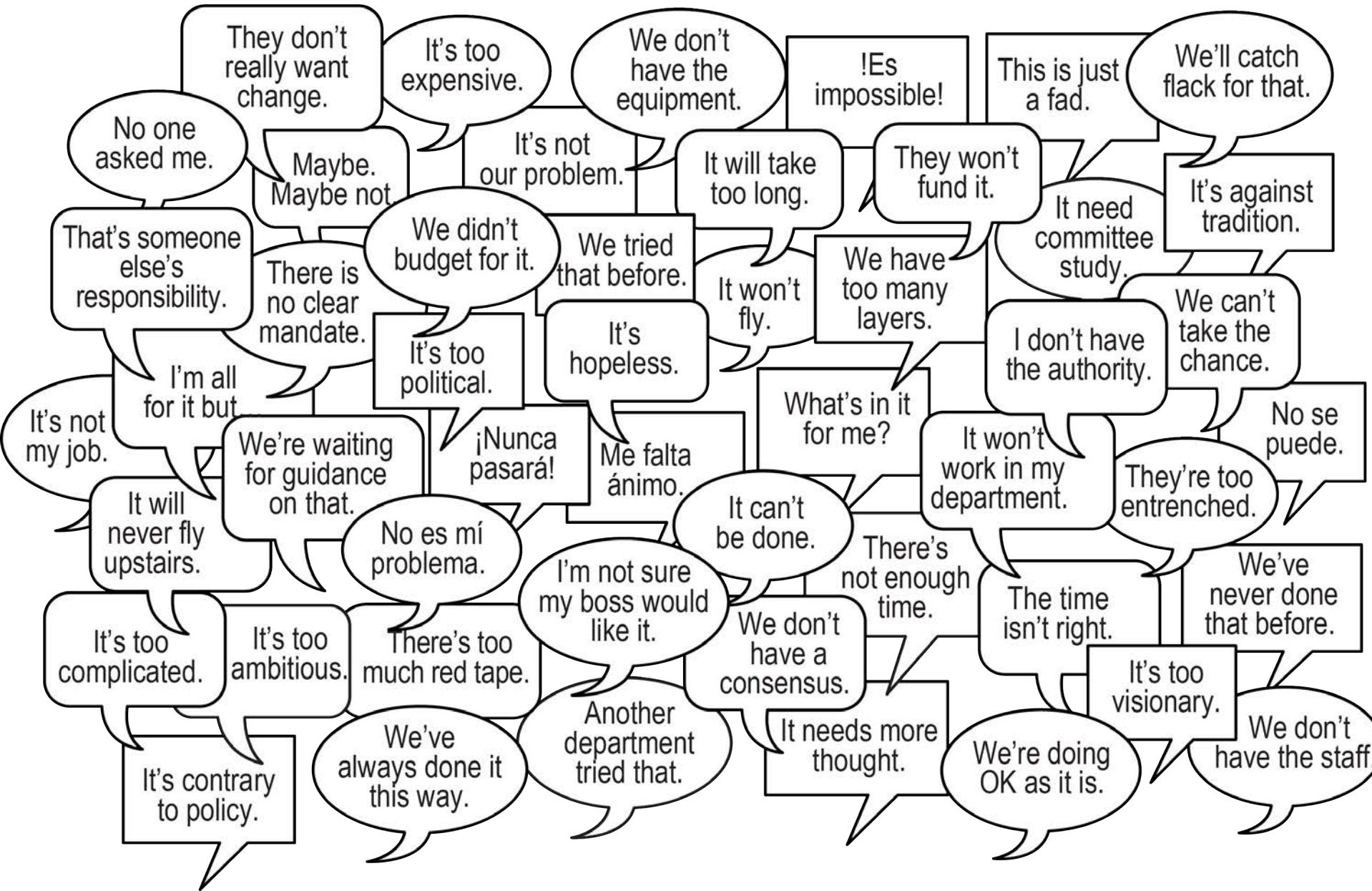
rtcmedia.vhx.tv
(streaming & download)

rtcmedia.umn.edu
(DVD)

Organizational Culture

- Intentional learning
- Leader who knows the people served and their staff by name
 - Goes out of their way to engage
 - Periodically practices direct support
 - Celebrates people served and their DSPs
- Individual story-driven
- Data-driven
 - Makes data driven decisions regarding services and supports provided
 - Monitoring is routine
- Engages individuals, families, DSPs and community at all levels

50 Reasons Not To Change

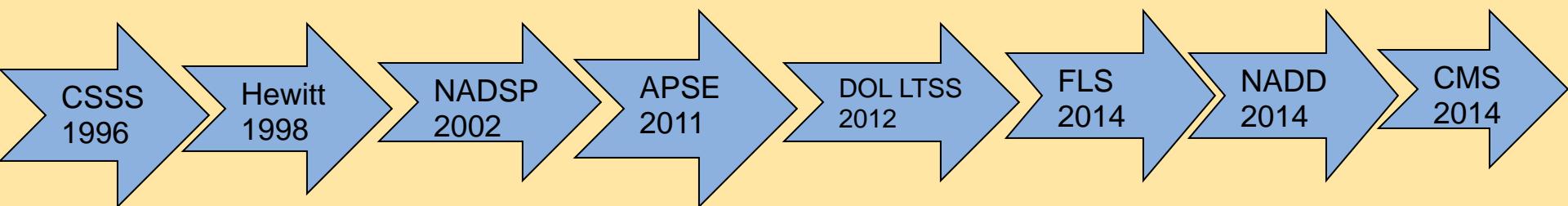


Tools and Resources

Supporting Community Living and
Participation in Individual, Family,
Organizational and Community
Contexts

DSP competencies

- Community Support Skill Standards
- IDD Residential Core
- NADSP Competencies
- APSE
- DOL LTSS Core Competencies
- FLS
- NADD
- CMS Core Competencies





- **College of Direct Support** - University of MN, Research & Training Center on Community Living
 - Number of States **34**
 - Number of Active Learners **750,000+**
 - Completed Lessons (one hour) **6 million +**
- **College of Employment Services** - University of MA/Boston, Institute for Community Inclusion
- **College of Personal Assistance & Caregiving** - University of California San Francisco, Center Community Living Policy
- **College of Recovery & Community Inclusion** - Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities



New DirectCourse CQL Package Includes Personal Outcome Measures® Training

- Designed for Direct Support Professionals
 - What Really Matters
 - Overview of POMS
 - My Self
 - My World
 - My Dreams

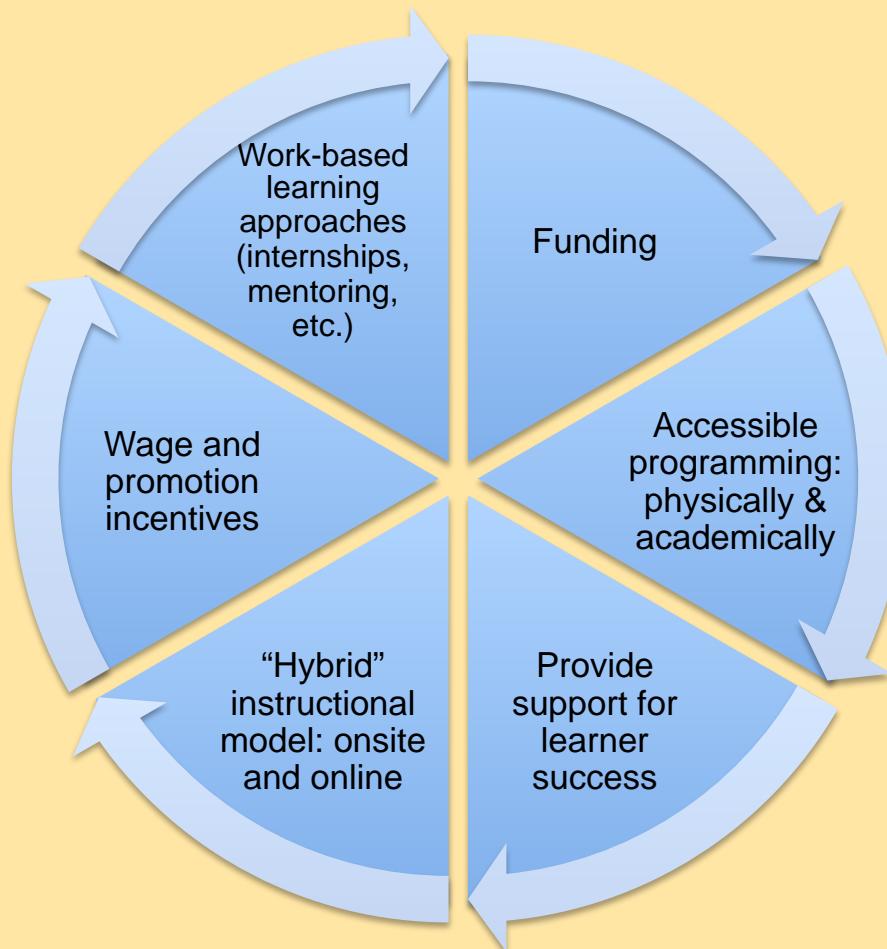
NYOPWDD Results: Concerns About Credentialing Program Implementation

Credentialing program would limit the pool of people eligible to work as DSPs

Restrict the ability of families and service recipients to employ the people they want as DSPs

Limited public resources would rob funds from important services to pay for the credentialing program

NYOPWDD Results: Which Components Need to be Present in the Credential Structure?





NADSP Credentialing

Making a World of Difference in People's Lives

- DSP-Registered (N=1009)
 - Background check
 - Code of ethics commitment
 - Letter from employer certifying
 - All required training
 - 6 months continuous employment
 - Employee in good standing
- DSP- Certified (N=101)
 - One year continuous service
 - 100 hours related instruction
 - 4 portfolio work samples
- DSP – Specialist (N=23)

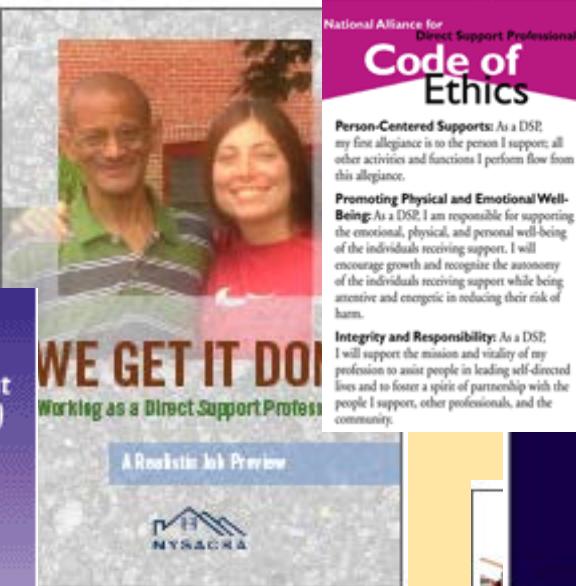
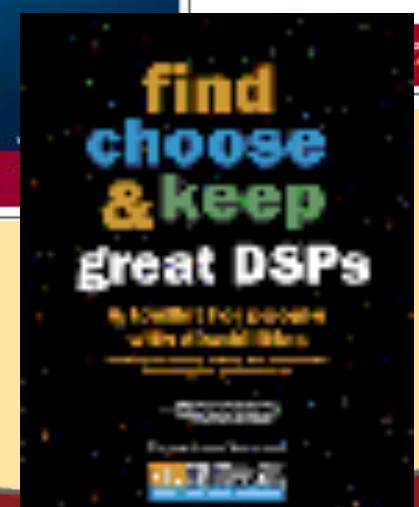
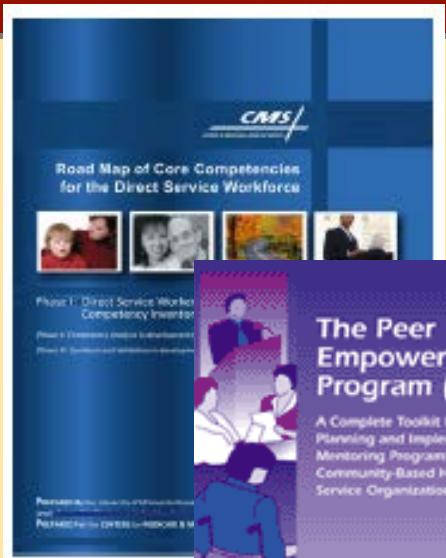
Career GEAR Up

Growth, Education, Advancement, and Respect



Key Design Elements of the New York Direct Support Professional (DSP) Credentialing Model

- 1. Multi-tiered credential with a hybrid model of learning methods.** The Credentials must be achieved in sequence, beginning with DSP Credential I. Proposed training opportunities include on-line training, interactive classroom learning and work-based learning opportunities —
 - a. DSP Credential I includes 50 hours of training:** 20 hours on-line, 10 hours classroom training, and 20 hours of work-based learning
 - b. DSP Credential II includes 100 hours of training:** 40 hours on-line, 20 hours classroom training, and 40 hours of work-based learning
 - Includes a specialization emphasis in one of four areas: Supporting Older Adults,
- 2. Valid, recognized competency-based skills and knowledge requirements.** These are the identified outcomes that will be assessed across the credential program. The competencies used as the basis of the credentialing program are —
 - a. New York State DSP Core Competency Goals**
 - Putting people first
 - Building & maintaining positive relationships
 - Demonstrating professionalism
 - Supporting good health
 - Supporting safety
 - Having a home
 - Being active and productive in society

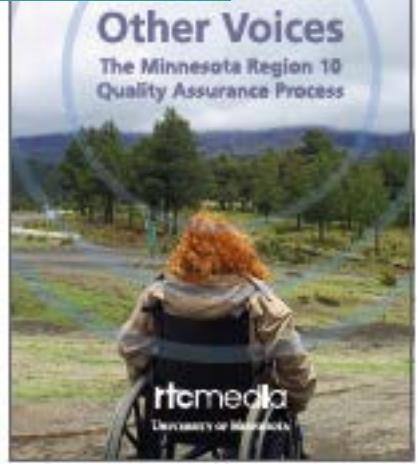
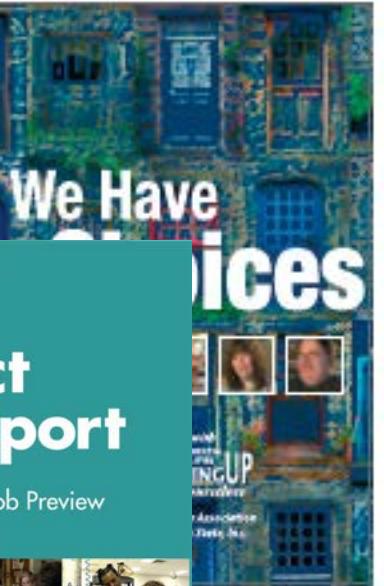


National Alliance for
Direct Support Professionals
Code of Ethics

Person-Centered Supports: As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Promoting Physical and Emotional Well-Being: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

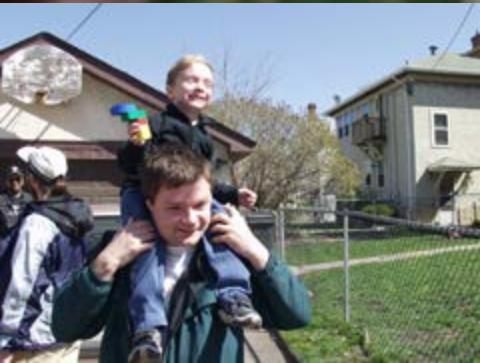
Integrity and Responsibility: As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.



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My “Researcher” Call to Action



National Goals 2015: Findings and Themes

- Intentional Role of People with IDD
- Changing landscape of funding structures
- Sampling Often Excludes Individuals and Families Outside of Service System
- Differences between US States
- Newly Developed Policy Evaluation
- Training and Support for Individuals with IDD, Families and the Workforce
- Measurement and Operationalization of Constructs
- Individual in Contexts of Family, Service System and Community
- Scale Up For All
- Technology

Rehabilitation Research and Training Center on HCBS Outcome Measurement

- Newly funded center at U of MN
- Strong collaboration with CQL and others

RRTC/OM Proposed Research Studies

- Primary goals of RRTC/OM research will be to:
 - Determine whether we are currently measuring what's most important to measure as far as HCBS outcomes are concerned;
 - Identify gaps between current measures and both the NQF framework and federal and state policy operational drivers.
 - Identify which current measures are sufficiently psychometrically robust across disability populations to be continued to be utilized in their current form;
 - Provide evidence through extensive field-testing to support the utilization of refined and newly developed measures.

RRTC/OM Proposed Research Studies

- The goal is:
 - Not to create a master instrument, but rather...
 - Undertake a program of research designed to provide the data necessary to be able to report to end-users the specific measures that are psychometrically sound for use with...
 - Specific populations;
 - In specific settings, and contexts; as well as
 - Relevant risk adjusters
 - Eventual objective of NQF endorsement

Making a Difference Through Implementation and Scale Up

- First we *implement* – then we scale-up
....successful scale-up requires attention to the science and practice of *implementation*
- Requires change at the
 - Practice Level (Direct Support Staff)
 - Organization Level (Supervisors, Managers, Administrators)
 - System Level (Funders, Government, Regulatory Bodies)

Source: Dean L. Fixsen and Karen A. Blase, 2008

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