



Austin Powers was released in 1997



New York State and the National Core Indicators®-IDD Surveys

The Team

Olivia Popiel

NCI State Coordinator

NYS OPWDD

Hirah Mir, PhD

Manager, Bureau of

Population Health

NYS OPWDD

Sim Somerville

Research Coordinator

Vital Research

Frances Nguyen, PhD

Research Manager

Vital Research

Topics

NCI-IDD In-Person Survey

- 1. Remote pilot and lessons learned
- 2. Reflections on current survey cycle

NCI-IDD Staff Stability Survey

- 1. State-specific analyses
- 2. Use of Tableau Desktop

New York State and NCI-IDD In-Person Survey

- 2021-2022 is OPWDD's 14th year of participation
- Select measures are used for Home and Community Based (HCBS) Waiver Reporting
- We are working with 7 Care Coordination
 Organizations (CCO) and Partners Health Plan
 (PHP) to complete Background Information (BI)



Remote Pilot (2020-2021)

- Occurred August October 2021
- Virtual interviews conducted through HIPAA-complaint Zoom
- Surveyed 170 individuals (113% of goal of 150)
- Data leads were identified at each CCO and PHP
- Vital Research recruited 12 experienced interviewers who had worked on the same project for other states previously

In-Person Survey Process

CCO/PHP data needed

- Pre-survey
- Background Information (records review)
- Section I: Virtual interview
- Section II: Participant and Proxy
- Surveyor Feedback

Tech Barriers experienced by potential participants in Remote Pilot

Tech Barrier (3.2 % of surveyable individuals)	Total
No computer/device access	8
No phone access	1
No Internet access	4
No webcam access	2
Does not have support needed to participate	3
Other: (discomfort or issues with Zoom)	2
Total	20

Interviewer Feedback

- Interviewers reported positive experiences of project
- Guardians and/or family members who attended zoom call appreciated the ability to connect and get insight on the lives and services of participants
- Interviewers found that staff would "go out of their way" to be helpful
- Interviewers suggested OPWDD send notification letter to guardians about the survey

NCI-IDD In-Person Survey 2021-2022

- 1000+ completed surveys!
- Oversampled 4,800-5,400 people
- Sent out notification letters to guardians
- Proportionate sampling by program (CCO & PHP) with G*Power analysis
- Recruited and trained 30 field interviewers

Proportionate Sampling by Program

Program (CCO/PHP)	Survey Targets* (Estimated)	Oversample/Initial Outreach* (Estimated)
CARE DESIGN NY, LLC	300	1,200
ADVANCE CARE ALLIANCE OF NY, INC.	250	1,000
LIFEPLAN CCO NY, LLC	200	800
PERSON CENTERED SERVICES CCO, LLC	200	800
TRI-COUNTY CARE, LLC	200	800
PRIME CARE COORDINATION, LLC	100	400
SOUTHERN TIER CONNECT, LLC	50	200
PARTNERS HEALTH PLAN	50	200
Total	1,350	5,400

^{*45} is the minimum sample size needed for each cell/program in order to achieve power for statistical testing



What worked?

- 1. Implementing <u>four phases</u> of BI data collection
- 2. Checking in on progress and targeting calls to smaller programs to obtain at least 45 participants per program
- 3. Sending notification letter to guardians
- 4. Having <u>weekly</u> meetings between OPWDD and Vital Research

For Next Survey Cycle

- 1. Strategic communication to educate and notify field about the survey
- 2. More systematic way of collecting BI data from CCOs and PHP
- 3. Focused training on *Abuse and Neglect* protocols by subject matter experts
- 4. Start sampling and data collection sooner

New York State and NCI-IDD Staff Stability Survey

- 2021 Staff Stability
 Survey is NY's 6th year of participation
- Every year, NYS
 publishes an executive
 summary (infographic)
 that is released to
 stakeholders



NCI-IDD Staff Stability Survey

- In 2021 and 2022, we published staff stability results to the OPWDD website
- https://opwdd.ny.g
 ov/data/nci-idd staff-stability survey



NCI-IDD Staff Stability Survey

- State-specific results are also published to the website and in infographics, specifically breakdowns by the five OPWDD DDRO Regions
 - Turnover
 - Wages
 - Race
 - Overtime Hours Paid
 - and more

Turnover

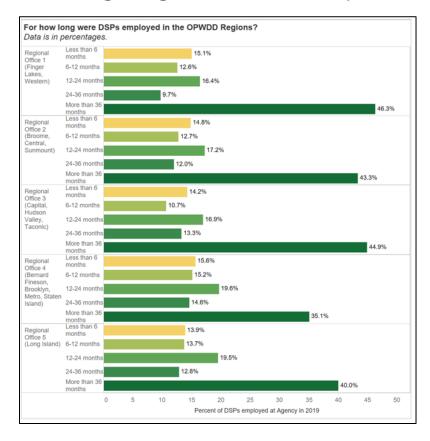
NYS Turnover Rate: 35.6%

National Turnover Rate*: 43.6%

DDRO Region	Turnover Rate
Region 1	46.3%
Region 2	59.9%
Region 3	31.4%
Region 4	29.4%
Region 5	42.8%

NCI-IDD Staff Stability Survey

 We aim look annually at factors that influence tenure using regression analyses on Tableau Desktop





We are very excited about future survey cycles!

Hirah.X.Mir@opwdd.ny.gov

(518) 402-2654

Olivia.G.Popiel@opwdd.ny.gov

(518) 473-9312

NCIAdultInPerson@opwdd.ny.gov

NCIStaffStability@opwdd.ny.gov

ssomerville@vitalresearch.com

(323) 951-1670 Ext. 286

fnguyen@vitalresearch.com

(213) 737-1331

NCI-AD Updates

In 1997 Hong Kong was handed over from the British to China

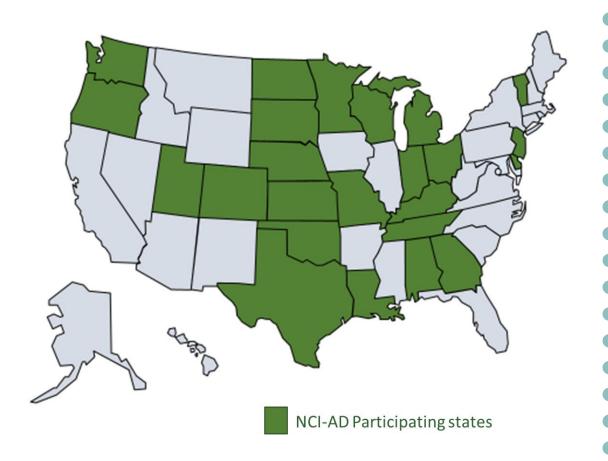




MCIAD

What's New?





About NCI-AD

Established

• 2015

Participating states

• 23

Population addressed

- Older adults and people with physical disabilities
 - Receiving LTSS
 - OAA programs

States design samples that compare programs, populations, providers

Covers multiple domains

AD domains and indicators: https://nci-ad.org/resources/the-survey/

Two surveys

- Adult Consumer Survey (similar to IPS)
- Staff Stability-AD (currently in pilot phase)



What's new?

We have a new look!

Anticipate 2021-22 national and state reports in winter Wrapping-up our first data collection after COVID pause

SDS module

Moving to 5-year revision cycle – will sync with NCI-IDD Recent presentations on:

- Mental health and older adults
- Food insecurity
- Older adults with IDD
- ADRD



Select findings from present presentations

Data from 2018-19

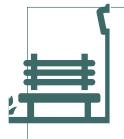


1:4 older adults (65+) who self-reported a mental health diagnosis

Those with a mental health diagnosis, compared to those without were:



4 times for likely to often feel sad or lonely



Had poorer community access and relationship outcomes, and were more likely to want to work or volunteer



More likely to live in a group setting, and less likely to like where they live



Had poorer staffing outcomes

10% of older adults reported they have to skip meals due to financial concerns

Older adults who reported they have to skip meals were more likely than those who did not to experience other measures of isolation, including being:

- Less likely to have close relationships with friends and family
- More likely to live alone
- More likely to be in poor health
- More likely to report often feeling sad or depressed



11% of ACS respondents were reported to have an ID diagnosis

Gender gap closes in older cohorts for NCI-IDD, increases NCI-AD

Self-reported mental health diagnosis is nearly 3.5x higher for 55-64 year olds compared to those 75 and older

Loneliness decreased with age by half



Overall, less than half of survey participants reported there are services they want that they are not currently receiving

People with an Alzheimer's or dementia diagnosis were more likely to report that services meet their needs and more likely to have ADL and IADLs met

Demographic factors associated with wanting additional services...



Identifying as a woman



Being 65 years and older



Living alone



Questions?

Comments?

Reactions?

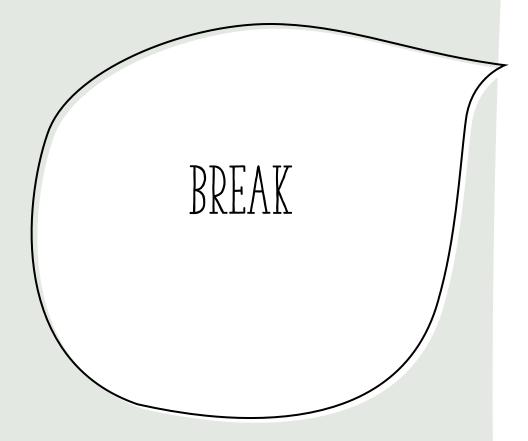


Contact us ©

Steph Giordano sgiordano@hsri.org

Rosa Plasencia rplasencia@advancingstates.org







Mother Teresa died in 1997



Step 1: Collect the Data Step 2: Use the Data!

How to Ensure that NCI-IDD Data Reinforce State Priorities

Steph Giordano, HSRI Dorothy Hiersteiner, HSRI Valerie Bradley, HSRI NCI Annual Meeting August 3, 2022

State-Specific Questions

- States can add up to 10 questions to each survey
- State-specific questions are not included in NCI-IDD reporting
- 30 business days are needed from when the survey customizations are approved to when ODESA is customized

DISCUSSION

- Has your state added any questions?
- How did you determine what subjects to address in the added questions?
 - New priorities?
 - Need to look deeper in an issue?
- What kinds of analyses did you do?
 - Was it helpful?
 - Did the findings result in policy/regulatory changes?

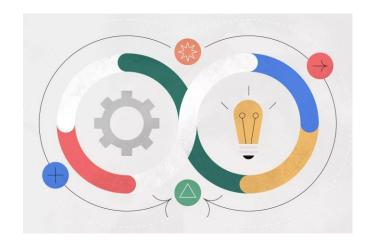


Using Data To Address Personcentered State Priorities

A HYPOTHETICAL CASE STUDY

NCI-IDD — Two Overall Goals

- •Though Peter Drucker may have never said, "What gets measured gets done" or, alternatively, "What gets measured gets managed," there is still wisdom in the statement.
- •The outcomes that get measured signal to the field that those outcomes reflect of the values of the system.
- Measurement of outcomes should also be used to evaluate
 - the success of current policies and
 - the need for future policy reform.
- ■To ensure that the NCI-DD does more than just signal policy values it is important to put the data to work in the continual goal of system improvement



Person-Centered Requirements in the CMS Settings Rule In March 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community-Based Services (HCBS) Settings Final Rule (the "Settings Rule")

What follows is a hypothetical example of how a state ("State A") used NCI-IDD data to monitor the alignment of person-centered planning and practices with the Settings Rule.



Requirements for Person-Centered Service Planning in the Settings Rule

Service planning process is driven by the individual and respects his/her preferences;

Includes people chosen by the individual;

Is timely;

Occurs at times and locations convenient to individual

- Planning process provides necessary information and support to ensure that the individual directs the process to the maximum extent possible
- Discussions are in plain language.
- Information is available in a manner accessible to individuals.
- Reflects cultural considerations

Settings Rule: Person-Centered Service Plan Must:

- Identify the strengths, preferences, needs (clinical and support),
 and desired outcomes of individual
- Include individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identify risk factors and plans to minimize them



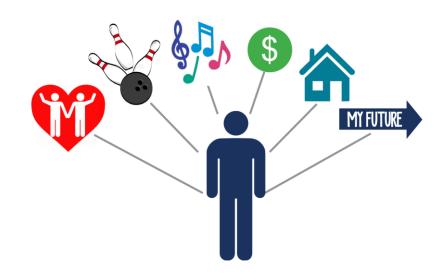
Stakeholder Committee: Identifies an Issue

- State A formed a "Settings Rule Stakeholder Committee"
- Purpose was to monitor implementation of the Rule
- The Committee included people with disabilities, older adults, family members, providers, and representatives of advocacy organizations
- State A presented status reports to the Committee regarding compliance with the Rule
- The group noted that there had not been much scrutiny of compliance with the Rule requirements regarding the individual planning process and other person-centered practices.



How to Measure Person-Centered Planning?

- The committee's concerns were communicated to the state IDD agency staff.
- In response, state staff suggested a review the results of the NCI-IDD In-Person Survey (IPS).
- State staff noted the while NCI data cannot substitute for actual monitoring and follow-up on the individual level due to the anonymity of the survey, the data can provide a picture of what is occurring at the system level.



NCI-IDD Indicators that Measure PersonCentered Planning

NCI-IDD

The percentage of respondents who report that their case manager/service coordinator asks them what they want

The percentage of respondents who report that they can contact their case manager/service coordinator when wanted

The percentage of respondents who report having understood what was being talked about at the last service planning meeting

The percentage of respondents who report that the service planning meeting included people they wanted to be there

The percentage of respondents who report having been able to choose what services were included in their service plan

The percentage of respondents who report that their service plan includes things that are important to them

The percentage of respondents who report that they know who to talk to if they want to change services

The percentage of respondents who report that they want a job who are reported to have a related goal in their service plan

The percentage of respondents reported to be using a self-directed supports option

NCI-IDD IPS Survey Findings

- State quality assurance staff compiled charts and graphs showing the results of the 2020-2021 data cycle for NCI-IDD
- Two measures that posed substantial concern.
 - 5% of people receiving services were self-directing well below the national average of 12%
 - 50% of respondents to the IPS knew whom to ask if they wanted to change something in their services (compared to an NCI-IDD average of 83%),
- These two areas were identified as priorities, and the Stakeholder Committee agreed to pursue quality improvement strategies to address these concerns





Due Diligence

To make sure that they were interpreting the data correctly, Committee members asked the following questions:

- Were there any events during the survey process that might have affected the results (e.g., regulatory changes)?
- Was the sample representative of the universe of participants
- Were the differences between state results and the national average significant?
- Do the data square with other data sources and observations?

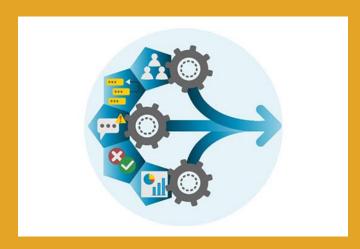
The Committee members were satisfied that the data were representative

Committee Members Quality Improvement Approach



Quality Improvement Strategies:

Self-Direction (Plan)



- 1. Strengthen self-direction by sponsoring state legislation emphasizing that every participant should be offered the ability to self-direct
- 2. Develop training materials in plain language for older adults, people with disabilities, and families regarding the self-direction option
- 3. Create videos highlighting the experiences of people who are self-directing
- 4. Present on self-direction at state aging and disability conferences providing examples of the benefits of self-direction
- 5. Work with educators to introduce the possibility of self-direction during the transition from school to adulthood, or even earlier 6. Simplify the self-direction paperwork burden for case managers and for people who are self-directing

Quality Improvement Strategies:

How to Make Changes (Plan)



- 7. Provide user-friendly material during annual planning sessions regarding how to request a change in services given changing needs
- 8. Ensure that the materials developed regarding service changes are accessible to people with limited English proficiency and can be easily understood by families and people receiving services
- 9. Require case managers to share contacts and contact information for service changes with people receiving services during routine check-ins and service planning meetings, such as annual and quarterly meetings
- 10. Circulate material on the process of securing service changes to self-advocacy groups, family caregiver organizations, and other aging and disability advocacy groups
- 11. Review the waiver performance measure data source to ensure data is showing the most accurate extent of compliance or noncompliance

Implementation (Do)



Self-Direction

- Worked on legislation
- Circulated videos show personal experiences
- Developed guidelines to ensure that case managers offered self-direction to everyone
- Convened a statewide conference

Knowledge of How to Request a Service Change

- Explored status changes associated with service changes
- Prepared plain language materials
- Conducted a <u>Person-Centered Practices Self-Assessment</u>

Monitoring the Strategy (Check)



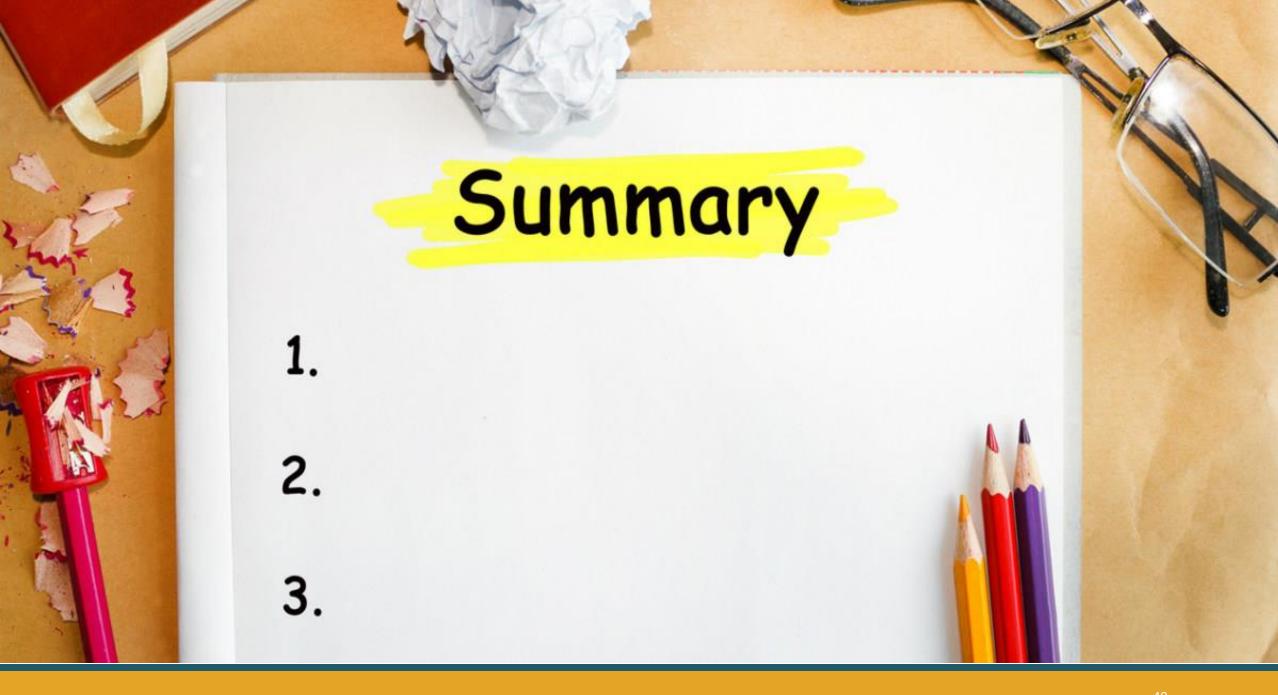
- State officials agreed to continue to track changes by reviewing the NCI-IDD data
- They also agreed to add state-specific questions to the surveys to measure the effectiveness of the specific initiatives and to continue to monitor the other indices of person-centered planning and to report back every year regarding the sustainability of the change.
- To help them to identify additional indicators, the Stakeholder Committee recommended NCAPPS Person-Centered Thinking, Planning and Practice: A National Environmental Scan of Indicators.

Revisiting Quality Improvement Initiatives (Act)



Over the next two years, the Stakeholder Committee:

- Followed the implementation of the new self-direction law r by examining outcomes and scrutinizing implementation.
- Reviewed the NCI-IDD data over two data cycles that showed that each year the state percentages moved closer to the national averages.
- Noted that the numbers of people self-directing grew very slowly and created a workgroup to explore reasons
- Created a survey of case managers/care coordinators to identify potential issues in the implementation of self-direction.
- Reviewed answers to some of the state-specific supplemental questions added to NCI-IDD regarding self-direction.
- Revised the self- direction manual and identified additional procedures that could be eliminated or made more user-friendly.
- Congratulated the state on increases across the person-centered indicators in the two NCI surveys that they credited to the policy review carried out as part of the NCAPPS self-assessment.



Using NCI-IDD Data to Address Priorities



Include service recipients, families, and advocates



Identify priority areas for service improvement



Examine and understand the relevant NCI-IDD data



PLAN/DO/STUDY/ACT



Track changes over time

For More Information:

Hypothetical Case Study on How to Use NCI-IDD Data: https://www.nationalcoreindicators.org/upload/core-indicators/CaseStudy NCIandSettingsRule 211118 Final Accessible.pdf

Valerie Bradley – <u>vbradley@hsri.org</u>

Dorothy Hiersteiner – <u>dhiersteiner@hsri.org</u>



OHIO: DATA TO ADDRESS STATE PRIORITIES



Comet Hale-Bopp, in April 1997



NCI Annual Meeting 2022-Ohio

Presented by: Arati Sharma, MPH



Purpose

- To inform how Ohio uses and disseminates NCI In-Person Survey data.
- To demonstrate new NCI In-Person Survey public dashboards



How Ohio Uses NCI In-Person Survey Data?

Initiative Informed by NCI In-Person Survey Data	Work Planned or Completed
Technology First	Technology questions to determine level usage and desire for Internet and technology access. Internet Assistance Project & Technology Advisory Committee were shown the data.
Health for All: Dental Visits	Used health questions to assess current state of need and reviewed data with Health for All internal team. Follow up focused on access to Dental Care: Increase access to Dentists who accept Medicaid.
Health for All: Social Connections	A need to improve social connection especially among those living in ICFs Increase access to technologies, program to teach social skills, scaling up social activities, have socialization groups etc.
Employment First Initiative	Data used to guide desired employment: For example, 48% of general adult ID/D population who would like to have a job in the community but are not getting the needed help.



NCI Data Dissemination

Through public websites: Ohio DODD website and DataOhio Portal.

https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/nci-dashboard

https://data.ohio.gov/wps/portal/gov/data/projects/05national-core-indicators-dashboard

New Health Related Dashboards:

https://analytics.das.ohio.gov/#/site/DODD/workbooks/7303/views



NCI Data Dissemination

- Internal DODD NCI Review Committee
 - Representatives from different divisions of Ohio DODD
 - Review of data comparing general ID/D adult and ICF population
 - Areas of opportunities identified and disseminated across divisions.
- External NCI Committee: representatives from external organizations who work with individuals with IDD (e.g. OACB, OPRA, OHCA, Ohio Waiver Network etc.)
 - Data highlights from each year planned to be presented to the

Committee

State Health Assessment/State Health Improvement Plan Committee



NCI Data Dissemination

 Monday Memo and Pipeline: At-a-glance reports, easy-reads and quick facts are disseminated through our newsletters.

Conferences: Findings are presented at conferences (NADD Ohio, OCALICON)

