National Core Indicators Project

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WHAT IS NATIONAL CORE INDICATORS (NCI)?

- Multi-state collaboration of state DD agencies
- Measures performance of public systems for people with intellectual and developmental disabilities
- Assesses performance in several areas, including: employment, community inclusion, choice, rights, and health and safety
- Launched in 1997 in 13 participating states
- Supported by participating states
- NASDDDS – HSRI Collaboration
National Core Indicators

- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- Human Services Research Institute (HSRI).
National Core Indicators

- The guiding principle of NCI has always been to enhance the transparency of information about system performance.
- Publications,
- Data reports,
- a customizable “chart-making” tool, and other important resources can be found at:
  - [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org)
National Core Indicators

- **gather** a standard set of performance and outcome measures that can be used to
- **track** their own performance over time, to
- **compare** results across states, and to
- **establish** national benchmarks.
NCI State Participation 2013-14

39 states, the District of Columbia and 22 sub-state regions

State contract awarded in 2013-14 through AIDD funding
CA*- Includes 21 Regional Centers
OH*- Also includes the Mid-East Ohio Regional Council
National Core Indicators

- 39 states using 4 main data sources:
  1. an Adult Consumer Survey ACS
     - e.g., rights and choice issues,
  2. family surveys
     - e.g., satisfaction with supports,
  3. a provider survey
     - e.g., staff turnover, and
  4. system data from state administrative records
     - e.g., mortality rates
# National Core Indicators

<table>
<thead>
<tr>
<th>Individual Outcomes</th>
<th>People have support to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>find and maintain community integrated employment</td>
</tr>
<tr>
<td>Community Inclusion</td>
<td>participate in everyday community activities</td>
</tr>
<tr>
<td>Choice and Decision Making</td>
<td>make choices about their lives and are actively engaged in planning their services and supports.</td>
</tr>
<tr>
<td>Self Determination</td>
<td>have authority and to direct and manage their own services.</td>
</tr>
<tr>
<td>Relationships</td>
<td>have friends and relationships</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Safety</td>
<td>People are safe from abuse, neglect, and injury.</td>
</tr>
<tr>
<td>Health</td>
<td>People secure needed health services.</td>
</tr>
<tr>
<td>Medications</td>
<td>Medications are managed effectively and appropriately.</td>
</tr>
<tr>
<td>Wellness</td>
<td>People are supported to maintain healthy habits.</td>
</tr>
<tr>
<td>Restraints</td>
<td>The system makes limited use of restraints or other restrictive practices.</td>
</tr>
<tr>
<td>Respect/Rights</td>
<td>People receive the same respect and protections as others in the community.</td>
</tr>
<tr>
<td>System Performance</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Service Coordination</strong></td>
<td></td>
</tr>
<tr>
<td>Service coordinators are accessible, responsive, and support the person’s participation in service planning.</td>
<td></td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
</tr>
<tr>
<td>Publicly funded services are readily available to individuals who need and qualify for them.</td>
<td></td>
</tr>
</tbody>
</table>
NCI in TN

National Data Measurement Project
May 2013
Adult Consumer Survey

• This face-to-face survey
• collects data on ~½ of the indicators
• individual demographic, service and health information about adults with IDD as
• valued outcomes directly from adults with IDD
• 400 randomly selected adults served by DIDD
• Interviewed by People Talking to People crews
Why NCI? Indicators selected are:

- Reflective of the mission, vision and values of the field;
- Measurable;
- Practical to implement;
- Reliable and valid;
- Sensitive to changes in the system;
- Representative of issues the states had some ability to influence; and
- Reflective of outcomes that were important to all individuals regardless of level of disability or residential setting.
Better Data for Cross-State Comparisons
Preferred data reporting system of AIDD/ACL
**CQL : The Council on Quality and Leadership**

- Questions are more open-ended, less specific
- Could lead to changes in CoS or ISP for individuals
- Being implemented by 1 state (TN)
- No statewide longitudinal data to compare to
- Person-Centered Practice

**NCI: National Core Indicators**

- Questions are succinct, measurable, and quantifiable
- May raise awareness, not designed to make change on individual level
- Being implemented by 38 states
- 10 years of longitudinal data in other states for comparison
- Focused on systemic change over time
How Have NCI States Used the NCI Dataset?

- As Evidence of the Need for Improvement in State Planning and Implementation
- As Evidence to Meet Home and Community-Based Waiver Assurances

NCI Performance Indicators: Evidence for New HCBS Requirements and Revised HCBS Assurances

• I. New HCBS Requirements and NCI Data
   *This section aligns the specific NCI data sources (from the multiple surveys) with new HCBS requirements.*
   – New HCBS Setting Requirements (Residential and Day Services)
   – New HCBS Setting Requirements for Provider Owned/Operated Residential Settings
   – New HCBS Person-centered Service Plan Process Requirements
   – New HCBS Person-centered Service Plan Documentation Requirements

• II. New HCBS Requirements and NCI Data: Quick View Tables
   *This section indicates exactly which questions apply to each requirement.*

• III. Revised HCBS Assurances and Sub-assurances and NCI Performance Indicators
   *This section focuses on the Revised HCBS Assurances and Sub-assurances and NCI data useful for evaluating statewide performance.*
   – Service Plan Sub-assurances and NCI Performance Indicators
   – Health and Welfare Sub-assurances and NCI Performance Indicators
   – Qualified Providers Sub-assurances and NCI Performance Indicators
   – Level of Care Assurance and Sub-assurances
   – Financial Accountability Assurance and Sub-assurances
   – Administrative Authority Assurance
2013-2014 NCI Sample

- Randomly drawn from individuals over 18 receiving at least one service from DIDD
- Collected Background Information on 436
- The Arc TN *People Talking to People* interviewed 408
- Number of people (n) changes with the question
- Percentages reflect the percentage of the number of people who answered the question
- When possible to characterize level of HCBS compliance, blue is used to reflect compliance, red is used to indicate non-compliance and purple is used to indicate a non-specific middle ground between the 2 categories.
Age distribution of the 2013-2014 NCI Sample

<table>
<thead>
<tr>
<th>N</th>
<th>436</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>46.26</td>
</tr>
<tr>
<td>Minimum</td>
<td>20</td>
</tr>
<tr>
<td>Maximum</td>
<td>84</td>
</tr>
<tr>
<td>Percentiles</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>34.00</td>
</tr>
<tr>
<td>50</td>
<td>47.00</td>
</tr>
<tr>
<td>75</td>
<td>58.00</td>
</tr>
</tbody>
</table>
# Gender distribution of the 2013-2014 NCI Sample

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>265</td>
<td>60.8%</td>
</tr>
<tr>
<td>Female</td>
<td>171</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

![Pie chart showing gender distribution]

- Male: 60.8%
- Female: 39.2%
Level of Intellectual Disability within the 2013-2014 NCI Sample:

- Mild to moderate: 267, 63.3%
- Severe to profound: 109, 25.8%
- Don't know or unspecified: 46, 10.9%
Racial Identification within the 2013-2014 NCI Sample

- **White:** 317 (72%)
- **Black or African American:** 112 (26%)
- **Other races:** 7 (2%)

Total: 436
Requirement: Is integrated in and supports access to the greater community

Success # 1: Most Housing is HCBS Compliant
Requirement: Is integrated in and supports access to the greater community

Success # 2: Access to Family and Friends is HCBS Compliant
Requirement: Is integrated in and supports access to the greater community

Success #3: Almost ALL Adults are out in the Community!
Requirement: Is integrated in and supports access to the greater community

Opportunity #1 and Opportunity #2 for more integration.
Requirement: Is integrated in and supports access to the greater community

Opportunity #3 for more integration. Who are going with?
Requirement: Provides opportunities to **seek employment and work in competitive integrated settings, engage in community life, and control personal resources**

Success #1: We are providing a lot of employment–related supports.
Requirement: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Success #2: Controlling personal resources.
Requirement: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Success #3: There is high satisfaction with and interest in employment.
Requirement: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Success #4 / Opportunity #1: Time and Money
Requirement: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

Opportunity #2 and #3: Employment First is not yet universal.
Requirement: Ensures right to privacy, dignity and respect and freedom from coercion and restraint

Success #1: People feel good about their privacy.
Requirement: Ensures right to privacy, dignity and respect and freedom from coercion and restraint

Success #2: People feel safe.
Requirement: Optimizes autonomy and independence in making life choices

Success #3: People have choices about their free time.
Requirement: Allows full access to the greater community

Opportunity #1: Transportation is still largely group-based.
Requirement: Ensures right to privacy, dignity and respect and freedom from coercion and restraint

Opportunity #2: 22% can’t express whether they feel fear.
Requirement: Optimizes autonomy and independence in making life choices

Opportunity #3: People have few choices about some important issues.
C. New HCBS Person-Centered Service Plan Process Requirements

Requirement: Service planning process is driven by the individual

Success #1: People get the services they need.
Requirement: *Includes risk factors and plans to minimize them*

- takes medications for certain conditions including mental health
- is provided behavior supports

Success #2: Majority doing well with little need for behavioral or medical supports
Requirement: Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare

Success #3: Most get primary care medical supports and have good health habits
Requirement: Facilitates choice of services and who provides them

Opportunity #1: Service coordinators are not viewed as partners.
Requirement: Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare

Opportunity #2: More women could be getting Pap screenings
Requirement: *Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible*

Opportunity #3: Self-directed supports are under-used and misunderstood.
D. New HCBS Person-centered Service Plan Documentation Requirements

- Setting is chosen by the individual and supports full access to the community
- There are opportunities to seek employment and work in competitive integrated settings
- Individual’s goals and desired outcomes are included
- Any risk factors are identified and measures are in place to minimize risk
- Individualized backup plans and strategies are present when needed
- Providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS
- The individuals responsible for monitoring plan
- Informed consent of the individual in writing
- Service plan has been given to the individual and others involved in plan
- Any self-directed services and supports
- Justification for any restrictions or modifications that are not consistent with the HCBS guidelines (e.g., with respect to specific choices, roommates, access to food, etc.)
- Plan has been reviewed and revised upon reassessment of functional need as required every 12 months, when the individual’s circumstances or needs change significantly, and/or at the request of the individual

* Black indicates NCI provides data, Gold indicates that it does not.
Recommendations for using NCI Data for Quality Improvement

• Generate State-Specific Charts on the Website
• Create Groups to Review the Data
• Identify Areas for Improvement
• Develop Change Strategies
• Develop Benchmarks
• Share the Data in an Accessible Format
Next Steps

• Provide a TN annual report to DIDD with regional comparisons due 10/31/14
  – Provide TN consumers/families/providers with an accessible version of the yearly report by 11/25/14
• Present finding of the report to interested audiences across the TN/US
  – Audiences
    • Provider Community meetings in October/November
    • Quarterly Meeting of State Planning Council?
    • Webinar for some of these audiences?
    • Publish findings of significance in research journals
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