

KENTUCKY NATIONAL CORE INDICATORS  
QUALITY IMPROVEMENT COMMITTEE

2013  
RECOMMENDATIONS  
REPORT

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Submitted to Kentucky Division of Developmental and Intellectual Disabilities

July 19, 2013

# 2013 RECOMMENDATIONS REPORT

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## BACKGROUND INFORMATION

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The Kentucky National Core Indicators Quality Improvement Committee (QIC) was convened in 2010 at the request of the Kentucky Division of Developmental and Intellectual Disabilities (DDID). The committee was established to review and make recommendations regarding the quality assurance and improvement elements and activities within the Supports for Community Living waiver. The QIC's broad-based membership met on several occasions and produced key recommendations to assist the DDID in addressing a variety of issues related to quality. The Committee includes policy makers, family members, advocates, consumers, researchers, and providers (Appendix A contains committee members).

Although the Committee incorporated multiple sets of data during deliberation, the body of this report only includes reference to National Core Indicators (NCI) data and Kentucky General Population Survey data. Furthermore, the Committee took into account other sources of supportive data in developing recommendations. A list of data sources incorporated during collaboration is included as an appendix to this report (Appendix B). It is also important to note that the Kentucky National Core Indicators Consumer Survey represents only people on the SCL waiver, and therefore should be interpreted with care when comparing against other NCI participating states as responses cannot be generalized to all Kentuckians with intellectual and developmental disabilities receiving state funded supports and services.

After careful deliberation, the QI Committee submitted the following recommendations to DDID:

**Goal 1: Employment** - Increase the overall percentage of SCL recipients with jobs in the community by 5% as reported in the next NCI 12 month data cycle.

**Goal 2: Health & Exercise** - Increase the overall percentage of SCL recipients who engage in moderate physical activity for thirty minutes a day at least three times a week by at least 5%, as reported in the next NCI 12 month data cycle.

**Goal 3: Medications** - Decrease the overall percentage of psychotropic medications used by SCL recipients in residential settings by 10%, as reported in the next NCI 12 month data cycle.

**Goal 4: Loneliness** - Increase the overall percentage of SCL recipients who report having friends who are not staff or family by 10%, as reported in the next NCI 12 month data cycle.

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## RESPONSE TO 2010 RECOMMENDATIONS

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The Kentucky Division of Developmental and Intellectual Disabilities initiated measures to address the four 2010 priority areas of employment, health and exercise, medications, and

loneliness as identified by the NCI QI Committee (Appendix C). Several efforts related to the recommendations were piloted over the past year. The effects of those pilots may be reflected in the 2012-2013 NCI data that should be available in fall/winter of 2013. However, several of the recommendations items, especially employment, are primarily addressed in the SCL Medicaid waiver changes that have yet to be implemented.

### **Recommendation 1 – Employment**

In response to this recommendation, the SCL waiver was revised and approved to reflect: 1) a nearly 100% increase for the supported employment rate and, 2) a decrease in the day activity services rate of 11%. Additionally, collaboration with the Kentucky Office of Vocational Rehabilitation was increased, including the development of a Leadership Training Series in Supported Employment through the KY Supported Employment Training Project at HDI.

### **Recommendation 2 - Health and Exercise**

The SCL waiver was revised and approved to include a new service: community access. This service is intended to encourage people with disabilities to engage in community life, on the weekends, in the evenings, and during the day. This service was created to involve people with developmental disabilities in churches, groups, associations, clubs and other organizations along with others who share similar interests. This will provide opportunities to experience and enjoy varied health and wellness offerings in communities around the Commonwealth.

Additionally, collaboration with the Human Development Institute at the University of Kentucky and the University of Illinois-Chicago have resulted in pilot projects around an evidence based health and wellness curriculum, and a pilot self-advocate led program at 14 provider agencies, impacting over 100 individuals on the SCL waiver. Results of this effort will be reflected in the 2012-2013 NCI data cycle.

### **Recommendation 3 – Medications**

The SCL waiver was revised and approved to: 1) implement a Health Risk Screening Tool and the Kentucky Board of Nursing approved Medication Administration training curriculum, 2) identify an exceptional rate protocol based upon severity of need, 3) redefine Behavior Supports as clinical consultation to include nursing, psychology and other appropriate professional supports with significant rate adjustments (thus encouraging the use of professional supports whenever necessary), 4) add a new service: Person Centered Coach to increase one's life connections, and 5) implement the Supports Intensity Scale, Conflict-Free Case Management and Community Guide (Community Guide is for those who participant- direct their supports).

### **Recommendation 4 – Loneliness**

The SCL waiver was revised and approved to: 1) increase supported employment rates by nearly 100%, 2) decrease the day activity services rate by 11% (this was anticipated to get people out of day activity centers and provide employment opportunities in the community), and 3) create a new service: community access. These rates and services are intended to better support

Kentuckians with disabilities to work and enjoy community life with community members, and concurrently decreasing rates for those services that isolate people.

Additionally, KY DDID, in collaboration with the and University of Minnesota University Center for Excellence, initiated the Community Belonging pilot with 14 providers and 50 individuals, with a focus on building natural supports and becoming valued and contributing community members. Results of this effort will be assessed in the 2012-2013 NCI data cycle.

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## STATUS OF GOAL INDICATORS IN 2013 & UPDATED RECOMMENDATIONS

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Many of the measures addressing the QI Committee recommendations revolved around revisions to the Supports for Community Living waiver. However, at the time of this report, implementation of the amended Supports for Community Living waiver has been postponed, with no roll out date established. Therefore, it is prudent to provide an updated review of the areas that the Committee identified in 2010 to see if the status of those indicators has changed. A follow up was also recommended by the Committee: 1) to ensure that adequate training on core skill areas necessary for implementing the recommendations was occurring and, 2) to review evidence based practices undertaken by other states.

Recommendations were initially made by this committee in 2010 and progress was re-assessed this spring. Data from the 2011-2012 NCI report were reviewed by the committee and these data revealed that none of the recommended targets have been met and, in fact, some of the targeted indicators have gotten worse. In some areas Kentucky is trading water and in other areas it is sinking. As a result, many of the 2013 recommendations will remain the same as those made in 2010, though the urgency of these recommendations has now increased.

**The NCI QI Committee strongly recommends the waiver changes be initiated without delay.** Improved employment rates can lead to improvement in many indicators in which Kentucky lags behind other NCI states. These indicators include, but are not limited to, friendships, community involvement, physical activity and loneliness. In addition, **the Committee recommends immediate implementation of the Quality Indicators tool with all SCL providers.**

The charts in the following sections reflect the need for changes to be implemented in order to improve outcomes. The remainder of this report provides comparative data for those on the SCL waiver from the 2011-2012 data cycle versus the 2008-2009 data.

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## HIGHLIGHTS

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### WHAT KENTUCKY IS DOING WELL

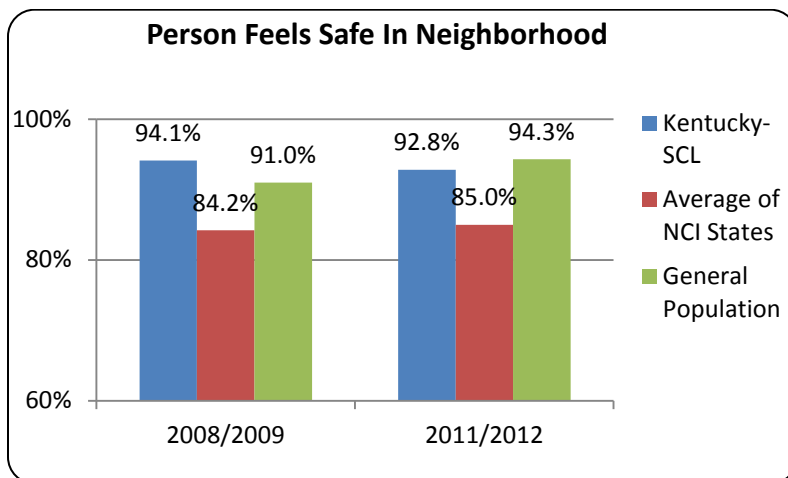
#### SELF ADVOCACY

Compared to only 32% nationally, 39.6% of Kentucky consumers say they have participated in a self-advocacy group/meeting.<sup>1</sup>

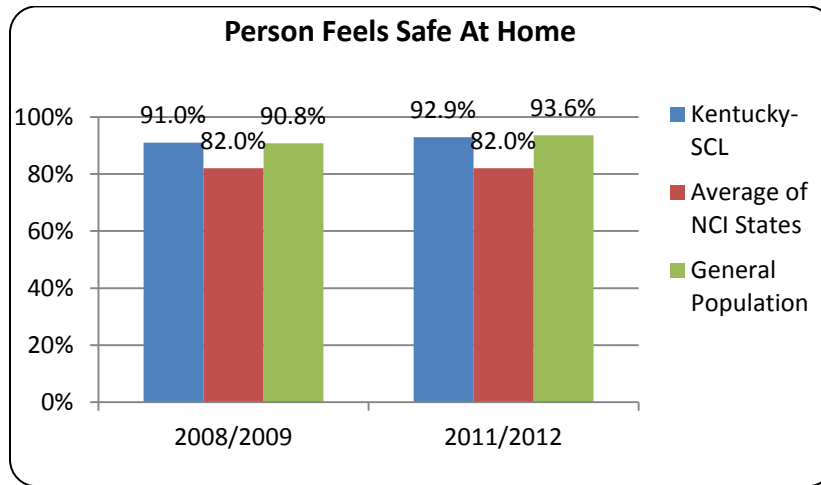


#### SAFETY

Compared to 85% nationally, 93% of Kentucky consumers say they feel safe in their neighborhoods. On the other hand, 94% of Kentucky's general population reported feeling safe in their neighborhoods.



Compared to only 82% nationally, 93% of Kentucky consumers say they feel safe at home. Additionally, 94% of Kentucky's general population reported feeling safe at home.




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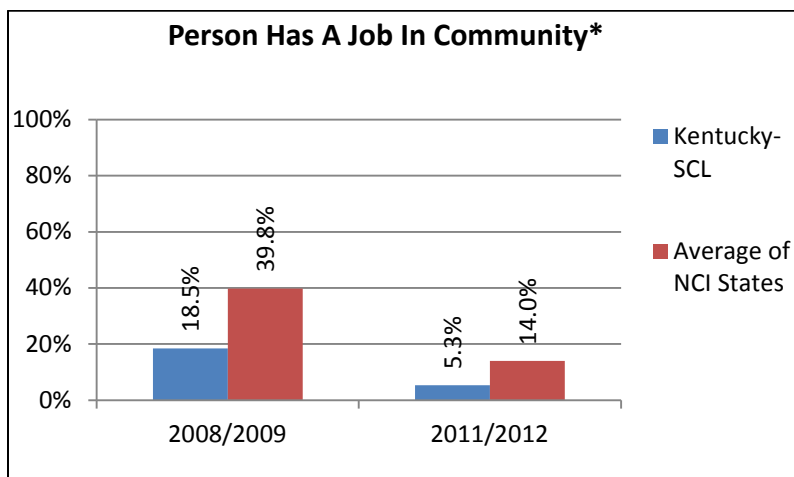
## AREAS OF FOCUS

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### STRATEGIC AREAS THAT NEED TO BE IMMEDIATELY ADDRESSED

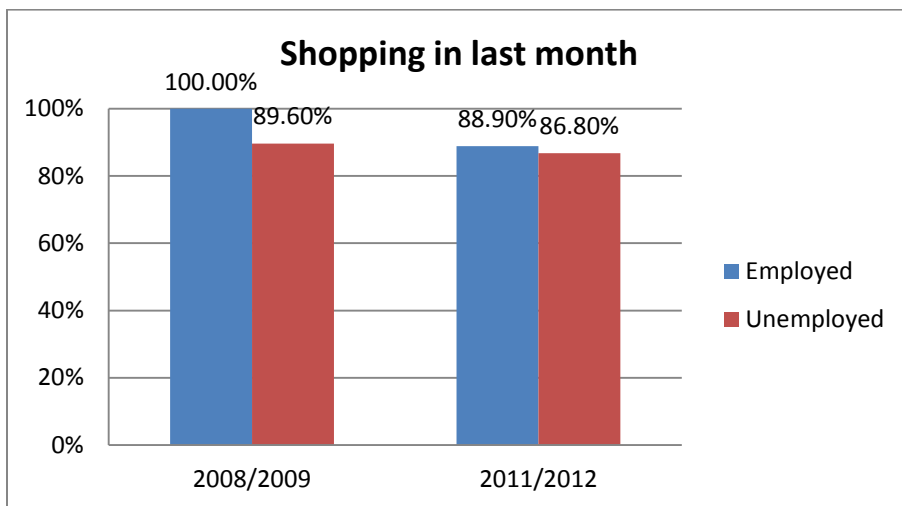
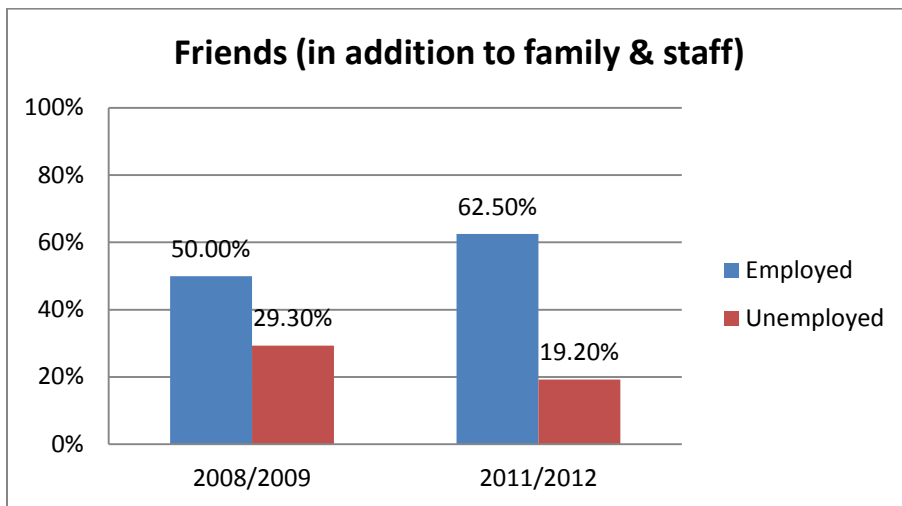
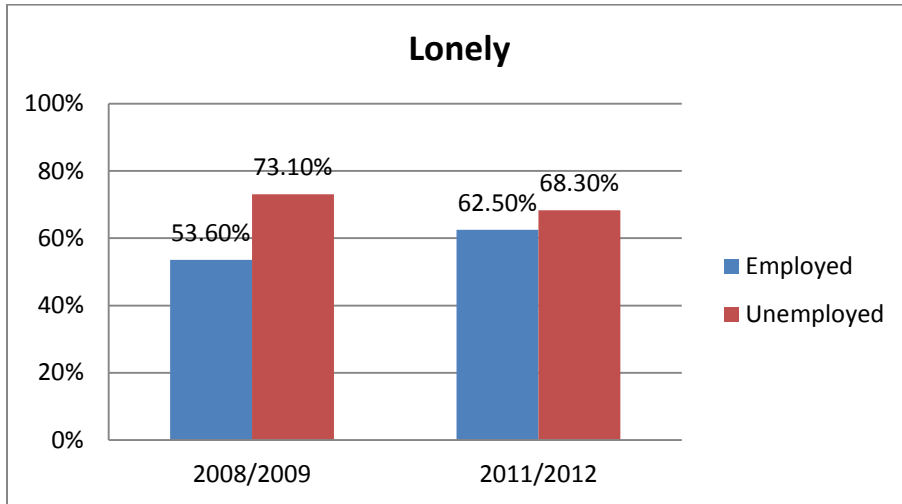
#### EMPLOYMENT

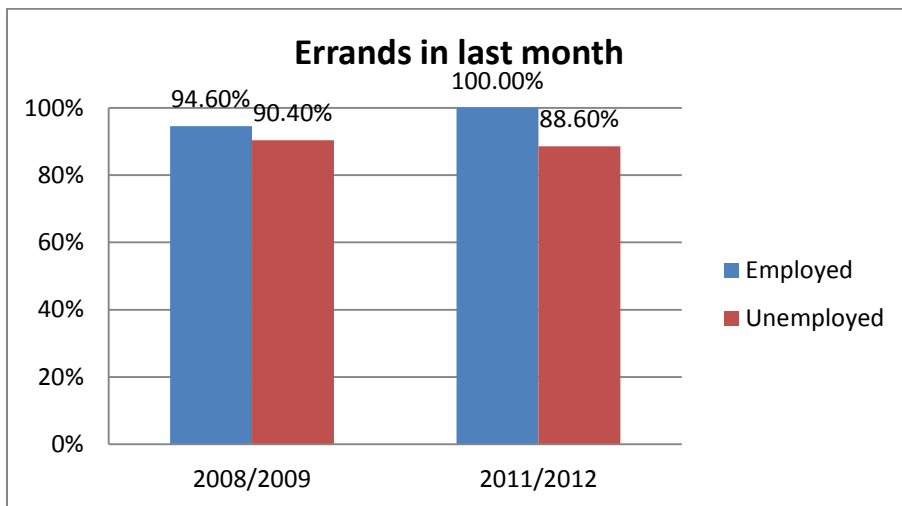
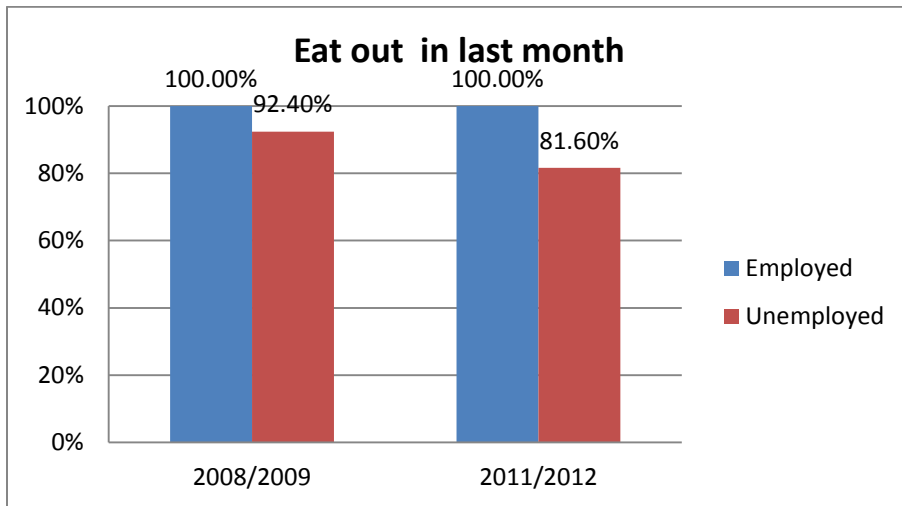
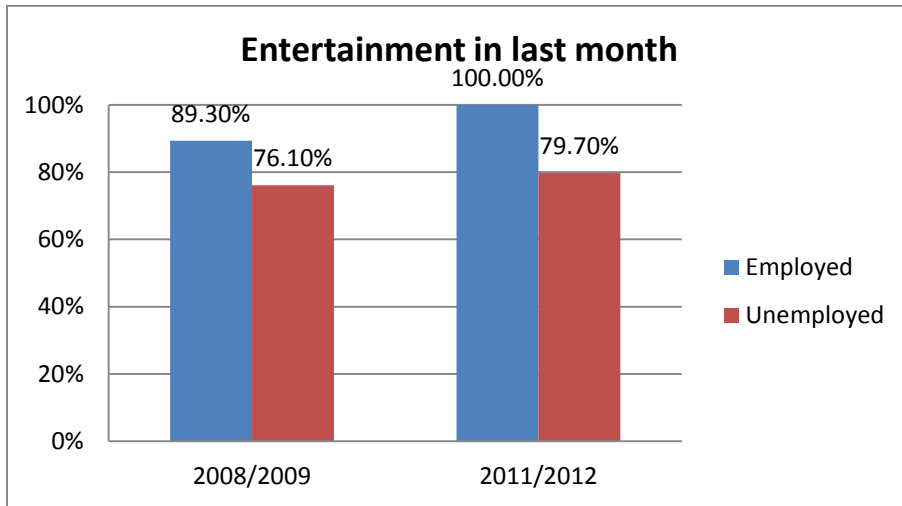
Compared to 14% nationally, only 5% of Kentucky consumers receiving SCL services report having a job in the community.



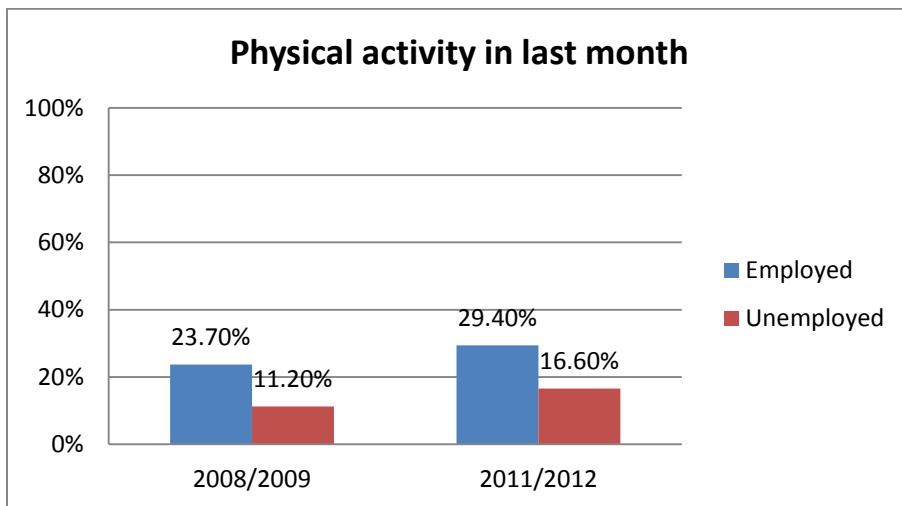
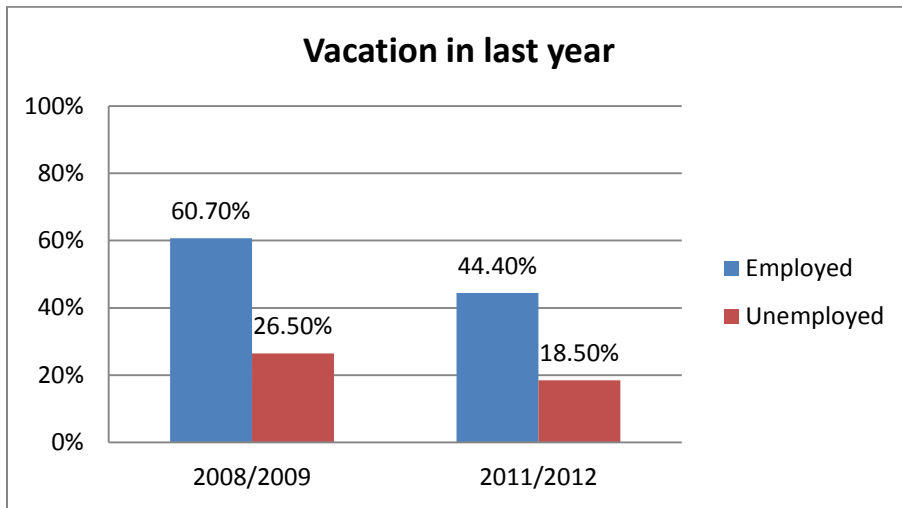
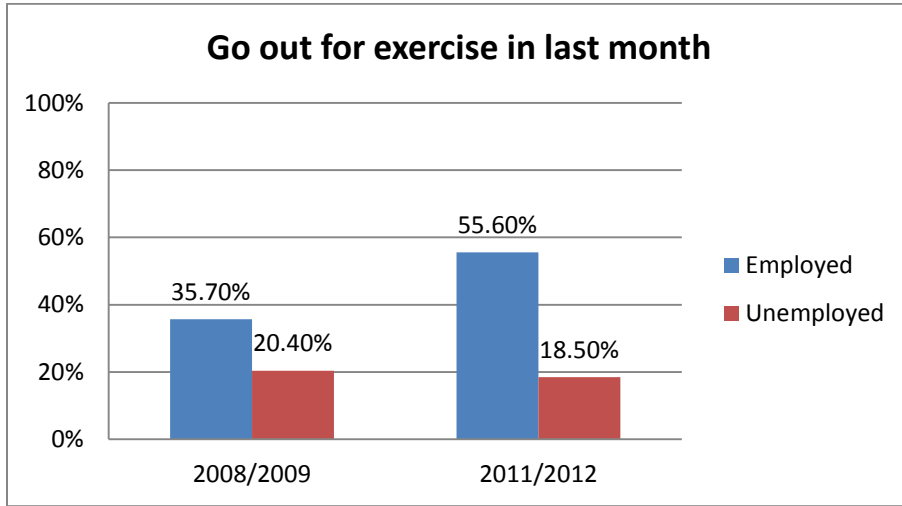
Also, when comparing employed consumers with non-employed consumers, those who were employed consistently indicated better outcomes. While only 9 of the 171 SCL recipients who

participated in the 2011-2012 KY NCI interviews were employed, the results below show the importance of employment in impacting other key dimensions of people's lives.



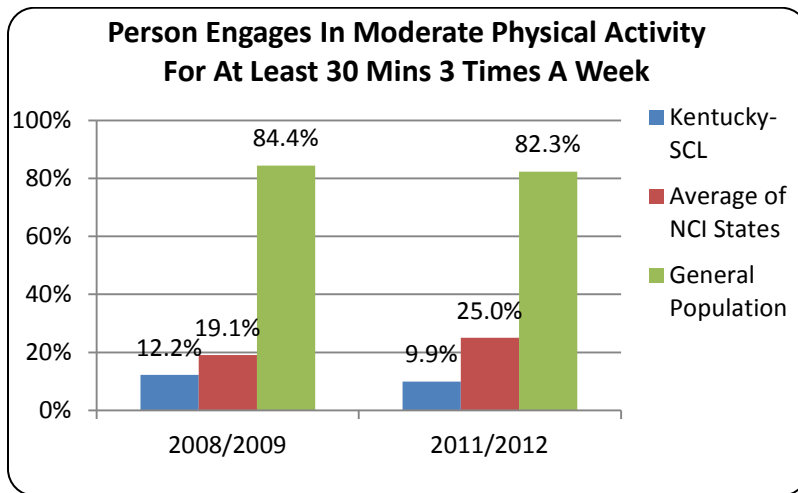




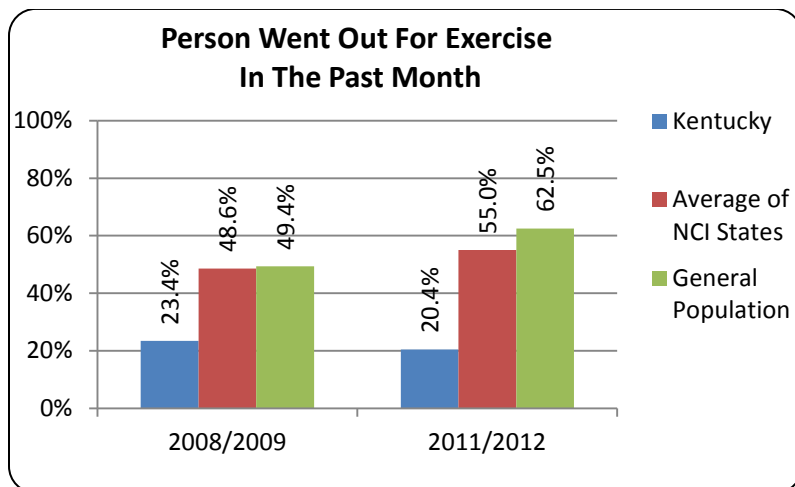


 **HEALTH & EXERCISE**

Compared to 25% nationally, only 10% of Kentucky consumers receiving SCL services are reported as engaging in moderate physical activity for 30 minutes, at least 3 times a week, whereas 82% of the general population in Kentucky report engaging in moderate physical activity for 30 minutes, at least 3 times a week.

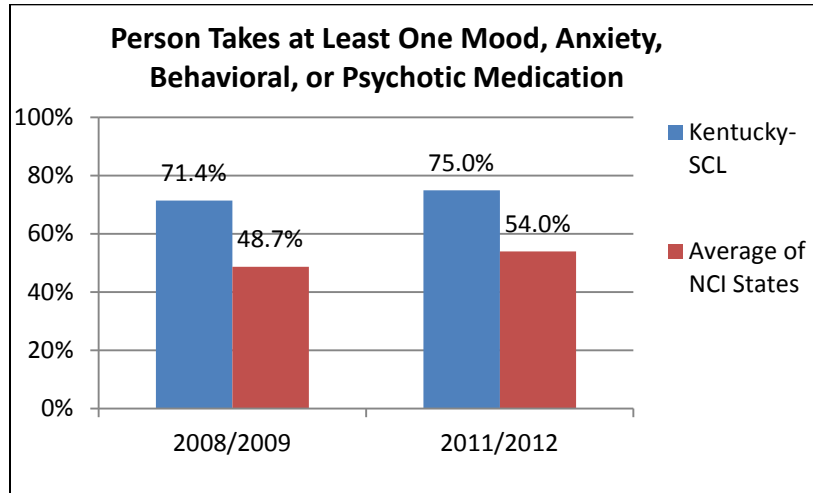


Compared to a 55% national and general population response, only 20% of Kentucky consumers receiving SCL services say they went out for exercise in the past month.



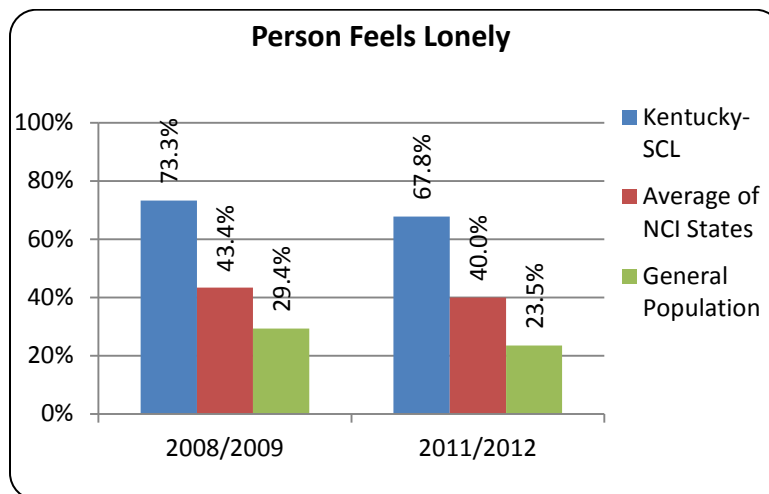
## MEDICATIONS

Compared to only 54% nationally, 75% of Kentucky consumers receiving SCL services are reported to take at least one mood, anxiety, behavioral, or psychotic medication.

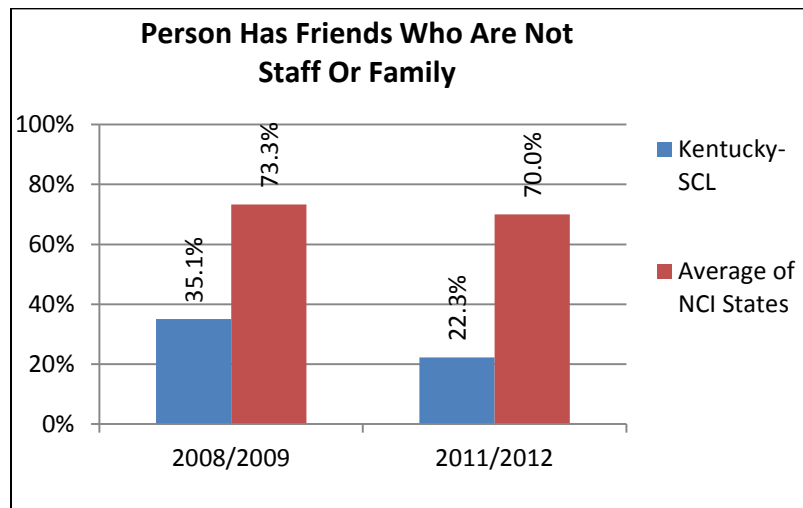


## LONELINESS

Compared to only 40% nationally, 68% of Kentucky consumers receiving SCL services say they feel lonely. Yet only 24% of Kentucky's general population reported feeling lonely.



Compared to 70% nationally, only 22% of Kentucky consumers receiving SCL services say they have friends who are not staff or family.



## Appendix A

## **Committee Members**

1. Cathy Lerza
2. Sierra Reynolds
3. Odetta Carlisle
4. Harold Kleinert
5. H. T. Prout
6. Eric Wright
7. Paula Caldwell
8. Chastity Ross
9. Arline Wilson
10. Kathy Sheppard-Jones
11. Katie Wolf-Smith
12. Pam Taylor
13. Jeff White
14. Stephanie Sharp
15. Tony Lobianco
16. Laura Smith
17. Janah Arvin

## Appendix B

## **Data Sources**

1. Kentucky DDID Analysis of Incident Indicators Data (2008-2010)
2. Kentucky DDID Listening Tour Results (2009)
3. National Core Indicators Adult Consumer Survey Data (2007-2008)
4. Kentucky Core Indicator General Population Data (2007-2008)
5. Kentucky Core Indicators Adult Consumer Survey Data(2011-2012)
6. Kentucky Core Indicator General Population Data (2013)



## Appendix C

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## 2010 RECOMMENDATIONS

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The available data prompted many questions about potential areas for improvement. For the first time, a Quality Improvement Committee has convened to present comparisons of Kentucky Supports for Community Living (SCL) consumer data, national consumer data, as well as Kentucky general population data. These comparisons have shown areas of strength as well as areas for necessary improvement. Considering the areas for necessary improvement, the Committee developed four major goals for improvement:

### **Goal 1: Employment**

Increase the overall percentage\* of SCL recipients with jobs in the community\*\* by 5% as reported in the next NCI 12 month data cycle.

\*When determining percentage, the numerator = SCL recipients with jobs in the community. The denominator = all SCL recipients.

\*\* a job in the community refers to competitive or supported employment.

### **Goal 2: Health & Exercise**

Increase the overall percentage\* of SCL recipients who engage in moderate physical activity for thirty minutes a day at least three times a week by at least 5%, as reported in the next NCI 12 month data cycle.

\*When determining percentage, the numerator = SCL recipients engaged in moderate physical activity for thirty minutes a day at least three times a week. The denominator = all SCL recipients.

### **Goal 3: Medications**

Decrease the overall percentage\* of psychotropic medications used by SCL recipients in residential settings by 10%, as reported in the next NCI 12 month data cycle.

\*When determining percentage, the numerator = SCL recipients in residential settings given psychotropic medications. The denominator = all SCL recipients.

Note: During deliberations, the Committee noted concerns about recommending psychotropic medication decreases within a year. A ten percent change may be difficult to attain in this period of time. Given the high percentage of people reported to be taking psychotropic medications, it seemed a prudent starting point that needed to be reflective of the significance of the data.

#### **Goal 4: Loneliness**

Increase the overall percentage\* of SCL recipients who report having friends who are not staff or family by 10%, as reported in the next NCI 12 month data cycle.

\*When determining percentage, the numerator = SCL recipients who report having friends who are not staff or family. The denominator = all SCL recipients.

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### **CONCLUSION**

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During the QIC discussions, the Committee recognized a large number of provider-specific and globally systemic contributors that can affect the quality of life for Kentucky consumers – spanning from the types of supports to needed funding for various programs. A large multi-service system attempting to improve the quality of life for its consumers can be easily overwhelmed when deciding where to begin making improvements.

This Recommendations Report provides an overview for enhancing DDID areas of focus. The Committee also recommends continued follow-up on the above recommendations, including ensuring adequate training on core skill areas necessary for implementing the recommendations and review of evidence based practices undertaken by other states.