

2015 RECOMMENDATIONS REPORT

BACKGROUND INFORMATION

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).

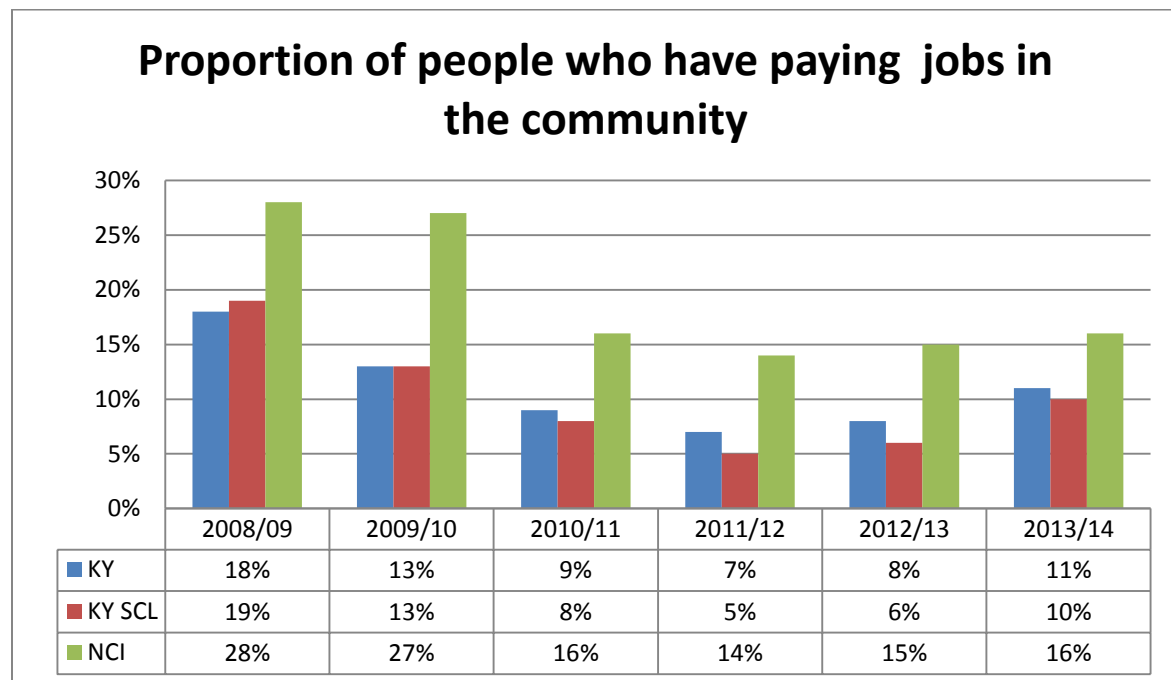
Although the Committee incorporated multiple sets of data during deliberation, the body of this report only includes reference to National Core Indicators (NCI) data. Furthermore, the Committee took into account other sources of supportive data in developing recommendations. A list of data sources incorporated during collaboration is included as an appendix to this report (Appendix B). It is also important to note that the data in this report represents only people receiving services through 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.

CURRENT STATUS OF 2010 RECOMMENDATIONS

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.

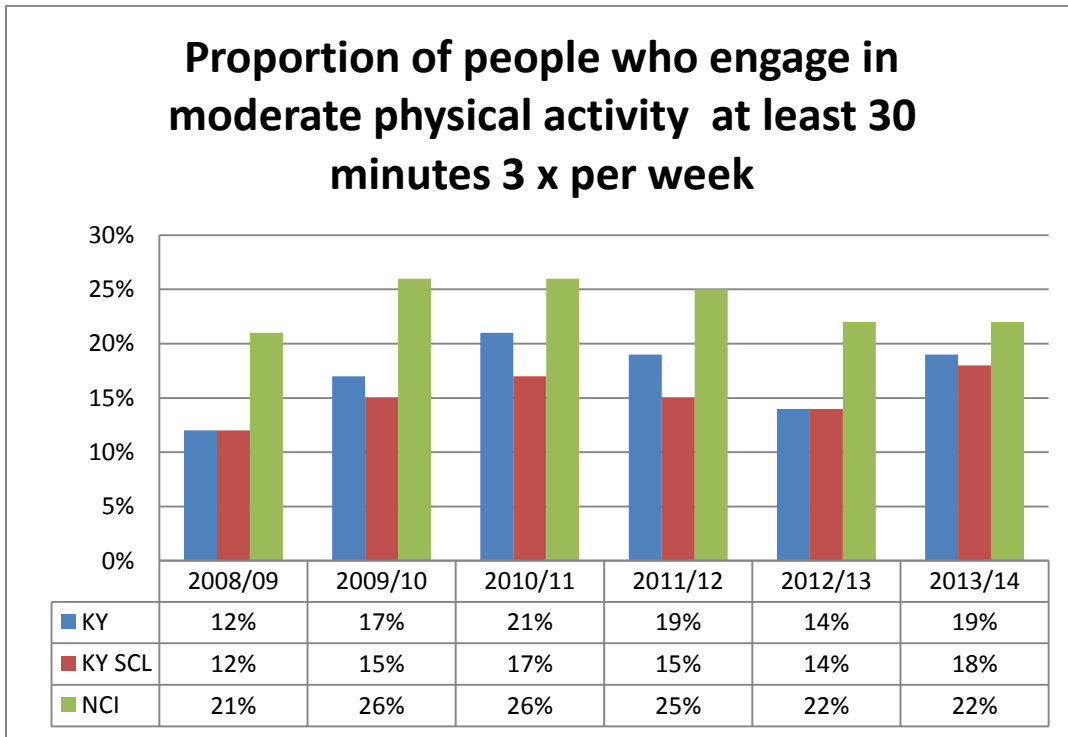
Status- Based on a comparison of the 2008/2009 data (19%) and the 2013/2014 (10%) this goal was not reached and the percentage of people employed actually decreased. However, during this time period the overall NCI employment rate also decreased. Both Kentucky and NCI employment rates have begun to rebound and Kentucky has recovered more than the NCI average.



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.

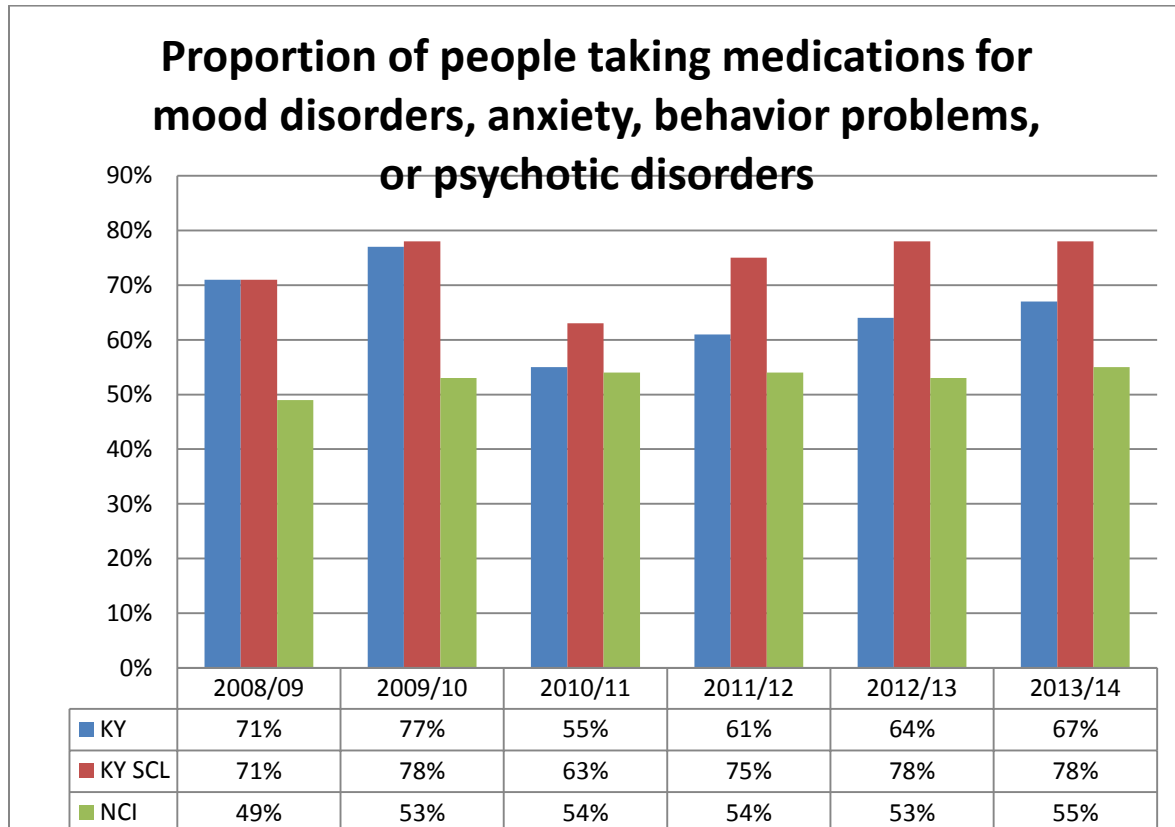
Status- By 2013/2014, that rate had increased from 12% reported in 2008/2009 to 18%, reflecting a 6% increase.



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.

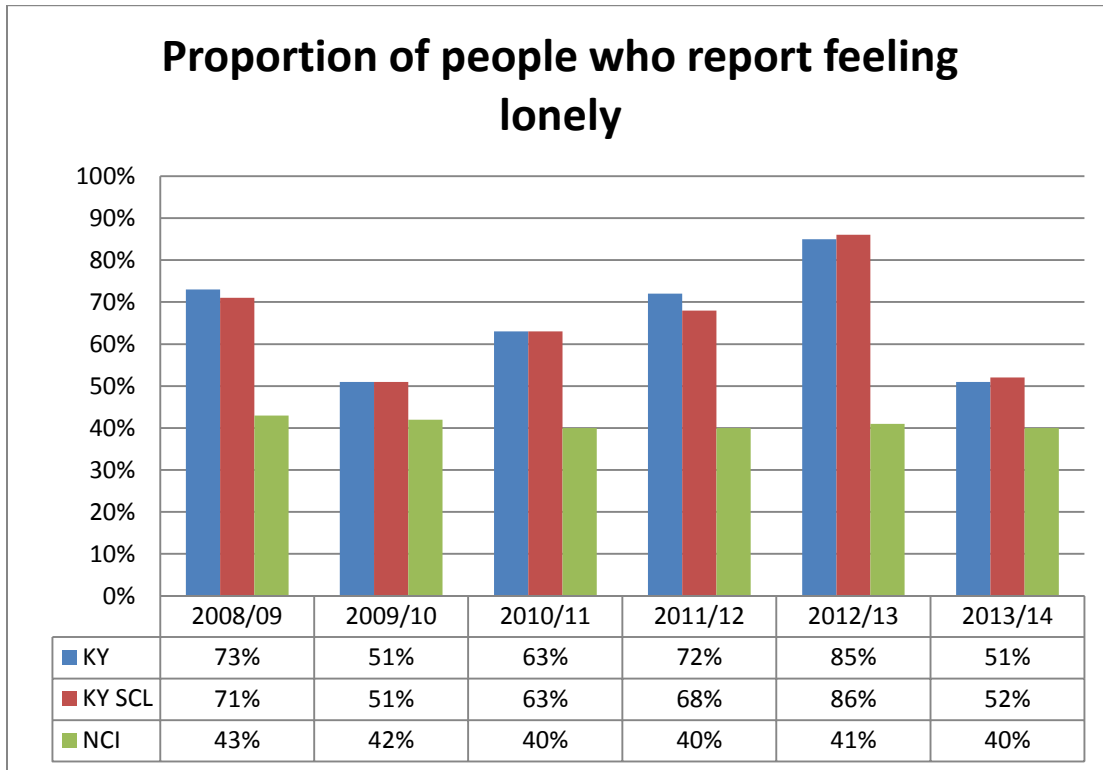
Status- The percentage of people taking at least one psychotropic medication in 2008/2009 was 71%, in 2013/2014 that rate rose to 78%.



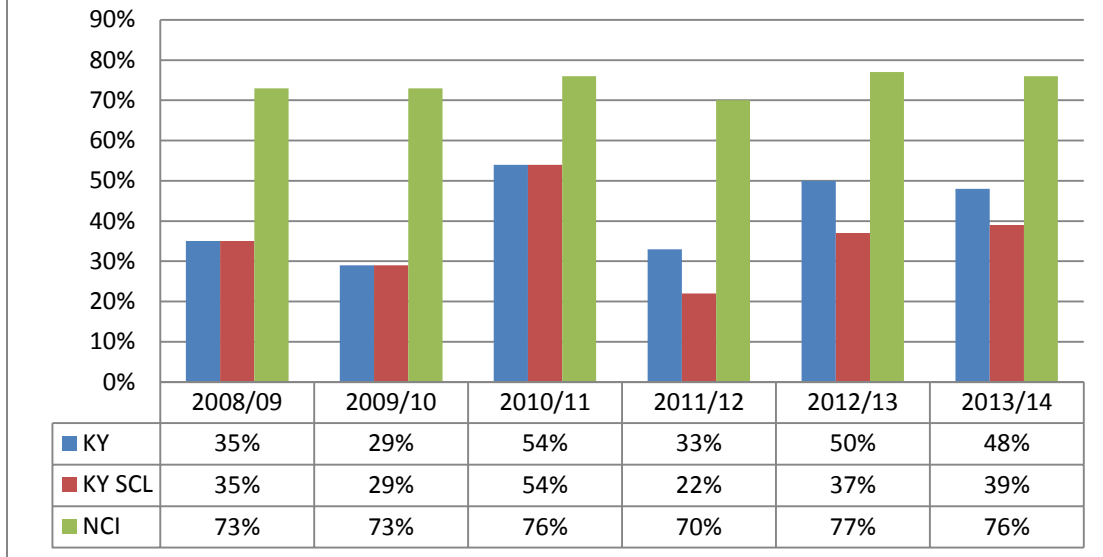
Goal 4

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.

Status- The percentage of people who reported having friends who were not staff or family members increased by 4%, falling short of the recommended 10%; however, the percentage of people who report feeling lonely has *decreased* by 19% from the 2008/2009 and by 34% from the all-time high (86% in 12/13).



Proportion of people who report having friends who are not family or staff



2015 RECOMMENDATIONS

Employment- The new recommendation of the QIC is for employment rates for Kentucky SCL recipients to meet or exceed the NCI average.

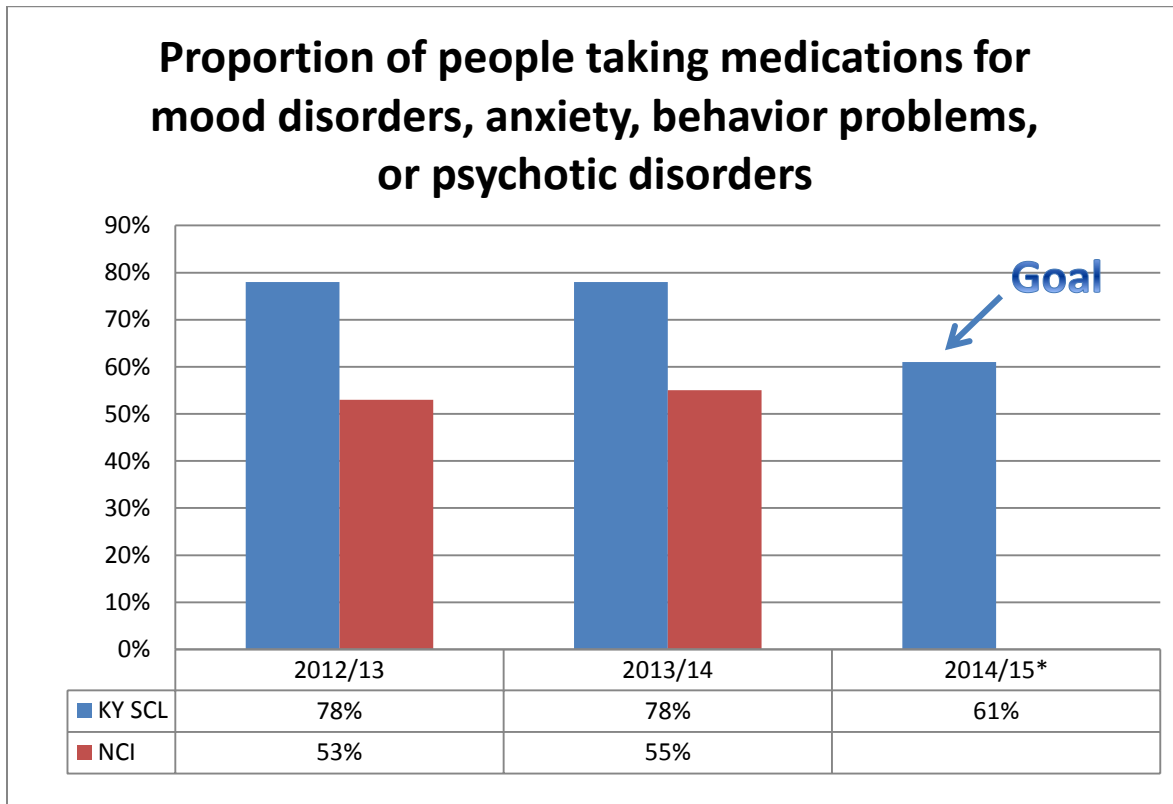
This goal is based on the gains that have already been made in this area along with the initiatives that have been put in place with the SCL2 waiver changes. Given the generally poor employment rates for people with disabilities, the committee would like to see Kentucky exceed the national average within the next few years. The committee will make specific suggestions for bringing this goal to fruition later in 2015.

Health & Wellness- The recommendation is for the average number of Kentucky SCL recipients who moderately exercise regularly to 1) meet the NCI average in 2014/2015 and then, 2) exceed the NCI average by at least 5% in 2015/2016.

The previous goal of increasing the exercise rate by 5% was exceeded and the committee believes that this trend will continue. The Health Matters project at the Human Development Institute is beginning its second year and expanding its reach. This project is designed to improve the general wellness of people with disabilities by offering a program that promotes healthy lifestyles.

Medication- The recommendation for psychotropic medication usage remains the same. The QIC recommends decreasing the percentage to 61%.

The NCI data will be shared with medical director at the Kentucky Division of Developmental and Intellectual Disabilities. The Kentucky NCI project will also look at diagnosis rates and compare them to medication usage. This is an area in which no progress has been made and, in fact, the data shows movement in a negative direction.



Loneliness- The new recommendation of the QIC is for the percentage of Kentucky SCL recipients who report being lonely to decrease to the NCI average.

In the 2013/14 data cycle, Kentucky SCL recipients reported feeling lonely at a much lower rate than in previous years. The committee believes that this trend will continue and that loneliness rate can drop, at least, to the NCI average. The committee discussed looking more closely at what type of friends people have and where they are able to see their friends. Kentucky NCI staff members will look at the possibility of adding items to the Adult Consumer Survey to explore the question of friendship and loneliness more closely.

Appendix A

Committee Members

2015 NCI QI Committee Members

1. Janah Arvin
2. Malachy Bishop
3. Laura Butler
4. Paula Caldwell
5. Harold Kleinert
6. Cathy Lerza
7. Tony Lobianco
8. Chastity Ross
9. Kathy Sheppard-Jones
10. Meg Steinman
11. Arline Wilson
12. Jeff White
13. Katie Wolf-Whaley
14. Eric Wright

Appendix B

Data Sources

Data Sources

1. National Core Indicators Adult Consumer Survey Data (2008-2009)
2. National Core Indicators Adult Consumer Survey Data (2009-2010)
3. National Core Indicators Adult Consumer Survey Data (2010-2011)
4. National Core Indicators Adult Consumer Survey Data (2011-2012)
5. National Core Indicators Adult Consumer Survey Data(2012-2013)
6. National Core Indicators Adult Consumer Survey Data (2013-2014)