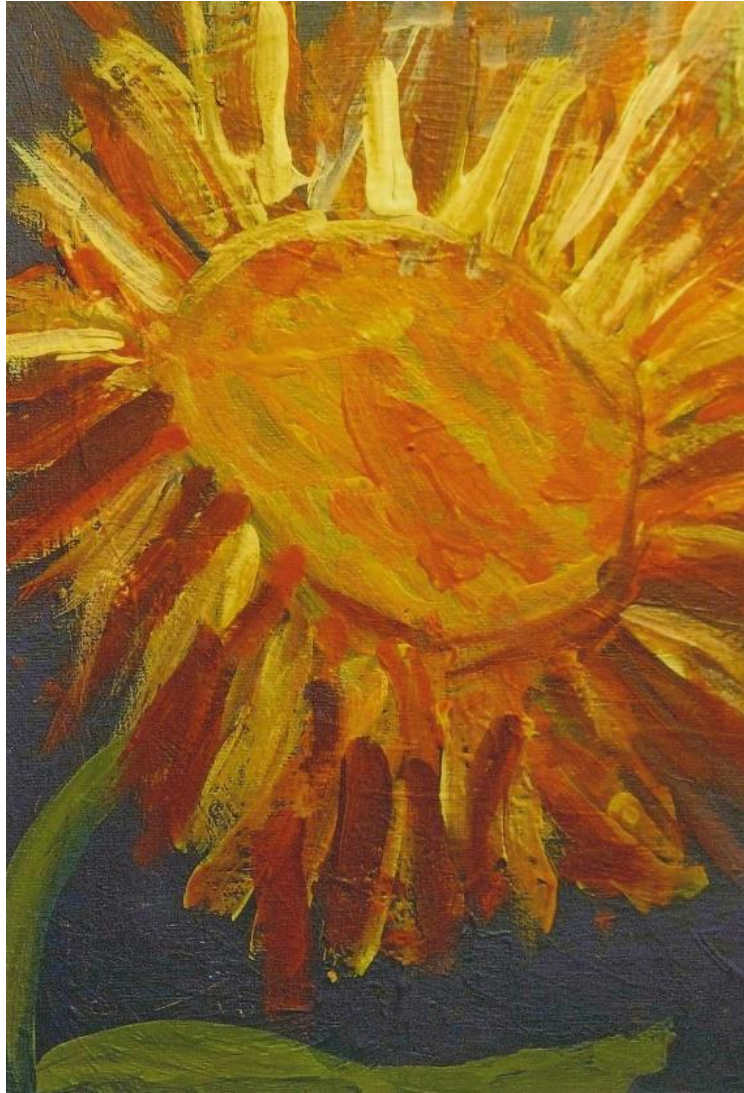


Kentucky National Core Indicators Quality Improvement Committee



2016

RECOMMENDATIONS REPORT

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 (SCL) 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.

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Kentucky National Core Indicators Quality Improvement Committee

RECOMMENDATIONS REPORT

BACKGROUND

Although the committee incorporated and reviewed 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. A list of data sources incorporated during collaboration is included as an appendix to this report (Appendix A). It is also important to note that the Kentucky National Core Indicators data being reviewed represent 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 in 2010:

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.

Data for each recommendations cycle can be found in Appendix B. The charts include the NCI averages as well as the Kentucky SCL percentages.

POLICY AND SYSTEMIC RESPONSES TO 2010 RECOMMENDATIONS

Recommendation 1 – Employment

In response to this recommendation, several changes were implemented. 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, Kentucky Division of Developmental and Intellectual Disabilities collaboration with the Kentucky Office of Vocational Rehabilitation was increased, with a full-time DDID Quality Assurance Coordinator Jeff White focusing on employment services.

Recommendation 2 - Health and Exercise

The SCL waiver was revised and approved to include a new service: community access. This service is intended to empower people with disabilities to fully engage in community life. 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. The Human Development Institute has established a new Health and Wellness initiative in collaboration with the Kentucky Division of Developmental and Intellectual Disabilities, with full-time coordinator, Lindsey Mullis. Twelve SCL provider agencies will participate in a statewide rollout of the 12 week curriculum, starting in February, 2015. Additionally, a statewide wellness committee is being developed, with assistance from the HB144 Committee on Health. Resources developed by the initiative are available at www.wellness4ky.org

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 behavioral supports whenever possible), 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 consumer 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.

2015 RECOMMENDATIONS AND PROGRESS

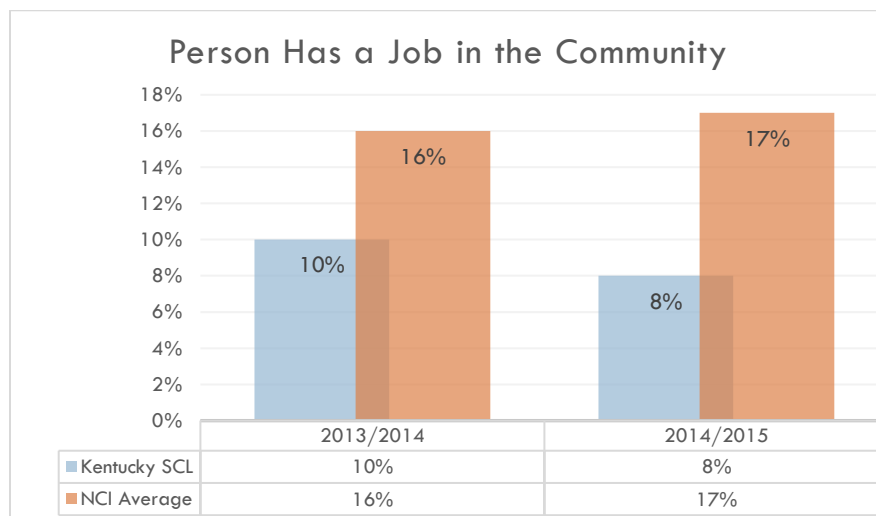
The Quality Improvement Committee (QIC) made ambitious, but attainable recommendations for the 2014-2015 NCI survey cycle. These recommendations were based on some significant improvements during the 2013-2014 cycle. The QIC also discussed ways to disseminate survey information to a wider audience and how to include some resources to assist organizations, agencies, and individuals in implementing changes to meet the recommendations.

As in past years, the QIC made recommendations in the areas of employment, health and wellness, medication usage, and loneliness. One of these four areas, loneliness, met the goal set by the QIC. A more detailed look at each area follows.

Full reports can be found at www.kentuckycq.org. These reports include the full NCI Adult Consumer Survey Report, the Kentucky Adult Consumer Survey Report, the Kentucky User-Friendly Report, and the NCI and Kentucky Family Survey reports. Additional information about the NCI surveys can be found at www.nationalcoreindicators.org.

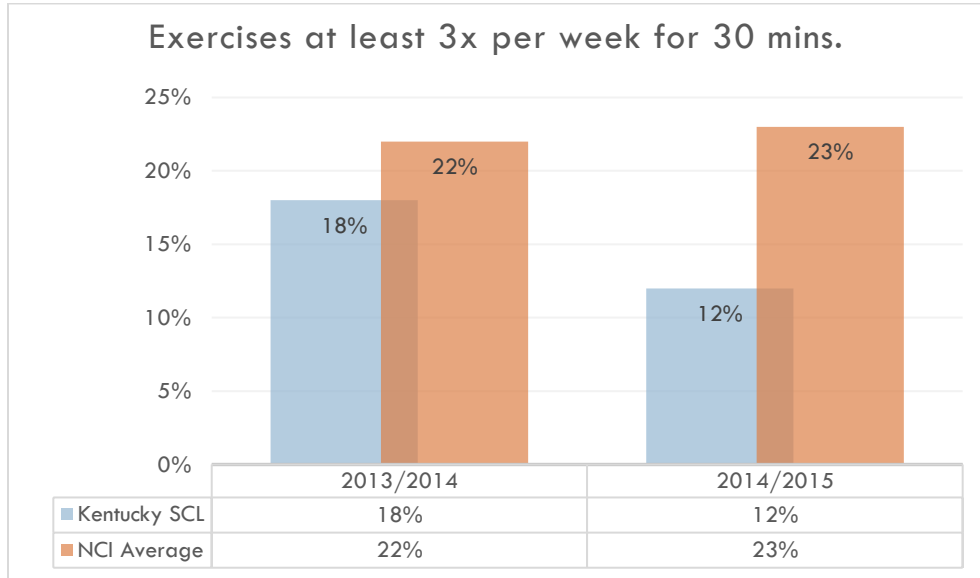
EMPLOYMENT

The recommendation of the QIC in 2015 was for employment rates for Kentucky SCL recipients to meet or exceed the NCI average. The employment rate for SCL recipients decreased to 8% and the NCI average increased slightly to 17%.



HEALTH & EXERCISE

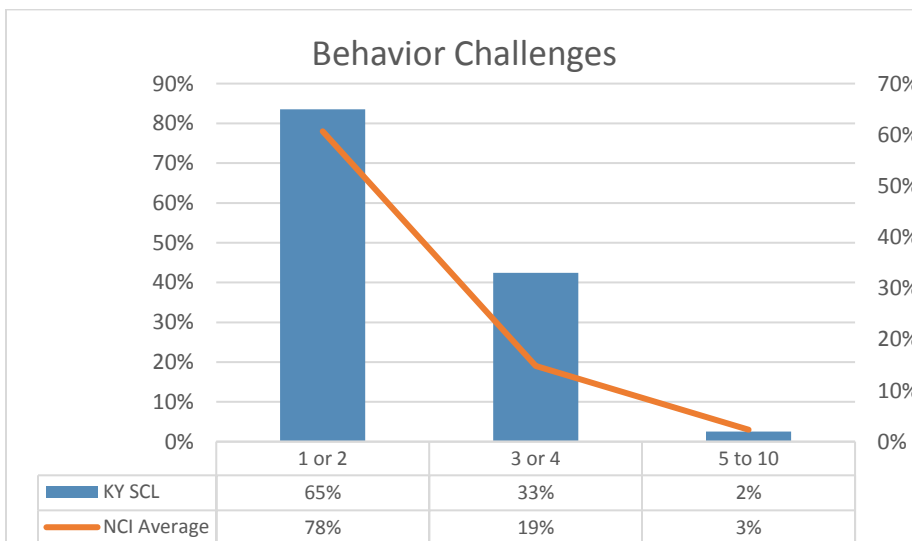
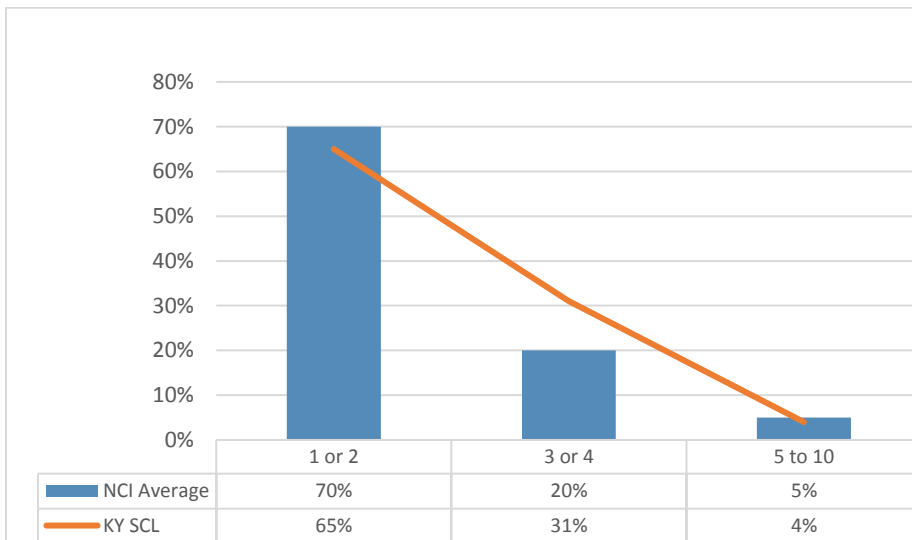
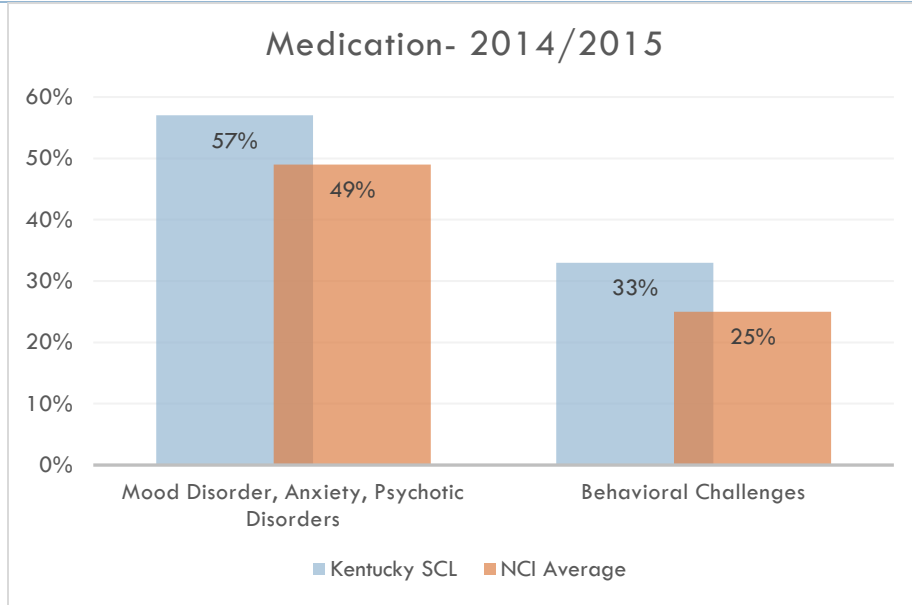
The health and exercise recommendation by the QIC in 2015 was for the average number of Kentucky SCL recipients who moderately exercise regularly to 1) meet the NCI average in 2014/2015 and then, 2) exceed the NCI average by at least 5% in 2015/2016. In the 2014/2015 cycle the percentage of SCL recipients who reported regularly engaging in moderate physical activity decreased from 18% to 12% while the NCI average increased slightly from 22% to 23%.



MEDICATIONS

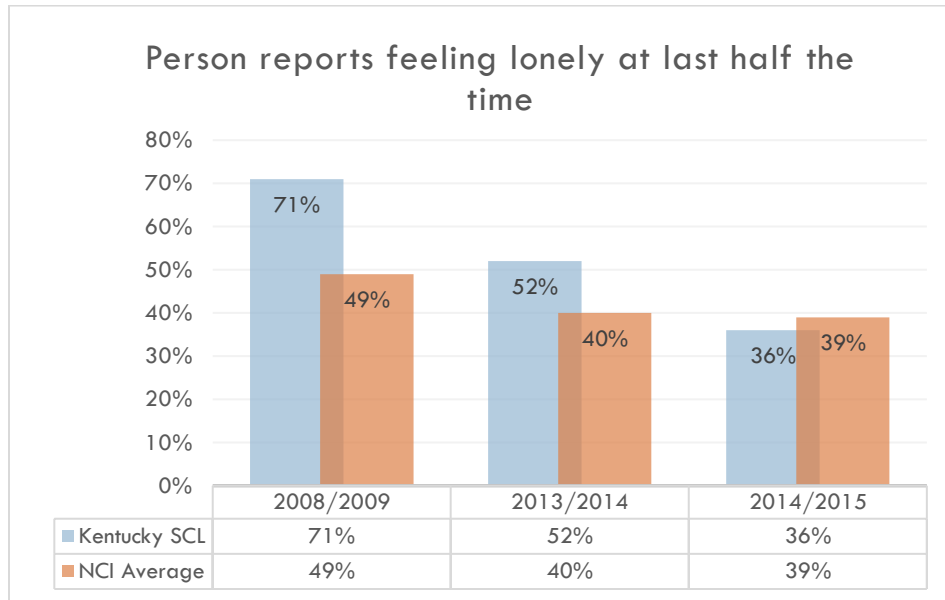
The QIC recommended decreasing the percentage of people taking at least one psychotropic medication to 61% during the 2014/2015 cycle. The survey question regarding medication was changed for the 2014/2015 cycle. The item was previously reported combining all psychotropic medications; there are now two items, one that reports medication use for mood disorders, anxiety, and psychotic disorders, and another that reports medication use for behavior challenges. In addition, the report now includes the number of medications taken for each item using a range of 1-2, 2-3, 5-10, and 11+.

The percentage of people who were reported to take at least one medication for mood disorder, anxiety, and/or behavior disorder during the 2014/15 cycle was 71% and the NCI average was 49%. The percentage of people who were reported to take at least one medication for behavior challenges was 34% and the NCI average was 24%.



LONELINESS

The 2015 recommendation of the QIC was for the percentage of Kentucky SCL recipients who report feeling lonely to decrease to the NCI average. The percentage of SCL recipients who reported being lonely decreased from 52% to 36% and the NCI average decreased slightly from 40% to 39%.



2016 QUALITY IMPROVEMENT COMMITTEE RECOMMENDATIONS

The QIC decided to move away from making quantitative recommendations and move toward making policy and practice related recommendations. The result is a group of recommendations in four focus areas: employment; health and wellness; relationships and community inclusion; and psychotropic medication usage. The committee has also suggested resources to assist individuals and organizations who attempt to implement the recommendations. This report details each recommendation and resource as well as items from the Adult Consumer Survey that will be used to measure changes in each of the areas. The current status of each ACS item listed in the following recommendations is listed in Appendix C.

Employment

The committee made five recommendations in the area of employment. Each recommendation is designed to not only increase the number of people who are engaged in paid community employment, but also improve the quality of the work being performed. It is the belief of the committee members that the current structure for supported employment in Kentucky does not promote agreed upon best practices. This belief is backed up by research. It has been shown that supported employment is especially beneficial for transition-aged youth with intellectual or developmental disabilities (Wehman, Chan, Ditchman, & Kang, 2014). Supported employment has also been proven to have longer-term, positive employment outcomes than other types of employment services (Hoffmann, Jackel, Glauser, Mueser, & Kupper, 2014). Additionally, the number of states that now have formal employment first policies or legislation is growing significantly each year (Nord & Hoff, 2014).

Recommendations:

1. Enforce regulation related to the annual information session explaining employment, the process of supported employment and what it would mean to think about going to work and looking for a job. Provide additional materials to agencies in order to ensure that people are making fully informed decisions regarding employment.
2. Restructure Supported Employment Medicaid waiver rates to offer effective outcome based payments, which incentivize best practice in service delivery rather than strict fee-for-service reimbursement. Have all Medicaid waiver payment rates follow this same plan for supported employment. Milestone payments should be applicable to Long-Term supports (Supported Employment) only. All services preceding Long-Term Supports (Customized Employment) should be reimbursed at the current SCL waiver rate.
3. Make Kentucky an Employment-First state. Working definition of Employment First: Competitive integrated employment is the first and preferred outcome for all working age citizens with disabilities who receive publically funded services.
4. Ensure that if a person expresses an interest in employment that such interest is reflected in the Person Centered Service Plan. Reasons for the absence of employment in the Service Plan should be documented as well as perceived barriers to the person pursuing employment.
5. Investigate all forms of transportation and ensure that transportation services provided by Medicaid waivers are being maximized to enable employment.

Resources for implementation:

- Customized Employment in Kentucky video <https://www.youtube.com/watch?v=UIkaHkQKukQ>
- Ruderman Foundation paper regarding restructuring of waiver rates- <http://www.rudermanfoundation.org/wp-content/uploads/2015/02/CPSD-Can-Supported-Employment-Flourish-in-a-Medicaid-Fee-for-Service-System.pdf>
- APSE resources regarding Employment First- <http://apse.org/employment-first/>
- Ohio resources regarding Employment First- <http://www.ohioemploymentfirst.org/>
- Oklahoma payment structure-http://www.ohioemploymentfirst.org/up_doc/CWO_Oklahoma_4-1-14.pdf
- Creating a Culture of Coordinated Support video- mychoiceky.org
- Recommend a new question on NCI regarding access and barriers to employment.

ACS questions used to measure outcomes:

- BI-45- Paid individual job in a community-based setting.
- 7- Do you have a paid job in the community?
- 8- Would you like to have a job in the community?
- BI-50- Is community employment a goal in this person’s service plan?

Health & Wellness

Exercise is the current focus of the health and wellness recommendations made by the committee. The QIC recognizes that there are many facets of a person’s overall health and wellness, but decided to focus on the more measurable item of exercise. Research has demonstrated that for people with developmental and intellectual disabilities, physical exercise can improve overall quality of life (Vogt, Schneider, Abeln, Anneken, & Studer, 2012).

Recommendations:

1. Increase the number of people who follow the physical activity guidelines for Americans.
 - a. Ensure that adults 50 years old and older and those with mobility limitations are included in exercise initiatives. These groups tends to have poorer health and wellness outcomes.
2. Committee will recommend to HSRI that the ACS revise the questions regarding exercise to reflect the physical activity guidelines for Americans
3. Recommend new NCI questions regarding access to exercise.

Resources for implementation:

- Physical Activity Guidelines for Americans <https://health.gov/paguidelines/guidelines/>
- 2008 Physical Activity Guidelines for Americans http://www.cdc.gov/physicalactivity/downloads/pa_fact_sheet_adults.pdf
- Connect providers with local resources (e.g.; Extension offices, Parks and Recreation, county health departments) that are providing health and wellness programs.
- UK Co-ops that are providing health and wellness programs.
- HDI Health & Wellness projects:
 - Health Matters

- Health Partners
- Project CHEER

ACS questions used to measure outcomes:

- 77- Overall, how would you describe your health?
- 78- Do you exercise or do physical activity?
- 78a- Does the physical activity last at least 30 minutes?

Relationships and Community Inclusion

The overall goals of the recommendations around relationships and community inclusion are to increase the quality and frequency of people’s interactions with the community in which they live as well their interactions with other people within that community and beyond. Participants in one study identified four “themes” that contribute to them having a “good life”: relationships, community participation, independence, and hopefulness (Scott, Foley, Bourke, Leonard, & Girdler, 2014). All of these themes could be addressed by the committee’s recommendations.

Recommendations:

1. Increase the frequency of people surveyed who report having friends who are not staff or family.
2. Increase overall community inclusion.
3. Increase involvement in community groups.
4. Include Community Access as a service to adults in all of the waivers and include exploration of interests.
5. Discuss option of including an exploration component to the Community Access service, similar to job exploration in supported employment.

Resources for implementation:

- Utilize Community Access services.
- Investigate all forms of transportation and ensure that transportation services provided by Medicaid waivers are being maximized.
- Supported Decision-Making- supporteddecisionmaking.org & mychoiceky.org
- Webinar for providers regarding how to look at NCI data.
- Request that HB 144 sub-committee engage providers in discussion of ways to increase community inclusion.
- Share strategies of agencies that have used CA successfully.
- National Community of Practice- <http://supportstofamilies.org/>

ACS questions used to measure outcomes:

- 17- Do you have friends you like to talk to or do things with?
- 22- Do you have other ways of talking, chatting or communicating with your friends when you cannot see them?
- 26- Are you able to go out and do the things you like to do?
- 27- Do you get to do the things you like to do as much as you want to?
- 48- How many times did you go shopping in the past month?

- 50- How many times did you go out on errands or appointments in the past month?
- 52- Do you participate as a member of community groups in your community?
- 54- How many times did you go out for entertainment in the past month?
- 56- How many times did you go to a restaurant or coffee shop in the past month?
- 58- How many times did you go out to a religious service or spiritual practice in the past month?

Psychotropic Medication Use

Despite ongoing recommendations to decrease psychotropic medication use, no progress has been made in this area. Therefore, it is prudent to find other ways to further examine this issue. Therefore the committee recommends convening a workgroup to:

1. Conduct a review of state Health Risk Screening Tool medication use data
2. Compare HRST data to NCI results
3. Provide a report synthesizing the two data sources.
4. Make additional recommendations based on findings including
 - a. How to reduce polypharmacy.
 - b. How specialty clinics can aid in the reduction of psychotropic medication use

Resources:

- Dr. Allen Brenzel
- Department nurses and pharmacists
- HRST vendor (via request to DDID)
- Medicaid diagnostic data, if available.

ACS questions used to measure outcomes:

- BI-30- Does this person currently take medications to treat mood disorders, anxiety, and/or psychotic disorders?
- BI- 31- If yes, how many medications to treat mood disorders, anxiety, and/or psychotic disorders does this person take?
- BI-32- Does this person currently take medications for behavioral challenges?
- BI-33- If yes, how many medications to treat behavioral challenges does this person take.

NEXT STEPS

The Quality Improvement Committee will work throughout the upcoming year to distribute the recommendations report to all interested parties. A separate report for each recommendation area will be created for easier dissemination to specialized groups or organizations. Each ACS item listed will be reviewed when the data for the 2015/16 cycle is released; however, any shift in outcomes due to policy or practice changes made as a result of these recommendations will be reflected in the 2016/17 data cycle, at the earliest.

REFERENCES

- Hoffmann, H., Jackel, D., Glauser, S., Mueser, K., & Kupper, Z. (2014). Long-term effectiveness of supported employment: 5-year follow-up of a randomized controlled trial. *American Journal of Psychiatry*, *171*(11), 1183-1190.
- Nord, D. & Hoff, D. (2014). Employment First across the nation: Progress on the policy front. *Policy Research Brief*, *24*(1), Minneapolis, MN: Research & Training Center on Community Living at the University of Minnesota.
- Scott, M., Foley, K., Bourke, J., Leonard, H., & Girdler, S. (2014). "I have a good life": the meaning of well-being from the perspective of young adults with Down syndrome. *Disability and Rehabilitation*, *36*(15), 1290-1298. doi: 10.3109/09638288.2013.854843
- Vogt, T., Schneider, S., Abeln, V., Annedén, V., & Studer, H. (2012). Exercise, mood and cognitive performance in intellectual disability- a neurophysiological approach. *Behavioral Brain Research*, *226*(2), 473-480. doi: 10.1016/j.bbr.2011.10.015
- Wehman, P., Chan, F., Ditchman, N., & Kang, H. (2014). Effect of supported employment on vocational rehabilitation outcomes of transition-age youth with intellectual and developmental disabilities: A case control study. *Intellectual and Developmental Disabilities*, *52*(4), 296-310. doi: 10.1352/1934-9556-52.4.296

2016 NCI QUALITY IMPROVEMENT COMMITTEE MEMBERS

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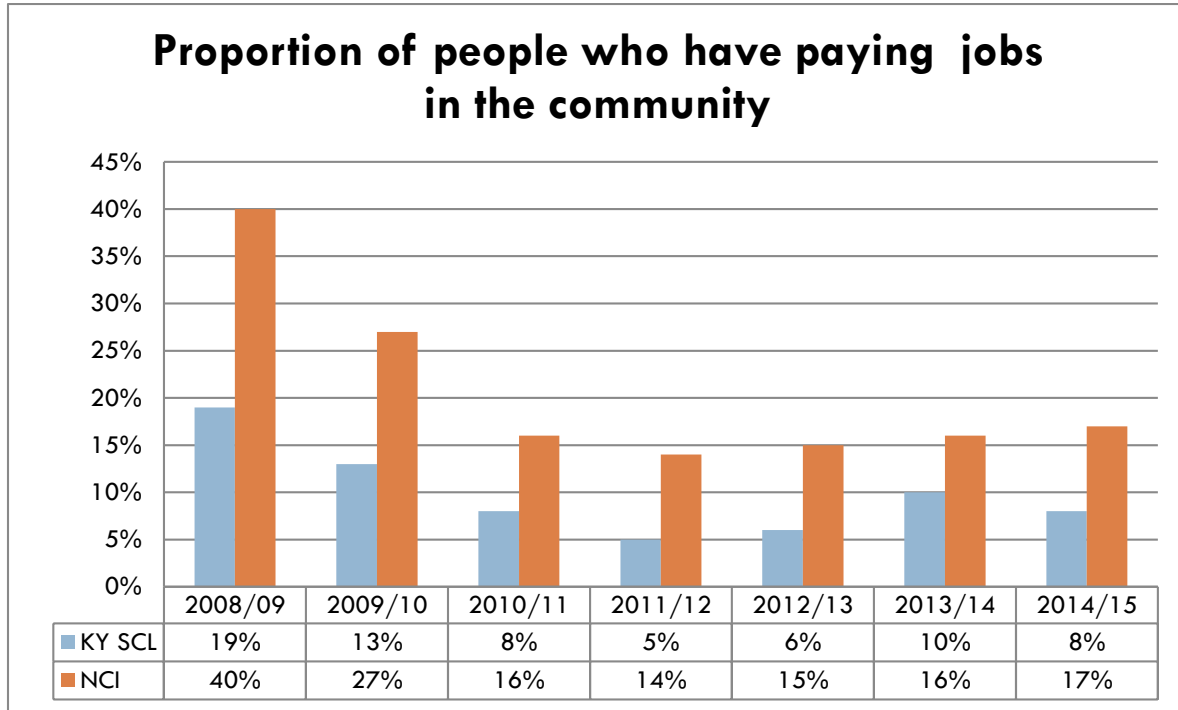
Appendix A

Data Sources

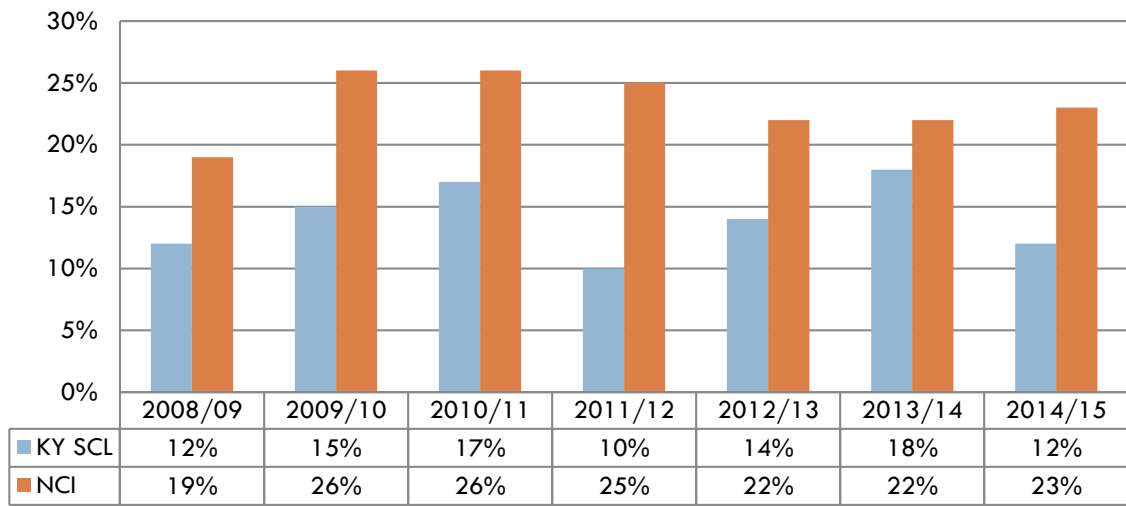
1. National Core Indicators Adult Consumer Survey Data (2008-2009)
2. National Core Indicators Adult Consumer Survey Data (2009-2010)
3. National Core Indicators Adult Consumer Survey Data (2010-2011)
4. National Core Indicators Adult Consumer Survey Data (2011-2012)
5. National Core Indicators Adult Consumer Survey Data(2012-2013)
6. National Core Indicators Adult Consumer Survey Data (2013-2014)
7. National Core Indicators Adult Consumer Survey Data (2014-2015)

Appendix B

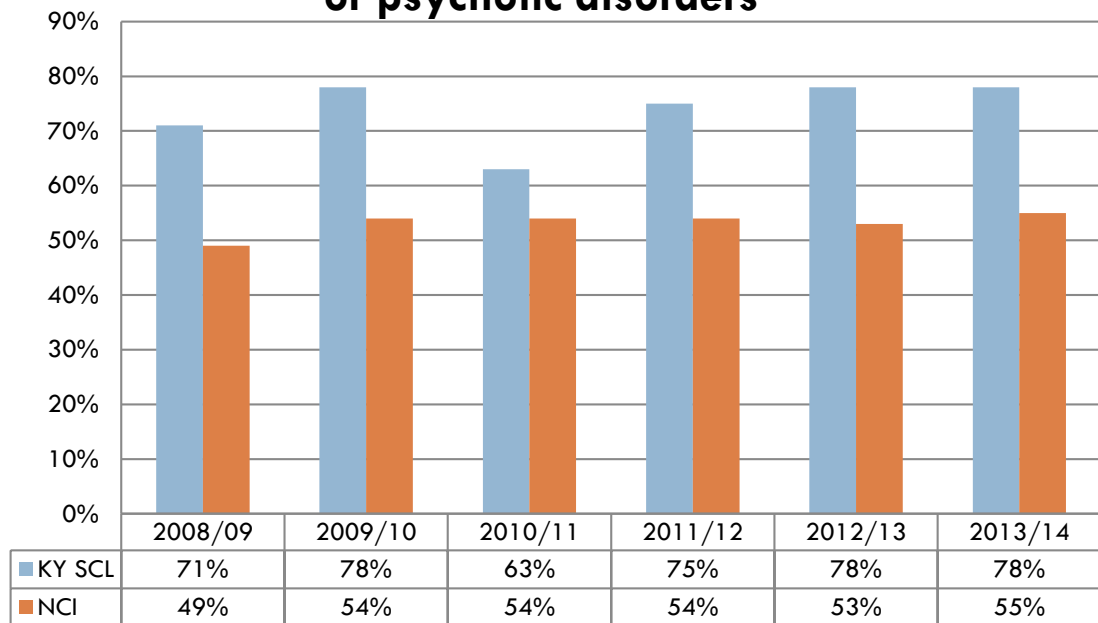
Year-By-Year Data



Proportion of people who engage in moderate physical activity at least 30 minutes 3 x per week

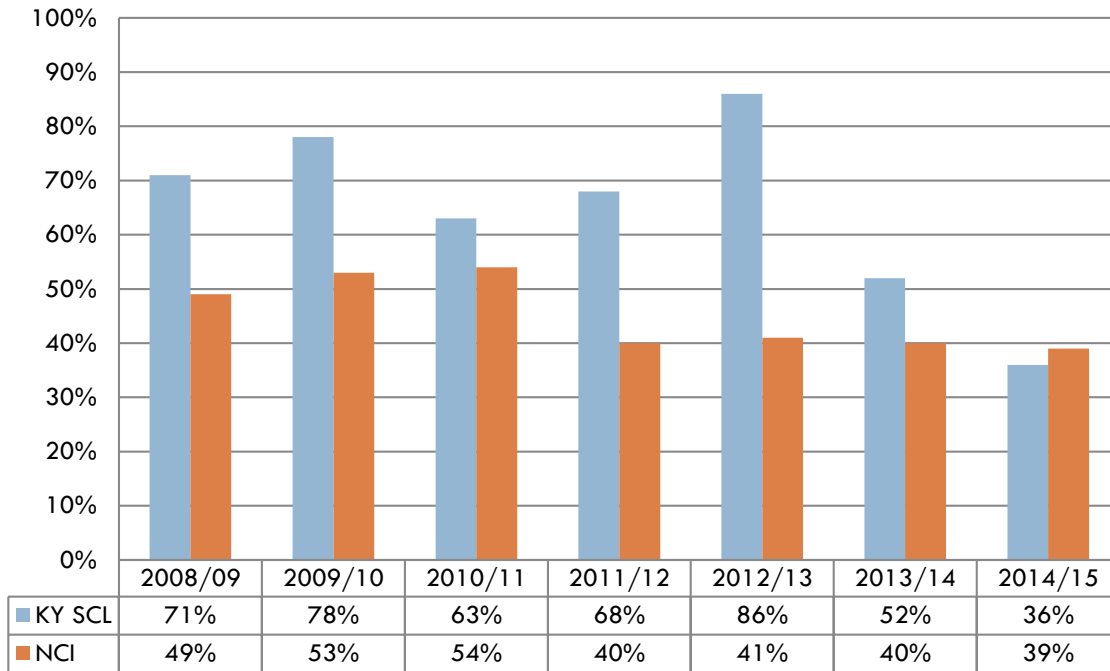


Proportion of people taking medications for mood disorders, anxiety, behavior problems, or psychotic disorders

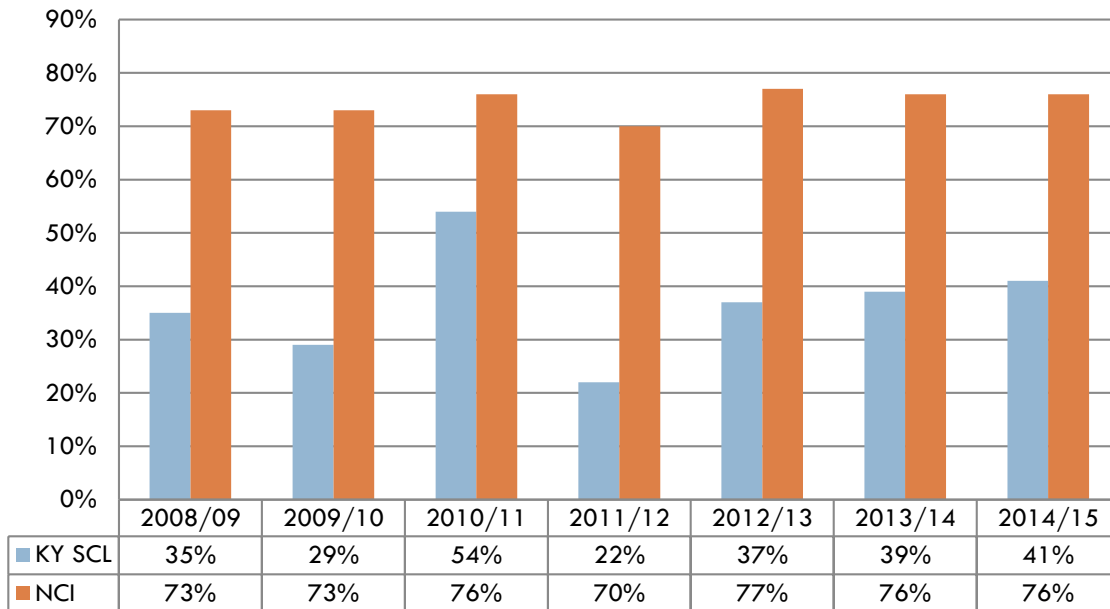


*Question was reworded in 2014/15. See Appendix C.

Proportion of people who report feeling lonely



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



Appendix C

Adult Consumer Survey items to be reviewed

Employment

Qs-BI-45 & 7: PROPORTION OF PEOPLE WHO HAVE A JOB IN THE COMMUNITY

	Overall %	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	9	410			n/a	8	21	7
KY SCL	8	214						
NCI Average	17	24,632	41	5	7	14	30	17

Q-8: PROPORTION OF PEOPLE WHO REPORT THAT THEY WOULD LIKE A JOB IN THE COMMUNITY

	Overall %	N	Highest %	Lowest %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	28	217			n/a	23	32	30
KY SCL	20	104						
NCI Average	49	10,344	74	24	86	50	49	48

Q-BI-50: PROPORTION OF PEOPLE WHO HAVE INTEGRATED EMPLOYMENT IN THEIR SERVICE PLAN

	Overall %	N	Best %	Worst %	In Institution %	In Group Home%	In Individual Home %	In Parent's Home %
KY	15	389			n/a	14	21	16
KY SCL	14	200						
NCI Average	28	23,910	78	7	17	25	38	27

Health & Wellness

Q- 77:OVERALL HEALTH

	Excellent %	Very Good %	Fairly Good %	Poor %	Don't Know %	Valid N
KY	9	48	37	5	1	411
KY SCL	8	45	43	4	1	212
NCI Averages	12	44	38	4	3	25,393

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Qs-78 & 78a: PROPORTION OF PEOPLE WHO ENGAGE IN MODERATE PHYSICAL ACTIVITY FOR AT LEAST 30 MINUTES 3 TIMES A WEEK

	Overall %	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	16	397			n/a	14	16	18
KY SCL	12	207						
NCI Average	23	25,293	37	7	16	20	26	24

Relationships & Community Inclusion

Q- 17: PROPORTION OF PEOPLE WHO REPORT HAVING FRIENDS WHO ARE NOT STAFF OR FAMILY MEMBERS

	Overall %	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	58	265			n/a	36	70	78
KY SCL	41	124						
NCI Average	76	16,249	87	58	70	73	81	77

Questions 22, 26, & 27: not included on 2014/15 survey

Q- 48: NUMBER OF TIMES PEOPLE WENT SHOPPING IN THE PAST MONTH

	Overall	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	3	403			n/a	3	4	3
KY SCL	3	207						
NCI Average	4	24,801	7	2	3	4	5	4

Q- 50: NUMBER OF TIMES PEOPLE WENT OUT ON ERRANDS/APPTS IN PAST MONTH

	Overall	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	2	401			n/a	2	3	2
KY SCL	2	204						
NCI Average	3	24,537	7	1	2	3	3	3

Question 52: not included on 2014/15 survey

Q-54: NUMBER OF TIMES PEOPLE WENT OUT FOR ENTERTAINMENT IN PAST MONTH

	Overall	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	3	404			n/a	3	3	3
KY SCL	3	206						
NCI Average	3	24,701	6%	2%	2%	3%	2%	3%

Q-56: NUMBER OF TIMES PEOPLE WENT OUT TO EAT IN PAST MONTH

	Overall	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	3	399			n/a	3	3	3
KY SCL	3	204						
NCI Average	4	24,710	8%	2%	3%	4%	4%	4%

Q-58: NUMBER OF TIMES PEOPLE WENT TO RELIGIOUS SERVICES IN PAST MONTH

	Overall	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	1	400			n/a	0	1	1
KY SCL	1	204						
NCI Average	2	24,704	3%	1%	1%	1%	2%	2%

Psychotropic Medication

Q-30: TAKE MEDICATIONS FOR MOOD DISORDERS, ANXIETY, OR PSYCHOTIC DISORDERS

	Overall %	N	Best %	Worst %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	56	321			n/a	75	46	32
KY SCL	71	171						
NCI Average	49	24,159	21	69	52	63	52	30

Q-31: NUMBER OF MEDICATIONS TAKEN FOR AT LEAST ONE OF THE FOLLOWING: MOOD DISORDER, ANXIETY, OR PSYCHOTIC DISORDERS

	N	1-2 Medications %	3-4 Medications %	5-10 Medications %	11 or More Medications %
KY	199	67	29	4	1
KY SCL	133	65	31	4	0
NCI Average	10,042	70	25	5	0

Q-32: TAKE MEDICATION FOR BEHAVIOR CHALLENGES

	Overall %	N	Highest %	Lowest %	In Institution %	In Group Home %	In Individual Home %	In Parent's Home %
KY	25	400			n/a	32	18	17
KY SCL	34	211						
NCI Average	25	24,147	42	6	39	34	19	16

Q-33: NUMBER OF MEDICATIONS TAKEN FOR BEHAVIOR CHALLENGES

	N	1-2 Medications %	3-4 Medications %	5-10 Medications %	11 or More Medications %
KY	90	68	31	1	0
KY SCL	66	65	33	2	0
NCI Average	5,669	78	19	3	0

