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New Jersey's University Center for Excellence in Developmental Disabilities Education, Research, and Service

New Jersey's Leadership Education in Neurodevelopmental and Related Disabilities Program

Developmental Disabilities Lecture Series



FALL 2023 WEBINARS



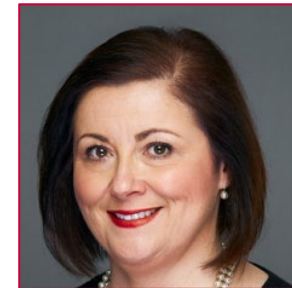
National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD): Using Data for Quality Improvement and System Change



**Dorothy
Hiersteiner,
MPP**



**Stephanie
Giordano,
PhD**



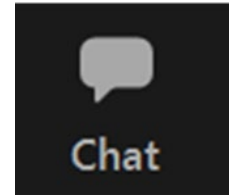
**Laura
Vegas,
MPS**

October 27, 2023

Zoom Webinar Housekeeping

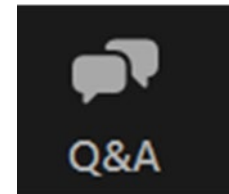
Handouts

- **Handouts** may be downloaded from the link in the **Chat** box. The link will be posted multiple times throughout the presentation.
- The handouts will also be posted on The Boggs Center website:
<https://boggscenter.rwjms.rutgers.edu/resources/video-library>
- Questions may be asked in the Q&A box. You will not be able to type in the Chat box.



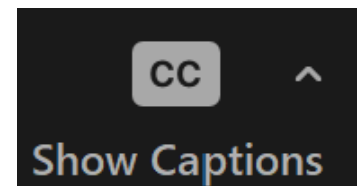
Q & A

- We are planning to have a brief Question & Answer session at the end of the lecture.
- In order to ask a question, you have to type it in the **Q&A** box.



Closed Captions (CC)

- Closed captions are available. To turn on captions, click **CC - Show Captions**. To turn off captions, click **CC - Hide Captions**.



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To receive a Certificate of Attendance, you must:

Be logged onto the webinar from start to finish
and

Complete the evaluation (“short survey”) at the end of the webinar

**Certificates will be emailed to attendees
who meet these requirements next week**

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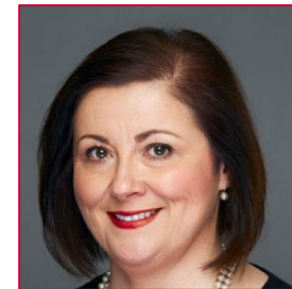
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National Core Indicators[®]-Intellectual and Developmental Disabilities (NCI-IDD): *Measuring and Improving Outcomes in State Service Systems*

Human Services Research Institute

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Stephanie Giordano (sgjordano@hsri.org)

NASDDDS

Laura Vegas (lvegas@nasdds.org)

Agenda

Introduction to National Core Indicators[®]--Intellectual and Developmental Disabilities (NCI-IDD)

2021-2022 NCI-IDD Key Findings

2021 State of the Workforce Key Findings

Using NCI data

- HCBS Final Settings Rule
- Sharing with service users to promote participation
- Promising workforce solutions

Implications and future directions

Presenters



Stephanie Giordano

Dorothy Hiersteiner

Laura Vegas

NCI includes two programs that help states hear directly from people receiving LTSS...



...about how their lives are going, and whether the supports they receive help them live the lives they want.

National Core Indicators®

The overall goal of NCI is to support states in understanding quality of their long-term services and supports delivery systems



National Core Indicators



Established

- 1997 NCI-IDD
- 2015 NCI-AD



Participating states

- 48 NCI-IDD
- 23 NCI-AD



Population addressed

- People with IDD
- Older adults
- People with physical disabilities



Covers multiple domains

- Hears directly from people receiving services

Goals of NCI



Establish a nationally recognized set of **standardized performance and outcome indicators** for aging & disability (including IDD) service systems



Use **valid and reliable** data collection methods & statistical techniques to capture information directly for people who use services



Report individual state results and **national benchmarks** of indicators of system-level performance

NCI-IDD In-Person Survey (IPS) & NCI-AD Adult Consumer Survey (ACS)



Sampling: States design their samples with guidance from HSRI. Final samples must reach threshold of 95% confidence level and 5% margin of error based on sample frame.

Inclusion criteria:

- IDD: Person receiving at least one service in addition to case management
- AD: Person receiving one “active service” at least twice a week

Consent: Surveyors follow state specific consent requirements

- Those who are surveyed are informed that their services will not be impacted directly by their responses

Surveyor training: All surveyors complete standardized training. IPS uses peer-surveyors as well.

Survey features:

- May be conducted in-person or remotely
- Includes detailed Background Information section that primarily comes from existing records
- Surveys are available in multiple languages
- Questions may be rephrased or reworded
- Allows for use of proxy for select questions

NCI-IDD Family Surveys

Mail out surveys designed to understand the experience of families of people receiving DD system services

Information is answered by the **family or guardian** of the person **receiving at least one service in addition to case management**

Three surveys:

- Adult Family Survey (AFS) – sent to families who *live with* the person with IDD
- Family Guardian Survey (FGS) – sent to families who *do not live with* the person with IDD
- Child Family Survey (CFS) – sent to families who *live with* a child with IDD

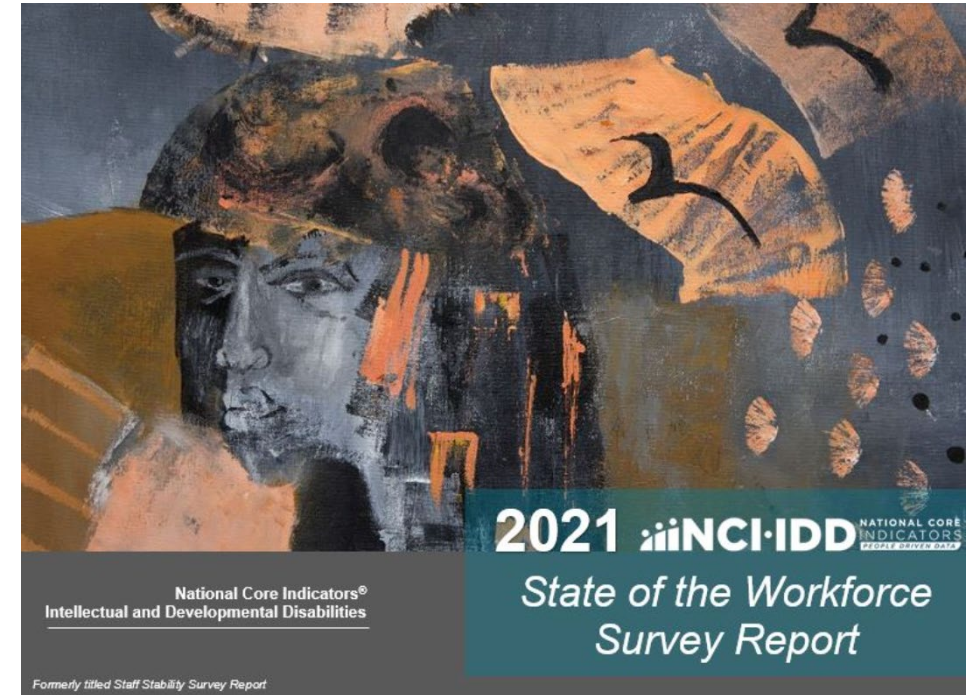


State of the Workforce Surveys

NCI-AD State of the Workforce
is rolling out in 2023!

One of five tools in the NCI
suite for state DD agencies

Developed in 2014 with states,
service provider agencies,
ANCOR and the Univ. of
Minnesota Institute for
Community Inclusion



Focus on stability and quality
of DSP workforce (state and
national level)

Standardized measures and
calculations to monitor
important issues: wages,
turnover, vacancies, and
employee
benefits/environment

NCI Reporting



The NCI team produces annual National and State reports.

(SoTW only has a national report)

- Reports show state outcomes compared to national data

NCI also produces supplemental reports/articles/resources to dig deeper into specific topic areas

States often analyze their data independently for more targeted examinations



NCI-IDD In-Person Survey (IPS) Key Findings

NCI-IDD IPS 2021-22 Sample

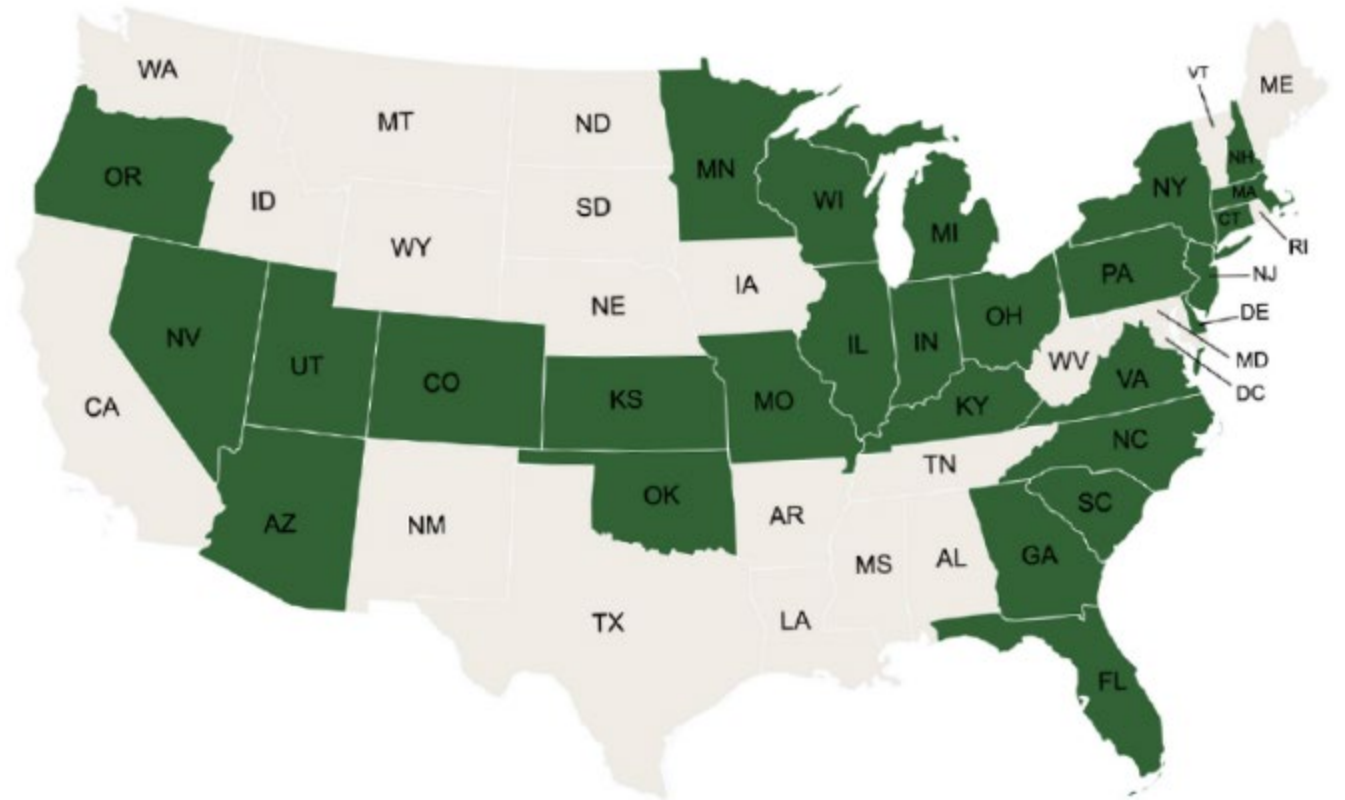
25 states represented

13,559 total respondents

42 Average Age

60% Male

87% Have IDD Diagnosis



NJ sample:

432 total respondents

61% Male

41 Average Age

86% Have IDD Diagnosis

The majority of NCI-IDD IPS respondents nationally and from NJ are White.

At about one-fifth of respondents, the next highest proportion are Black.

Hispanic or Latino
5% IPS
7% NJ

Asian
2% IPS
3% NJ

American Indian or Alaskan Native
1% IPS
0% NJ

Other
2% IPS
1% NJ

Black

16% IPS

17% NJ

White

71% IPS

69% NJ

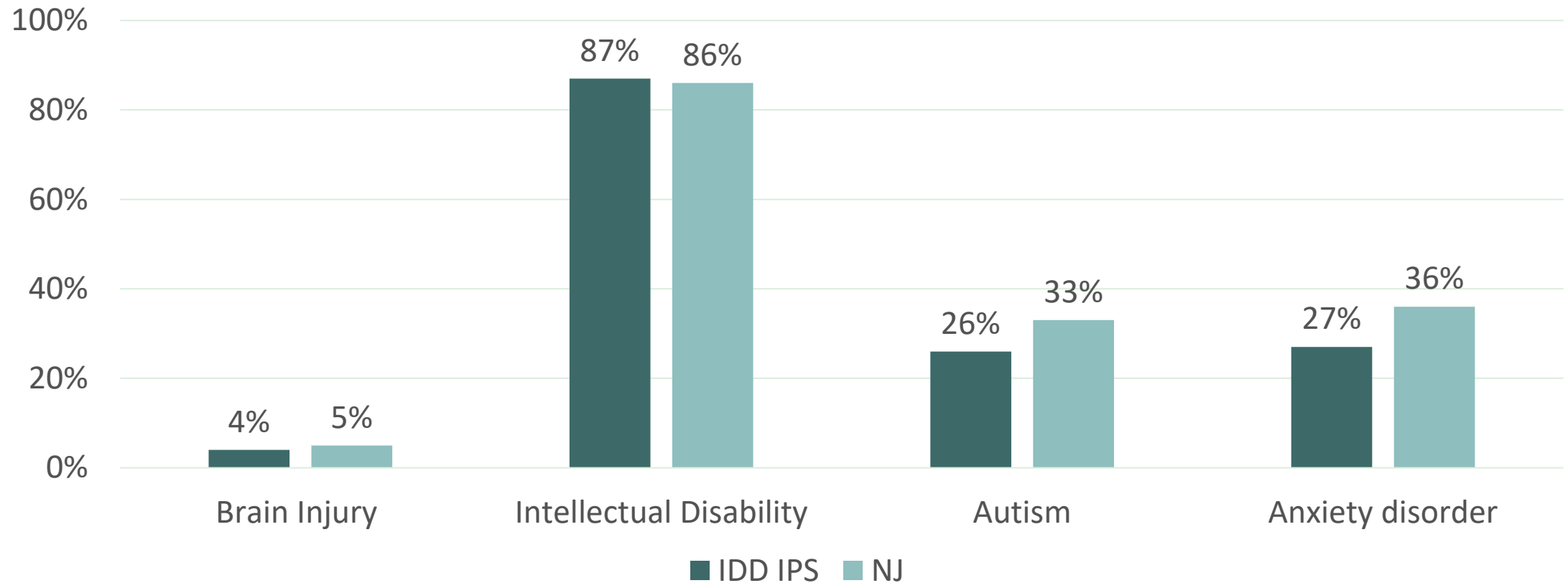


Most
respondents
lived in an urban
or suburban
area*

	IDD IPS	NJ
Urban or Suburban	91%	98%
Rural and small towns	10%	2%

**IPS data are from RUCA codes based on the person's zip code*

Co-occurring conditions*



**IPS data are from person's records*



The majority of respondents with IDD have a guardian

IPS

- 52%

NJ

- 63%

About 9 out of every 10 people have *transportation for work or medical appointments*, but fewer have *transportation for leisure*.

Has a way to get places they need to go (like work, medical appointments)

- IPS: 93%
- NJ: 93%

Able to get places when they want to do something outside of the home for fun

- IPS: 78%
- NJ: 75%

Nationally, around 8 out of 10 people are able to see and/or communicate with their families when they want.

In NJ it's closer to 9 out of 10

- IPS: 83%
- NJ: 87%



Nearly all IPS respondents reported *staff are respectful of their culture*

- 95% IPS
- 95% NJ





Around two-thirds of IPS respondents could do things in the community as much as they want to

- **69% IPS**
- **65% NJ**

The rate of community employment among respondents is low

Has a paid community job

- IPS: 16%
- NJ: 16%

Does not have, wants a paid job

- IPS: 49%
- NJ: 52%

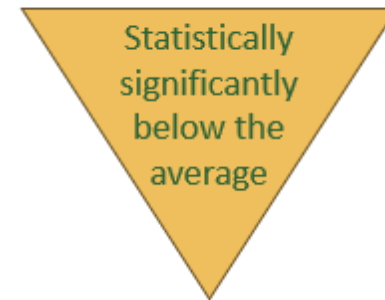
NJ respondents were significantly less likely to report that they *chose staff or were aware they could request to change staff*



63% IPS



46% NJ



NJ respondents were more likely to report staff change too often



48% NJ



40% IPS

Impact of Staff Turnover

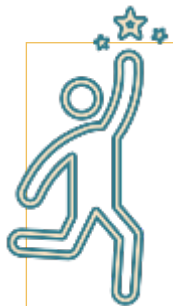
Those who reported staff change too often tended to report lower outcomes in several areas. Some examples include:



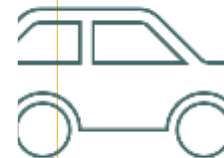
Always having enough help with self-care and everyday activities



Satisfaction with staff



Community inclusion

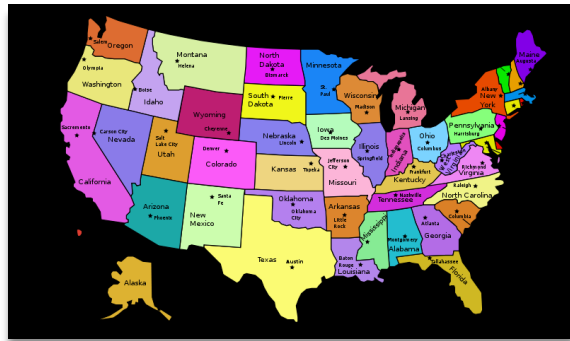


Transportation



State of the Workforce Key Findings

Responses to the State of the Workforce Survey in 2021



29 States including DC

The data refer to the period between Jan. 1, 2021 and Dec. 31, 2021.



3,838 Service Providers

193 in NJ

5.61% margin of error

Respondents to the survey are service providers. State averages are averages of all responding providers.



Most states administered the survey to all agencies that provided direct support services to adults with intellectual and developmental disabilities

*Does not include agencies that exclusively support people who self direct their services.

2022 report will come out early 2024!

Who are DSPs

Paid staff whose primary job responsibility is to provide the following at any location or during any activity (e.g., at home, at leisure activities, at work, during recreational activities, etc.):

- support,
- help with skills development,
- guidance,
- or personal assistance

DSPs are critical to ensuring that people receiving services can

- live the lives they want in the community,
- experience person-centered practices,
- make choices
- have employment and other value-driven outcomes



NCI-IDD State of the Workforce in 2021: Survey Basics in NJ

Agencies and providers included in the sample:

New Jersey obtained a list of provider emails from the Provider Enrollment Unit's data system that met HSRI's criteria for participation.

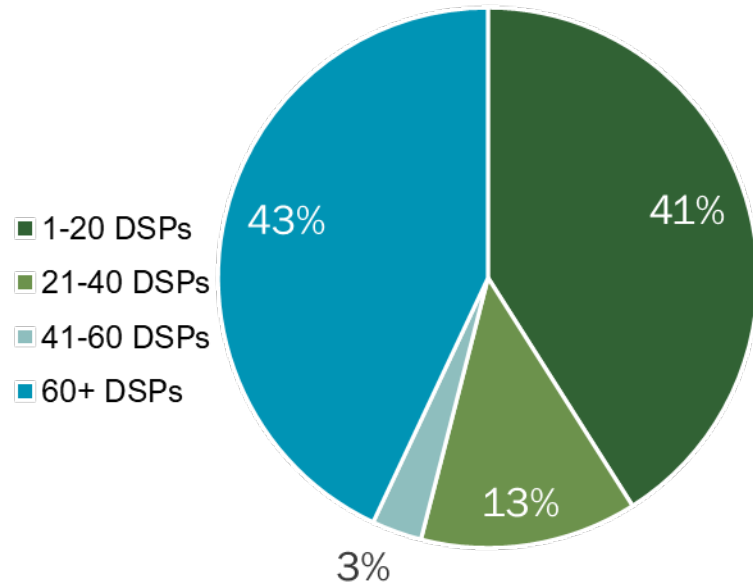
Implementation strategies included:

- Participation was encouraged but was voluntary.
- Providers encouraged to participate through monthly provider leadership meetings and ongoing comms to the provider community.

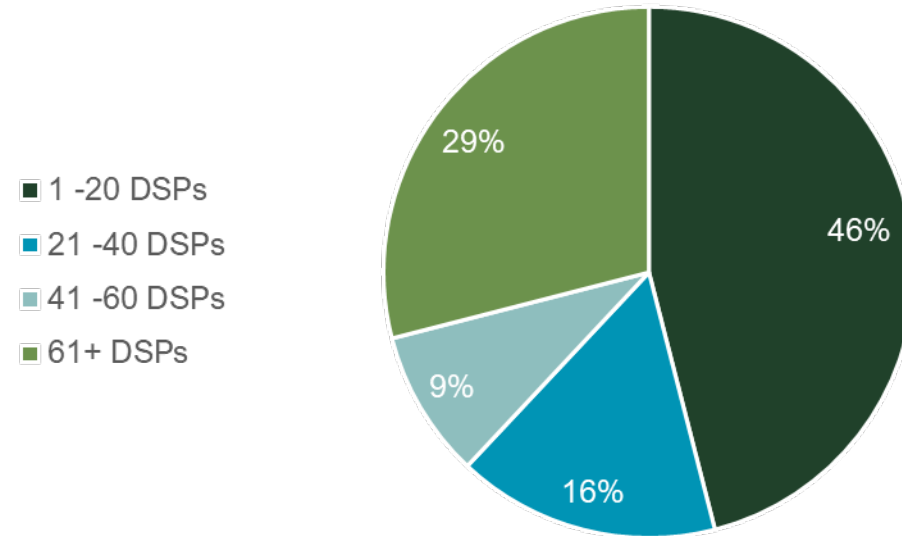
	Valid responses	Total population	Response rate	Margin of Error
NJ	193	524	36.8%	5.61%

Agency Size Based on Number of DSPs on Dec. 31, 2021

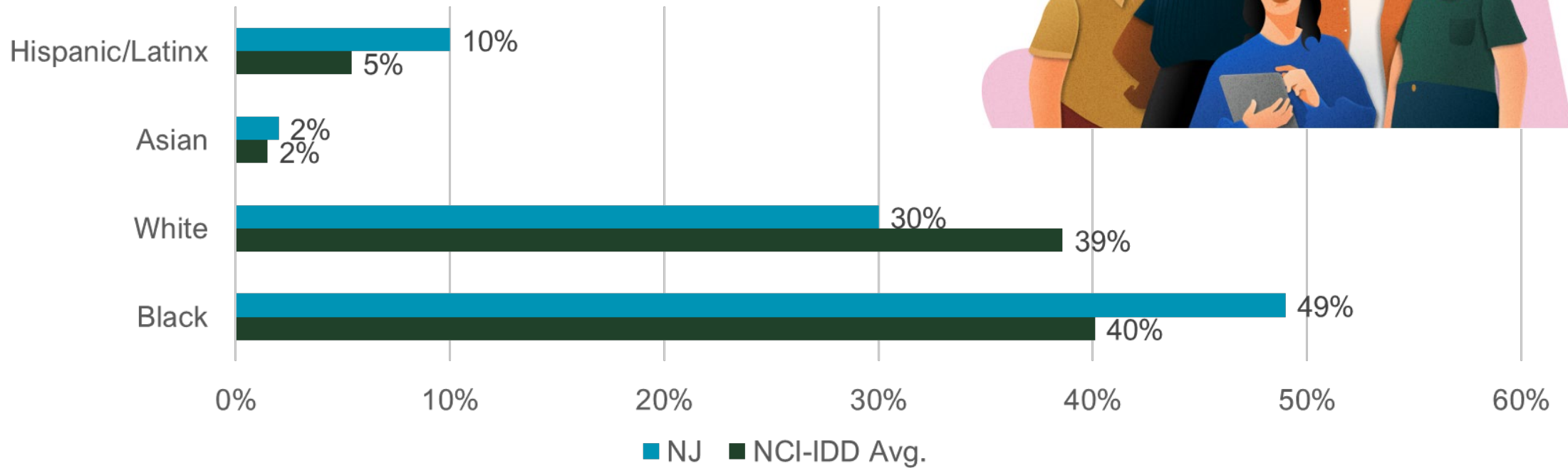
% NJ Agencies



NCI-IDD Avg.



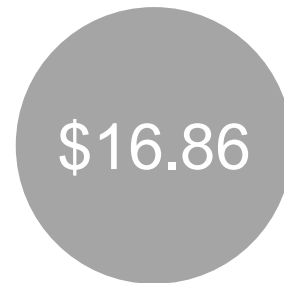
DSP Workforce Demographics: Race/Ethnicity



Wages Benchmark: Overall Average Hourly



New Jersey



East Coast
Peers**

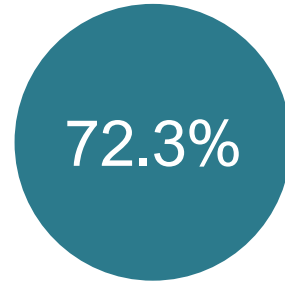


NCI-IDD

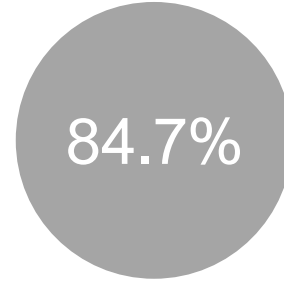


	MA	CT	NY	NJ	NCI-IDD
State Minimum	\$13.50	\$13.00	\$12.50	\$12.00	\$7.25*
Average Starting	\$16.25	\$16.03	\$15.58	\$16.06	\$13.61
Overall Average	\$17.22	\$17.04	\$16.64	\$16.92	\$14.41
Median	\$17.00	\$16.78	\$16.43	\$16.50	\$14.50

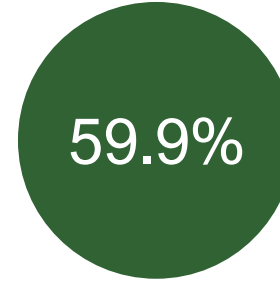
Health Insurance Benchmark



NJ



East Coast
Peers

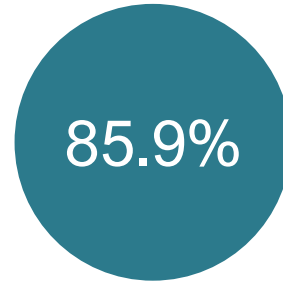


NCI-IDD

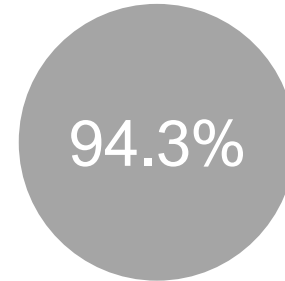


MA	CT	NY	NJ	NCI-IDD
94.2%	86.8%	95.0%	72.3%	59.9%

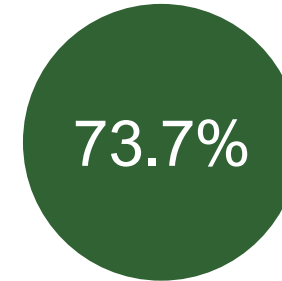
Paid Time Off Benchmark: Any Type



NJ



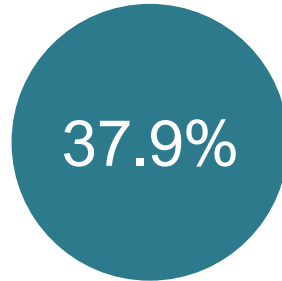
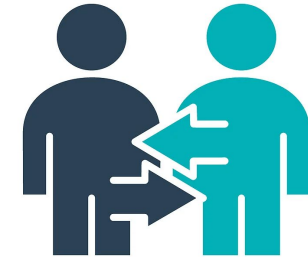
East Coast
Peers



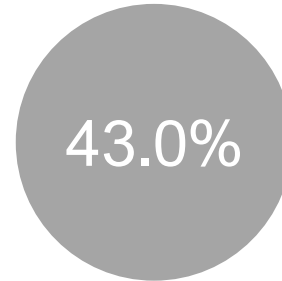
NCI-IDD

MA	CT	NY	NJ	NCI-IDD
94.2%	98.1%	99.0%	85.9%	73.7%

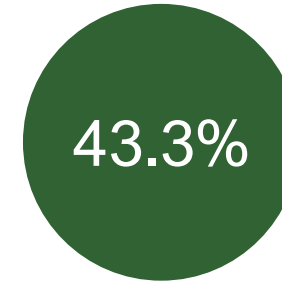
Turnover Ratio Benchmark: Mean



NJ



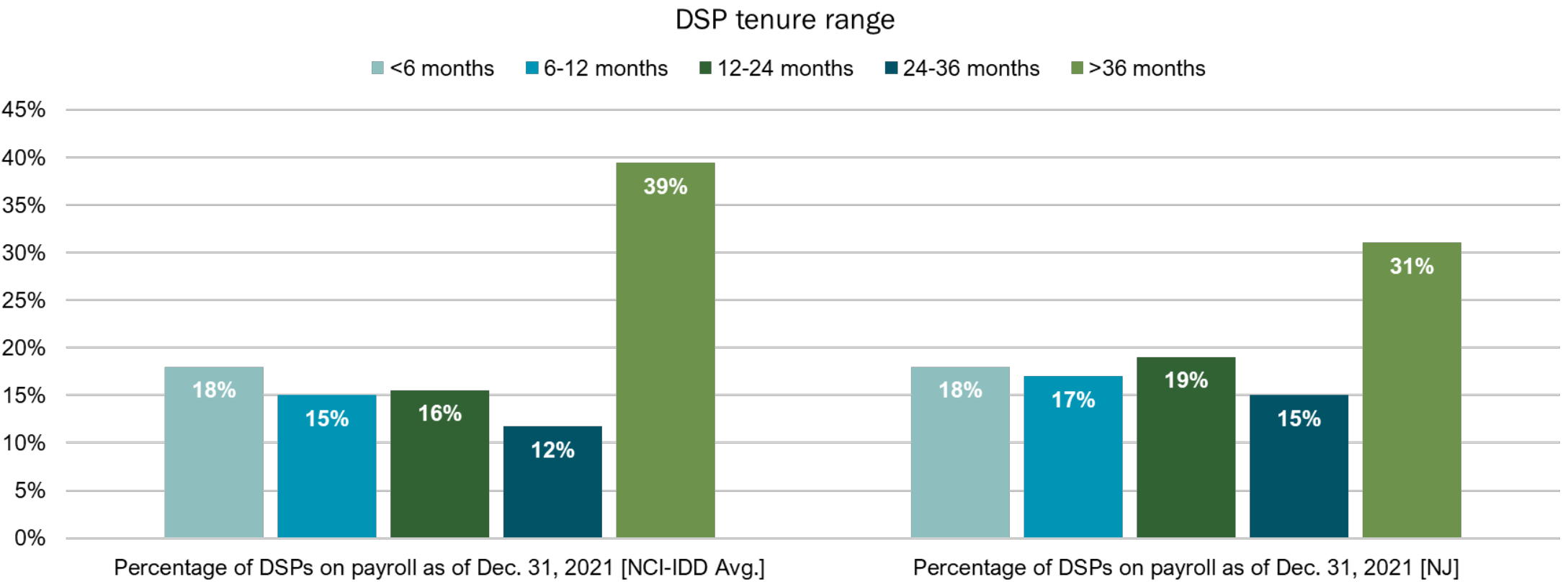
East Coast
Peers



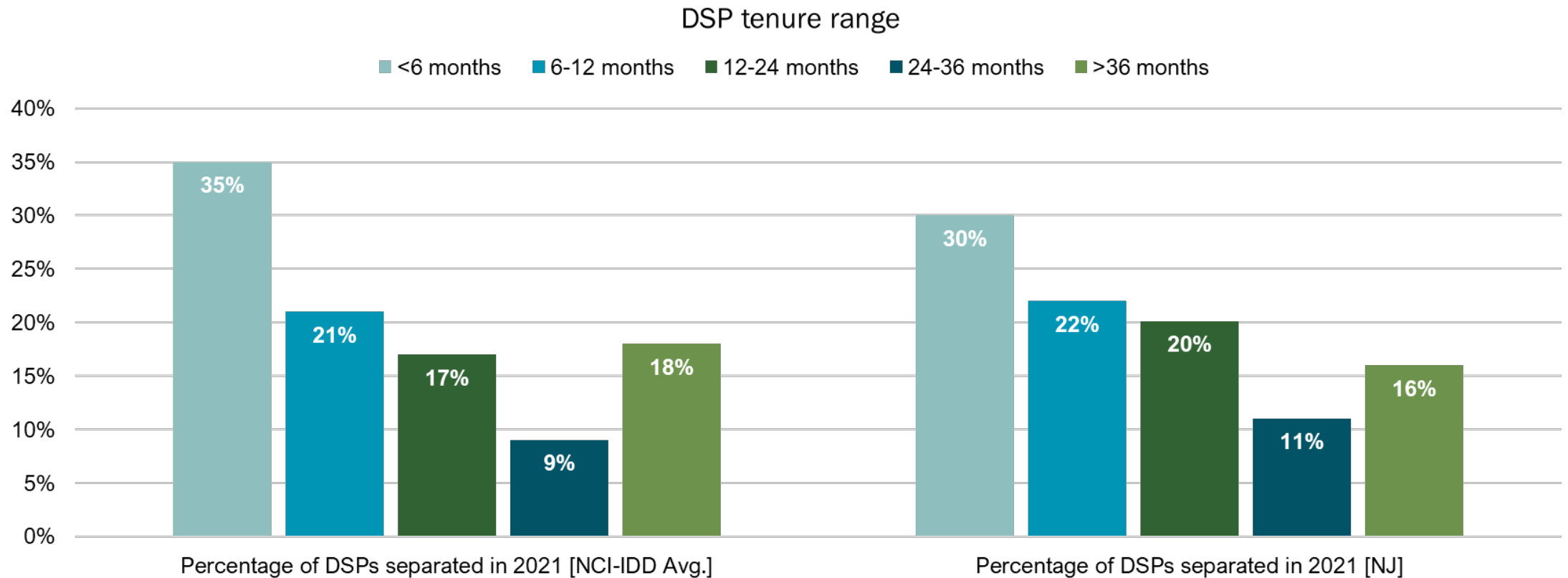
NCI-IDD

	MA	CT	NY	NJ	NCI-IDD
Mean	31.4%	52.8%	38.3%	37.9%	43.3%
Median	25.8%	40.1%	33.8%	33.3%	33.3%

Tenure Among Employed DSPs



Tenure Among Separated DSPs



Recruitment and retention in NJ

Realistic Job Preview

81%

NCI-IDD Avg. 83%

Train on code of ethics

85%

NCI-IDD Avg. 87%

DSP ladder

36%

NCI-IDD Avg. 32%

Staff supported to acquire credential

54%

NCI-IDD Avg. 32%

DSP included in agency governance

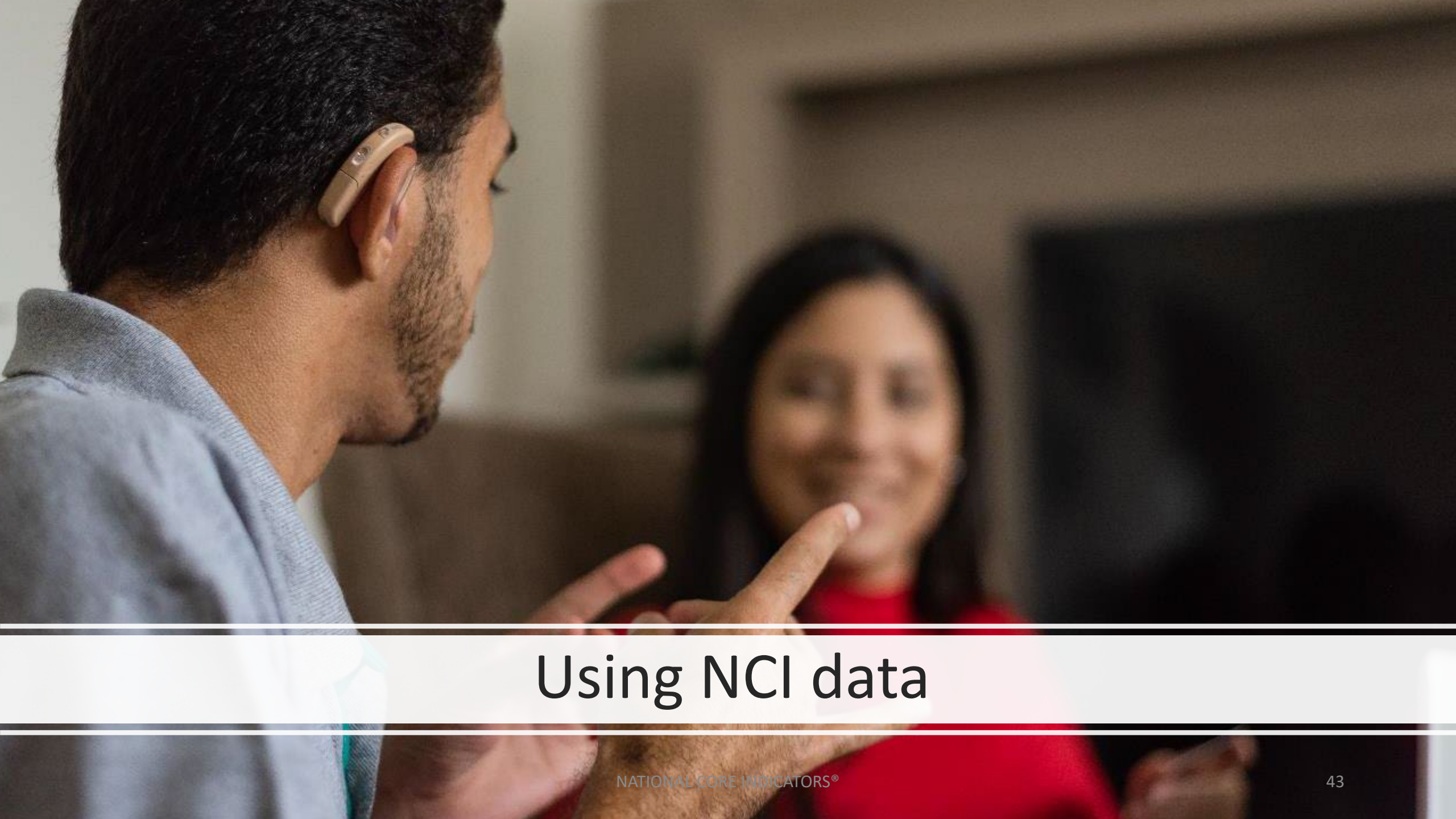
22%

NCI-IDD Avg. 22%

Agency requires training for DSPs*

65%

NCI-IDD Avg. 52%



Using NCI data

General uses for NCI data



State Administrators

- Look at where your state is compared to the national norm and other similarly situated states
- Have conversations with communities about their experiences and barriers to access
- Participate in communities of practice to share knowledge (NJ is part of many CoPs)



Providers

- Have conversations with staff and people being served about their experiences
- Use data to inform areas for improvements



Advocates and Quality Councils




- Use reports to support conversations with states and policy makers about needed changes
- Reach out to us with any additional suggestions for how we can look at data



Policy makers

- Look at national and state trends to identify how policies may be impacting outcomes
- Work with community members to develop innovative approaches to improve quality

EXAMPLE: HCBS Final Settings Rule Components

		
<p>Settings must be integrated in a support full access of individuals receiving Medicaid HCBS to the greater community</p>	<p>Provider-owned settings have same tenant rights, promote privacy, freedom, and accessibility</p>	<p>Person-centered plans and the process of developing them must be driven by the individual using services</p>

HCBS Settings Rule: What we can and cannot say with NCI data

NCI data can be used to....

- Look at how a state compares to the national benchmark or other similar states
- Monitor priority areas outlined in the HCBS Settings Rule and HCBS Quality measures
- Identify outcomes for which states may want to consider strategies for statewide transition plans

NCI data *alone* should not be used to determine...

- Provider-level compliance with the HCBS Settings Rule

Most respondents reported the service planning meeting *included the people the person wanted to be there*

- IPS 94%
- NJ 89%



The majority of NCI-IDD IPS respondents reported the *service plan includes things that are important to them*

IPS 95%

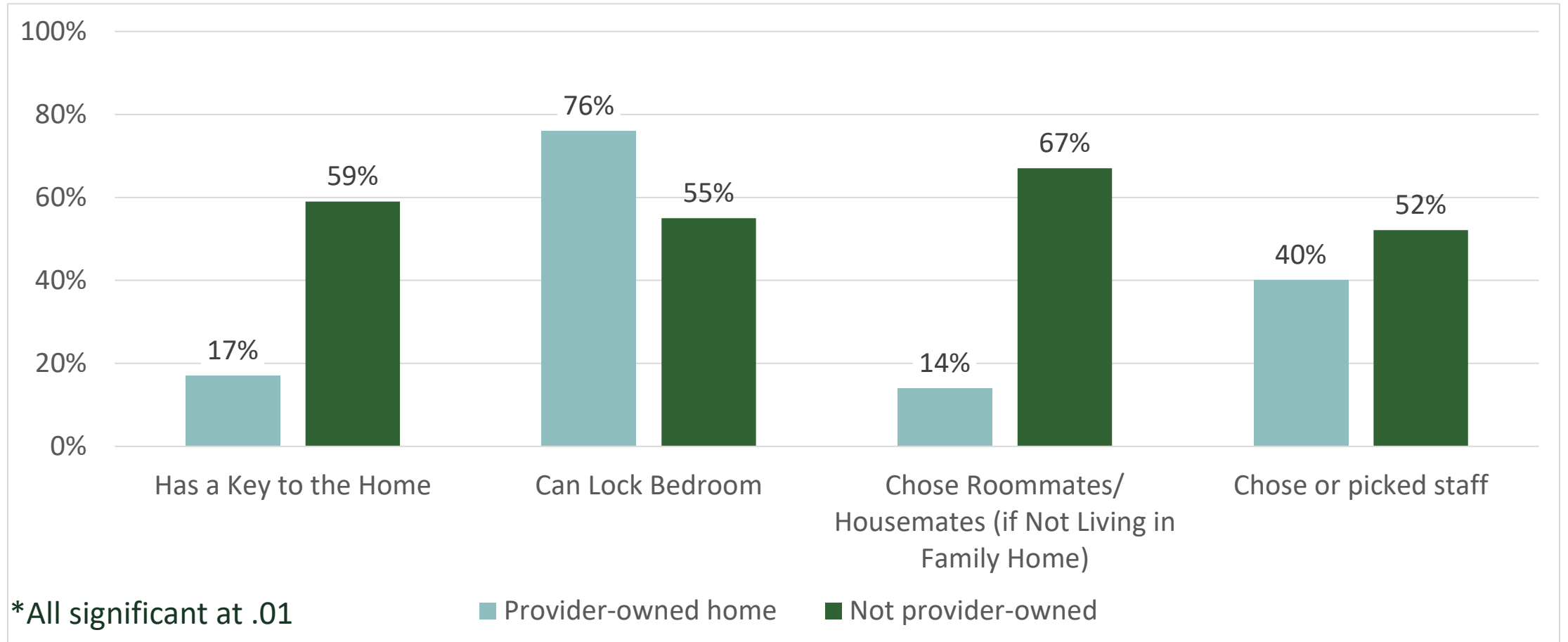
NJ 96%



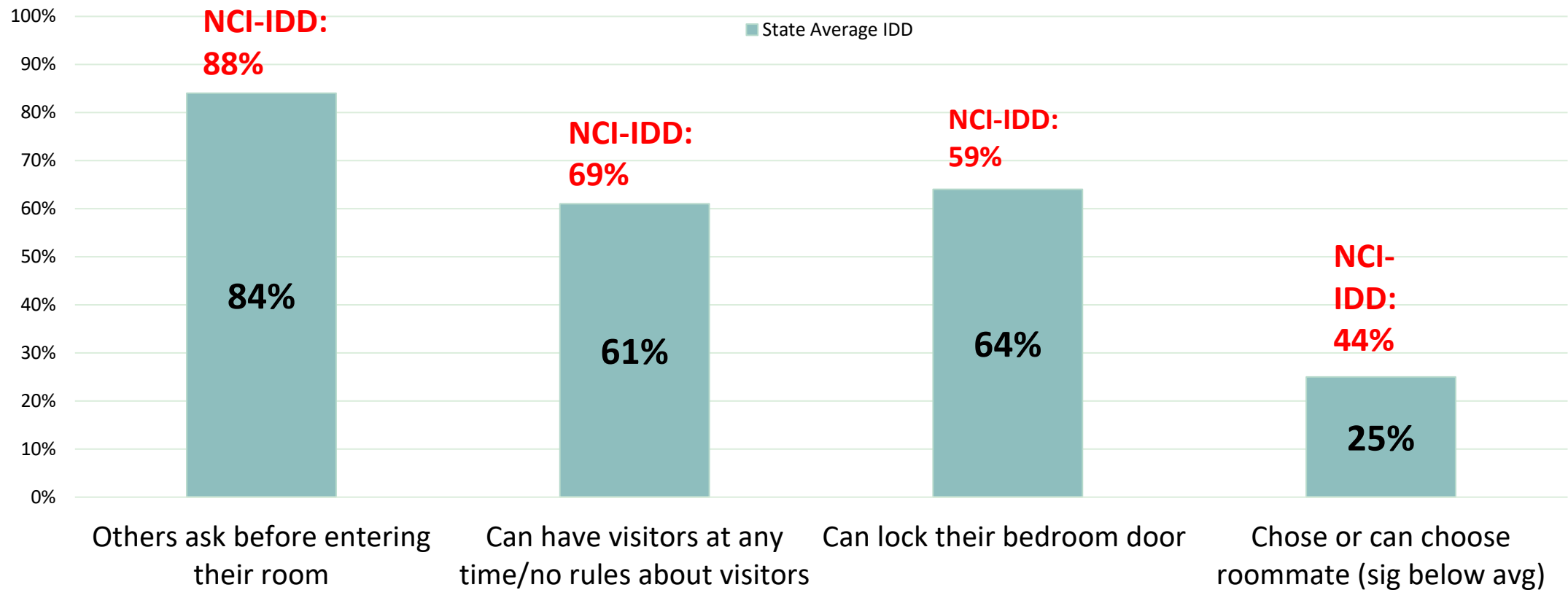
68% of respondents in NJ reported that they helped make their service plan. This is statistically significantly below the NCI-IDD average (75%)



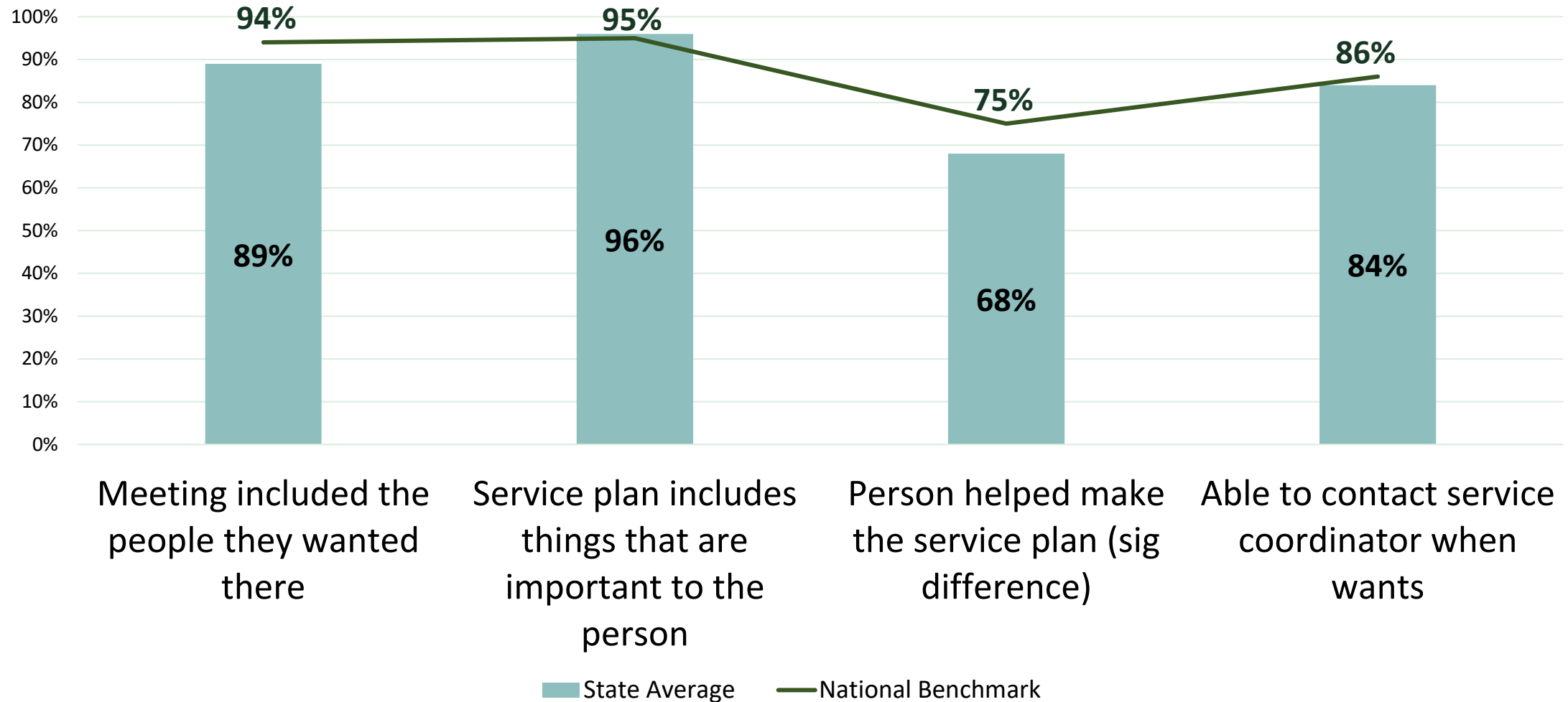
NCI-IDD Outcomes by Provider-Owned Settings: NJ



NJ: State Average for NCI Outcomes related to HCBS Final Rule and Provider-Controlled Settings



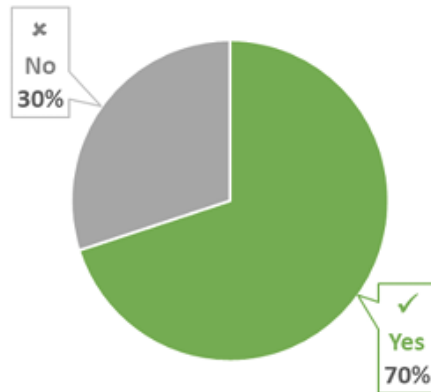
NJ: State Average for NCI-IDD Outcomes related to HCBS Final Rule and Person-Centered Planning



EXAMPLE: Sharing data with service users

User friendly reports & Infographics

If you go to a day program or workshop, did you choose or have some input in choosing where you go?



7 out of 10

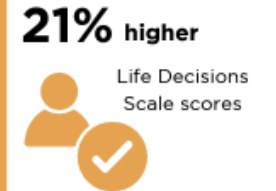


NCI-IDD tells us **7 out of every 10** people who go to a day program or workshop said **they chose or had some input in choosing where they go.**

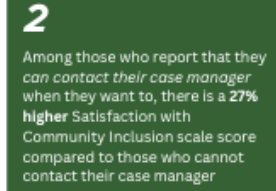
5^{key findings about} Quality of Life and Person-Centered Practices for people with intellectual and developmental disabilities

Self-reported data from >22,000 adults with I/DD getting state-funded services from 37 states in 2018-2019 demonstrates significant relationships between outcomes and person-centered practices.

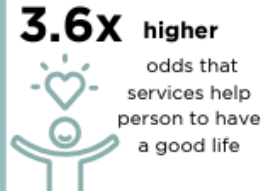
1
Among those who report being able to *choose the services* they get as part of their service plan, there is a **21% higher** Life Decisions scale score compared to those who do not choose their services



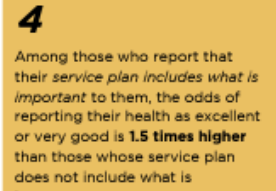
27% higher
Satisfaction with Community Inclusion Scale scores



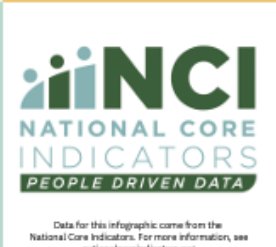
3
Among those who report that their *case manager asks them what is important* to them, the odds of reporting their services help them to have a good life is **3.6 times higher** than those whose case manager does not ask what is important



1.5x higher
odds that self-reported health is excellent or very good



5
Person-centered practices among *Case Managers* have a relatively small relationship with the Everyday Choices scale. This may be due, at least in part, to the fact that ability to make everyday decisions is more influenced by the paid staff who support people than by the *Case Managers* and service plans.



EXAMPLE: Promising workforce solutions for leadership

Supervisor ratio

The recent study by New York State found that the ratio of supervisors to DSPs also influenced the length of tenure.

Specifically, the ratios of 10 DSPs to one supervisor or less was associated with longer tenure.

Training and certification

Competency-based training is important to ensure the workforce has the skills to provide quality supports.

Ensure that increased competency is linked to higher wages

Organizational culture

Opportunity for DSPs to participate in governance of the organization, to provide feedback for quality enhancement, and to be empowered to innovate and be creative in the ways in which they provide support.

EXAMPLE: Person-centered approaches to supporting staff

- **Involve service users in screening and hiring staff to better match staff with service users based on interests, skills, culture, and personality.**
- **Pay for training and certification of staff. Attach wage increases to training and certification**
- **Create career ladders to give promotional opportunities to DSPs who complete designated training, show initiative, and/or have high performance ratings**



Resources

National Core Indicators website:

<https://idd.nationalcoreindicators.org>

In Person Survey and Family Survey Reporting:

<https://idd.nationalcoreindicators.org/survey-reports-insights/>

NJ state report from 2020-21:

<https://idd.nationalcoreindicators.org/wp-content/uploads/2022/08/NJ-IPS-20-21-State-Report-508.pdf>

State of the Workforce report:

<https://idd.nationalcoreindicators.org/wp-content/uploads/2023/02/2021StateoftheWorkforceReport-20230209.pdf>

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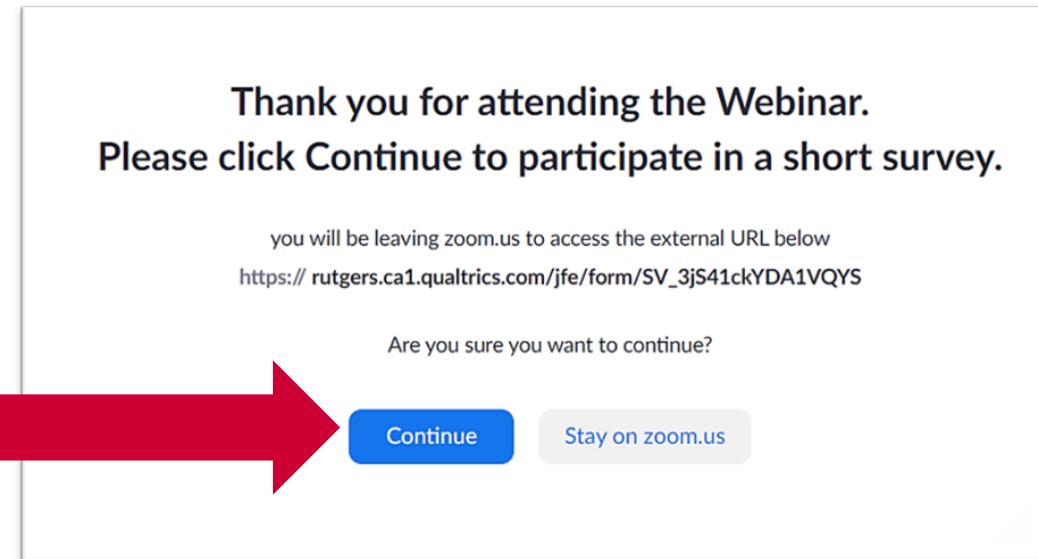


Q & A

Evaluation

When the webinar ends, a window will appear with a prompt to complete the evaluation (“short survey”)

Click **CONTINUE**
for the evaluation to open



Thank you for attending and completing the evaluation