

Year 3 Annual Report Discussion and Recommendations

Findings in this report reflect data 1,729 PCRs and 2,599 PDRs.

III and NCI Outcomes

Results for Year 3 indicate a downward trend in outcomes, with some groups impacted more than others:

- Average III score of 77.9 percent in Year 3, compared to 89.9 percent and 85.0 percent in Years 1 and 2 respectively.
- Individuals living in group homes and family homes showed a somewhat greater loss in outcomes than individuals in other residential settings, particularly in independent/supported living.
- At the same time, results have consistently indicated that individuals living independently, or with supported living, are more likely to have outcomes met than individuals living in a group home. They are also more likely to be involved in the decisions made about their services and supports and have providers who are more responsive to their needs.
- While outcomes for individuals with Autism appeared to increase since Year 2, individuals with an Intellectual Disability have shown a steady decrease in outcomes over the years.

Recommendation 1: Efforts should be made to consistently move individuals from group home settings to independent and supported living, with a goal to increase the percent of people with competitive employment to support them to live independently.

Recommendation 2: APD, Delmarva, and Residential Habilitation providers should work to develop guidelines to help providers create daily schedules for individuals that will improve outcomes, such as increasing informed choice, developing person centered goals, and more effectively integrating individuals into their communities as they desire.

Recommendation 3: APD should work with providers to help determine why individuals with Autism consistently have better outcomes than individuals with an Intellectual Disability, including why individuals with ID have continued to show a decline in outcomes over the years. If systems are in place that are more helpful to individuals with Autism, perhaps these best practices could be shared or revised as needed and applied across the state.

III outcomes vary greatly across age groups:

- Individuals age 18 to 21, most close to or already transitioning from high school, have seen a consistent decrease in outcomes each year, at a rate higher than any other age group.
- Younger individuals showed a 13 percentage point decline since Year 1, compared to only two points for Elderly people age 65 and older.
- Individuals in the younger age group have also been less likely to be involved in the decisions concerning their services and supports.

Recommendation 4: An individual's transition plan, developed in school, is an integral part of moving into adulthood, independent living, and an integrated work environment. The state should work with the school systems to gather information about the transition process, how it is working and where it may need revisions. Focus groups used strategically across the state could be very helpful in gathering information for this purpose. The Quality Council (QC), including people who have offered to be part of the Council, could be integral in helping with this process, gathering information and ultimately presenting results and recommendations to the state.

Results for specific standards indicate:

- The standard showing the lowest rate measures the degree to which the individual is developing desired community social roles (62.8%), and this is lower than in Year 1 by approximately 10 percentage points.
- Approximately 25 percent of individuals indicate not having choice of supports and services
- Approximately 25 percent of individuals did not feel they had participated in the design of their own services as they would like to.
- NCI data show continued low scores in the Focused Area of Community Inclusion (65.5%) and Choice (43.8%).
- Very few individuals have a job in the community (17.8%) or volunteer work (30.4%), activities that clearly reinforce community integration.
- Individuals receiving Supported Employment consistently have higher outcomes than people receiving any other service.

Recommendation 5: Providers, particularly Support Coordinators, should work to ensure individuals are participating in the development of their support plans and implementation plans, so they include goals important to the person and address the person's desired community involvement—person centered goals.

Recommendation 6: Development of accountability based training on choice and community integration has been recommended in several reports. Perhaps APD and AHCA should review current training sessions offered across the state to ensure they address provider implementation of informed choice and they ensure families and individuals understand choices available to them.

Recommendation 7: Evidence continues to indicate that efforts to increase the number of individuals working in the community should continue, including a focus on Supported Employment, which will help integrate individuals into the community and build natural supports. A workgroup including APD, families/self advocates and providers should be used to explore way of ensuring community connections and the development of social roles for individuals receiving services.

III findings indicate a continued decline over the years for outcomes measuring health and safety.

- The proportion of individuals with aspects of health outcomes present dropped by 18 percentage points since year 1
- The proportion of people with safety outcomes present dropped by 10 points since Year 1
- A smaller proportion of individuals had been to a dentist, a larger proportion had dental problems, and a larger proportion had health problems.
- Approximately 45 percent of individuals receiving services through a waiver take at least one behavioral or psychiatric medication
- 37.5 percent of waiver services recipients were taking five or more medications
- 138 individuals were taking 10 or more medications

Recommendation 8: In previous reports, it has been recommended to have the Delmarva Nurse, Linda Tupper, provide health related trainings that could be beneficial to individuals, families and providers. In addition, the Quality Council may want to develop a “health fair” forum that could be offered in the various regions across the state. The forum could include a session by physicians who regularly see patients with disabilities, to help disseminate information specific to issues faced by individuals in the health care system. This information would be useful to other physicians, nurses, families and providers and may help individuals better navigate the system and get needed health care.

Provider Discovery Review Results

Providers are performing well documenting their Policies & Procedures, Qualifications and Training, and Service Specific requirements. Of interest to date is the apparent lack of consistency between compliance on record reviews (SSRR) and III outcomes:

- SSRR results for individuals receiving ADT showed a high degree of compliance (95%) while SSRR compliance for Supported Employment was considerably lower (87%).
- At the same time, individuals receiving ADT were much less likely to have III outcomes present than were individuals receiving Supported Employment.
- Compliance with documentation requirements does not appear to produce better outcomes for individuals.

Recommendation 9: The Statewide Quality Assurance system appears to have successfully helped improve the degree to which providers maintain the documentation and standards required by the Handbook. Moving forward, the process should include a greater degree of outcome oriented accountability, such as how well providers know and interact with individuals, respond to person centered goals, help individuals achieve their goals, improve the person's use of natural supports, and work as a team to promote self-direction among individuals served.

Background screening compliance remains at less than 100 percent:

- 396 providers reviewed in Year 3 (15.2%) received a citation for not having proper documentation to support completion of required background screening procedures.
- While this is somewhat lower than in Year 2, it indicates less than zero tolerance on this vital aspect of a provider's records.

Recommendation 10: Several recommendations have been presented in previous reports to help address background screening compliance. The Quality Council had at one time discussed background screening as a quality improvement project for the group to explore. It is recommended this issue be revisited at the next council meeting, with updates from APD as to any initiatives that have already been implemented and how the council may help with these.