

**Florida Statewide Quality Assurance Program**

**Outcome Results Analysis  
Impact of POM Supports on POM Outcomes Met**

**July 1, 2004 – June 30, 2005**

**Florida DD HCBS Waiver**

Prepared by the Delmarva Foundation

Submitted to The Agency for Health Care Administration

And

The Agency for Persons with Disabilities

## Executive Summary

This study examines the relationship between POM supports and POM outcomes. The purpose of the study is to determine which POM supports are most important in enabling individuals receiving services through the Medicaid Developmental Disabilities Home and Community Based Services Waiver to achieve outcomes. Analyses are based on a random sample of 1,314 individuals who received waiver services between July 2004 and June 2005, and examine the correlation between supports and outcomes, and the impact of supports on outcomes. Correlation analyses examine the association between each support and achieving 13 or more outcomes. Regression analyses examine the impact of the percent of supports present and each individual support on the percent of outcomes met and the likelihood of achieving 13 or more outcomes.

Results from the correlation analyses show the supports most strongly associated with achieving 13 or more outcomes are *Chooses where and with whom they live*, *Chooses daily routine*, *Chooses services*, *Exercises rights*, and *Is respected*. Regression results show that individuals with a greater percent of supports present have a greater percent of outcomes met and are far more likely to achieve 13 or more outcomes than are individuals with a lesser percent of supports present. Regression results also show that individuals who have supports present for *Chooses daily routine*, *Is connected to natural support networks*, *Chooses where and with whom they live*, *Decides when to share personal info*, and *Has intimate relationships* are more likely to achieve 13 or more outcomes than individuals with other supports present.

Research-related recommendations conclude that future research should examine barriers to supports, primary sources of support for recipients who have supports present, whether group home rules and policies act as barriers to supports, the sources of supports for children, and barriers to supports for choosing services. Policy-related recommendations conclude that APD should consider establishing guidelines to encourage support coordinators to work with recipients to construct a daily schedule; consider establishing guidelines to encourage group homes to provide options in daily routines for residents; continue its focus on maintaining natural supports and integrating individuals into communities; continue its training and oversight functions that contribute to supports that allow individuals to remain free from abuse and neglect; and work with recipients and support coordinators to address allegations that recipients are denied needed services.

## Introduction and Background

AS of August 2006, funding for over 31,000 individuals with developmental disabilities in Florida was provided through the Medicaid Developmental Disabilities and the Family and Supported Living Home and Community Based Services (DD HCBS and FSL) Waivers. Administered by the Florida Agency for Healthcare Administration (AHCA), and in conjunction with the Agency for Persons with Disabilities (APD), the DD HCBS and FSL Waivers allow for the provision of services in community-based settings as an alternative to institutional care. The Delmarva Foundation, through a contract with AHCA, has provided a quality assurance program for persons served through one or both of the Waivers, called the Florida Statewide Quality Assurance Program (FSQAP).

The Council on Quality and Leadership (CQL) has participated as a subcontractor with Delmarva in the program since its inception. As part of their responsibilities, CQL representatives have trained Delmarva consultants in the interview techniques specific to their 25 Personal Outcome Measures (POM).<sup>1</sup> The purpose of the interviews is to help determine the degree to which the participants in the program have supports in place to improve their quality of life and to measure how well they are achieving outcomes in their lives that are important to them. Staff from CQL regularly monitor the consultants and also provide reliability oversight. As part of the FSQAP program, Personal Outcome Measures interviews have been conducted with over 8,000 individuals served through the DD Waiver program.

Having 13 or more POM outcomes Met has been established as an important indicator of quality of life. While it is unrealistic to assume any individual should achieve *all* of the outcomes measured, it was determined that having at least 13 met was a minimum standard to attain, a level providers must achieve in order to be accredited by CQL. During the second year of the contract, analyses were performed to determine which of the 25 POM items were most important in predicting how well individuals do in fact have at least 13 POMs met. Results indicated that when people were able to choose where they work and/or choose their services, they were also more likely to have achieved 13 or more outcomes in total. These were labeled “driver indicators” and have been tracked through data collected for the FSQAP contract. In the fourth year of the contract, A FSQAP study examining the best predictors of outcomes met was completed. Results from the study suggest that achieving 13 or more outcomes is highly correlated with achieving the outcomes *chooses their daily routine, exercises rights, and is respected*. The study also shows that younger individuals achieve more outcomes than older individuals, individuals residing in a group home achieve less outcomes than those residing in a family home, and individuals who have mental retardation as their primary disability achieve less outcomes than individuals with other disabilities.

The purpose of this study is to determine which POM supports are most important in predicting the number of outcomes met, as measured through the POM interview, for individuals with developmental disabilities in the DD HCBS waiver program.

---

<sup>1</sup> See Attachment 1 for a list of the POM indicators, within each of the seven POM domains.

- We examine the association between each POM support and “13 or more outcomes met” in a correlation analysis. Which POM support items are strongly associated with the likelihood that outcomes are met for 13 or more of the POM items? A support item that is strongly associated with “13 or more outcomes met” would be one that is present for a large number of people who have met 13 or more outcomes.
- Regression analysis is used to examine the impact of the percent of supports present on the percent of outcomes met, and on the likelihood that 13 or more outcomes are met. In separate regression analyses, we also examine the impact each POM support has on the percent of outcomes met and likelihood that 13 or more outcomes are met. For example, if the POM indicates that supports are present to assist in *participating in the life of the community*, how well does that predict the percent of outcomes met or the likelihood of achieving 13 or more outcomes?

## Data and Methods

### Sample

Data for this study were taken from the random sample of 1,314 individuals receiving services through the DD HCBS waiver who completed a POM interview between July 2004 and June 2005.<sup>2</sup> Descriptive analyses are completed showing trends across the different demographic indicators, as described below.

### Methods

Correlation analyses are used to determine the extent to which each POM support is associated with achieving 13 or more outcomes. Standard Pearson’s r correlations test the strength of the association and t-tests determine the statistical significance of the association. Pearson’s r values range from -1 to 1. The closer the value is to zero, the weaker the association. If people who have a support present on a POM item are also likely to have 13 or more of the 25 POM outcomes met, the Pearson’s r value will be further from zero in either direction. The probability associated with the t-score informs us how likely it is the association is due to chance. A standard probability level used to determine “statistical significance” is  $p \leq .05$ . This means there is only a five percent probability or less the results from the sample are due to sampling fluctuation or chance.

We also developed several regression models to test the net impact of POM supports and independent variables on the outcomes achieved by individuals. We use two measures of outcomes achieved: percent of the 25 POM outcomes met, and an indicator of whether an individual has or has not met 13 or more outcomes. Regression analyses using the percent of outcomes achieved as the dependent variable use ordinary least squares techniques. A significant impact of an independent variable on the percent of outcomes met will indicate the variable increases (or decreases) the percent of outcomes met. Because the indicator of whether an individual has met 13 or more outcomes is a categorical variable (met v not met), regression analyses rely on logistic regression

---

<sup>2</sup> Individuals selected for the longitudinal study are excluded from the analyses.

techniques. A significant impact of an independent variable on the indicator of whether an individual has met 13 or more outcomes tells us the variable increases (or decreases) the likelihood that an individual achieves more than half of the outcomes. It does not tell us anything about the impact of the variable on achieving a small number of outcomes. Thus, regression analyses using the percent of outcomes met as the dependent variable tell us whether there is a linear relationship between independent variables and outcomes met. Regression analyses using the categorical indicator of whether a person has met 13 or more outcomes tell us whether independent variables impact outcomes at a very specific level, more than half. It is possible that some supports are helpful in increasing outcomes met at any level, say from one to two outcomes or from 18 to 19 outcomes, whereas other supports may be particularly important in helping people achieve high levels of outcomes.

To assess the impact of supports on outcomes, a general measure of the percent of POM supports present for each individual, and a separate set of measures indicating which of the POM supports are present for each individual are included in the models. These models allow us to determine whether having more supports present helps individuals achieve more outcomes, and if so, whether some supports are more important than others in helping individuals achieve outcomes. R-Square reflects the percent of variance in the dependent variable that is explained by the variables in the equation. This value will increase as additional variables are added to the equation, explaining more of the variation in the percent of outcomes met.

Dependent Variables

There are two dependent variables. The dependent variable for the correlation analysis and logistic regression is a dichotomy indicating whether or not people had 13 or more outcomes met on the 25 POM items. Of the 1,314 individuals interviewed between July 1, 2004, and June 30, 2005, 41 percent had met 13 or more outcomes on the POM items.<sup>3</sup>

**13 or More Outcomes Met**  
July 1, 2004 – June 30, 2005

Number of Interviews	13+ Met	Percent 13+ Met
1,314	541	41.2

The dependent variable for the ordinary least squares regression analysis is the percent of the 25 POM outcomes scored as met for individuals interviewed from July 1, 2004, to June 30, 2005. The following table shows the percent met for each POM item. Individuals were most likely to have met the outcome indicating they are free from abuse and neglect, with 83 percent of people meeting the outcome. They were generally

<sup>3</sup> The total number of POM interviews from the period July 1, 2004, to June 30, 2005 is 1,314. However, one case was missing information that could not be recovered on several demographic measures. Therefore, analyses will be based on 1,313 interviews.

satisfied with their personal life situations, with 71 percent achieving that outcome. Individuals were least likely to achieve the outcomes *perform different social roles, has friends, and chooses services*.

### Percent Outcomes Met: POM Items

July1, 2004 – June30, 2005

POM Item	Number Met	Percent Met
Chooses personal goals	520	39.6
Chooses where and with whom they live	499	38.0
Chooses where they work	382	29.1
Has intimate relationships	599	45.6
Satisfied with services	711	54.1
Satisfied with personal life situations	928	70.6
Chooses daily routine	662	50.4
Has Privacy	843	64.2
Decides when to share personal information	643	48.9
Uses their environment	462	35.2
Lives in integrated environments	418	31.8
Participates in the life of community	472	35.9
Interacts with members of the community	547	41.6
Performs different social roles	197	15.0
Has friends	329	25.0
Is respected	640	48.7
Chooses services	334	25.4
Realizes personal goals	662	50.4
Is connected to natural support networks	845	64.3
Is safe	803	61.1
Exercises rights	458	34.9
Is treated fairly	690	52.5
Has the best possible health	534	40.6
Is free from abuse and neglect	1,090	83.0
Experiences continuity and security	498	37.9

#### Independent Variables

Multiple situations and factors influence the extent to which individuals are able to achieve outcomes and goals that are important to them. We are limited to the factors available in the Delmarva data, collected during the interview process: sex, area size, age, type of disability, and supports present in their lives are available for analysis. The size of the area in which they live is based upon information from Medicaid claims. Because larger urban areas may offer a broader array of services and also more community programs and employment opportunities, it is possible consumers living in these areas are more likely to have their needs met than people in more rural settings.

Evidence from previous work has consistently indicated that children under age 18 are more likely than adults to have a high percent of outcomes met. Because they are often

in school environments, they are more likely to have supports present that lead to better outcomes. In addition, people living in family homes have access to support systems often unavailable to people in group homes and they are therefore more likely to have their outcomes and goals achieved.<sup>4</sup> Little work has been completed that examines the effectiveness of the DD HCBS services for people with different disabilities. The presence of supports in individuals' lives may serve to assist them in achieving personal goals and outcomes.

In this study we are able to determine the impact each of these independent variables has on the percent of POM outcomes scored as met. We then “control” for these factors (independent variables) when determining the net effect of POM supports on the percent of outcomes met. The independent variables used in the analysis are measured as follows:

- Sex: Male and Female
- Age: We show descriptive results for various age groups and analyze age as a continuous variable (without breaking it down by age groups) in the regression models.
- Area Size: The Medicaid Claims data from AHCA were used to identify the number of consumers living in each area during the study period. Areas with over 2,000 consumers on the DD HCBS waiver were categorized as Large. These include the Broward, Orlando, Miami-Dade and Suncoast areas. Medium size areas had from 1,000 to 1,999 consumers (e.g., Jacksonville, Pensacola, Tallahassee) and Small areas fewer than 1,000 consumers. The categories contain the following areas:
  - Large—7, 10, 11, 23
  - Medium—1, 2, 3, 4, 9, and 13
  - Small—8, 12, 14 and 15
- Home Type: There are several types of living arrangements available to people who receive services on the DD HCBS waiver. We have grouped these into three categories for this analysis. These are:
  - Family—family home and foster care
  - Independent—Independent Living and Supported Living
  - Group Homes—Large and Small Group Homes, Assisted Living Facilities (ALF), and Residential Treatment Facilities
- Disability: Consumers with six different disabilities are included in the sample. These are grouped as follows:
  - Mental Retardation
  - Cerebral Palsy
  - Autism
  - Other/Unknown—includes Epilepsy (3), Spina Bifida (37), Prader Willi (1), and Other (24)
- POM Support Items: Individuals receive a score on each of the 25 POM items indicating whether supports are available to assist them in achieving that personal

---

<sup>4</sup> See Quarterly and Annual reports submitted to AHCA for Year Two and Year Four.

outcome. Individuals receive a score of 0 (supports not present) or 1 (supports present) for each of the following 25 POM items:

- Chooses personal goals
- Chooses where and with whom they live
- Chooses where they work
- Has intimate relationships
- Satisfied with services
- Satisfied with personal life situations
- Chooses daily routine
- Has Privacy
- Decides when to share personal info
- Uses their environment
- Lives in integrated environments
- Participates in the life of community
- Interacts with members of the community
- Performs different social roles
- Has friends
- Is respected
- Chooses services
- Realizes personal goals
- Is connected to natural support networks
- Is safe
- Exercises rights
- Is treated fairly
- Has the best possible health
- Is free from abuse and neglect
- Experiences continuity and security

*Distribution by Sex*

The table below shows the distribution of the number and percent of POM interviews for male and female consumers. The ratio of male to female consumers shows a slightly higher proportion of men than women. Close to 54 percent of the sample is male and 46 percent is female.<sup>5</sup>

**POM Interviews by Sex**  
July1, 2004 – June30, 2005

Sex	Number	Percent
Female	605	46.1%
Male	708	53.9%

---

<sup>5</sup> See FSQAP Year Four Annual Report, submitted to AHCA September 15, 2005, for population characteristics by gender, age, disability and home type.

### Distribution by Age Group

The following table shows the distribution of individuals by age group. Children aged 17 years or younger are a sizable portion of the sample at 15 percent. This is noteworthy because, as discussed above, previous research has shown that children are likely to have more POM outcomes met than are adults. The majority of individuals in the sample fall between 26 and 54 years of age.

#### **POM Interviews by Age Group**

July1, 2004 – June30, 2005

Age Group	Number	Percent
17 and under	194	14.8%
18 to 21	87	6.6%
22 to 25	127	9.7%
26 to 44	596	45.4%
45 to 54	198	15.1%
55 to 64	87	6.6%
65 and over	24	1.8%

### Distribution by Area Size

The distribution of individuals by the size of the area in which they live is presented below. Proportionately more individuals in the sample lived in areas defined as Large, with over 2,000 consumers as residents, than in either Medium or Small areas. Just over half of individuals live in Large size areas, a little over a third live in Medium size areas, and just under 15 percent live in Small size areas.

#### **POM Interviews by Area Size**

July1, 2004 – June30, 2005

Area Size	Number	Percent
Large	670	51.0%
Medium	457	34.8%
Small	187	14.2%

### Distribution by Home Type

The majority of individuals in the sample, as well as in the population as a whole, live in family homes. Over half of individuals live in a family or foster home, a little over a quarter of individuals interviewed lived in a group home, and just under 20 percent of individuals live independently or in supported living arrangements.

**POM Interviews by Home Type**

July1, 2004 – June30, 2005

Home Type	Number	Percent
Family/Foster	720	54.8%
Independent/Supported	250	19.0%
Group Home	343	26.1%

*Distribution by Disability*

The greatest percent of consumers have Mental Retardation as their primary disability. The next largest category is people with Cerebral Palsy, although percentages of people with Cerebral Palsy, Autism, or one of the disabilities in the other category as their primary disability is quite small compared to mental retardation.

**POM Interviews by Disability**

July1, 2004 – June30, 2005

Disability	Number	Percent
Mental Retardation	1,078	82.1%
Cerebral Palsy	120	9.1%
Autism	67	5.1%
Other	48	3.7%

*Disability by Home Type*

Previous research has informed us that consumers with Mental Retardation are less likely to have outcomes met than are consumers with other disabilities. In addition, consumers living in group homes (large or small) are less likely to have outcomes met than individuals living in family homes or independent/supported living environments. Therefore, it is important to examine the extent of association between disability and residential status to help determine if it is mental retardation that makes it difficult to achieve outcomes, or the fact that consumers with mental retardation are more likely to live in an environment that itself produces lower outcomes.

**POM Interviews by Disability and Home Type**

July1, 2004 – June30, 2005

Disability	Family/Foster		Independent/Supported		Group Home		Total Percent
	N	Percent	N	Percent	N	Percent	
Mental Retardation	565	52.4%	207	19.2%	306	28.4%	100%
Cerebral Palsy	67	55.8%	33	27.5%	20	16.7%	100%
Autism	50	74.6%	3	4.5%	14	20.9%	100%
Other	38	79.2%	7	14.6%	3	6.3%	100%

A larger percentage of individuals with Mental Retardation tend to live in a Group Home setting as compared with all other disabilities. Individuals with any other disability are much more likely to live in a Family or Foster home setting than in any other environment. These results indicate that it is important to consider whether individuals with Mental Retardation are less likely to have their outcomes met as a result of living in a group home setting where they are less likely to have the support of family or friends.

*Distribution by POM Support Items*

The following table shows the number and percent of individuals who have supports present to assist them in achieving the personal outcome for each of the 25 POM items. More individuals had supports available to assist them in achieving the outcomes of *Is free from abuse and neglect*, *Is connected to natural support networks*, and *Satisfied with personal life situations* than other outcomes at 84 percent, 73 percent, and 68 percent respectively. Individuals were least likely to have supports present to assist them in achieving the outcomes of *Performs different social roles*, *Has friends*, and *Chooses services*.

**Percent Supports Present: POM Items**

July1, 2004 – June30, 2005

POM Item	Number Present	Percent Present
Chooses personal goals	566	43.0%
Chooses where and with whom they live	535	40.7%
Chooses where they work	487	37.1%
Has intimate relationships	569	43.3%
Satisfied with services	714	54.3%
Satisfied with personal life situations	890	67.7%
Chooses daily routine	681	51.8%
Has Privacy	808	61.5%
Decides when to share personal information	783	59.6%
Uses their environment	540	41.1%
Lives in integrated environments	477	36.3%
Participates in the life of community	573	43.6%
Interacts with members of the community	577	43.9%
Performs different social roles	244	18.6%
Has friends	387	29.5%
Is respected	677	51.5%
Chooses services	422	32.1%
Realizes personal goals	652	49.6%
Is connected to natural support networks	957	72.8%
Is safe	742	56.5%
Exercises rights	494	37.6%
Is treated fairly	725	55.2%
Has the best possible health	628	47.8%
Is free from abuse and neglect	1,099	83.6%
Experiences continuity and security	544	41.4%

## Results

### Descriptive Analyses

Outcomes for individuals being served under the DD HCBS Waiver program have been reviewed and reported upon in several reports and Quality Improvement Studies.<sup>6</sup> A summary of the percent of outcomes met and supports present by demographic characteristics is presented in the following table.

**Percent Outcomes Met and Supports Present by  
Demographic Characteristics**  
July1, 2004 – June30, 2005

	Pct Outcomes Met	Pct Supports Present
<b>Sex</b>		
Female	46.3	49.2%
Male	43.8	47.0%
<b>Age Group</b>		
17 and under	54.3	56.0%
18 to 21	43.9	46.0%
22 to 25	45.8	49.4%
26 to 44	43.6	47.2%
45 to 54	44.2	47.3%
55 to 64	38.9	41.7%
65 and over	33.0	33.8%
<b>Area Size</b>		
Large	44.0	47.5%
Medium	46.4	48.5%
Small	44.7	48.4%
<b>Home Type</b>		
Family/Foster	48.3	51.1%
Independent/Supported	53.3	57.0%
Group Home	31.9	35.0%
<b>Disability</b>		
Mental Retardation	43.3	46.7%
Cerebral Palsy	51.4	54.2%
Autism	49.9	51.2%
Other	59.9	59.2%

Demographic results are highlighted as follows:

---

<sup>6</sup> See Quarterly and Annual Reports submitted to AHCA during the contract years. Also see, CDC+, Outcomes Not Met and Supports Not Present QI studies.

- There is little difference between women and men and between those living in Large, Medium, or Small sized areas in the percent of outcomes met and the percent of supports present.
- Children are much more likely to have their outcomes met and to have supports for outcomes present than adults.
- Those aged 65 and over are far less likely to have their outcomes met and to have supports for outcomes present than those of other ages.
- Individuals living in group homes are much less likely to achieve their desired outcomes and to have supports present for outcomes than those in any other living arrangement.
- Individuals with Mental Retardation have a lower percent of outcomes met and supports present than people with any other disability.

Because living arrangements and disability have both been shown to impact outcomes for individuals, we examine the relationship between these two characteristics in the following table. Individuals on the DD HCBS Waiver program with Mental Retardation experienced a lower percent of outcomes met and supports present than individuals with any other disability when living in the Family Home or a Group Home. However, in Independent and Supported Living arrangements, individuals with autism had a lower percent of outcomes met and supports present than those with other disabilities. Therefore, it appears that residential setting moderates the impact of disability on outcomes met and supports present. In other words, we can say that Mental Retardation is associated with the lowest levels of supports and outcomes, except in the case of individuals living in Independent/Supported Living settings where Autism is associated with the lowest levels of supports and outcomes.

**Percent Outcomes Met and Supports Present by Disability and Home Type**  
*July1, 2004 – June30, 2005*

Disability	Family/Foster		Independent/Supported		Group Home	
	Percent Met		Percent Met		Percent Met	
	Outcomes	Supports	Outcomes	Supports	Outcomes	Supports
Mental Retardation	46.6%	49.9%	52.2%	56.0%	31.2%	34.3%
Cerebral Palsy	50.9%	53.6%	61.0%	63.2%	37.0%	41.6%
Autism	53.8%	55.1%	33.3%	49.3%	39.4%	37.4%
Other	61.9%	59.7%	57.1%	60.0%	41.3%	50.7%

Correlation Analysis: 13 or More Met

The following table provides information on the association of each POM support with the criterion of 13 or more Met for the 12 month period ending June 2005. The Bivariate Correlation reflects the results of the one-to-one correlation between each support item and whether or not 13 or more POM items were met (N=1,314). The Percent Present columns show the percent of individuals with supports present on each POM item, among

individuals who had 13 or more POM items scored as met (N=541), and among individuals who had less than 13 POM items scored as met (N=773).<sup>7</sup> These provide some indication of the correlation between each support and quality of life using the criterion of 13 or more POM outcomes met.

**Bivariate Correlations and Percent Supports Present for 13 or More Met**

July1, 2004 – June30, 2005

POM Item	Bivariate Correlation with 13 or More Outcomes Met	Percent Present for Those with 13 or More Outcomes Met <sup>8</sup>	Percent Present for Those with Less than 13 Outcomes Met <sup>9</sup>
Chooses personal goals	0.393	66.4%	26.8%
Chooses where and with whom they live	0.506	70.4%	19.9%
Chooses where they work	0.431	61.9%	19.7%
Has intimate relationships	0.414	67.8%	26.1%
Satisfied with services	0.391	77.6%	38.0%
Satisfied with personal life situations	0.359	87.8%	53.7%
Chooses daily routine	0.500	81.7%	39.0%
Has Privacy	0.395	84.5%	45.4%
Decides when to share personal info	0.393	82.6%	43.5%
Uses their environment	0.461	68.2%	22.1%
Lives in integrated environments	0.375	57.9%	21.2%
Participates in the life of community	0.437	69.5%	25.5%
Interacts with members of the community	0.456	71.0%	25.0%
Performs different social roles	0.364	35.5%	67.3%
Has friends	0.403	51.4%	14.1%
Is respected	0.480	80.2%	31.4%
Chooses services	0.494	59.7%	12.8%
Realizes personal goals	0.342	70.1%	35.3%
Is connected to natural support networks	0.323	90.0%	60.8%
Is safe	0.192	67.8%	48.5%
Exercises rights	0.484	65.6%	18.0%
Is treated fairly	0.421	80.2%	37.6%
Has the best possible health	0.258	63.2%	37.0%
Is free from abuse and neglect	0.178	91.5%	78.1%
Experiences continuity and security	0.380	63.8%	25.7%
Number	1,314	541	773

<sup>7</sup> Two additional tables are available in Appendix 1, Attachments 2 and 3. The tables are sorted from high to low on the correlation value and also on the percent present for those with 13 or more met.

<sup>8</sup> The comparison category for this figure is the percent of those with 13 or more outcomes met who did not have a support present (not presented). For instance, if 60% of those with 13 or more outcomes met have a support present, that tells us that 40% of those with 13 or more outcomes met do not have that support present.

<sup>9</sup> The comparison category for this figure is the percent of those with less than 13 outcomes met who did not have a support present (not presented). For instance, if 70% of those with less than 13 outcomes met have a support present, that tells us that 30% of those with less than 13 outcomes met do not have that support present.

Pearson's  $r$  values are given to reflect the bivariate association between each POM support indicator and whether or not the individuals have 13 or more outcomes met. Correlations range from a low of 0.178 on the item *Is free from abuse and neglect* to a high of 0.506 on the item *Chooses where and with whom they live*. *Chooses daily routine*, *Chooses services*, *Exercises rights*, and *Is respected*, round out the top five POM supports with the strongest correlations with the criterion of having 13 or more outcomes met.

Among the subset of consumers on the DD HCBS Waiver program who have 13 or more outcomes met, which supports are most likely to be present? Percent present ranges from a low of 35.5 percent indicating support is available for individuals to *Perform different social roles*, to a high of 91.5 percent reflecting that most of these individuals have support to help them be *free from abuse and neglect*. *Is connected to natural support networks*, *Satisfied with personal life situations*, *Has privacy*, and *Decides when to share personal info*, round out the top five items that are present among this group.

These two different techniques, the bivariate correlation and the Percent of Supports Present, identify different supports as strongly associated with 13 or more outcomes met. This is due to the fact that the top five supports identified as present among those who met 13 or more outcomes are also among the top supports present among those who met less than 13 outcomes. In other words, these supports appear to be commonly present among individuals in general, and therefore do not help us understand why some individuals are able to achieve more than half of outcomes while others are not. The Pearson's  $r$  value, on the other hand, shows a strong association (large magnitude) only when those with 13 or more outcomes met score differently on the presence of a support than those with less than 13 outcomes met. Thus the results from the correlation analysis are better suited to illustrate how individuals who achieve more outcomes differ from those who do not.

The presence of supports for the "driver indicator" *chooses services* has the third strongest correlation with the 13 or more met criterion, suggesting that supports for this driver indicator are important in helping individuals to achieve outcomes. The presence of supports for the "driver indicator" *chooses work* has the ninth strongest correlation with the 13 or more met criterion suggesting that supports for this driver indicator are moderate in their impact on achieving outcomes. Finally, the top five support items correlated with 13 or more outcomes met do not concentrate in any one POM Domain, but rather are distributed across Identity, Autonomy, Affiliation, Attainment, and Rights.

### Regression Analysis Results

Results from the base regression model using the Percent of Outcomes Met as the dependent variable are presented in the following table. The R-Square value indicates that 15.8 percent of the variation in the percent of outcomes met for the individuals in the sample is explained by the nine variables in the equation. These nine variables represent the individual's age, sex, living arrangement (independent/supported living or group

home), size of area (medium or large), and primary disability (cerebral palsy, autism, or other).

The t-value and p-value listed for each variable reflect the statistical significance of the relationship between each variable and the percent of outcomes met. A p-value of .05 or smaller (t-value of two or greater) is generally considered to be a significant relationship—one that is not due to chance or sampling error. The larger the t-value the less likely the relationship is due to chance. In other words, there is a real impact of the independent variable on the dependent variable.

The coefficient indicates the strength and direction of the relationship between the independent and dependent variable. A positive coefficient indicates that increasing values of the independent variable result in increasing values of the dependent variable. A negative coefficient indicates that increasing values of the independent variable result in decreasing values of the dependent variable. A larger magnitude indicates a stronger impact of the independent variable on the dependent variable. In fact, the coefficient tells us the size of the change in the dependent variable for a unit change in the independent variable. For example, the coefficient for age tells us that when age increases by one year, the percent of outcomes met decreases by .002. Similarly, the coefficient for Independent/Supported Living tells us that living in an independent/supported living setting increases the percent of outcomes met by .07 as compared to living in a family home.

Sex, area size, residential setting, and disability are examined in the form of discrete variables. This means they are grouped into several categories, and the results are interpreted in terms of the reference group. For example, the results for consumers living in independent/supported living or group homes are relative to the reference group, people living in family homes. The reference group for sex is male, the reference group for APD Area size is Small-Size Areas, and the reference group for disabilities is Mental Retardation. Results are presented in the following table.

### Regression Results: Percent Outcomes Met

July1, 2004 – June30, 2005

Independent Variables <sup>10</sup>	Coefficient	T-Value	P-Value
Sex	0.017	1.430	0.154
Age	-0.002	-4.080	0.000
Independent/Supported Living	0.070	4.390	0.000
Group Home	-0.138	-9.710	0.000
Cerebral Palsy	0.050	2.500	0.012
Autism	0.039	1.450	0.147
Other Disability	0.111	3.560	0.000
Medium-Size Area	0.004	0.220	0.824
Large-Size Area	-0.008	-0.460	0.643
Number	1,313		
R-Square	0.158		

All of the variables in the base model analysis show a significant impact on the percent of outcomes met with the exception of sex, autism, and Area size. The results indicate that:

- Older people on the DD HCBS program are less likely to have outcomes met, regardless of where they live, their sex, the size of their area or their primary disability.
- People living in independent or supported living environments have a higher percent of outcomes met than people living in family homes, net of other factors.
- Individuals in group home settings are less likely to have outcomes met compared to those in family homes, net of other factors in the analysis. The coefficient for group home settings has the largest magnitude (-.138) of any in the model.
- Individuals with mental retardation listed as their primary disability are less likely to have outcomes met than people with cerebral palsy or the disabilities represented by the other disability category, net of the other factors in the equation. Regardless of living arrangements, people with mental retardation do not have as many outcomes met as people with other disabilities with the exception of autism.

The base model - the model without supports included - indicates which of the demographic characteristics impact the percent of outcomes met by individuals. Since we are interested in whether the supports available to an individual impact her or his ability to achieve outcomes, we add as an independent variable a measure indicating the percent of supports present for individuals. In the next table we display results from this regression model. With this analysis we can begin to determine the impact of supports on outcomes achieved. The R-Square value indicates that 79.4 percent of the variation in the

---

<sup>10</sup> The reference, or omitted, category for home type is family/foster home. The reference category for disability type is mental retardation. The reference category for Area-size is small.

percent of outcomes met for the individuals in the sample is explained by the ten variables in the equation.

**Regression Results: Percent Outcomes Met**

July1, 2004 – June30, 2005

Independent Variables	Coefficient	T-Value	P-Value
Percent Supports Present	0.731	63.420	0.000
Sex	0.007	1.200	0.231
Age	0.000	-1.960	0.050
Independent/Supported Living	0.012	1.530	0.125
Group Home	-0.037	-5.190	0.000
Cerebral Palsy	0.017	1.730	0.084
Autism	0.027	2.000	0.045
Other Disability	0.059	3.830	0.000
Medium-Size Area	0.012	1.400	0.162
Large-Size Area	0.000	-0.040	0.968
Number	1,313		
R-Square	0.794		

Adding Percent of Supports Present as an independent variable to the base model shows the following:

- Having a higher percent of supports present to assist a person significantly increases the percent of outcomes an individual achieves. In fact, the coefficient for Percent Supports Present has the largest magnitude of any in the model. For every percent increase in supports present for an individual, the percent of outcomes achieved by an individual increases by .73 percent.
- The effect of living in an independent/supported living arrangement on the percent of outcomes met is no longer significant in this model. Once supports are accounted for in the model, independent/supported living no longer helps us understand why some individuals have a higher percent of outcomes met. In other words, at the same level of percent of supports present, individuals living in an independent/supported living situation are no more or less likely to achieve outcomes than those living in a family or foster home. This suggests the greater likelihood of achieving outcomes among those living in independent/supported living settings stems in part from a greater access to supports present in those settings.
- Even at the same percent of supports present, individuals who live in group homes have a lower percent of outcomes met than individuals living in a family or foster home.
- At a similar percent of supports present, individuals whose primary disability is autism achieve a higher percent of outcomes than individuals whose primary disability is mental retardation.

The evidence shows that a higher percent of supports available results in a higher percent of outcomes met for individuals on the DDHCBS Waiver. However, we are also interested in whether having more supports available plays a role in helping individuals achieve 13 or more outcomes. Do supports help us understand why some people are able to move beyond achieving a minimal number of outcomes while others are not? The following table presents the results of a logistic regression model that includes a discrete variable indicating whether an individual has met 13 or more outcomes as the dependent variable. This model will tell us whether the level of support available to an individual or any of the demographic variables significantly affects the likelihood that an individual has met 13 or more outcomes.

Logistic regression coefficients tell us the increase in the log of the odds (or log odds) of the dependent variable for a one-unit increase in the independent variable. For example, the log odds of achieving 13 or more outcomes increases by 11.09 for each additional percent of supports present, net of other effects. Thus the coefficient indicates the strength and direction of the relationship between the independent variable and the log odds of the dependent variable. However, the interpretation of the coefficient is not intuitively appealing (what does it mean for a log odds to increase by 11.09?). Therefore the coefficient is converted to an odds ratio. The odds ratio tells us the percent change in the odds of achieving 13 or more outcomes for a unit change in the independent variable. For each additional percent in supports present, the odds of having met 13 or more outcomes increases by 9,899 percent. The odds of achieving 13 or more outcomes is .57 times lower for individuals living in group homes than for individuals living in family homes, about half as likely to have 13 or more outcomes met.

**Regression Results: 13 or More Outcomes Met**  
July1, 2004 – June30, 2005

Independent Variables	Coefficient	Odds Ratio	P-Value
Percent of Supports Present	11.087	99.990	0.000
Sex	0.311	1.370	0.084
Age	-0.008	0.990	0.256
Independent/Supported Living	0.377	1.460	0.112
Group Home	-0.572	0.570	0.014
Cerebral Palsy	0.424	1.530	0.163
Autism	0.651	1.920	0.113
Other Disability	1.163	3.200	0.023
Medium-Size Area	0.375	1.460	0.160
Large-Size Area	0.150	1.160	0.557
Number	1,313		

These results show:

- The level of supports available to individuals has a significant and powerful impact on whether individuals are likely to achieve a large number of outcomes,

specifically 13 or more. Individuals with a higher percent of supports available to them are far more likely to meet more than half of the outcomes than are individuals with a lower percent of supports available to them. For every percent increase in supports present, the log odds of achieving 13 or more outcomes increases by 11.09.

- Once the overall level of supports is held constant, age no longer significantly affects the likelihood of achieving 13 or more outcomes. This suggests that children’s greater likelihood of achieving outcomes stems in part from a greater access to supports.
- Controlling for other factors including the level of supports available to individuals, living in a group home decreases the likelihood that a person will achieve 13 or more personal outcomes as compared to living in a family home.
- Controlling for other factors including the level of supports present, persons with a primary disability in the “other disability” category are more likely to achieve 13 or more outcomes than persons with mental retardation as a primary disability.

We are also interested in more detailed information about which POM support items in particular help to increase outcomes. Are particular kinds of supports more important than others in helping individuals achieve personal outcomes? The table below presents the results from a regression model that includes each of the 25 POM support items separately as independent variables. These measures indicate whether a person had a support present for each of the POM items. This allows us to assess the relative importance of each support item in its impact on individuals’ outcomes.<sup>11</sup>

Results in the table show us the impact of each support on the likelihood of achieving 13 or more outcomes, net of other factors included in the model. The impact of each support tells us the effect of having the support present on the likelihood of achieving 13 or more outcomes holding constant the presence of all other supports and demographic factors.

---

<sup>11</sup> The coefficients and odds ratios for the five supports with the strongest impact on 13 or more outcomes met are presented in bold type.

**Regression Results: 13 or More Outcomes Met  
With Individual Support Items**  
July1, 2004 – June30, 2005

Independent Variables	Coefficient	Odds Ratio	P-Value
Sex	0.286	1.330	0.127
Age	-0.006	0.990	0.426
Independent/Supported Living	0.347	1.420	0.193
Group Home	-0.188	0.830	0.483
Cerebral Palsy	0.478	1.610	0.143
Autism	0.463	1.590	0.284
Other Disability	1.244	3.470	0.018
Medium-Size Area	0.399	1.490	0.155
Large-Size Area	0.340	1.410	0.214
Chooses personal goals	-0.045	0.960	0.827
Chooses where and with whom they live	<b>0.673</b>	<b>1.960</b>	0.001
Chooses where they work	0.308	1.360	0.127
Has intimate relationships	<b>0.641</b>	<b>1.900</b>	0.001
Satisfied with services	0.409	1.510	0.051
Satisfied with personal life situations	0.380	1.460	0.089
Chooses daily routine	<b>0.948</b>	<b>2.580</b>	0.000
Has Privacy	0.451	1.570	0.035
Decides when to share personal information	<b>0.659</b>	<b>1.930</b>	0.001
Uses their environment	0.612	1.850	0.002
Lives in integrated environments	0.270	1.310	0.194
Participates in the life of community	0.541	1.720	0.009
Interacts with members of the community	0.606	1.830	0.004
Performs different social roles	0.340	1.410	0.196
Has friends	0.135	1.150	0.537
Is respected	0.627	1.870	0.003
Chooses services	0.469	1.600	0.029
Realizes personal goals	0.377	1.460	0.049
Is connected to natural support networks	<b>0.720</b>	<b>2.060</b>	0.004
Is safe	-0.124	0.880	0.534
Exercises rights	0.561	1.750	0.007
Is treated fairly	0.338	1.400	0.128
Has the best possible health	0.587	1.800	0.002
Is free from abuse and neglect	0.073	1.080	0.795
Experiences continuity and security	0.629	1.880	0.001
Number	1,313		

The results show:

- 15 of the 25 POM support items significantly increase the likelihood of achieving 13 or more outcomes. The coefficients for the 15 items range from a low of .377 to a high of .948.

- The POM support item that has by far the strongest impact on achieving 13 or More Outcomes is *Chooses daily routine*. When individuals have supports in place to assist them in choosing their daily routine, they are far more likely to achieve more than half of the personal outcomes represented by the POM items.
- The five POM support items that have the strongest impact on the likelihood of achieving 13 or More Outcomes are *Chooses daily routine*, *Is connected to natural support networks*, *Chooses where and with whom they live*, *Decides when to share personal information*, and *Has intimate relationships*. The odds of achieving 13 or more outcomes is 2.58 times higher for individuals who have supports to assist them in *choosing their daily routine* than for those who lack such supports. Similarly, the odds of achieving 13 or more outcomes is 2.06 times higher for those who are *connected to natural support networks*, 1.96 times higher for those who *choose where and with whom they live*, 1.93 times higher for individuals who *decide when to share personal information*, and 1.90 times higher for those with *intimate relationships* than for individuals who lack supports for each respective outcome.

## **Discussion and Recommendations**

The purpose of this study was to assess the impact of the presence of POM supports on the outcomes achieved by individuals as indicated by the Personal Outcome Measures. The association between each support and “13 or More Outcomes Met” was examined via correlation analysis. The impact of the percent of supports available to an individual, each individual POM support item, and a set of demographic characteristics on total POM outcomes achieved was examined using regression analysis.

Individuals with a higher percent of supports present have a higher percent of outcomes met and are far more likely to achieve 13 or more outcomes than are individuals with a lower percent of supports present. In fact, the percent of supports present has the strongest impact of any of the predictors on achieving outcomes.

*Recommendation 1: Future studies should analyze the differences between individuals with supports present and individuals who lack supports. What are the primary sources of support for individuals with supports present? What impediments exist for those who lack supports? Do they lack natural support networks or are there other barriers involved?*

Two POM supports were important in the results of both the correlation analysis and regression analysis. *Chooses where and with whom they live* and *Chooses daily routine* were the supports most strongly associated with “13 or More Outcomes Met” in the correlation analysis. Both items were also among the three strongest predictors of the likelihood of having met 13 or more outcomes in the regression analysis, ranking third and first respectively.

*Recommendation 2: Given that supports for making choices about living arrangements and daily routine strongly impact outcomes achieved, future research should consider how the life circumstances of individuals with supports present afford them support for making choices about day-to-day life and how this differs from the life circumstances of those who lack supports.*

*Recommendation 3: APD should consider constructing guidelines for support coordinators to use in helping recipients create a daily schedule that integrates the resident's choices and takes into account any constraints in their daily schedule. For instance, recipients who live in group homes may need to take group home rules into account in their daily schedule.*

When sex, age, primary disability, home type, and Area size are held constant, *Chooses daily routine, Is connected to natural support networks, Chooses where and with whom they live, Decides when to share personal information, and Has intimate relationships* are the five POM supports that most strongly impact the likelihood of achieving 13 or more outcomes. The importance of being *connected to natural support networks* and having *intimate relationships* points to the importance of family and friends in achieving outcomes for developmentally disabled individuals. Being connected to natural supports likely enhances ones' ability to develop intimate relationships. Making choices about daily routine, where to live, and sharing personal information likely fosters independence and confidence. Confidence and independence are likely valuable assets in helping individuals achieve personal goals.

*Recommendation 4: Future studies should examine what sources are important in providing support for making daily choices and connecting one to natural supports for individuals who have these supports available to them. Do individuals with these supports rely primarily on family, schools, sources within the community, state resources or some combination for these supports?*

*Recommendation 5: The state should continue the current focus on maintaining natural support networks and integrating people into their communities, for example, via the supported work initiative. Individuals who have access to natural supports and a place within our communities are much more likely to achieve personal outcomes that improve their quality of life.*

Holding the availability of supports constant, individuals in group homes have a lower percent of outcomes met and are less likely to achieve 13 or more outcomes than are individuals in family homes. In addition, supports for *Chooses daily routine, Is connected to natural support networks, Chooses where and with whom they live, and Decides when to share personal information* may be particularly lacking in group homes. Group homes may have structures and schedules in place that help manage numerous residents. These structures and schedules are likely to place some limits on residents' ability to choose their daily routine, choose where and with whom they live, and decide when to share personal information. They may also place some limits on staying connected to natural support networks.

*Recommendation 6: APD should consider constructing a set of guidelines for group homes that outline a number of activities in which residents could participate. Group homes could use the guidelines to offer residents daily options for activities.*

*Recommendation 7: Alternatively, APD could consider encouraging group homes to construct their own set of daily activities that residents could use to choose daily routines.*

*Recommendation 8: Future studies should examine group homes to ascertain what features of group homes act as barriers to achieving outcomes for individuals with developmental disabilities. Do group homes enforce structures and rules for residents that interfere with residents' ability to make choices in their day-to-day lives? This study should also include a comparison of group homes serving individuals with a higher level of outcomes met to homes with individuals achieving fewer outcomes.*

*Recommendation 9: Future studies should examine why autistic individuals lack supports as compared to individuals with other disabilities.*

Some supports are widely present for both those who met 13 or more outcomes and those who met less than 13 outcomes. Consequently they do not help us distinguish between the two groups. However, this suggests that some supports are important in helping most individuals meet some outcomes. This suggests that some set of resources has successfully enabled widespread access to supports that help ensure individuals are *free from abuse and neglect, connected to natural support networks, and satisfied with personal life situations.*

*Recommendation 10: The state should continue its training and oversight functions that contribute to supports that help individuals remain free from abuse and neglect, connected to natural support networks, and satisfied with personal life situations.*

In previous research it has been shown that children in this population generally have better outcomes than adults. It is assumed this is true mostly because they are more likely to live in family homes and also go to schools that supply needed supports in their lives. Results from this study and from the fourth year FSQAP study of predictors of outcomes show that regardless of home type and type of disability, children are more likely to have outcomes met. Children's greater likelihood of achieving outcomes holding other factors constant may result from being in school environments where they have access to supports in the form of friends and teachers who help them achieve desired goals. Results from this study show that once the presence of supports is included in the models, children are no longer any more likely to achieve outcomes than are adults. These results suggest the presence of more supports in the lives of children relative to adults explains children's greater propensity to achieve outcomes. However, we cannot determine from the results whether the supports are present primarily as a result of school environments.

*Recommendation 11: Future studies should analyze the supports available to children and assess the various sources of supports. Do the additional supports that children have available to them come primarily from schools or are they the result of a combination of sources. Can these additional supports be replicated in environments available to adults?*

Results for the driver indicators are mixed. Data suggest that when supports for *chooses services* are present, they are highly correlated with achieving 13 or more outcomes. However, once other factors are held constant in the regression model, they have only a moderate impact on the likelihood of achieving 13 or more outcomes. This suggests that supports for *choosing services* are important in helping individuals achieve outcomes and improve quality of life, but some of the impact can be explained by the demographic factors included in the regression model. Supports for *chooses work* do not significantly affect the likelihood of achieving 13 or more outcomes. This could in part reflect circumstances similar to the broader society in that we often tolerate our work as a means to get to the things we enjoy. Many of us, not just the developmentally disabled, have little or no choice in our livelihoods. Choosing our work may not be as integral to the quality of our lives as simply having work, with the income, independence, self-worth, and networking it provides. Thus the impact of supports for *Chooses work* may operate in conjunction with some other factors making it more difficult to document.

DD services provide an essential link to work, community, family, friends, and networks of support that enhance outcomes for individuals. Access to supports that facilitate choosing the services they need is a vital link in the process of increasing the quality of life for the disabled. It is reasonable to assume that when people can not choose the services they feel are necessary in their lives, life in general will be less satisfying for them. The fourth year FSQAP study of predictors of outcomes confirms that individuals who lack choices about services have a lower quality of life.

*Recommendation 12: Future research should examine the top reasons given by individuals for why supports for Chooses Services were not available. With this information, targeted initiatives could be encouraged by APD to address these issues.*

## **Attachment 1**

### **Personal Outcome Measures**

#### **Identity**

- People choose personal goals.
- People choose where and with whom they live.
- People choose where they work.
- People have intimate relationships.
- People are satisfied with services.
- People are satisfied with their personal life situations.

#### **Autonomy**

- People choose their daily routine.
- People have time, space and opportunity for privacy.
- People decide when to share personal information.
- People use their environments.

#### **Affiliation**

- People live in integrated environments.
- People participate in the life of the community.
- People perform different social roles.
- People have friends.
- People are respected.

#### **Attainment**

- People choose services.
- People realize personal goals.

#### **Safeguards**

- People are connected to natural support networks.
- People are safe.

#### **Rights**

- People exercise rights.
- People are treated fairly.

#### **Health and Wellness**

- People have the best possible health.
- People are free from abuse and neglect.
- People experience continuity and security.

**Attachment 2**  
**13 or More Met: Sorted by Bivariate Correlations**

Bivariate Correlations and Percent Supports Present for 13 or More Met

POM Item	Bivariate Correlation with 13 or More Outcomes Met	Percent Present for Those with 13 or More Outcomes Met	Percent Present for Those with Less than 13 Outcomes Met
Chooses where and with whom they live	.506	70.4	19.9
Chooses daily routine	.500	81.7	39.0
Chooses services	.494	59.7	12.8
Exercises rights	.484	65.6	18.0
Is respected	.480	80.2	31.4
Uses their environment	.461	68.2	22.1
Interacts with members of the community	.456	71.0	25.0
Participates in the life of community	.437	69.5	25.5
Chooses where they work	.431	61.9	19.7
Is treated fairly	.421	80.2	37.6
Has intimate relationships	.414	67.8	26.1
Has friends	.403	51.4	14.1
Has Privacy	.395	84.5	45.4
Chooses personal goals	.393	66.4	26.8
Decides when to share personal info	.393	82.6	43.5
Satisfied with services	.391	77.6	38.0
Experiences continuity and security	.380	63.8	25.7
Lives in integrated environments	.375	57.9	21.2
Performs different social roles	.364	35.5	67.3
Satisfied with personal life situations	.359	87.8	53.7
Realizes personal goals	.342	70.1	35.3
Is connected to natural support networks	.323	90.0	60.8
Has the best possible health	.258	63.2	37.0
Is safe	.192	67.8	48.5
Is free from abuse and neglect	.178	91.5	78.1
Number	1314	541	773

### Attachment 3

#### 13 or More Met: Sorted by Percent Present for Those with 13 or More Met

##### Bivariate Correlations and Percent Supports Present for 13 or More Met

POM Item	Bivariate Correlation with 13 or More Outcomes Met	Percent Present for Those with 13 or More Outcomes Met	Percent Present for Those with Less than 13 Outcomes Met
Is free from abuse and neglect	.178	91.5	78.1
Is connected to natural support networks	.323	90.0	60.8
Satisfied with personal life situations	.359	87.8	53.7
Has Privacy	.395	84.5	45.4
Decides when to share personal info	.393	82.6	43.5
Chooses daily routine	.500	81.7	39.0
Is respected	.480	80.2	31.4
Is treated fairly	.421	80.2	37.6
Satisfied with services	.391	77.6	38.0
Interacts with members of the community	.456	71.0	25.0
Chooses where and with whom they live	.506	70.4	19.9
Realizes personal goals	.342	70.1	35.3
Participates in the life of community	.437	69.5	25.5
Uses their environment	.461	68.2	22.1
Has intimate relationships	.414	67.8	26.1
Is safe	.192	67.8	48.5
Chooses personal goals	.393	66.4	26.8
Exercises rights	.484	65.6	18.0
Experiences continuity and security	.380	63.8	25.7
Has the best possible health	.258	63.2	37.0
Chooses where they work	.431	61.9	19.7
Chooses services	.494	59.7	12.8
Lives in integrated environments	.375	57.9	21.2
Has friends	.403	51.4	14.1
Performs different social roles	.364	35.5	67.3
Number	1314	541	773