

National I&R Support Center

Webinar: Status and Trends in Public Financing of Supports and Services for People with Intellectual and Developmental Disabilities

February 27, 2019

Good afternoon everybody . You have joined the conference call Status and Trends in Public Financing of Supports and Services for People with Intellectual and Developmental Disabilities, which is accompanied by a webinar. My name is Damon and I am a director here at the National Association of States United for Aging and Disabilities also known as NASUAD . On behalf of NASUAD and our information and referral support center, I would like to welcome all of you to today's webinar that focuses on the status and trends in public financing of supports and services for individuals with intellectual and developmental disabilities .

Let me cover a few housekeeping items . As we know many of you will want to find the slides later on and want to assure you that the slides as well as an audio recording and printed transcript from the webinar will be posted to the NASUAD website within the next several days . Please go to www.nasuad.org where there is a webpage called monthly calls for I&R this web link and all associated materials will be posted there. The web link is also posted in the chat box for your convenience so you can go ahead and copy and paste that off of your computer screen. In order to minimize background noise all listeners will be on mute during the entire webinar. If you have questions or comments please feel free to submit them through the Q&A function available on the right-hand side of your screen . You can submit questions at any time throughout the webinar and we will address them all at the end of the presentation. Additionally for those who require captioning services they are available for today's webinar. On the right-hand side of your screen at the bottom you can see a panel labeled multimedia viewer . If you click on the arrow next to that or otherwise open it up you can see the close captioning of here . In order to access the captioning you may need to enter your name and organization and click submit before it will open up.

Let's move on to the actual webinar content. We are very pleased today to welcome our friend and colleague Amie Lulinski, Project Manager, State of the States in Intellectual and Developmental Disabilities, Coleman Institute for Cognitive Disabilities, University of Colorado . Amie has worked with and for individuals who have intellectual and developmental disabilities and their families since 1985 and she began her career as a direct support professional. Since then Dr. Lulinski has served in various roles in Illinois, Missouri, and the Washington DC metropolitan area ranging from individual service coordinator to director of research and evaluation at the ARC. Amie joined the Coleman Institute in September of 2017 where she now manages the state of the states in intellectual and developmental disabilities project. I will say at a personal level I think that their publication and the report and the longitudinal data that they manage and analyze and fantastic. We reference it and look at it all the time we are truly lucky and fortunate to have Amie as a friend and colleague in the field. With that Amie I'm going to turn it over to you .

Okay great thank you so much good afternoon everyone and thank you Damon for that very kind introduction. We are always happy to have great friends and colleagues and share information with thank you for hosting me today on behalf of the rest of the state of the states which is right of [Indiscernible] Joy Wu and myself as a project manager so thank you again . I thought it would be helpful to set a little bit of context about in case you may not be familiar with the project.

In this case it is overseen by the Administration for Community Living which is in the Department of Health and Human Services and their authorized the mental disabilities is and Bill of Rights act of 2000 and there are three separate areas that data projects of national significance can address. Where we fall is to the far right side of the ongoing longitudinal data collection project and we are in the most [Indiscernible] the risk project at the University of Minnesota as well as state data that info at UMass Boston. That is how we fit into the whole scheme of the world and now I want to move on to explain a little bit about this project what we are about what we collect and how we that the background into the universe.

This quote by Vice President Joe Biden is what I think is the heart is IDD project he stated don't tell me what you value show me your budget and I will tell you what you value. The status and trends in IDD is the study that looks at public spending on congregant services for people who has IDD in the United States . Is a longitudinal study which means it goes back long period of time in this case this project started in 1982 and a little trivia it was actually Dr. David [Indiscernible] dissertation project that grew into what we are talking about today . Today goes back to 1977 longitudinal also makes [Indiscernible] the data is collected from each of the 50 states and the District of Columbia which allows us to look at spending for the nation as a whole and because we collect data for all of the state is also comparative. We can compare states one another as well as look at any states spending trends over a period of time to see what direction they are going in . Using the data that we have [Indiscernible] going back to 1977 we can literally the with the patient values by raising public spending as a [Indiscernible] variable. In essence we follow the money . Like I already mentioned the project was funded by ACL also partially funded by the University of Colorado school of medicine Department of psychiatry which houses the Coleman Institute for disabilities. The study is usually published every other year and two fiscal years comes out. In addition 11 came out 2017 and we're in the process of analyzing data from fiscal years 2016 and 17 and working on preparation for publication later this year.

Let's talk a little bit about data sources . We collect primary data from each of the 50 states and districts of Columbia is a mentioned. We work directly with each of the state elemental disability age is to collect this data. Sometimes we were directly with that Asian the sometimes that Asian the nexus with the other state agency that has access to that data sometimes it's their Medicaid department sometimes it's a budget department but we were directly with the state to collect the primary data and we go back and forth with them to make sure that

our interpretation of the data is in fact accurate. We also collect secondary data from entities which include the U.S. Census Bureau the Social Security statistical supplements the Medicaid physical information system CMS, National Governors Association Bureau of Economic Analysis etc. so we try to collect a number of different data points so that we can triangulate our data and also an international picture . What data we collect? There are two key areas we collect data on there's dollars participant. First I will address the dollars or the spending. In terms of spending variables we look into very broad categories public and private additional services which we define as those that have 16 or more people and we also look at community-based which are defined as settings for 50 or fewer individuals the slide with many technical words for public and private institutional study or 16 people and includes federal, state, and local funding. This is just an idea of some of the different variables that we collect in terms of spending about public and private settings or 16 or more people. In addition, these are the community-based services spending data which is nearly the same as the public and private institutional services on the previous like. Is when includes community-based [Indiscernible] related Medicaid services offered through Medicaid state plans such as rehab, clinics , targeted case management . In addition federal supplemental security income as well as data as a supplemental sponsor as well . You are a number of the things that we collect on the community side and again we also collect information on the settings for 16 or fewer so you will notice that we did collect information public and private ICS ID which is intermediate care facilities for individuals with special disabilities for those things that have 16 or fewer individuals. That covers the dollars and we also cover -- we collect data on the people that we use similar parameters as we do for that public funding so we divided up in the community and to show three further divided into residential setting is reviewer 7 to 15 and 16+ . Additionally we collect data participants and day and work program and number of waiver participants

And one thing that did not make it to the slide you will find the what I have only three now is that we also collect information on technology spending and that is a minute. This is a visual illustration of the data we collect . The technology again I just want to note that I will probably note this again when I show the slide this is not out-of-pocket technology spending. This is just acknowledging spending that comes out of the state the agency so we will get to that in just a little bit.

Before we get to some data I just want to provide a word of caution. The data presented today is preliminary as we are still engaged in data analysis so what you see here today may differ from the final publication . It might differ slightly so I just want to make you aware that there might be a slight change between now and then and because we are continually going back and forth with to the data updates but are able to provide them but also going back and forth with them in terms of making sure that we have analyzed the properly. The first piece that I want to take a look at is the star chart. This search our military total IDD services with adjusted spending from 1977 two fiscal year 2017 so this is all and 20 \$17 its total IDD spending and we can say that it is continue to go up from over the course of the past decade. There are

two bars that I want to call your attention to that are in red and therefore fiscal year 2011 and fiscal year 2014 . In both of those years we saw adjusted decreases and spending from the previous year so in fiscal year 2011 and spending was in response to the end of the American reinvestment and recovery act increase which ended in December 2010 course was enacted in response session as well as a 9% decrease in local funding so those two things having together [Indiscernible] decrease in local funding cause things to die down in 2011 . The extra we see fiscal year 2014 and backdrop represents \$1 billion . That was due to one state actually . It was due to one billion-dollar decrease in the federal ICS ID funding New York State . Their rates change and it went down dramatically so much so that we can see and hear surprised very large states are going to national and because they had such a large population there spending is big so not too much of a surprise although it is a bit startling when you see the dip. The Green Line covering -- that is hovering right above [Indiscernible] represents the estimated amount of total spending using prior years average trend is been a drop in 2011 so in other words if we happen to have the recession and we had followed the trend that has been going on up until that point we would be -- we would've been right out about \$79 billion in fiscal year 2017 that we are right around 72 billion so we can see there's about a \$7 billion different because of that . Another way that we look at data aside from total spending is we like to [Indiscernible] which is on the previous slide of the total spending was 71 point billion and this pie chart the blue piece of this pie chart illustrates the 76% of public IDD spending comes from federal state and local Medicaid funds . The remaining 24% come from others in federal funds. Evoke is Medicaid funding so people that Medicaid piece out the 31 [Indiscernible] if we pull it out and look on the stacked bar chart to the right of the pie chart we can see that 31.4 billion Medicaid dollars are spent.

We see that nearly 3/4 of it was sent on home and community-based services. 19% ICS ID and 7% on Medicaid day plan programs so this is a nice way to get an idea of where is the money coming from and broadly square dollars going? . This line chart illustrates institutional and community spending 20 \$17 . Community spending surpassed institutional spending in 1989 and has continued to increase to 64 four \$4 billion in fiscal year 2017 what we see institutional spending has dropped to 71 2 billion again, when we say institutional in Congress funding for 60 community settings for 15 or fewer .

Speaking of institution taking a look at the number of people who live in the operating two ships for people with IDD and United States we can see that since 1848 and through fiscal year 2017 that has been quite a fluctuation in the census of the institutions of the total across the United States . We can see from the red bar in 1967 that is one the peak occurred . With the largest number of people were living in tuition and continue to suddenly drop down to right around 18,000 and fiscal year 2017 which represented 91% drop in state operated institutional and across the United States. There are 14 states -- 13 states plus the District of Columbia that seek funding IDD institutional services . They are listed on the screen in order of -- chronological order so we can see the first one to completely stop funding those types of settings

with the District of Columbia 1991 and see that the most recent one was Alabama in the year 2012 . Those are states that no longer fund those types of settings. We anticipate that we continue to progress at the rate that we have gone that the operated institutions should be closed by 2030 so we can continue on the trajectory by 2030 should anticipate there will be zero people living in those large state operated public institutions . That brings us to who is next? We take a look at the top 10 and the bottom 10. The table the list of states with the smallest institutional [Indiscernible] for fiscal year 2017 so we can see that Montana has the smallest with 21 and others group Maryland which is my home state has 92 and we can kind of get an idea of where these states are headed and possibly who might be one of the next states to stop funding those types of services . We also take a look at the 10 largest IDD institutional since estate and we can see here that Texas had the largest institutional census in fiscal year 2017 just over 3000 people at the 10th largest was Ohio with 702.

>> Here's another charge related to institutional census decreased. We anticipate again, a friend continue as they have which is moving away from those state operated institutions including towards studying smaller settings of the demand for residential settings were six or fewer persons will continue to increase so going back to the previous slide [Indiscernible] institutions are close by 2030 . This bar chart illustrates that the closure happening in 2030 but it also shows the bulk of the demand will be in the settings for six or fewer people .

Speaking of residential settings I think often we see is life like this previous one and we think oh my gosh there so many people living in these types of settings bony take a look at the overall numbers we are talking about a small percentage of people actually live outside the family home. We are talking about 40% of people. The majority of people who have IDD live with a family caregiver in their home . It's about 70%. Another 16% either live alone or with a roommate with the remaining 14% being the smallest proportion living in a supervised residential setting. [Indiscernible] bar chart to the right we can see that currently and I'm sorry this is for fiscal year 2017 the largest of the supervised residential setting the people living in by far is those settings for six or fewer people 84% of people to live as a family home and residential setting with the setting for six or fewer while 7% settings for seven to 15 and 1 percent limit setting for 16 or are -- more. When looking at family support it's really important to understand the proportion of families supported . We just the previous slide the bulk of people with IDD are receiving their support from a family caregiver . If we look at this chart here this shows us the total number of caregiving families across the United States is the light blue color. The dark blue color shows us the actual number or the percentage of families receiving support from state IDD agencies.

We can that in 2017 only 70% of caregiving families are receiving any kind of formalized report and given our aging population we know is have the potential to be a major problem when the caregivers no longer provide care . Of course this also leads to greater issues in greater concern over the caregiver crisis which we won't get into today but I know that all of us are acutely aware of. We talked about the previous

chart was talking about the proportion of families were actually receiving support. This slide in partials is an idea of how much funding families are receiving. We can see on this line chart since 1993 total spending which is the very top Green Line has grown 915% since 1993. We see that supported living and personal assistance has been the biggest area of growth and bar that has gone up 1746% during the same time as well as family support increase almost 900% during that time and that is the right line agency on the screen. These are all gone up again we can see that the rest the family support is where most of the people live is not the one with the bulk of the funding is going to. We can also see by looking at the scale Green Line at the bottom ever-present before employment funding during that same time I mentioned that this only increased 74% between 1993 and 2017 which is shocking really when you think about all those policies that happen put in place to support people to get and keep jobs and increase job training particularly because we are in a society that places so much value on work the numbers are reflecting it is not being reflected there is a priority necessarily.

Getting to technology as I mentioned just a little bit of the very beginning this is another area that we have been exploring since around 2008 and looking at spending on technology by IDD agencies. This is not out of pockets. The redline in this graph shows us that individual support technology such as augmentative, Communications Systems, tablet, GPS have risen dramatically over the past decade which makes think about it is far phone is no longer just a phone is a communication device analysis calendar [Indiscernible] remote monitoring which is the grapevine picking up speed at which maximize independence where smart home technology or the blue line has doubled nearly a decade ago but it seems just recently getting more mainstream attention.

There is a study that my colleagues [Indiscernible] engaged with the National Association of State Directors of Developmental Disability services and they surveyed the states to interrogate a little bit more about where technology spending is being spent on those dollars are being. That report is in preparation at the end of this presentation there is an email address for my colleague if you're interested in getting a copy of that PowerPoint you can reach out to her and they are also intending to feel the survey again beginning the spring. I think this will be a very interesting place to keep an eye on. Think it's going to be very interesting to look at this in terms of to get deeper in this caregiver crisis at the aging baby bars continue to age and may or may not be able to provide care for their adult son or daughter that has IDD anymore is going to be very interesting to see how we are seeing changes in the service sector -- public service sector and if we are seeing more reliance on technology support. [Indiscernible] we will keep our eye on that.

Another way to use our public IDD data is by using fiscal effort. That allows us to compare states while controlling for state wealth in essence. This graph illustrates state fiscal effort in fiscal year 2017 in ascending order. The blue bars each represent a state while the river represents the average across the United States. We can see that

physical effort ranges from \$1.62 in Florida up to \$11.65 in Maine well right around \$4.40 average . We also breakdown physical effort into community institutional spending but as I said we are still data analysis currently you will have to infer that the publication or perhaps the future webinar but we do break it down in that way as well. This brings me to you can access data. There are two major ways you can access data one is using our bound book which we also referred to as a monograph. As I mentioned previously this product is typically published every other year and includes two fiscal years and the latest edition which is the 11th came out in late summer 2017 . It was published by aaid [Indiscernible] sometimes they will contain information on any special study that we may have been engaged in as a part of our deliverables as a part of this branch . That is one way to access the data. Another way to access the save the state data is on our website which is on the screen here www.stateofthestates.org. [Indiscernible] data analysis that they data for fiscal year 16 and 17 are not yet available on the website. What you will be able to find there now is fiscal years 1977 through 2015 . We anticipate having this update in the summer so hopefully this will give you a little bit case it will be available and you certainly take a look at the previous 38 years or however many years and look at that data .

What you are looking at now is a couple of screenshots. You on the far left is from our home page and access day profiles click on day profiles . In the column of the right page Highway hereby a red arrow circled in red you'll be taken to another screen where you can indicate which state you are wishing to access data for other by clicking on the state on the map or selecting from the drop-down list also indicated with a red arrow. Once you have chosen the state profile were open up in PDF on your screen so that you can or printed so here you can see this is the first page of the PDF for Alabama . This is typically whatever state looks like in the state profile have all of the same variables which are total public IDD spending , public spending my revenue source, physical effort, federal IDD spending , federal state Medicaid as a percentage , number of HTS we were participant , average number of the residence etc.. There are a number of variables that you can take a look at here for your particular state. This is helpful to use if you are running to go visit with someone that you need to advocate with there is a state level elected official you can easily go here, pull this up printed out take it with you and can help you provided fax to your [Indiscernible].

Another way that we present our data is through the create a chart function and to do this you go back to the homepage, click on create a chart on the highlighted here with the red arrow circled and it will bring you to a page with two options . You can compare all or a subset of state regions where you can compare up to four states here I have chosen the first option . Click the button that says create a chart it will take you to an informational page not illustrated here to provide instruction and then you click on another button that says begin creating chart . Here you will be directed to choose one of 18 variables is you are interested in and how you prefer the data to meet his leg whether it's alphabetical a sending or descending and the variable choices I know you cannot see them on the screen but again

there are many of them that are in the state profile as well as a few additional other one . After you have chosen your variable you can click next and you will be directed to choose the states and the region that you are interested in so you can choose your state . I'm trying to see -- you can choose your state or you can choose region as I said within that circle on a screenshot you will have to check it out. You end up with a chart containing the variables and these region that you've chosen so here I'm showing for Maryland and you select the show table button a page will table and if you do the show chart it will show you that bar chart . Either one of those you can save by clicking to PDF which will allow you to copy and paste into documents or presentations that you might need to use around the states or for any advocacy efforts. We ask that you please cite the source.

An additional way that we share data in 13 embrace , presentations obviously and technical assistance so that you images on the slide are from a couple of trees that we have done recently . The one of the left is a brief we parted with Nicole [Indiscernible] from the ARC of U.S. brief new balancing anyone on the right response initially from a technical assistance requests from the ARC of Illinois data request was made to share upcoming legislative process after consulting with the requester we offered to create a brief by the data points of interest which was released at the breakfast something that happened and be able to before. Obviously data sharing is your presentation such as this one and finally technical assistance is another way to interact. Mike do you want to point out if there is a specific variable that you are interested in ? If there is a specific issue that is occurring in T -- your states we encourage you to reach out to us if you are in need of data such as the data that we discussed today. We are more than happy to assist you with creating a brief or specific to your state addressing the civic variables.

We are also open to doing a state specific webinar again on variables of interest. We are always happy to work with people who were in the field and gather information into the hands of folks that need it. Please feel free to reach out to us to make any of those request. From the screen you can see a number of links to the Coleman Institute you can learn more about the state of the state we are on Facebook we are on Twitter and finally email addresses for both Shane and I there you can reach out to us if you are interested in the specific issue and again I mentioned financial support and with that I believe we can take questions .

Great. Thank you so very much for that very informative and interesting presentation. We do have several questions coming through the question and box and as a reminder to those of you on the line there is a chat box on the right-hand side of your screen labeled Q& A. Feel free to type and submit any questions you may have and we will address them during this open discussion period. The first question is about transportation support and the question goes did you do any analysis regarding the transportation support that may be available to individuals and community versus institutional settings? Does the availability of transportation knowledge skills and support influence the placement of individuals ?

That's an excellent question. That is not an area that we collect information on so I'm not able to share anything about that .

Great maybe that would be something to put a pin in in the future given that at least in our space we frequently hear about transportation being a crucial supports as part of community integration as well as a frequently unmet need for individuals were taking supports and services to assist with transportation and mobility .

Is an issue that we frequently care -- here about as well and we know it's an important issue. There was -- I hope I am not eking on this because there is to say that I was involved in the and I'm trying to determine whether or not we cover transportation. Myself and couple of people who used to be on the team Mary Kay result low [Indiscernible] and David Braddock we did analysis of community-based service weavers across the state and it was old it was published back in 2013 and what we did was we went through all of the waiver applications that were available to us on the CMS website and created a service matrix to examine spending and one of the service areas that we did look at was transportation so it's been a while outdated but there is something out there than the citation [Indiscernible] .

Absolutely, we will make sure that gets included.

It's not something that we regularly do but it is something that was done as part of a special study.

The next question is a clarifying question you refer to physical effort several times throughout your presentation and there is a question if you can clarify what you mean when you're talking about physical effort in the context of these numbers .

Sure and thank you for bringing that up and I probably should have mentioned with that was but a physical effort are our purposes is spending for \$1000 personal income for the states of basically what you do -- the argument can be made that how can you compare a more rural state like Wyoming to state like New York because the populations are so different you can't -- it's hard to compare apples to apples in terms of spending so one of the ways that we control for that and by controlling for state wealth. We look at spending as a proportion of that per one -- \$1000 of personal income so it does allow us to compare costs. Basically [Indiscernible] controlling for [Indiscernible] .
>> The next question that came in was about the correlation between institutional care and communities ending and the question basically says can you give the reasons why would the cost of institutional care dropping as community spending increases and as the solutions have looking around the country .

Yeah and I'm assuming that the slide is the person is referring to is because often times even though the senses of the institutions go down in many cases some of these are on very large campuses with the number of building and even though there may only be 100 people living in that they still has to run has to be staff is has to be heated and cooled

and maintained. Those are some really big,. When you see the tuition completely closed down that's where you see more of the drop of the institutional senses just means that -- obviously the senses going down however what happens is you still the money to run the place . As the census goes down going to cost more per person to maintain that type of setting because the cost is spread across through people -- fewer people .

That's very helpful . I would just add in our space obviously you did not look at the aging institutions in the study but in our state we do see frequently that statutory mandates include automatic inflationary update that increases to certain institutional and facility based services that don't always exist in community-based service rate analogy. That is another area where you may see some of that consistency between the number of individuals are the cost and aggregate . The next question focuses on your technology spending slide and there is a question that asked for some example of technology for individual support that's reverence and reflected that particular spending slide . >> I'm sorry what was the question?

Do you have an example of what that technology for independent -- individual support really entails?

Oh sure, sorry. Things like augmented location system, tablet, ETS click that. Think that the individual will use such as a handheld device versus a smart phone which everything is wired versus remote monitoring. This is something the individual can use and take with them.

The next question I think get back to that issue around the physical effort and it says one of the slides that listed all of the state with the values ranging from 15622 approximately 11 can just provide a little bit more information on that. I think that you answered that earlier but it might be useful to just clarify that one more time about the per capita data and the physical efforts that's controlled for the state finances because it doesn't seem like there's a little bit of confusion on that given that we got a couple of questions in particular issues .

Sure, like I said earlier this looks of the total spending and it controls for state wealth so even though the playing field so that you can see -- you can really compare apples to apples across. In terms of why these were very so widely right now having to the point where we are doing more civic stuff so you can't really get much more into detail about that right now but there is wide variation it really does depend going on in the state . [Indiscernible] in response to the lawsuit to meet whatever criteria they need to meet and you would see the money being really pumped up. Physical effort might be -- very well could be higher because of total physical reference so it could be higher in certain states because they have a large number of people and institutions for example . It varies from state to state and it's hard to capture that in one graph but that's a situation in which it folks have an interest in a particular state contact us and we can kind of

talk there was going on in the state and figure out what's going on [Indiscernible].

I think that clarity was very well received [Indiscernible - background noise]

I'm sorry to interrupt you Damon but the purpose of the slide really is to show the variation in what state spent . When you are looking at total numbers it's bouncing around all over the place. You can see is in the billions in New York and it may not be as high in a less populated state or state that is not as wealthy for example South Dakota, they have state wealth particularly recently and that helps us to capture that. I hope that clarifies things.

Absolutely . We have a couple of questions on employment so we will start with this one that I, do you foresee that supported employment will improve over time or will see an increase in funding for individuals in the community?

That's a really good question . Employment is not my area of expertise for issues related to employment of people with intellectual developmental disabilities. I would actually refer people to the folks on the far right corner of the slide which is statedata.info [Indiscernible] they also have a longitudinal project that has been looking at this for many years would be much more well-equipped to answer the question. That I wouldn't to go are particularly given we are implementation -- we are not really seeing it here but we haven't really seen it much at all over the whole course of time that is been collecting data . What I expected to increase ? Yes perhaps I'm being ridiculously optimistic take based on the data that we have but one would assume that given all of the difference first all things that are going on to increase employment that it would but again this is why it's so tricky to present data on a national scale because each data is so very different in each state is going to be very different looking system and each state is going to capture and reports data very different way. For example my experience with Washington state a couple of years ago and we all know that Washington state has done a lot around employment . Is the difference between looking at the number of people receiving employment reports and looking at the number of hours that the folks are working. We are looking at the money they are making . 50% of people's IDD are working but then when you look a little bit working maybe they are working with our maybe they're working two hours the kind of have to peel it back a little bit to see how it kind of trickles down . [Indiscernible - background noise] I would reach out to .

Great think it for that happening a grave having worked there with the team at UMass in the Institute for community inclusion we found that to be very helpful over the years even dating back over a decade ago when I was working for a agent the we would collaborate with them on some of those initiatives and it was extremely helpful . The next question may have a similar answer and is similar referral but the question goes [Indiscernible] to show how this could affect things like jobs and daytrading funding and other sorts of initiatives like that so I think

the basic cross of the question is are there any studies associated with the continue shifted to more competitive employment and how this can be used to help standards and funding foes .

David you are correct I would absolutely refer also to [Indiscernible] but I think it's worth mentioning that an hour last student collection period that collected data from fiscal year 16 and 17 we added and couple of variables with regard to employment that included competitive integrated for individuals and competitive integrated employment for groups just trying to purge a little bit more within the supported employment category

[Indiscernible] therein lies one of the trickier parts of the study is that we are limited and what data we are able to share by what data states are able to share. Is there system is not set up to capture data in that way that may not be data that they can then share with us so really just depends on how they have their data system set up and whether there able to take that data out to provide to us [Indiscernible] into our report .

Great. Thank you for that. The next question is looking at institutional settings are looking at ways to capture the spending on individuals who are in others it does ICS chats as skilled nursing settings , psychiatric or general-purpose those or Department of Corrections?

Excellent question. Gosh , I wish that we could do a better job with that. We don't -- I mean the collective we . We do not have a good grasp on the number of people that have IDD that are in those types of settings . We do the national level data from the database is called Oscar sorry I don't know what that is for on the top of my head right but we do look at the number of people have IDD were residing in skilled nursing facilities. In terms of psychiatric facilities I believe that is an area that we are looking at currently than in terms of individuals who are incarcerated that was an ongoing issue something that we are really trying to find information when I was working at the ARC of United State have a national center for criminal justice and disability and we were really trying to get a handle on how many people with IDD are in jails and prisons . There is very little evidence at least two years ago and I can't imagine it has changed much since then about whether or not folks were being trained once they arrive it trail or what they're being screened once they are in prison etc. so that is all great questions. We don't have information on all of it. The one area that we did pilots another variable this past day collection cycle is trying to figure out how many states support individuals with IED and an institution that are from another state. For example let's say I am Washington DC or Iowa Washington DC residence and I have been to Virginia or Maryland within a state operated facility there. We are trying to figure out from states how many people does that happen to and how much money does state pay for folks to be served at an institution and another state. That is one area we are trying to [Indiscernible] it's tricky because we are very much limited to the information state might have. That information is not always available across all 50 states .

>> With that I think we have exhausted all of the questions that have come in and we are right at the end of the hour for the webinar so I want to thank you so much for those of you are paid on the call thank you so much for your great questions and your intentions visit for an interesting data and Amie thank you so much for taking the time to talk with us and really share your knowledge and expertise is fascinating and fantastic and without we will go ahead and today's webinar. Thanks again everyone . Thank you so much for the opportunity and thanks to everybody for their great questions. Please reach out to us with additional questions. >> With that we will end today's conference call. You may all disconnect. Thanks so much. >> [Event concluded]