Leveraging Initiatives to Enhance Quality in Home and Community Based Services

- University of Missouri-Kansas City, Institute for Human Development
- Missouri Department of Mental Health, Division of Developmental Disabilities
- Indiana Family and Social Services Administration, Division of Disability and Rehabilitative Services
Today’s Agenda

• A Framework for Creating Common Language and Shared Vision for Systems Change Initiatives
• Connecting the Work in Missouri
• System Transformation in Indiana
Jenny Turner, LCSW, Senior Research Associate
Setting the Stage
Transforming Services and Supports

Everyone exists within the context of family and community.

Person in relation to Traditional Disability Services.

Integrated Services and Supports within context of person, family and community.
Type of Change that is Needed

Transitional Change
- “Retooling” the system and its practices to fit the new model
- Mergers, consolidations, reorganizations, revising systematic payment structures,
- Creating new services, processes, systems and products to replace the traditional one

Transformation Change
- Fundamental reordering of thinking, beliefs, culture, relationships, and behavior
- Turns assumptions inside out and disrupts familiar rituals and structures
- Rejects command and control relationships in favor of co-creative partnerships

Creating Blue Space, Hanns Meissner, 2013
Charting the LifeCourse
Shared Principles for Common Language and Collaborative Action
Charting the LifeCourse

- Framework for Driving Transformational Change
- Icons and Language for Engaging Others
- Tools and Strategies for Implementing into Practice
- Network for On-going Learning and Sharing
Core Belief

All people and their families have the right to live, love, learn, work, play and pursue their life aspirations in their community.
FOCUSING ON ALL PEOPLE
ALL people, regardless of age, ability or family role, are considered in our vision, values, policies and practices for supporting individuals and families. All families have choices and access to supports they need.

RECOGNIZING THE PERSON WITHIN THE CONTEXT OF THEIR FAMILY
People exist and have reciprocal roles within a family system, defined by that individual. Roles adjust as the individual members of the family system change and age. The entire family, individually and as a whole, needs support to ensure they all are able to successfully live their good life.
ACHIEVING LIFE OUTCOMES
Individuals and families plan for present and future life outcomes that take into account all facets of life and have opportunities for life experiences that build self-determination, social capital, economic sufficiency, and community inclusion.

TRAJECTORY OF LIFE EXPERIENCE ACROSS THE LIFESPAN
Individuals and families can focus on a specific life stage, with an awareness of how prior, current and future life stages impact and influence their trajectory. It is important to have a vision for a good, quality life and have opportunities, experiences and support to move the life trajectory in a positive direction.
SUPPORTING THE THREE BUCKETS OF NEEDS
The three strategies for supporting individuals and their families can be organized into three categories (or buckets):

• Discovery and Navigation: having the information and tools you need to navigate life
• Connecting and Networking: making connections with peers and resources to help you navigate;
• Goods and Services: the day-to-day tangible items you buy or use from public and private organizations in your community

HOLISTIC FOCUS ACROSS LIFE DOMAINS
People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Life domains are the different aspects and experiences of life that we all consider as we age and grow. These include: Daily Life & Employment, Community Living, Safety & Security, Healthy Living, Social & Spirituality, and Advocacy and Engagement.
INTEGRATED SERVICES AND SUPPORTS ACROSS THE LIFE COURSE
Individuals and families access an array of integrated supports to achieve their envisioned good life. These include those that are publicly or privately funded and based upon eligibility; community supports that are available to anyone; relationship based supports; technology; and the personal strengths and assets of the individual and their family.

TRANSFORMATIONAL POLICY AND SYSTEMS CHANGE
Individual and families are truly involved in policy making so that they influence planning, policy, implementation, research and revision of the practices that affect them. Every program, organization, system and policy-maker must think about a person within the context of family and community.
Comprehensive, Integrated & Coordinated Systems Across Life Domains & Stages

- Pediatrician, Families and Friends, Faith based
- IDEA Part C, Parents as Teachers, Health, Headstart
- School, Special Education, Health, Recreation
- Vocational Rehab, Health, Employment, College, Military
- Disability Services, Health, Housing, College, Careers
- Retirement, Aging System, Health
Transformation at All Levels

- Explore life possibilities
- Share ideas, hopes, and fears
- Set higher expectations
- Navigate Future
- Advocate for Vision
- Problem-Solve and Plan

- Individuals
- Family Members
- Professionals
- Organizational Leadership
- Systems Change Agents
- Community Members
• Network of learning and information exchange that uses the Charting the LifeCourse (CtLC) framework to create a common value set and language that empowers and unites grassroots capacity building with systems and policy change.

• Designed to build capacity within and across states to drive policy, practice, and systems change to better support people with intellectual and developmental disabilities (I/DD) within the context of their families and their communities across the lifespan.

Partnership between NASDDDS and UMKC-IHD, UCEDD
ACL Living Well Grants

Develop, test, and implement a coordinated comprehensive system of community monitoring and capacity building to:

- improve the quality of HCBS
- increase the independence, integration, safety, health, and well-being of individuals with IDD living in the community.
Voluntary programs that provide states data to measure and track the performance of their services and supports.
Putting it All Together

Missouri Quality Outcome #4: Healthy Living

People Are Able to Choose Health/Mental Health Resources and Are Supported in Making Informed Decisions regarding their Health and Well-Being

This outcome emphasizes the individual's right to receive physical, emotional and mental health care from the practitioner of their choice. Individuals receive information and education on ways to maintain their health and well-being. Individuals are supported in making healthy choices.

Adult Family Survey: Can See Healthcare Professionals When Needed (N = 248)

Adult Consumer Survey

86% had a dental exam in the last year (N = 372)

Child Family Survey

93% of respondents always know what their child’s medications are for (N = 166)
Missouri’s System Transformation
The MO Division of Developmental Disabilities (DD) implements a statewide system of supportive services that focus on assuring health and safety, supporting access to community participation, and increasing opportunities for meaningful employment.

The Division’s Quality Enhancement (QE) Unit strives to review, develop and maintain superior standards that enhance the quality of life for Missourian’s with developmental disabilities.

Much of QE’s work centers on the Missouri Quality Outcomes (MOQO), which is a framework for discussion around what is important to the person and how they define quality of life.
<table>
<thead>
<tr>
<th>MOQO Domain (based on CtLC)</th>
<th>MOQO Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily Life &amp; Employment</strong></td>
<td>People participate in meaningful daily activities of their choice.</td>
</tr>
<tr>
<td><strong>Community Living</strong></td>
<td>People live in communities they choose, with whom they choose an in homes and environments designed to meet their needs.</td>
</tr>
<tr>
<td><strong>Social &amp; Spirituality</strong></td>
<td>People are active members of their communities while determining valued roles and relationships through self-determination.</td>
</tr>
<tr>
<td><strong>Healthy Living</strong></td>
<td>People are able to choose health/mental health resources and are supported in making informed decisions regarding their health and well-being.</td>
</tr>
<tr>
<td><strong>Safety &amp; Security</strong></td>
<td>People are educated about their rights and practice strategies to promote their safety and security.</td>
</tr>
<tr>
<td><strong>Advocacy &amp; Engagement</strong></td>
<td>People have opportunities to advocate for themselves, others and causes they believe in, including personal goals and dreams.</td>
</tr>
<tr>
<td><strong>Supports to Families</strong></td>
<td>Families are provided with knowledge that empowers them to facilitate opportunities for the individual’s self-determination throughout the course of his or her life.</td>
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</tbody>
</table>
The Missouri Quality Outcomes are supported by NCI data in various projects.

- **At-A-Glance Reports**: reports that showcase each Missouri Quality Outcome with relevant NCI data and other resources.
- **Missouri Quality Outcomes Talking Points Series**: a series of videos that review each Missouri Quality Outcome and what each outcome means for individuals with I/DD.
- **Observe! Decide! Act!**: a series of reports that focus on specific health conditions with applicable NCI data.

NCI data supports Division initiatives.

- **Empowering through Employment**: aims to increase the percentage of individuals with I/DD who receive employment services and supports.
- **Technology First**: encourages the utilization of technology supports when planning individual services.
Missouri Initiatives

Placemat Initiatives:

### MISSOURI Department of Mental Health

**ASPIRATION**

We will enhance quality of care to support recovery, independence, and self-sufficiency of Missourians with mental illness, substance use disorders and developmental disabilities amid the COVID-19 pandemic through agency adaptability and responsiveness.

**THEMES**

- Communication
- Technology
- Pandemic Recovery
- Control/Prevention
- Workforce
- Mental Health Awareness and Public Education

**INITIATIVES**

<table>
<thead>
<tr>
<th>Communication</th>
<th>Technology</th>
<th>Pandemic Recovery Control/Prevention</th>
<th>Workforce</th>
<th>Mental Health Awareness and Public Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define messaging channels and rhythms</td>
<td>Expand telehealth and telephonic opportunities</td>
<td>Establish systems providing necessary PPE</td>
<td>Develop a system for virtual training/on-boarding</td>
<td>Promote best practice interventions supporting social emotional wellness</td>
</tr>
<tr>
<td>Communicate best-practice support for staff through DMH Cares</td>
<td>Enhance and formalize telework opportunities</td>
<td>Establish testing systems and protocols</td>
<td>Maintain strong workforce through designed recruitment</td>
<td>Implement Crisis Counseling Program</td>
</tr>
<tr>
<td>Establish update calls as standard operating procedure across levels</td>
<td>Expand assistive technology utilization</td>
<td>Develop system for on-going regulation review and reduction</td>
<td>Develop and implement a system of incentives and recognition</td>
<td>Implement suicide prevention interventions</td>
</tr>
</tbody>
</table>

[www.dmhm.o.gov/dd](http://www.dmhm.o.gov/dd)
Missouri Initiatives

Tableau:
- Progress towards initiatives
- Stakeholder input through surveys like Missouri Quality Outcomes Survey and NCI

Managing Care

<table>
<thead>
<tr>
<th>Percent of Residential Individuals by Risk Level</th>
<th>Individuals using Self-Directed Services (10%)</th>
<th>Counties Accessing Medicaid Funded Assistive Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Risk Level</td>
<td>Goal</td>
<td></td>
</tr>
<tr>
<td>Behaviorally at Risk</td>
<td>15% or less</td>
<td>36%</td>
</tr>
<tr>
<td>High Behavioral Risk</td>
<td>5% or less</td>
<td>10%</td>
</tr>
<tr>
<td>Minimal Behavioral Risk</td>
<td>60% or more</td>
<td>48%</td>
</tr>
</tbody>
</table>

Best Practice Goal: 23%

<table>
<thead>
<tr>
<th>Technology</th>
<th>Number of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>New Technology</td>
<td>Y</td>
</tr>
</tbody>
</table>

Using NCI Data: Missouri’s Empowering through Employment Initiative

- Has a Paid Job in the Community (*Yes* responses only)
- Wants a Paid Job in the Community (among those who do not have a job) (*Yes* responses only)

Has Community Employment as a Goal in their Service Plan (*Yes* responses only)
## Creating Quality at All Levels

### Missouri Living Well Model

#### County Collaborative:
- Identify local issues or best practices to add to Living Well model
- Utilize model for on-going enhancement of local communities
- Building capacity of self-advocates, families, direct support professionals and others

### MO DDD Statewide Quality Management Framework

<table>
<thead>
<tr>
<th>Specific “Lane/Level”</th>
<th>County Level Activities</th>
<th>Practice Level Activities</th>
<th>State Level Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with Disability</td>
<td>LW County Collaborative Teams</td>
<td>LW Ambassadors Series for System Transformation</td>
<td>LW Demonstration Projects</td>
</tr>
<tr>
<td>Family</td>
<td></td>
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<td></td>
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<tr>
<td>Service Provider</td>
<td></td>
<td></td>
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<tr>
<td>Support Coordinator</td>
<td></td>
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<tr>
<td>State System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
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</tbody>
</table>

- LW Innovation Collaboratives
Creating Quality Across the System

Human Needs of Person and their Family

Front Door Interaction
Intake & Assessment
Person Centered Plan Process
Accessing Supports
Delivering Services
Check-In & Monitoring
Annual Meeting

Touchpoints between Person/Family and LTSS

System Requirements (Federal, State, Organizational)
Indiana’s System Transformation
Indiana Family and Social Services Administration
Division of Disability and Rehabilitative Services

Kim Opsahl, Associate Director
Kimberly.Opsahl@fssa.in.gov
• How it Started - 2016

So, We Started Here

We Were Here
• How It’s Going
Setting a Trajectory Toward Transformation

- Comprehensive Community Monitoring and Oversight
- Quality Metrics / Defined Service Outcomes
- System Education on Achieving a “Good Life”
- Supporting Providers and Case Managers

LifeCourse Nexus / CoP  Culture of Quality  Living Well

System that Supports the Individual as the Primary Driver of their Life and the System as a Whole
• Leveraging the CtLC Framework
  • Utilizing CtLC Principles to Support Discovery and Development
LifeCourse Nexus and Ambassador Series to Build Capacity & Engagement

- Engage local and statewide stakeholders
- Shared vision, common language
- Pilot and scale practices and innovations
- Enhance personal and professional skills
- Enhance programmatic, organizational, or systematic procedures
Putting it All Together
CHARTING THE LIFECOURSE PRINCIPLES

**CATALYSTS**
- National CoP Activities
- NCI
- Living Well

**STRATEGIES**
- Reframing
- Policy & Goals
- Space for Innovation
- Financing
- Training & TA
- Outcome Data

**INNOVATIONS**
- Implementation and Practice
- Cultural and Linguistic Competency
- Family and Self-Advocate Engagement
- System Design and Quality

**PARTNERSHIPS / NETWORKS / STAKEHOLDERS**

**OUTCOME**
UMKC Institute for Human Development
Charting the LifeCourse Nexus

The intersect of ideas, collaboration and transformation.

www.LIFECOURSETOOLS.com
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