Don’t Sweat the Small Stuff, Except When It’s About Having a Skilled HCBS Workforce

RRTC on Home and Community-Based Services Outcomes Research and Measurement
National Center on Advancing Person-Centered Practices and Systems
Texas Department of Health and Human Services

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HCBS Conference
ACL Person-Centered Practices Work

- Amanda Reichard,
  - ACL, National Institute on Disability, Independent Living, and Rehabilitation Research

- Shawn Terrell,
  - ACL, Office on Policy Analysis and Development
Person-Centered Planning Competencies
Topics for discussion today

• Some background about technical assistance efforts at the National Center on Advancing Person-Centered Practices and Systems

• Overview of a TA product, Five Competency Domains for Staff who Facilitate Person-Centered Planning

• Next steps for supporting States, Tribes, and Territories to engage in data-driven person-centered systems change
The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.
Working toward a vision expressed by ACL & CMS for person-centered systems

- People know what to expect from process, services, and supports
- People who facilitate planning processes are qualified
- Systems are configured to deliver services and supports in a manner consistent with person-centered values
- People with lived experience drive change at all levels of the system
- Quality measures are implemented for process fidelity, experience, and outcomes based on each person’s preferences and goals
- Principles of continuous learning are applied throughout the system
Goal: Support systems change efforts, so the person is at the center of thinking, planning, and practice

- Available to 10 States, Tribes, or Territories each year
- Up to 100 hours per year for two years
- Delivered by national experts based on a detailed technical assistance plan
Five Competency Domains for Staff Who Facilitate Person-Centered Planning

Photo Credit: Disabled and Here
https://affecttheverb.com/disabledandhere
History and Context of Competency Domains

• Need for concise and user-friendly core competencies for person-centered practices
• Broad look across a range of widely endorsed approaches and state and federal practice guidelines; inclusive of lived experience input
• Extends the work of the NQF multi-stakeholder expert panel on Person-Centered Planning and Practice
Cataloging competencies across sources

• Multi-rater process carried out twice to support reliability and to revise domains as needed
• Systematic but not “scientific”
• We identified the most frequently noted competencies across most/all sources
• Goal was to extract the “core” competencies or “must do’s”
• Five domains emerged as consistently valued across all sources
Five Competency Domains

A. Strengths-based, Culturally Informed, Whole-person Focus

B. Cultivating Connections – Inside the System and Out

C. Rights, Choice, & Control

D. Partnership, Teamwork, Facilitation & Communication

E. Person-centered Documentation, Implementation & Monitoring

Person-Centered Planning
A note regarding applicability of this resource

This resource is intended to apply broadly to any people who support the development and implementation of person-centered plans whether they occupy a formal “facilitator” role or not

• Planning methods vary based on the unique structures of systems and the unique needs and preferences of the people they support.

• In ALL circumstances, the relationship between the person and the staff should be a mutually respectful partnership where the plan is co-created with the goal of helping the person realize their unique vision of a good life.
Translating the resource into practice

• Start with what **should** we be measuring (compliance and beyond compliance)
• Ask: what are we already measuring?
• Then, what *aren’t* we measuring?
• PCP Competencies Measurement Grid
• Collaboration with others working on HCBS measurement
Questions?

Contact us!

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Creating a Skilled Workforce of Home and Community-Based Service Providers

RRTC on Home and Community-Based Services Outcomes Research and Measurement

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Agenda

- Background & Introduction
- Aims
- Methods
- Results
- Conclusions
  - Strengths and limitations
  - Implications and future directions
Long-term services and supports (LTSS) & Home and community-based services (HCBS)

- More than 4.7 million people received Medicaid-funded HCBS in 2018
  - 2.5 million+ receive services through optional waivers
- Populations served on 1915(c) waivers (1,806,800)
  - Intellectual and/or Developmental Disability: 785,800 – 48 states
  - Seniors: 162,500 – 8 states
  - Seniors and Adults with Physical Disability: 667,000 – 37 states
  - Adults with Physical Disability: 128,200 – 16 states
  - Mental health: 25,100 – 11 states
  - Traumatic Brain Injury / Spinal Cord Injury: 17,500 – 21 states
  - Medically fragile / Technology dependent children: 17,100 – 18 states
  - HIV/AIDS: 3,600 – 5 states
HCBS workforce

- PHI National Workforce Data Center
  - 4,582,640 Direct Care Workers in 2020
- Case Managers
- DSP supervisors
- PTs/OTs
- Behavioral Specialists
- State coordinators
HCBS measurement & service effectiveness

- NCI & NCI-AD 2018 data

91%
Services and supports are helping people have a good life

89%
Staff have the right training to meet their needs

72%
Services meet all their current needs and goals
Study aims

1. Identify the key competencies needed for delivery of person-centered services
2. Examine the effectiveness of person-centered services in improving HCBS provider and participant outcomes
Scoping review

- Search Ovid, Wiley, Ebsco, Elsevier and ProQuest databases using MESH terms
- Key words: HCBS, service-delivery competencies, and non-clinical workers
  - Focused on US-based research
  - All years included
- Screen abstract and review full text in pairs
- Evaluate and score quality using Hawker et al. (2002) appraisal tool
- Extract data into major findings and categorize competencies
NCAPPS framework

A. Strengths-based, Culturally Informed, Whole-person Focus
B. Cultivating Connections – Inside the System and Out
C. Rights, Choice, & Control
D. Partnership, Teamwork, Facilitation & Communication
E. Person-centered Documentation, Implementation & Monitoring

Person-Centered Planning
Results

- 2,491 references identified
- 36 articles retained
  - 33 included data on the participant population served
    - Elderly population most frequently covered
  - 33 discussed specific competencies of the HCBS workforce
    - DSPs most frequently studied
**Frequencies of competencies (n=33)**

*Numbers add to more than 33 articles because some articles covered multiple themes*
Effectiveness of practices

- 20 articles (56%) provided information on effectiveness of practices
  - 16 reported HCBS provider outcomes (e.g., skills, confidence, job satisfaction)
  - 5 reported HCBS participant outcomes (e.g., trust, challenging behaviors, well-being)
  - 3 reported the relationship between organization characteristics and outcomes
Conclusions

- Most frequently described competencies relate to:
  - Culturally informed, whole-person focused supports
  - Cultivating connections
  - Promoting choice and control

- Less emphasis on partnership in communication and person-centered documentation and monitoring

- Effectiveness of practices was mostly related to the provider outcomes, and not intermediate or long-term outcomes of participants
Strengths, limitations, and implications

○ Strengths
  • Rigorous methods & use of the NCAPPS framework

○ Limitations
  • Generalizability
  • Terminology
  • Inclusiveness of research

○ Implications
  • Provider training must address individual needs and systems improvements
  • Evaluation of impact of training on participant outcomes is needed
  • Information from qualitative and grey literature sources needed
We’d love to keep in touch!

- Find us on Facebook @RehabOutcomes
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The Good, The Bad & The Ugly When Measuring Systems

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Wait, Reverse that!
The Ugly, The Bad and The Good
The Ugly!

• Obtaining Provider “Buy-in”
  • “Is this just the flavor of the month, year, or decade?”
• Ownership of the human being served –
  • “Shush, you cannot make as much money if the people you support are doing well!”
• Guardianship
The Bad!

• Silos are NOT just in Texas
• Nor is Constant leadership change
• And become huge barriers
  • Texas consolidate everything in 2004 and again in 2016
  • Let us talk about the process for engaging leaders
The Good!

• Reaching for a Person-Centered Organizational and Systems Level
  • You need consensus on how to become a Person-Centered Organization and System
  • Expansive Person-Centered Steering Committee & Workgroups
  • Workgroups want more tools
  • Big movement for peer-support
  • The request to expand across MORE divisions of HHSC
  • Policies change, practices change, papers change
“Nothings Done Until the Paperwork Is Done!”

• What does Measurement look like in Texas?
Where do we go from here?

- NQF provides leadership and methods to monitor and improve quality of HCBS services
- NCAPPS operationalizes person-centered planning framework
- Scoping review reveals how little peer-reviewed literature addresses topic of improving HCBS person-centered planning
- Texas’ experience illustrates challenges of administering waiver programs and trying to promoted system change
- Funding is critical for person-centered planning and improved quality of HCBS
- Training and technical assistance must focus on person-centeredness
- Build Back Better plan implications
Thank You

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