

# IN PERSON SURVEY REPORT SUMMARY FOR MICHIGAN

# **DESCRIPTION OF THE SAMPLE**

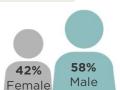
SAMPLE SIZE

# **670** total respondents

#### AGE AND GENDER

41

years old (average)



#### INTRODUCTION

# What is National Core Indicators - Intellectual and Developmental Disabilities (NCI-IDD™)?

The survey data in this summary represent the population of adults with intellectual and developmental disabilities (IDD) receiving at least one service in addition to case management/service coordination from Michigan developmental disability service system. NCI-IDD is a voluntary effort by states to measure and track performance of developmental disability services. The core indicators are standard measures used across states to assess the outcomes of individuals who use services. NCI-IDD is a collaboration of participating states, NASDDDS, and HSRI.

#### What is NCI-IDD 2022-23 Data At a Glance?

This resource includes graphics and icons showing selected findings from the NCI-IDD In-Person Survey for Michigan. For details, visit: <a href="https://bit.ly/IPSDataGlance2223">https://bit.ly/IPSDataGlance2223</a>. To learn more about the NCI-IDD sample, please visit: <a href="https://bit.ly/IPS2223StateSample">https://bit.ly/IPS2223StateSample</a>.

#### RACE AND ETHNICITY

**77%** White

**16%** Black

3% Latino

2% Asian

**1%** American Indian/Alaska Native

RECEIVES MEDICARE

1% Other

1% Don't know

### RESIDENCE TYPE & LOCATION



18% Own home or apartment



**36%** Group home



**40%** Family or relative's home



**3%** Host home **79%** Metropolitan

**9%** Micropolitan

**6%** Small town

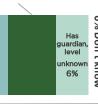
**6%** Rural

## LEVEL OF GUARDIANSHIP

Limited guardianship, 9%

52%

No guardian, 24% Full guardianship, 61%



# MOBILITY

14%

Moves self with aids or uses wheelchair, while **75%** move without use of aids

# PREFERRED MEANS OF COMMUNICATION



**82%** 

Prefer spoken communication Other forms of communication include gestures, sign language, and communication aids

# DIAGNOSIS

Intellectual disability, 92%

Autism Spectrum Disorder, 26%

Seizure disorder, 21%

Cerebral Palsy, 17%

Down syndrome, 6%

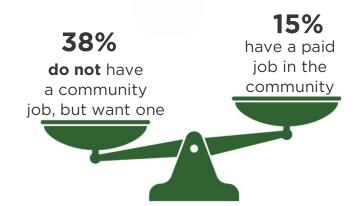
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#### **OUTCOMES**

#### EMPLOYMENT

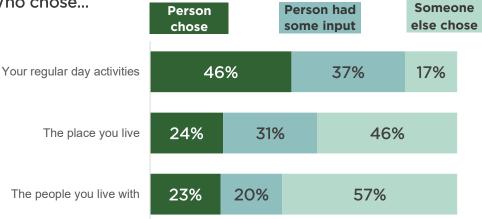
**Employment is an important outcome** for many services users, and a key signal of how well systems support people to have full access to their communities.

In Michigan, just 15% of respondents have a paid job in the community. Among those who do not have a paid community job, 38% want a job. However, just 22% of all respondents have a goal for employment in their service plan.



#### CHOICE AND DECISION-MAKING

#### Who chose...





**17%** 

of respondents chose their staff, and **53%** had their staff assigned but can request a change

#### RIGHTS AND RESPECT



76%

say that others ask before coming in their bedroom



40%

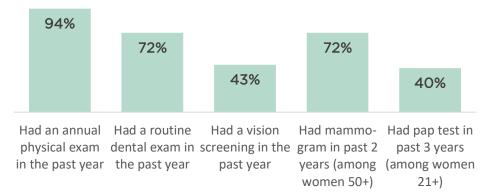
say they can stay home if others go out (for those not living in own home or apartment)



42%

say there are rules about having friends or visitors in the home

#### ACCESS TO HEALTH CARE



#### SATISFACTION

80% Like how they usually spend their time during the day



Have used telehealth and like using it



# IN PERSON SURVEY REPORT SUMMARY FOR MICHIGAN

#### **OUTCOMES**

### INCLUSION AND ACCESS TO COMMUNITY



77%

are able to get places when they want to do something fun outside the home



**77%** 

get to do things they like to do in the community as often as they want



81%

has friends (may be staff or family) and can meet with their friends in person when they want



94%

want to be a part of more groups in their community

Access to the community is considered a key feature of home and community-based services. It is also connected to inclusion and belonging for people who use services.

Looking at NCI-IDD outcomes related to access to community and broader feelings of inclusion, more than 77% of respondents say they have transportation, can do things in the community as often as they want, and have friends they can meet with. However, there are often differences in access to community and inclusion outcomes by residence type..

# SERVICE COORDINATION & SELF-DIRECTION

People who use Medicaid funded HCBS have a right to a **person-centered service plan**. Several NCI-IDD outcomes examine personcentered planning and service coordination. These data highlight areas of opportunity to strengthen methods for person-centered planning and enhancing opportunities for self-direction.

88%

say their service plan includes things that are important to the person

89%

say they helped make their service plan

89%

say staff do things the way the person wants them done

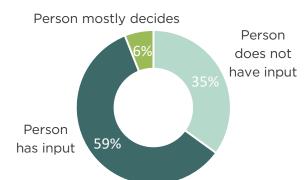
34%

say their staff change too often

25%

use a self-directed supports option

Who makes decisions about the services that are self-directed?



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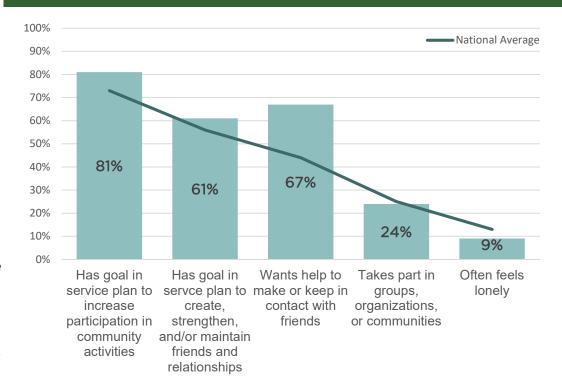
### **OUTCOMES: MENTAL HEALTH AND SOCIAL CONNECTION**

#### SOCIAL CONNECTION

While the HCBS Settings Final Rule may specify rules around access to community, the long-term goal is to ensure that all people have social connections that are rewarding and meaningful to them.

Several NCI-IDD measures can be used to explore the **goals for social connection** among people who use services, and to what extent those **goals are met.** 

The graph at right shows the national average and Michigan data in several NCI-IDD measures of social connection:

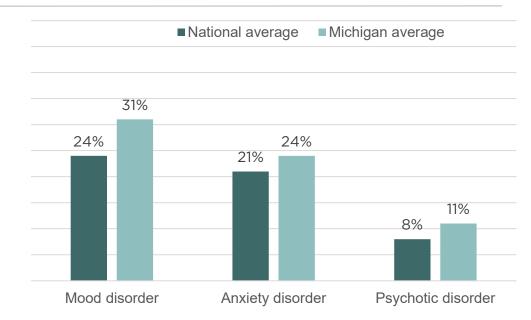


- 81% of participants have a goal in their service plan to increase participation in their community, but just 24% of participants take part in groups, organizations or communities.
- 61% of participants have a goal in their service plan related to relationships, and 67% of participants want help making or keeping in contact with friends.

#### MENTAL HEALTH

Social connection has strong ties to mental health. NCI-IDD data confirms research that finds high rates of co-occurring mental health conditions among people with IDD. The graph to the right shows the rates of mood disorder, anxiety disorder, and psychotic disorder among NCI-IDD respondents nationally and in Michigan.

Of note, the percent of respondents taking at least one medication for mood, anxiety, and/or psychotic disorders is 58%.



Since 2022, the LINK Center has been working to bridge IDD and Mental Health Systems. To learn more, go to: <a href="https://acl.gov/TheLinkCenter">https://acl.gov/TheLinkCenter</a>



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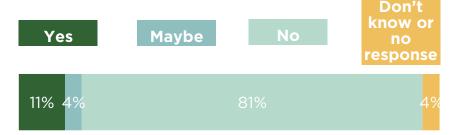
### MICHIGAN SPECIFIC QUESTIONS

#### What are the Michigan Specific Questions in this survey?

States can add questions to the National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD<sup>TM</sup>) to explore policy issues in more detail. NCI-IDD staff work with states to ensure that the questions meet survey standards. Michigan chose to add questions on the topics of Employment, Social Connections, Service Coordination, and Choice/Control.

#### SERVICE COORDINATION

Service Coordinators in Michigan are Case Managers and Support Coordinators. Case Managers or Support Coordinators assist individuals to connect to services and supports that enhance their lives.



Want a different Service Coordinator



Had more than one Service Coordinator

### **EMPLOYMENT**

Employment is an important outcome. In Michigan, 15% of respondents have a paid job in the community and 22% of *all* respondents have a goal for employment in their service plan.



34%

Discussed employment in their recent planning



**17**%

Need assistance finding work



**17%** 

Feel they cannot work due to physical or mental health needs

#### SOCIAL CONNECTIONS

A Michigan specific question explored the **social connections** among people who use services.



