Community Mental Health Liaisons for the National Core Indicators Project FY 2017-2018

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Ann Carrellas, NCI Principal Investigator, MI-DDI
Amy Peckinpaugh, Departmental Analyst, MDHHS
Beyond the Survey – The Impact of NCI

https://vimeo.com/224674757
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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| October 9, 2017     | Sample is be released to CMHs  
Formal request to CMHSPs to begin the pre-survey and background information for the Adult In-Person Survey |
| December 11, 2017   | Deadline for CMHs to submit the pre-surveys and background information to June Malachowski                                           |
| January – May, 2018 | Interviews are scheduled and completed                                                                                                   |
| May 31, 2018        | Adult In-Person interviews are completed by interviewers                                                                             |
| June 30, 2018       | Data entry completion deadline by MI-DDI                                                                                               |
Updates for 2018

• NCI Adult Consumer Survey is now called NCI Adult In-Person (AIP) Survey
• ↑ 660 Surveys
• State sample size: 3,300
• Local sample size: 20% of the sample you receive from the state (MI-DDI will let you know the amount we need which will be 20% of what you initially receive from the state)
• Consent is optional and left to the individual CMHs discretion
• We are not doing the Family/Guardian Survey this year
Pre-Survey (PS) and Background Information (BI)

- CMH liaisons or their designees will complete the PS and BI
- PS contains name of the individual to be interviewed and contact person/information
  - ***Put name of individual only on the PS***
- ***Answer EVERY question***
Changes to the survey

• NCI now asks why surveys were not completed
• Please fill out this page for all people you contact to do the survey
• If the person is not participating in the survey due to the person/guardian refusing, contact information is incorrect, could not be reached, etc...please answer SC-2 and send MI-DDI that page only
Michigan Specific Language

NCI™ ADULT IN-PERSON SURVEY (IPS) 2017-18

PS-9  Self-Advocacy Organization

This should be referenced when asking Question 73.

What self-advocacy groups are active and well-known in the person’s area (e.g., People First, Self-Advocates Becoming Empowered, Speaking for Ourselves)?

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PS-10  Self-Directed Supports

This should be referenced when asking Questions 81-89.

Is this person currently using a self-directed/participant-directed supports option and using a financial management service (also called a fiscal agent, fiscal intermediary, intermediary service organization, etc.)? These options offer individuals (and their representatives) the opportunity to manage some or all of their services. For example, they may hire and fire their own support workers and/or have control over their budget or services.

[NOTE: This person should be asked the questions in the Self-Directed Supports Module at the end of Section II.]

- 2. Yes
- 1. No

What are self-directed supports called by the person receiving supports (e.g. individual budget, self-directed supports, etc)?

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PS-11  Financial Management

This should be referenced when asking Question 86.

If the individual uses a self-directed supports option and uses a financial management service (also called a fiscal agent, fiscal intermediary, intermediary service organization, etc.) to manage his or her services and supports budget, what is the name of that organization? Please note the term that would be most familiar to the person:

What is the name of the financial management organization?

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PS-12  Hiring/Managing Staff

Does this person employ his/her own staff?

This should be referenced when asking Question 83.

- 2. Yes
- 1. No

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- PS-11 we added “what is the name of the financial organization?”
We removed the “Intermediate Care Facility” options

Please check only one for question BI-36
Michigan Specific Language

NCI™ ADULT IN-PERSON SURVEY (IPS) 2017-18

BI-49  Is community employment a goal in this person’s service plan?
   □ 1. No
   □ 2. Yes
   □ 99. Don’t know

BI-50  Is this person enrolled in school?
   □ 1. No
   □ 2. Yes, high school
   □ 3. Yes, vocational school or certificate program
   □ 4. Yes, college/University
   □ 5. Yes, special education program 22 through 25 years of age
   □ 99. Don’t know

Community Employment

If BI-43 and/or BI-44 and/or BI-46 above is checked “Yes,” please answer BI-51 through BI-54.

BI-51  Does this person receive paid time off (e.g., vacation, holiday, or sick time) at his/her job?
   □ 98. Not applicable – no paid job in a community-based setting
   □ 1. No
   □ 2. Yes
   □ 99. Don’t know

BI-52  How long has this person been working at his/her current job? (If multiple jobs, pick the job
       the person has worked at the longest.)
       _____ years and _____ months

BI-53  Is this person self-employed?
   □ 98. Not applicable – no paid job in a community-based setting
   □ 1. No
   □ 2. Yes
   □ 99. Don’t know

BI-54  What type of job does this person have? Check all responses that describe work done
       regularly by the individual. (List continues on the next page)
   □ 98. Not applicable – no paid job in a community-based setting
   □ 1. Food preparation and food service
   □ 2. Building and grounds cleaning or maintenance
   □ 3. Personal care provider
   □ 4. Retail job such as sales clerk or stock person
   □ 5. General office and administrative support

BI-50 – added option 5, “yes, special education program 22 through 25 years of age”
• BI-56 What funding source- we’ve removed “ICF Funded”.

• NCI added option 4, exclusively supported by state funds
Risk Assessment

NCI™ ADULT IN-PERSON SURVEY (IPS) 2017-18

BI-9 If the person has children under 18 years of age, does the child or children live with the person?
   □ 98. Not Applicable – no child or child is an adult
   □ 1. No
   □ 2. Yes
   □ 99. Don’t know

BI-10 Is this person diagnosed with an Intellectual disability (ID)?
   □ 1. No — code BI-11 as ‘Not Applicable’
   □ 2. Yes
   □ 99. Don’t know — code BI-11 as ‘ID diagnosis unknown’

BI-11 If yes, what level of ID?
   □ 98. Not Applicable – no ID diagnosis
   □ 1. Mild ID
   □ 2. Moderate ID
   □ 3. Severe ID
   □ 4. Profound ID
   □ 5. Unspecified Level of ID (Individual has been diagnosed with ID, but level of ID is unknown)
   □ 6. ID diagnosis unknown (only use this response if BI-10 is marked “99 Don’t Know”)

BI-12 What other conditions are noted in this person’s record?
CHECK ONE ANSWER FOR EACH ROW. This is very important for data analysis purposes. Check “YES” if the person has the listed condition; check “No” if they do not; check “Don’t Know” if information is not available.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Mood disorder (e.g., depression, mania, bipolar disorder, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Anxiety disorder (e.g., obsessive disorders, panic disorders, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Behavior challenges (e.g., aggression, self-injurious behavior, pca, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Psychotic disorder (e.g., schizophrenia, hallucinations, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Other mental illness/psychiatric diagnosis</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Autism spectrum disorder (e.g., autism, Asperger syndrome, pervasive developmental disorder</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Cerebral palsy (spastic quadriplegia/diplegia)</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Brain injury</td>
<td></td>
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<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Seizure disorder and/or neurological problem</td>
<td></td>
</tr>
<tr>
<td>□ 1 □ 2 □ 99</td>
<td>Chemical dependency</td>
<td></td>
</tr>
</tbody>
</table>

• The yellow highlights are used for risk assessment
Check One Answer for Each Row

- **BI-12, BI-13, and BI-55**— check **ONE** answer for **EACH ROW**

### BI-12 What other conditions are noted in this person’s record?

CHECK ONE ANSWER FOR EACH ROW. This is very important for data analysis purposes. Check "YES" if the person has the listed condition; check "No" if they do not; check "Don’t Know" if information is not available.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☑ 2</td>
<td>☐ 99 Mood disorder (e.g., depression, mania, bipolar disorder, etc.)</td>
</tr>
<tr>
<td>☐ 1</td>
<td>☑ 2</td>
<td>☐ 99 Anxiety disorder (e.g., obsessive disorders, panic disorders, etc.)</td>
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<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Chemical dependency</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Down syndrome</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Prader-Willi syndrome</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Fetal alcohol spectrum disorder (FASD)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Limited or no vision — legally blind</td>
</tr>
<tr>
<td>☐ 1</td>
<td>☑ 2</td>
<td>☐ 99 Hearing loss — severe or profound</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Other disabilities not listed:</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 No other disabilities other than ID (if person has no other disabilities, check ‘yes’)</td>
</tr>
</tbody>
</table>

### BI-13 What health conditions are noted in this person’s record?

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<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☑ 2</td>
<td>☐ 99 Cardiovascular disease (e.g., coronary heart disease, angina)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Diabetes (including Type 1 and Type 2)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Cancer (e.g., breast, prostate, colon, lung, etc.)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 High blood pressure</td>
</tr>
<tr>
<td>☐ 1</td>
<td>☑ 2</td>
<td>☐ 99 High cholesterol</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Dysphagia (i.e., difficulty swallowing)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Pressure ulcers (bed sores)</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Alzheimer’s disease or other dementia</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Oral health or dental problems that cause ongoing pain or difficulty eating</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Sleep apnea</td>
</tr>
<tr>
<td>☑ 1</td>
<td>☑ 2</td>
<td>☐ 99 Other health conditions not listed:</td>
</tr>
</tbody>
</table>
Case Example: Employment/Other Daily Activities

Jane works 20 hours per week at Kroger’s as a cashier. Jane is paid $370.00 bi-weekly ($9.25 per hour) and does not receive money from the state to work at Kroger’s.

Jane also has a paid position in a workshop typically 25 hours every two weeks. In this position, Jane is paid $20.00 bi-weekly ($0.80 per hour).

- Column A has to be answered
- If answered yes, answer the rest of the questions in that row
- C column - BI-43, BI-44, and BI-46 hourly wage
- C column – BI-47 wages earned in a typical two-week period
If BI-43 and/or BI-44 and/or BI-46 are answered “yes”, the questions in the Community Employment section have to be answered. If all of those 3 questions are answered “no”, please mark “not applicable” to the questions in the Community Employment” section.

BI-49 Is community employment a goal in this person’s service plan?
- □ No
- □ 2. Yes
- □ 99. Don’t know

BI-50 Is this person enrolled in school?
- □ 1. No
- □ 2. Yes, high school
- □ 3. Yes, vocational school or certificate program
- □ 4. Yes, college
- □ 99. Don’t know

Community Employment

If BI-43 and/or BI-44 and/or BI-46 above is checked “Yes,” please answer BI-51 through BI-54.

BI-51 Does this person receive paid time off (e.g., vacation, holiday, or sick time) at his/her job?
- □ 98. Not applicable – no paid job in a community-based setting
- □ 1. No
- □ 2. Yes
- □ 99. Don’t know

BI-52 How long has this person been working at his/her current job? (If multiple jobs, pick the job the person has worked at the longest.)
___ years and ___ months

BI-53 Is this person self-employed?
- □ 98. Not applicable – no paid job in a community-based setting
- □ 1. No
- □ 2. Yes
- □ 99. Don’t know

BI-54 What type of job does this person have? Check all responses that describe work done regularly by the individual. (List continues on the next page)
- □ 98. Not applicable – no paid job in a community-based setting
- □ 1. Food preparation and food service
- □ 2. Building and grounds cleaning or maintenance
- □ 3. Personal care provider
- □ 4. Retail job such as sales clerk or stock person
- □ 5. General office and administrative support

BI-55 Which services/supports funded by the state (or county) agency does this person receive? For additional guidance on coding and response options, please refer to the Background Information Guide that can be provided by your state coordinator.

Check ONE ANSWER FOR EACH ROW.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</tr>
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<td>□ 1</td>
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</table>
Sending Documents

• All documents (consent, pre-survey, and background) need to have the individual’s unique NCI # which begins with 17000
• Scan and encrypt* the consent, PS, and BI together for each person, then send to June: june.malachowski@wayne.edu
  if unable to encrypt, please let me know if you will mailing it or faxing it to me 313-577-3770 (no more than 100 pages at a time)
• All Documents due by December 11, 2017
• Once you have sent all documents, I will email you within one week to confirm what I’ve received
• I will contact you if corrections need to be made
• Liaisons to be my main contact with agency
Letter for Interviewee

• Letter to be given to all individuals to be interviewed
• Explains what NCI is and the interview process
• Contains names of interviewers in your area
• Please give the letter to the individual and staff-person, family member, and guardian who are going to be involved in the interview or have questions about NCI
• You will receive this letter on the same day you receive the sample – October 9, 2017

Hello,

The Michigan Department of Health and Human Services (MDHHS) wants to know how they are doing in providing services and supports to people in their communities. MDHHS has asked the Michigan Developmental Disabilities Institute to conduct a survey to find out how well supports and services are meeting the needs of people being served by community mental health agencies around the State.

The survey is a part of the National Core Indicators (NCI) which is now being used in almost all the states. You can find out more about it at http://www.nationalcoreindicators.org.

You have been randomly chosen to take part in the NCI survey this year. It is up to you if you would like to do the survey or not. If you decide you would like to, you will be contacted by an interviewer from your area who will make an appointment with you to do the survey. The survey has questions about where you live and work, what things you enjoy doing in your spare time, and what you think about the services and supports you receive.

The interviewers from your area are:

One of them will be calling you in the first few months of 2018 to set up a time to meet with you to answer the NCI questions. Please hold onto this letter to help remember who your interviewer is.

If you have any questions before your hear from your interviewer, please call June Malachowski at 313-577-6369 or email her at june.malachowski@wayne.edu.

I hope that you will meet with the interviewer and answer the survey questions—we really want to know what you think!

Thank you,

June Malachowski
Project Manager
NCI Michigan

4809 Woodward  Detroit, MI 48202  ddi.wayne.edu
Next Steps

• Once I receive all documents, I will assign the individual to an interviewer who will contact the individual and set up the interview

• CMH liaison’s – if you’re not completing the forms, please forward all documents that you received today to the person filling out the PS and BI
2017-18 Pre-Survey and Background Information Review (8:27): https://www.youtube.com/watch?v=pQ-tDyoJGFI

2017-18 Pre-Survey and Background Information Part 1 (14:09): https://www.youtube.com/watch?v=XpkTSAMApxU

2017-18 Pre-Survey and Background Information Part 2 (11:12): https://www.youtube.com/watch?v=_Xks1rCKsq8&t
Please Feel Free to Contact Me

June Malachowski
NCI Project Manager
313-577-6389
june.malachowski@wayne.edu