

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



Michigan Developmental
Disabilities Institute

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Community Service

Education

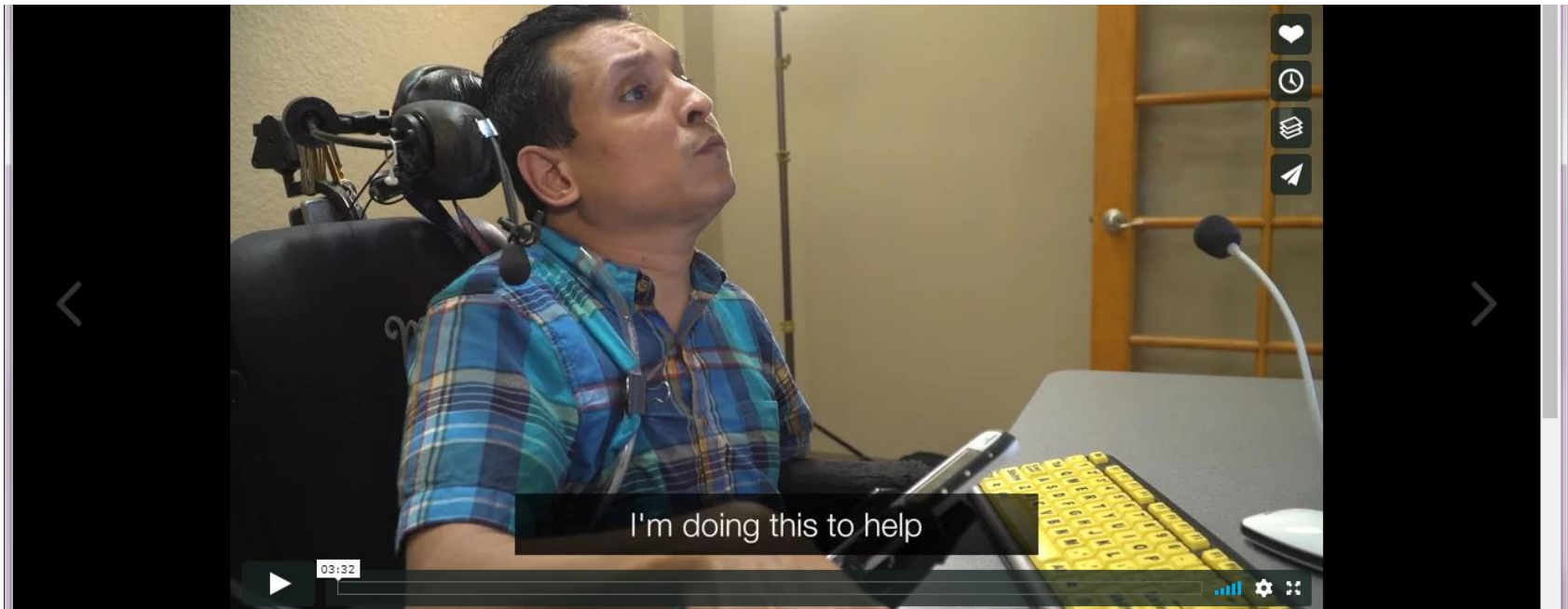
Research

Dissemination

WAYNE STATE
UNIVERSITY

Beyond the Survey – The Impact of NCI

<https://vimeo.com/224674757>



Timeline

Date	Activity
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***

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

B. Person to be surveyed

Individual's Name _____

Gender: 1. Male 2. Female 3. Other _____

Age _____

Phone _____

Email _____

Street Address _____

City _____ State _____ Zip _____

C. Legal guardian information, if applicable

Guardian's Name _____

Relationship to Individual _____

Phone _____

Email _____

Street Address _____

City _____ State _____ Zip _____

D. Approval requirements and procedures

ADVICE TO STATES. Each state will follow its own specific requirements for getting the individual's consent or agreement to participate.

ADVICE TO SURVEYORS. At a minimum, you need to obtain verbal agreement from the individual (or his/her legal guardian, if applicable) before the face-to-face survey takes place.

Note. The agreement/approval question at the [beginning of Section I](#) must be answered.

Changes to the survey



Questions?
Contact Name
Contact Email
Contact Phone

ADULT IN-PERSON SURVEY (IPS) 2017-18

Previously known as the Adult Consumer Survey (ACS)

SC-1 Survey Code: _____

Note: This code should be provided by the state project coordinator and is for data analysis purposes only. A unique survey code should be assigned to each person. Do NOT use a number that could possibly identify the person (for example, *do not* use social security numbers).

SC-2 Face-to-face Scheduling Status

If the face-to-face survey was not scheduled, please enter the reason why:

- 1. Contact information is incorrect
- 2. Contact information is correct, but the person could not be reached
- 3. Refused by individual receiving supports
- 4. Refused by guardian and/or parent
- 5. Deceased
- 6. Other reason survey could not be scheduled

SC-3 Region or County (if applicable): _____

SC-4 Language in Which Survey was Conducted:

- 1. English
- 2. Spanish
- 3. Other _____

- 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)?

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)? _____

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? _____

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

- PS-11 we added “what is the name of the financial organization?”



Michigan Specific Language

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

Residence

BI-35 How long has this person lived in his/her current residence?

- 98. Not applicable — homeless
- 1. Less than one year
- 2. One to three years
- 3. Four to five years
- 4. Over five years
- 99. Don't know

BI-36 How would you characterize the place where this person lives? CHECK ONE.

Group residential setting (e.g., group home).

- 6. Group living setting, 2-3 people with disabilities
- 7. Group living setting, 4-6 people with disabilities
- 8. Group living setting, 7-15 people with disabilities

Own home or apartment.

- 9. Lives in own home or apartment; may be owned or rented, or may be sharing with roommate(s) or spouse
- 10. Parent/relative's home (may include paid services to family for residential supports)

Foster or host home

- 11. Foster care or host home (round-the-clock services provided in a single-family residence where two or more people with a disability live with a person or family who furnishes services)
- 12. Foster care or host home (round-the-clock services provided in a single-family residence where only one person with a disability lives with a person or family who furnishes services — sometimes called shared living)

Other

- 13. Homeless or crisis bed placement
- 14. Other (specify): _____
- 99. Don't know

- 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"



Michigan Specific Language

- BI-56 What funding source- we've removed "ICF Funded".
- NCI added option 4, exclusively supported by state funds

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

No Yes Don't Know

- 1 2 99 Communication technology (technology or other assistance to support the person's communication, e.g., communication board, text speak, Dynavox) Note, this is not referring to 'standard' communication technology such as a phone or cell phone.
- 1 2 99 Environmental adaptations/home modifications (changes to the home environment to make it easier for the individual with a disability to get around and live in the home, includes remote monitoring technology)
- 1 2 99 Benefits/insurance information (information on benefits for which the individual might qualify, how to apply, etc.)
- 1 2 99 Residential support services (this includes a number of supports the person may receive in the home such as homemaker or chore services)
- 1 2 99 Other: _____

BI-56 What is the funding source for supports for this person? (Please obtain this information from a state data system or official record if possible.) Check ALL THAT APPLY.

2. Medicaid HCBS Waiver-Funded Services
3. Medicaid State Plan Funded Services
4. Exclusively supported by State Funds (no Medicaid services beyond health care)
99. Don't know

BI-57 Does this person currently receive Medicare?

1. No
2. Yes
99. Don't know

BI-58 Is this person currently using a self-directed supports option?

Is this person currently using a self-directed/participant-directed supports option? Does he/she have 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.

1. No – Code BI-59 as 'Not Applicable'
2. Yes
99. Don't know – Code BI-59 as 'Don't Know'



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.

No Yes Don't Know

- | | | | |
|----------------------------|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Mood disorder (e.g., depression, mania, bipolar disorder, etc.) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Anxiety disorder (e.g., obsessive disorders, panic disorders, etc.) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Behavior challenges (e.g., aggression, self-injurious behavior, pica, etc.) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Psychotic disorder (e.g., schizophrenia, hallucinations, etc.) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Other mental illness/psychiatric diagnosis |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Autism spectrum disorder (e.g., autism, Asperger syndrome, pervasive developmental disorder) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Cerebral palsy (spastic quadriplegia/diplegia) |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Brain injury |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Seizure disorder and/or neurological problem |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 99 | Chemical dependency |

- 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.

No	Yes	Don't Know
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 Mood disorder (e.g., depression, mania, bipolar disorder, etc.)
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 Anxiety disorder (e.g., obsessive disorders, panic disorders, etc.)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Behavior challenges (e.g., aggression, self-injurious behavior, pica, etc.)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Psychotic disorder (e.g., schizophrenia, hallucinations, etc.)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Other mental illness/psychiatric diagnosis
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Autism spectrum disorder (e.g., autism, Asperger syndrome, pervasive developmental disorder)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Cerebral palsy (spastic quadriplegia/diplegia)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Brain injury
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Seizure disorder and/or neurological problem
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Chemical dependency
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Down syndrome
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Prader-Willi syndrome
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Fetal alcohol spectrum disorder (FASD)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Limited or no vision – legally blind
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Hearing loss – severe or profound
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Other disabilities not listed: _____
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 No other disabilities other than ID (if person has no other disabilities, check 'yes')

BI-13 What health 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.

No	Yes	Don't Know
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 Cardiovascular disease (e.g., coronary heart disease, angina)
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 Diabetes (including Type 1 and Type 2)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 99 Cancer (e.g., breast, prostate, colon, lung, etc.)
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 High blood pressure
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 99 High cholesterol
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Dysphagia (i.e., difficulty swallowing)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Pressure ulcers (bed sores)
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Alzheimer's disease or other dementia
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 99 Oral health or dental problems that cause ongoing pain or difficulty eating
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Sleep apnea
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 99 Other health conditions not listed: _____



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

Employment/Other Daily Activities

See PS-7. Please provide data based on a typical two-week period.

Type of Activity	a) Does this person do this activity during the typical two-week period?	If yes: b) Number of hours worked or spent at this activity during the typical two-week period:	c) Wage (not including benefits and before taxes or deductions) earned at this activity during the typical two-week period:	d) Does this person get publicly funded services or supports to participate in this activity?	e) Is the job or activity done primarily by a group of people with disabilities?
BI-43 Paid individual job in a community-based setting <i>Community-based setting is a place where most people do not have disabilities.</i> <i>Facility-based setting is a place where most people do have disabilities.</i> A person working at an individual job in a local business alongside peers who do not have disabilities. Job is part of the typical labor market (e.g., competitive employment).	<input type="checkbox"/> 1. No <input checked="" type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours for which person is paid in typical two-week period: 40	HOURLY WAGE \$ 9.25/hr	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	N/A
BI-44 Paid small-group job in a community-based setting The activity is done in an integrated setting, as part of a group of not more than 8 people with disabilities (e.g., enclave, work crew).	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours for which person is paid in typical two-week period: ---	HOURLY WAGE \$ ____/hr	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	N/A
BI-45 Unpaid activity in a community-based setting (e.g., volunteer activities, skills training, community supports)	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours spent at activity in typical two-week period: ---	N/A	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know

BI-46 Paid work in a community business that primarily hires people with disabilities In this job, the employees with disabilities interact with the non-disabled population; this job is NOT in a traditional sheltered workshop and is NOT an enclave. Examples include bakeries, carwashes, thrift stores, etc.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours for which person is paid in typical two-week period: ---	HOURLY WAGE \$ ____/hr	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	N/A
BI-47 Paid work performed in a facility-based setting (e.g., traditional sheltered workshop or work activity center; the location has been developed specifically to provide work activity exclusively for people with disabilities and people may be paid sub-minimum wage.)	<input type="checkbox"/> 1. No <input checked="" type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours for which person is paid in typical two-week period: 25	TOTAL WAGES EARNED IN TYPICAL TWO WEEK PERIOD \$ 20.00	N/A	N/A
BI-48 Unpaid activity in a facility-based setting (e.g., day habilitation, seniors programs, drop-in centers)	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 99. Don't know	Number of hours spent at activity in typical two-week period: ---	N/A	N/A	N/A



Employment

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
- 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

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- 6. Farming, fishing, forestry worker
- 7. Construction or repair occupation
- 8. Assembly, manufacturing, or packaging
- 9. Materials handling, mail distribution
- 10. Management, business, or financial operations
- 11. Professional or technical occupation
- 12. Other

Other supports and services

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.

No	Yes	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Service coordination/case management
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Respite/family support (a person who cares for the individual to give family or the individual a 'break'. Includes recreational respite care.)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Transportation (arrangements or provision of transportation, e.g., paratransit)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Assistance finding, maintaining, or changing jobs (e.g., a job coach, vocational training, on-the-job training, etc.)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Day services other than employment (e.g., day program or workshop)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Education, training, or skills development (e.g., school, college, or other training programs)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Healthcare coordination (help navigating the healthcare system, e.g., finding a doctor who understands unique needs of individual, when to make appointments, with whom, when to take medications, etc.) Note, there is a separate option, below, if the person needs better/different insurance/benefits.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Dental care coordination (help navigating the dental care system, e.g., finding a doctor who understands unique needs of individual, when to make appointments, with whom, when to take medications, etc.) Note, there is a separate option, below, if the person needs better/different insurance/benefits.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Assistance finding, maintaining, or changing housing (includes help finding a new home or staying in the home, help to be a good tenant)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99 Help with social/relationship issues, meeting people (help finding friends, or organizations to be a part of)

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

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

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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 you hear from your interviewer, please call June Malachowski at 313-577-6389 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



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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

Resources

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

