Interagency Discharge Planning Committee
October 31, 2007

NYS Office of Mental Retardation & Developmental Disabilities: Commissioner's Task Force on Aging

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Commissioner's Task Force on Aging

Sub-Committee Reports:

Workforce Readiness
In-Home Supports
Health, Prevention and Geriatric Assessment
Nursing Home Diversion and Discharge

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Sub-Committee Report I:
Workforce Readiness

Projected Outcomes

Recommendations:

➤ Establish a credentialing process for aging for Direct Support Staff

➤ Include curriculum on aging as part of the Orientation training for all staff

➤ Establish a Geriatric Training Specialist at each DDSO

➤ Use OMRDD website as resource for aging

Collaborations

- New Horizons
- SUNY Albany – Excellence in Aging program
- NYS Office for the Aging
- Policy and Planning – Workforce Grant
- Training and Medicaid Standards – Training issues workgroup
- OMRDD public relations office

Training & Credentialing

➢ Incorporate training on Aging and DD into NYS OMRDD orientation training (working with Training and Medicaid Standards)

➢ Add a credentialing program on aging and tie wage and/or title increases to attainment of credentials

Geriatric Training Specialist

➤ Establish a training specialist at each DDSO who would serve as a resource for a region.

➤ Requires solidifying and reestablishing interagency connections which vary throughout the state

Website

➢ Use of website to make curriculums and training resources readily available

➢ List dates of training events

➢ Gathering list of materials from all subcommittees to be included on website

➢ Descriptions of innovative programs

➢ Links to other resources

➢ (Outline of content completed by 12/31/07)

Statewide Learning Academy

➢ Would partner OMRDD, not for profit provider associations, post secondary institutions, self advocates and worker representatives

➢ Could include an expert panel to plan for educational needs

➢ Could be a repository for on-line and video conference course offerings – these types of trainings would free up trainers for specialized needs

➢ Identify training needs and develop offering

Realistic Job Preview

➢ Offer instructions and resources on developing Realistic Job Previews – calendars, videos…add to website

Establish pathways to recruit from colleges

- Internships
- Underserved population – investigate national ARC
- Formal and informal contacts with universities Centers for Excellence in Aging encourage building DD into curriculum

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Sub-Committee Report II:
In-Home Supports

Survey of In Home Supports

➢ Identify reasons individuals who are aging leave their residences, obstacles to staying & services/supports needed

➢ Expanded to include survey of families and residential providers

➢ Adding more open ended questions

➢ (Survey to go out by 10/15/07)

Public Health Initiative

➢ Public Health Initiative is an interagency collaboration geared towards preventing people from being prematurely referred to a nursing home.

- Public Relations OMRDD

- Expand DDSO connections to Office for the Aging and the NYS Connects/Point of Entry system

- Initiative will include efforts to reach Home Health Agencies, those not in our system, MD offices and other health care providers that may prematurely steer individuals to nursing homes.

Long term Planning Package

➤ Develop a long-term planning package. List recommended documents individuals and families may need for planning. Make these documents readily available (i.e., website)

➤ Consulting with Future Care Planning Group (Al Sigl Center, Monroe ARC, Lifespan)

Environmental Assessment Tool

➢ by Dr. Kathie Bishop's group

➢ Checklist which lists the kinds of supports an individual might need and could assist in standardizing assessments, (esp. making them more thorough and comprehensive).

➢ Three different tools

- One for the individual piloted by 9/30/07
- One for the residence
- One for the day program site

DDPC Proposals

➢ Use of telemedicine

➢ Mobile Adult clinics in rural areas

➢ Both these tools enhance accessibility to health care

➢ (Proposal in by 9/30/07)

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Sub-Committee Report III:

Health, Prevention and Geriatric Assessment

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Health, Prevention and Geriatric Assessment Subcommittee Report

9/10/07

Projected Outcomes

➢ Preventive Health Care Screening Guidelines

➢ Geriatric Assessment Guidelines

➢ Preventive Health/Wellness Guidelines

Preventive Health Care Screening Guidelines

➢ Projected outcomes:

- Development of an OMRDD sponsored screening tool that would be available to individuals, families, and service providers through the OMRDD website.

- Progress to date: Draft reviewed and discussed 9/7/07.

- Questions regarding publishing and disseminating guidelines in PDF format.

Preventive Health Care Screening Guidelines

➢ Long-term plan:

- Further revisions and development of projected guidelines by 10/07.

- Pilot project and final version by 3/08.

- Develop and implement statewide videoconference training fiscal year 08-09.

Geriatric Assessment Guidelines

➤ Projected outcomes:

- Development of OMRDD sponsored test battery for establishing baseline assessments of older adults, and recommended tests for performing differential diagnosis of functional changes in older adults available to individuals, families, and service providers through the OMRDD website.

- Progress to date: Draft submitted to subcommittee and reviewed 9/7/07. Question regarding term "Geriatric".

Geriatric Assessment Guidelines

➢ Long-term plan:
  - Revise and produce final version by 10/07.
  - Develop training program and implement pilot training by 3/08.
  - Implement statewide training program consisting of videoconference, direct supervision of psychologists/behavior specialists, and utilization of currently operating Geriatric Clinics as training models during fiscal year 08-09.

Preventive Health/Wellness Guidelines

➤ Projected outcomes:

- Development of OMRDD sponsored guidelines for preventive health and wellness available to individuals, families, and service providers through the OMRDD website.

- Progress to date: Discussion of concept of preventive health and wellness, draft in progress.

Preventive Health/Wellness Guidelines

➤ Long-term plan:

- Revise and pilot guidelines by 12/07.

- Develop videoconferencing training program by 3/08.

- Implement statewide videoconference series fiscal year 08-09.

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Sub-Committee Report IV:

Nursing Home Diversion and Discharge

Nursing Home Diversion and Discharge Projected Outcomes

➢ Collect and Compile Best Practices as they Relate to Nursing Home Diversion and Discharge
  - Develop a Training Curriculum Focusing on Best Practices
  - Distribute Curriculum as Handbook
  - Offer Curriculum by Video to all Districts

➢ Examine the utility of the DDP system as a predictor of nursing home admission

Collect and Compile Best Practices

- Outcomes to Date
  - With the help of district based liaisons to this committee named by Directors, our "success stories" have expanded to more than a dozen.
  - These stories talk about environmental supports, specialized team approaches, crucial differential diagnoses, systemic approaches to nursing home screenings and other topics.
- Actions
  - We need to expand our library of "success stories". This is a work-in-progress.

Develop a Training Curriculum Focusing on Best Practices

➢ The subcommittee will develop the curriculum in two ways:

- We'll use an "Everyday Heroes" type format to develop the success stories. This will be suitable for video or in-person presentation

- We are also considering a positively oriented format reminiscent of CQC's "Could This Happen To You" series. In this case, the question would be, "Could You Do this?"

Develop a Training Curriculum Focusing on Best Practices

➤ Within the 2007 – 2008 year, the sub-committee will begin to offer the curriculum as a series of video conferences, each highlighting a best practice or success story

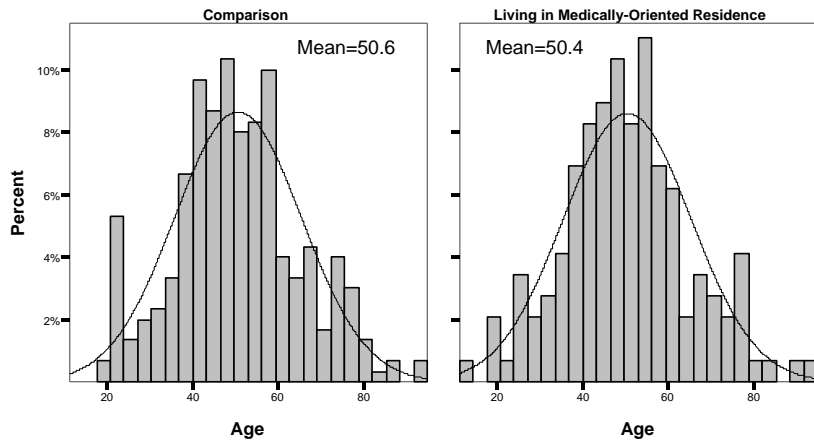➤ The curriculum will be updated and changed as new stories are collected

Utility of the DDP System as a Predictor of Nursing Home Admission

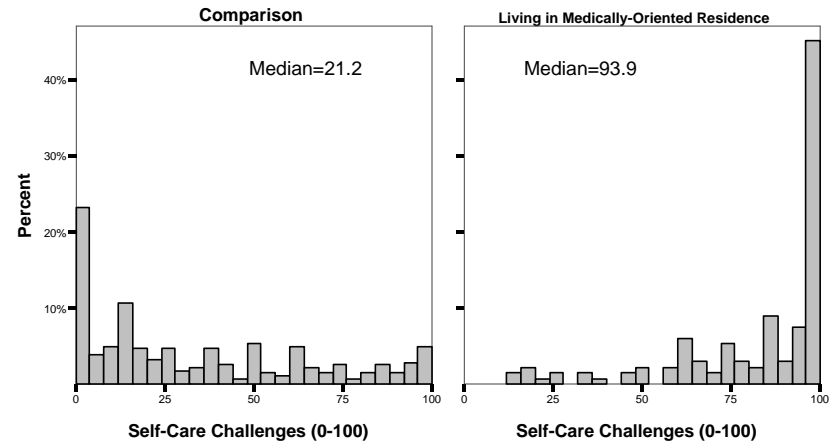Data received from Craig Brown is important:

- Moves the discussion forward on a more factual basis

- Increases our ability to predict risk

- Generates greater understanding of the aging population

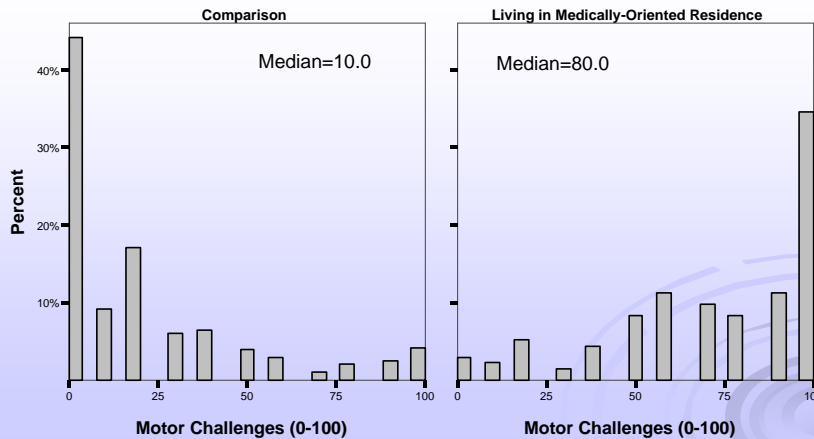# Comparisons: People with Medical Involvement with People Randomly Selected

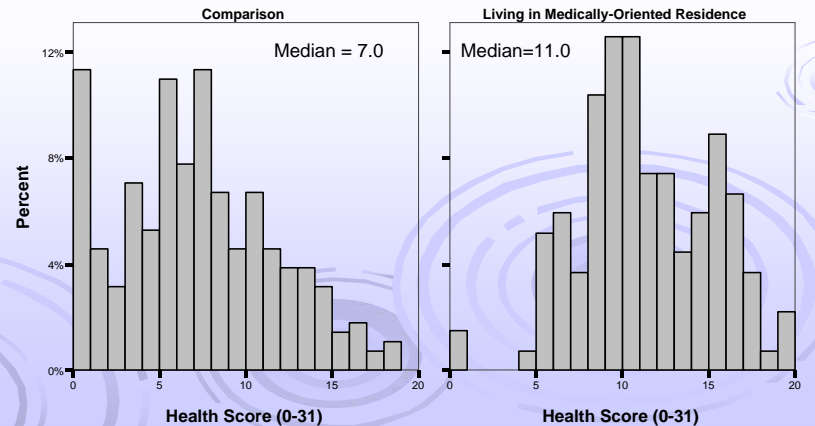**Age Distributions for Medical and Comparison Groups**

Self-Care Distributions for Medical and Comparison Groups

Motor Distributions for Medical and Comparison Groups

Health Distributions for Medical and Comparison Groups

Selected Indicators for Medical and Comparison Groups

DDP Indicator	Comparison (n=300)	Medically-Oriented Residence (n=145)	Total	Association Measure Phi (0→1)
Neurological med. condition	26.6%	57.3%	36.4%	.30
Total support in drinking	7.1%	48.9%	20.6%	.60
Total support in feeding	7.5%	56.1%	23.2%	.57
TS in chewing + swallowing	6.1%	49.2%	19.9%	.55
Can't pull self to standing	13.9%	72.9%	32.9%	.59
Staff trained in special med procedures	23.7%	64.4%	36.7%	.40
Weekly+ physical therapy	7.6%	59.5%	22.7%	.72
Weekly+ physician visits	1.2%	70.2%	23.5%	.84
Daily nursing visits	8.2%	87.2%	33.7%	.79

Predictive Algorithm

➢ The discussion of the data, above, generates improvements in a predictive algorithm

- SIDDSO will "field test" the algorithm