



Service Outcomes for California's Developmental Disability Community

Creating clear, consistent, and measured service outcomes for service improvement, training, and value-based purchasing

Executive Summary
Part One: The Framework for A Service Outcome Center

January 17, 2020

The PAVE Project
Person-Centered Advocacy, Vision, and Education

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Plain text version, remediated for accessibility



Executive Summary

This paper develops a conceptual framework for the delivery, measurement and improvement of developmental disability support service outcomes.

Recommendations for using this framework to move the State Rate Study forward are included. The term 'Disability support service' or 'disability service' refers to the assistance that helps individuals fulfill their chosen lifestyles and goals, offered by the California Department of Developmental Services (DDS). The services referred to are also Home and Community-Based Service (HCBS) compliant. PAVE will initially be focusing on five services: Independent Living, Personal Assistance, Respite Care, Supported Employment, and Supported Living. PAVE's methods can be expanded to other HCBS compliant services.

These support services are fundamentally different than health care outcomes that deal with injury and disease. Disability support services have different assistance goals and require a different set of service outcomes that must be defined and measured separately. Disability service outcomes intersect with health care outcomes but remain distinct.

PAVE's method develops clear and consistent outcomes by focusing on the content of service delivery and the structure of service use. This approach to service outcomes allows measurements of (1) service delivery, (2) use of service deliverables, and (3) the service outcomes' contribution to quality-of-life goals.

Support service outcomes are not only different from health care, they are different from service domains, service provider structures, quality jobs, staffing ratios, case management, self-determination, and different methods of goal-setting. Utilization of services is also not a service



outcome. In addition, service outcomes are not the procedures to deliver service, and they are not the process an individual goes through to choose that service. The evaluation of a service outcome is also not itself a service outcome.

Evaluating how successful a service was in achieving a goal is different than the service. Evaluating a service outcome requires knowing what participants use the service for and its contribution towards reaching the chosen goal.

Unfortunately, this lack of ability to define these service outcomes extends to the national level. The issue is so serious that DDS's Rate Study cited this inability as the reason it is currently impossible to link service provider payments to quality, impeding the Study's implementation. Researchers, policy makers, and managed care providers have focused on general indicators such as quality-of-life, case management, health, safety, service access, choice, staffing, etc. Yet these important topics aren't service outcomes and cannot be used to evaluate services. The result is that undefined outcomes become unclear service goals. These unclear goals block effective delivery and use of services and make value-based purchasing impossible.

Clear and consistent service outcomes will enhance service:

- *Usage.* Increases effectiveness through defining their purpose.
- *Training.* Determines the content of training.
- *Certifications.* Tests DSP skills, linking performance to service.
- *Delivery.* Sets expectations for service providers.
- *Measurement.* Defines service in a way that can be measured.
- *Evaluation.* Sets clear criteria for evaluation.
- *Improvement.* Reveals areas needing upgrades.



- *Management.* Guides the management of services.
- *Purchasing.* Allows implementation of value-based purchasing.
- *Payment.* Allows for transparent funding.

As PAVE seeks to remedy this paralysis by creating clear and consistent service outcomes, the first step is to develop *service outcome structures*—the form of service outcomes. Through this service structure, PAVE will explain how service outcomes relate to achieving quality-of-life goals and outcome-based training for the DSPs (direct support professionals) delivering services.

Once the structure of service outcomes is created, outcomes can be defined and measured. The State can implement purchasing based on quality, target resources where they are most effective, and measure the results. A constructive cycle can be created where delivery, payment, and evaluation can work to improve service quality.

Create the Service Outcome Center. In order to quickly create service outcomes over scores of services, measurement tools, data collection software, value-based purchasing, develop outcome-based training curriculum, and train over one hundred thousand DSPs in service outcomes, the State needs a dedicated organization charged with this mission.

Formation of an organizing committee and two million dollars in seed money for the Center this fiscal year will accelerate developing clear and consistent service outcomes. The State would be able to launch pilot initiatives as early as FY 2021-22.



Part One. Developing Service Outcomes

Summary

- 1. Demands for Outcome-Based Funding.** The requests for outcome-based funding come from a variety of important stakeholders. The California State Legislature has required the Department of Developmental Disabilities to measure, improve, and provide best practices for its services. Medicaid, funding over 40% these services, concurs. The Rate Study took an “indirect approach” to service outcome quality, citing the lack of national consensus on service outcomes. The State Council on Developmental Disabilities responded by stating only a direct approach to service outcomes will work. The Legislative Analyst Office noted that California does not have a way to collect data on the effectiveness of developmental disability services. Nationally, attempts to base funding on service quality have floundered due to unclear service outcome definitions. Creating clear and consistent service outcomes is now an urgent requirement. The first step is to understand the structure of services.
- 2. Service Components.** There are two parts to a service outcome and its meaning: the service delivery and the service use. The service delivery outcome is the results of a service being delivered. The service use outcome is how the service user deploys the service deliverables. Services have eight components: Type, User Purpose, Match, Method, Delivery Outcome, Usability, Effort, and User Outcome. The purpose of services is to achieve user-defined quality-of-life goals. This understanding of service outcomes puts people with developmental disabilities at the center of their services, as they use their services for their chosen goals.
- 3. Quality of Life.** Quality-of-life goals are outcomes a person chooses for their lifestyle. These goals can be at a point of time (winning a contest) or it can be a goal over time (living in a home). Access points are the



means by which a person can engage and achieve their goals. For example, knowing how to swim, access to a swimming pool, and having the means to get to the pool are access points for the quality-of-life-goal swimming.

Operational Definitions. The purpose of an operational definition is to assist with measurement; It is how the meaning of a word or idea can be independently measured and includes procedures for measuring. For example, the operational definition of a table's size includes how to measure it, what units to measure it in, and how that measurement is displayed. 'Service outcomes' have operational definitions too; these definitions form the basis of their measurements.

Part Two. Using Service Outcomes

Summary

- 5. Using Operational Definitions to Measure Outcomes.** PAVE will develop operational definitions for measuring service outcomes. There are three aspects to measure: Service Delivery, Service Outcome, and Quality-of-Life contribution.
- 6. Outcome-Based Training and Certification.** Service outcomes will be used to develop training for all service provider staff. Different training programs will be designed for different services, as well as different positions. Certification will be based on qualified observations. Training means to an outcome, not an outcome in itself. Training and certification programs must be scalable.
- 7. Continuous Improvement Cycles.** Edward Deming, the founder of Total Quality Management (TQM), developed a system of continuous improvement that developmental disability services should adopt to improve services and foster value-based purchasing. TQM was responsible for the Japanese success in manufacturing and engineering



and is still used today throughout the world. The State of Michigan used it to reorganize their social service system.

- 8. Analyzing Disability Research Approaches.** PAVE's approach follows the National Quality Forum's research guidelines. PAVE's approach also supports the National Core Indicators (NCI) approach through linking service outcome data to quality-of-life goals. The Center for Quality Leadership's (CQL) research shows that good service outcomes reduce health care expenditures; our program supports these outcomes.
- 9. The State's Value-Based Purchasing.** The State has proposed value-based purchasing through trailer bill language this year. Department stakeholder meetings also include value-based purchasing as a topic.
- 10. Value-Based Purchasing for Disability Services.** The state can use clear and consistent service outcomes to design and purchase developmental disability support services which increase personal independence and lessen State service costs. This claim is a hypothesis that needs to be tested through implementation.
- 11. Alternative Payment Models.** Alternative payment models require a data infrastructure we still need to build. PAVE's framework allows us to build it.

Conclusion. To move the Rate Study, value-based purchasing, and quality services forward, the State needs to build a Service Outcome Center dedicated to the project. The effort needs two million dollars this fiscal year for project development, and up to twenty-five million dollars over the next two fiscal years. By the end of FY 22-23, the Center should train up to 40,000 DSPs.