

# Goal Analysis

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# Mobius Inc.

## *“Valued Roles in the Community”*

- SRV (Policy/Training/Practice)
- Self Determination
- Person Centered Planning
- Work First
- Active Supports

# Mobius Inc.

- Communication (NTC)
- Assertive Growth
  - LEAD Program
  - Transitional Home Supports
  - Independent Living
- Merge Funding Per Consumer/Program
- Mid Coast Collaborative

# Service Evolution

- Service Life
- A Good Paid Community Life
- Community Life

# The Challenge

- Desired Futures
- Relevant Skills and Natural Supports
- Increased Independence
- Decrease Reliance on Paid Supports

# Why Goal Focus

## Internal

- Readily Available (PCPs)
- How Well Are We Doing?
- Consumers/Families Self-Direct
- Should Describe Outcomes
- Continuity

# How Well Are We Doing?

- Values Understood (+)
- Person Centered Plans (+)
- Work First (+)
- NTC (+)
- Enough Competencies (?)
- Goal Statement Quality (?)
- PCPs - Services – Outcomes (?)

# Why Goal Focus

## External/System

- HCBS Quality Framework
- Systems Quality Improvement
- Care Coordination (ACA)



# Individual Benefits to Assessing Goal Attainment

- Individuals/Families Direct
- Structure to monitor progress
- Concise communication with team
- Guide future goals and services needed
- Individual self-awareness & capacity for goal setting
- Program evaluation

# Goal Analysis

Includes:

1. Goal Attainment (how well performed)
2. Other Goal Characteristics (what performed)
3. Individual Characteristics

# MeHAF/DHHS Project

- Classified 1700 goal statements
- 133 Subjects (de-identified)
- 3 Regions Represented
- 18 Variables
- Primary Data Sources:
  - PCP Goal Statements
  - State Data (BMS 99s)

# Key Interests

*“Exploratory Research in Progress”*

- What’s Happening in Lives
- MeHAF Interests
- Associations with Outcomes

# Project Limitations

- *Exclusion of Other Significant Variables*
- *Goals Only a Part of the Picture*
- *Secondary Data*
- *Limited Sample Size*
- *Not Random*

# Study Variables: Goal Characteristics

- Goal Attainment
- Goal Domain Type
- Goal Skill Content
- Goal Community Participation Level
- Goal Communication Content
- Goal Duration

# Study Variables: Consumer Characteristics

- Age
- Disability Level
- Gender
- Guardianship Status
- Assertive Growth Group
- Communication Ability (receptive & expressive)
- Health Needs (accessing care, first aid, medication administration, health maintenance)
- Regional Source

# Quality of Life Domains

	Freq	Attainment
• Physical Health	34%	2.77
• Emotional WB	3%	2.77
• Material WB	15%	2.70
• Social WB	17%	2.83
• Personal WB	31%	2.64



# Assertive Growth Sub-Group

- 95% Skill Development Goals
- Higher Goal Attainment
  - + Skill Development
  - + Material Well Being Goals

# Some Associations of Interest

- Independence ↓ Skill Development
- Communication ↑ Skill Development
- Communication ↑ Goal Attainment
- Communication ↓ Physical Health
- Skill Development ↓ Participating Comm

# What's Next

- Expand Study: Collaborative
- Performance Tracking Tool
- Enhance Rigor
- Care Coordination



# Controls

- Variable Independence
- Raise the Bar (< false positives)
- Code Ratings Consistently
- Data Dictionary
- Review Challenges

# Community Participation

***Freq*** Not = 61% Pres = 30% P & P = 9%

- Participating  Communication Content
- Participating  High Performers
- Participating  Skill Development






# Personal Development

***Freq*** = 31%

- Education (8%)
- Volunteering (2%)
- Self-determination (7%)
- Leisure (11%)
- Other (3%)

# MVR Skill Content


## *Odds Ratio Estimates*

- 120%  Communication Content Present
- 30%  Present in Community
- 20%  Expressive Communication
- 2%  With Each Year Age Added
- 550%  With More Than One Event Indicated







# Skill Content

*Freq* Yes = 62% No = 38%

- Skill Content  Communication Content
- Skill Content  Pers Dev & Physical Hlth
- Skill Content  Not Present in Community
- Skill Content  Self Guardians

# Communication Content




***Freq*** Present = 23% Not Present = 77%

- Comm Content  Skill Content
- Comm Content  Present & Part
- Comm Content  Goal Duration
- Comm Content  Pers Dev & Soc WB

# Goal Attainment

Mean = 2.77

***Freq*** > Mean 62% < Mean 38%

- GA  Receptive Communication
- GA  Severe & Moderate Levels
- GA  Communication Content Present

(.09 pv)







# Physical Health X-Tabs

***Freq***      PH (34%)    Other (66%)

- P H. ↑ present in community
- P.H. ↓ present and participating
- P.H. ↓ communication content present

# High Performers Group

*Freq* HP = 27%      Other = 73%

- HP  Self Guardians
- HP  Female
- HP  Expressive Communication
- HP  Receptive Communication
- HP  Present & Part in Community
- HP  More Intellectual Ability

# Goal Analysis Take Away's

- Viable to Classify Goal
- Can Inform Program & System
- Data Easily Retrievable
- Goal Assessment Useful at Individual Level

# Future Recommendations

- ID new variables (*behavior mgmt, independent living, valued roles etc*)
- Revise classifications (*Goal Quality*)
- Increase sample size
- OACPD source for all samples
- Random sampling
- Increase variables as available
- Others data sources?

# Assessing Goal Attainment

- PCP Team Assesses Current Goals
- Collected by Plan Coordinator
- Classified by Quality Manager
- Ratings Averaged
- Frequencies & Correlations Examined



# Evolution of Goal Analysis

1. Improve Goal Quality
2. Assessing Goal Attainment
3. Goal Analysis
4. Regional Application
5. Care Coordination and QI

# Health Maintenance X Tabs

***Freq*** SuN (86%) SkN (11%) Ind (3%)

- Independent > Self-Guardian
- Independent > Communication Ability
- Independent > Mild Dx
- Independent > 1-time duration
- Independent < Present in Community
- Independent < Skill Dev

# Healthcare Reform

- Deliver Triple Aim (Berwick)
- Locus to Coordinate Healthcare
- Most present = Care Coordination (Parks)
- Do No Harm

# Evolution of Goal Analysis

1. Improve Goal Quality
2. Assessing Goal Attainment
3. Goal Analysis
4. Regional Application
5. Care Coordination and QI

# What's Next for This Project

- Expand MV Analysis
- Feedback to Participants
- ID Quality Improvement Uses
  - Agency Level
  - Provider Level

# Goal Basic Elements

- Whose Goal
- What will be Accomplished
- When will be Accomplished
- To What Degree

# System Evolution

- Institution to Community Agencies
- Service Life to Community Life
- Families to Community

# Goal Features

- Relevancy
  1. To Individual
  2. To Desired Outcome
- Reasonableness
  1. Too Challenging
  2. Not Challenging Enough



# Health Reform

- Build on Existing Strengths
- Impacting Inpatient
- Communication Needs
- Medical Capacities of ID Supports
- Dual DX

# Caution Using Data

“...tendency of organizations to gravitate to the norm and substitute standardization for individualization” (Val Bradley, 2007)

## Evidence-Based Practice

Research

Evaluation

✓ Quality Improvement