

MIG Evaluation Committee
2-6-08 summary

Present: Quincy Abbot, George Ducharme, Cristina Mogro-Wilson, Kerri Fradette, Glendine Henry, Larry Carlson, Patti Clay, Amy Porter, Cindy Gruman (conference call), Margarita Torres, Julie Robison, Noreen Shugrue, Martha Porter

Evaluation Report Card - Cindy, Noreen, Julie, Amy

Want the process reflected in report card. To visually depict steps along the way and put in any measures to use. Perhaps fill out quarterly – How are we doing, why/why not going well. Report card would start with global measures from the national level (Number of people using Medicaid Buy-in program, using benefits counseling, etc.), then buckets with outcomes specifically related to content areas (youth, transportation, etc.). Recording changes along the way within each bucket. Need to talk about outcome measures. Also measure information dissemination, other process changes.

State level measures

Number of people:

Working – parity between persons with and without disabilities

On Title 2 or 16 and going to work

Using Medicaid Buy-in program

Using benefits counseling

Priority areas changes

Within each workgroup content area

Local level changes

Local initiatives

Documenting systems/infrastructure change

Need to also document overall system and infrastructure changes. Changes in policies, new programs. Important to document it, whether or not it was done by MIG. This is for state's own report card. There is no place for states to report infrastructure changes on report card to CMS. Looking for:

New polices

Programs

Grants

Workgroups

Cross agency collaboration

How to collect data - Every quarter, we would check in with key informant people w/in each area. Ask them if any changes – what has happened in this area w/in past 3 months. Plan to survey core group of people regularly – people from the workgroups, other people recommended to talk with. In this way can develop a timeline of infrastructure change, so can make it graphical and capture info visually. Documenting connections between grants (MIG-MFP) important. Role of MIG is as catalyst – important to capture it. Huge impact of MIGs as catalyst for change.

Trying to document infrastructure changes that are occurring. This gives the background info for the evaluation of MIG. More of an assessment versus evaluation. Will help to explain why

things are happening this way. Will give background and cultural context – what does it look like overall – what are the resources here, etc. Like a system wide mapping – perhaps hire someone to do so. First see how useful the historical picture of MIG changes is.

This will give a profile of what's happening at that time – what is happening with employment and people with disabilities. Important to document changes not related to MIG to understand the cultural context - to understand all the variables affecting employment and people with disabilities in the state. Hard to say what is direct factor from MIG project or not. Ask - How did you get started? Would it have happened without the MIG? Some programs got started because of earlier MIG – related in that way. For ex. Amy is influencing what is happening right now with Walgreen's – that is because of MIG. If we can tie change to MIG, that's great. Need list of people to call/contact from State agencies, the workgroups – to capture all changes related to employment – whether or not it is directly related to MIG. Looking for infrastructure changes related to employment and any connections to MIG. Use only one question such as 'Have there been any policy changes since ____.' Even if there are no policy changes within 3 months, there still might be program changes. With programs – try new ones all the time. Say some city got a grant for transportation, etc., we would document that.

Talk with advocacy groups – providers – anyone trying to do something about this. Capture private employers too. Will focus on priority areas vs. everything related to disability across the board. Julie, Cindy, Noreen will draft list to call. Start with workgroups and steering committee members, then think about other names, state agencies. Also the top employers – 12 top employers. See if any advocacy groups not represented – Kids are not. Also use as an opportunity to spread word about Connect-Ability.

- Transportation
- Employer
- Job seekers
- Transition
- Education

Collect first round and see what have - then decide if getting too much/not too much information. First interviews will be retrospective. Use January 1, 2007 as MIG start date. Larry has a timeline of Medicaid buy-in changes – use format of his? Could use list of people called to check off if any changes are directly, indirectly, not at all related to MIG. Plan to reveal state report card for summit. Remind people each time talk this is what you said last time.

Evaluation will show economic background in state for MIG. Gina Livermore – is doing economic benefit analysis. Has not started yet because of contract issues.

Evaluation of non-infrastructure changes

There will be up to ten initiatives – will evaluate them too.

Survey State of CT employees

VT and Maine doing full survey of all state employees. Survey for Maine state employees on Maine's choices

<http://choices.muskie.usm.maine.edu/resource-library/state-employment.html> Asking do you have disabilities, have you asked for and gotten accommodations. If we could repeat same survey, then could compare how CT is doing vs. other states.

Thoughts on process evaluation plan

Document some of the things that happened and how they came to be – how did this really happen – document it so others can know how to do it. Try to follow up with persons affected. What people's experiences are. Use to inform others/other states re what worked/what did not work. Project analog of what succeeded and what didn't – include Business Leadership Network. Document how to do evaluation as well – produce a guide book – how to replicate the research, survey, methods, analysis. How do you go about designing something.

Benefits counseling data for report card (Larry)

CT has a state of the art Medicaid Buy-in program, but no one has looked at how CT people doing better than other states.

CT has a higher asset level eligibility and excludes retirement savings – so have more people been able to open 401K. Can use PCA waiver with income up to \$75,000/yr. People with disabilities who are Medicaid eligible can earn up to \$21,000 a year per federal gov't. But then can be kicked off if go back to work and earn more money – but not in CT. Look at where are people parking their earnings to still be eligible – in CT, too.

Medically improved group – if SSA says no longer disabled, CT allows people to stay on program even if no longer SSI eligible. Federal definition of working and eligibility for SSDI - if medically improved therefore must be earning money each month. State more flexible – can still receive SSDI. State level data includes every person on SSDI in CT.

Use state Medicaid for the Employed Disabled database – includes people not on SSDI or in SSA system any more. Look at number of people who access Medicaid without a disability determination from SSA. Outcomes to measure = show improvement yes/no with increased benefits in CT – increased access to health insurance, includes durable medical equip and PCA. CT legislation broke link between health benefits and income. Use same model as used by MPR for all states.

Larry will put in form of research questions – statements for us to put into research questions Amy wants basic demographics, look at why more people aren't doing this program? Look at how many people in CT have some earned income – use that as a comparison with SSA. Number of those without earnings – measure those every 6 months – can see changes. Medicaid cases reviewed once a year – verified once a year – accurate picture as of review date. What do we want to use as a basis – look at anyone with earnings? Medicaid lumps aged, disabled, blind into one – we are trying to split out older persons without disability. Over 65 is also a special population. Start with Medicaid buy-in population as a whole for now. This underestimates the number of Medicaid participants who are working – there are more interesting questions to ask of Buy-in people. Larry will get timeline to Noreen/Cindy

State Department of Education Survey - SDE

Using SDE survey with youth of transition group. Will survey all 140 special education directors in state. Aiming to send survey out in March. Will get draft to transition workgroup first. To include questions about all options for work experience, assistive technology, what school systems doing what, transportation, best practices, use of transition coordinators, job coaches, benefits awareness. Aim to do it every 2 years. If we want to talk to kids – need to get access – committee member can help with that.

There is existing national report on youth with disabilities age 15 and up <http://www.sipp.census.gov/sipp>. Also State Exiter survey – follow-up done 2 years after leave

high school for all youth in special education. Find latest report at <http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/SDEexiter06study.pdf>. Next state survey will now go out early (Patti). Results will be in September. Need infrastructure to do survey every 2 years.

Massachusetts reports all 504 data to the state. CT Dept. of Education does not give access - the CT special education reports go to DOE. Is this an infrastructure change we want to seek? How do they identify these kids?

Narrative interviews

George is ready to go with this. Amy needs to give him names. Margarita will help to pull names – she will call them first. Still want to do want to do QA check with people who called C-A number. Margarita will do these calls – then can ask if interested in talking with George about their experiences – give info to George.

Meeting time in future

Looking into possibly swapping meeting time with TA workgroup, so Evaluation committee would meet for 1-2:30. Amy is checking with TA members and will get to the group.

****As of right now, we are meeting at 3:00-4:30 next month.** Place and directions will be sent out ahead of time.