



Optimal Continuum Action
Collaborative
Basic Needs

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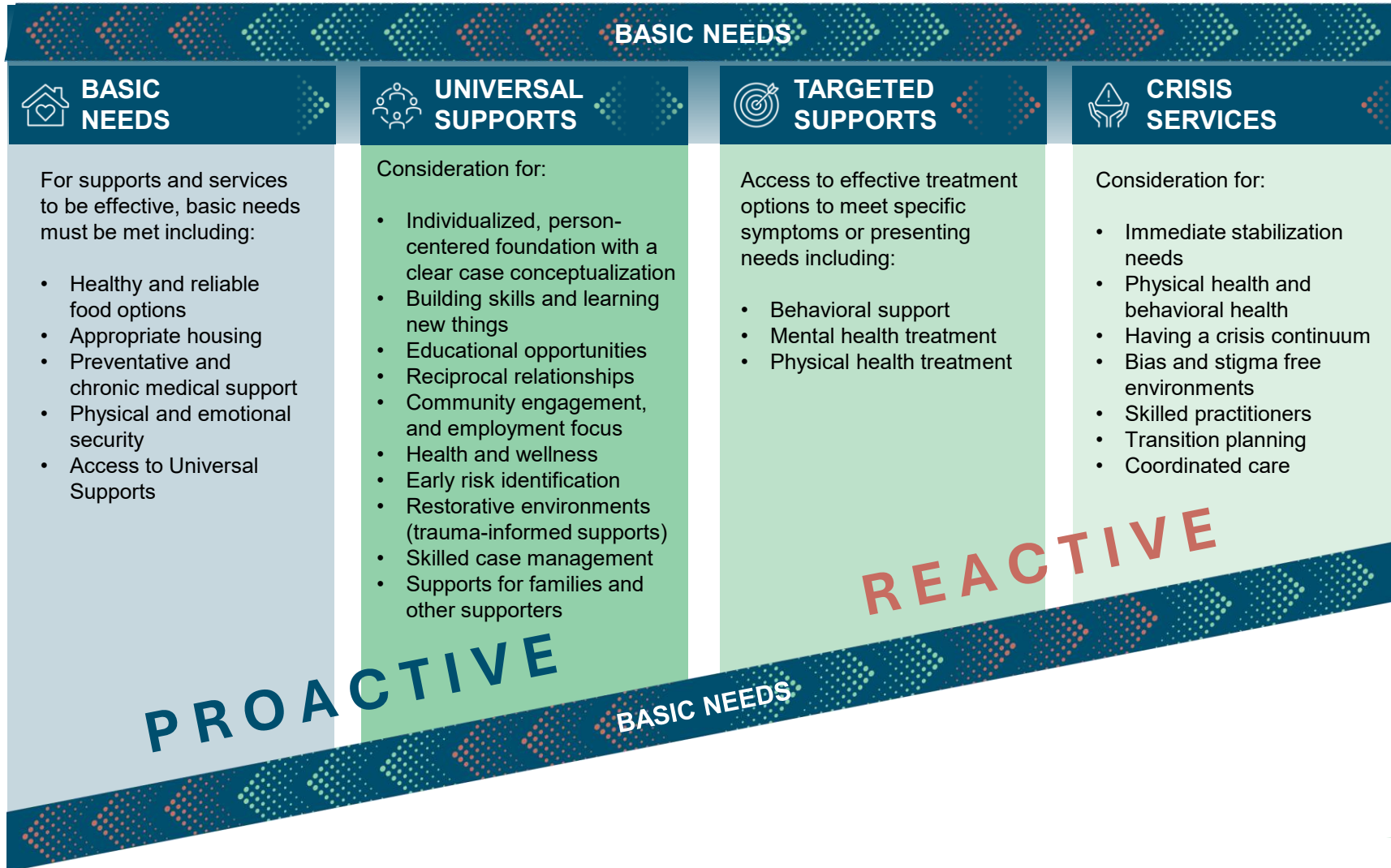




Agenda

- What is the **Optimal Continuum of Supports**?
- What is the **Compass**?
- Why and when should we use the **Compass**?
- A focus on **Basic Needs**:
 - Overview
 - Tennessee's experience
- Creating **Action Plans** with the Compass
- **NCI**: Tracking outcomes
- Discussion

Optimal Continuum of Supports



How is the Optimal Continuum of Supports used?

The Optimal Continuum of Supports is built on the idea that we first must assure the **basic safety and wellness** of a person before services and therapeutic interventions can be successful. The Optimal Continuum recognizes that **proactive, upstream strategies** give the best opportunity for individuals to live a good life, using targeted supports and crisis services only when necessary. The Optimal Continuum does not assume that these supports and services happen in isolation and considers that people will **move across the continuum** recognizing that a person's needs change. This approach can be used at all levels – from **big systems** (macro); to **service models** (mezzo); to **individual support** (micro), guiding teams to provide better services and supports.



What is the Compass?



Why should I use the Compass?



IT CAN HELP SOLVE
FOR A SPECIFIC ISSUE



IT CAN HELP SOLVE
FOR A GENERAL ISSUE

When should I use the Compass?

What are you solving for?

MACRO

- Do you think you need enhanced residential services?
- Do you think you need more crisis response and stabilization services?
- Do you think that you need support and services for people who are forensically involved?
- Are you faced with budget challenges and you have to make changes?
- Do you have the opportunity to take funds and determine where to invest it in your system where it will benefit people the most?

The Compass assists your state in looking upstream to determine why you have a need for these services and supports – what isn't working within your current structure. Your state will determine what needs to be bolstered or enhanced and where the gaps are in your system.

For example, you may find that you have policies and waiver services that endorses the importance of supporting people to engage in meaningful community activities; however, you are unsure if providers know how to implement (they haven't been trained) and you do not track data in this area.

MICRO

- Do you get pulled into situations where you have to decide how to support someone with complex support needs?

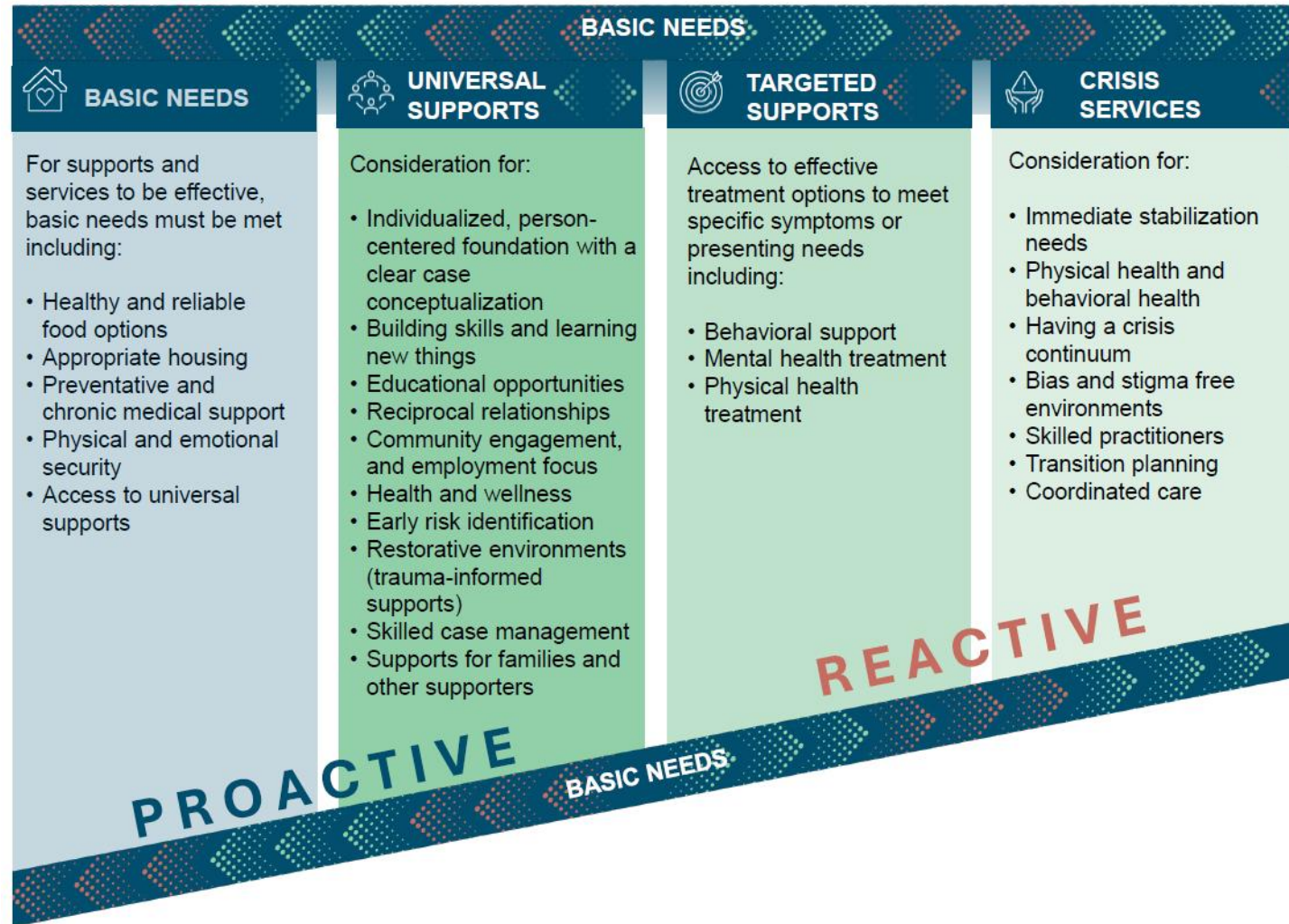
The Compass assists your state to identify what is missing from this person's life and what existing supports and services need to be enhanced to meet their needs in the future.

For example, you are meeting with your state's behavioral health agency to discuss "placement" for someone who is being discharged from an acute hospitalization. You may find that he has appropriate community supports including necessary clinical supports, but his physical health needs have not been consistently met and his living environment and family life has been incredibly unstable.



Dimension: **Basic Needs**

Considering Basic Needs



Conceptualizing Basic Needs

Same for ALL of us

For people who experience IDD, supports to access need to be reviewed to assure presence

Considering these needs does NOT require a clinician or clinical assessment

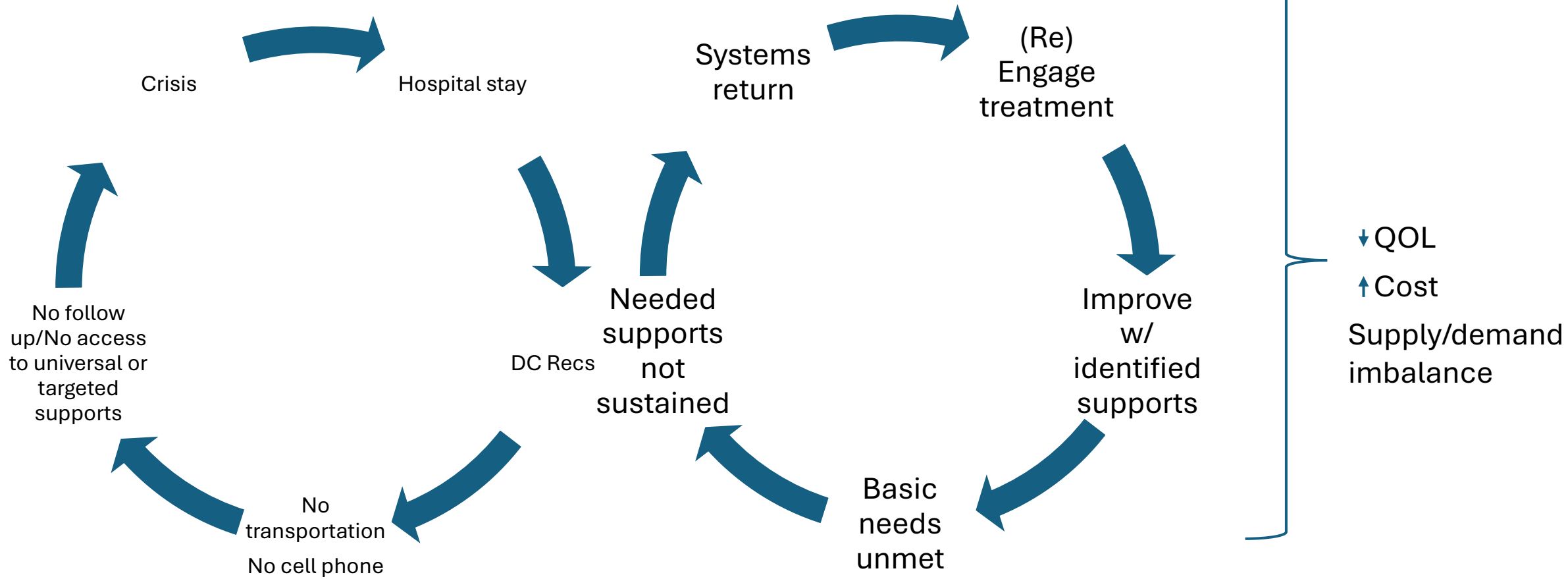
Essential foundation for a Good Life

** MUST be present for other universal or more targeted supports to be effective and sustain good outcomes*

** Can help to AVOID some need for targeted and crisis supports*

Reactive Cycle

Treatment Cycle



Important
Connections

Core Areas of Social
Determinants of Health


Linked to Important
wellness areas

Protective factors to
avoid trauma



DIMENSION: BASIC NEEDS

Scoring:
 1: *Low/Inactive*-Not at all or not functionally impactful
 2: *Emerging*-Present but may not be fully conceptualized
 3: *Optimal*-Present, fully conceptualized, and functionally impactful

<i>What systems and supports does your state offer to ensure individuals and their families have access to:</i>	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	 Action Items
Healthy and reliable food options?					
Appropriate housing (e.g., safe and affordable living situation)?					
Preventative and chronic medical support (e.g., pap test, routine dental, seizure disorder)?					
Physical and emotional security (e.g., feels safe, has someone to confide in)?					
Financial security (e.g., employment, financial assistance)?					
Access to Universal Supports (e.g., technology, options, transportation)?					



MOVING FORWARD: As needed and planned, awareness and access to active and formal supports.



State Examples: *Understanding Differences & Similarities*

Areas to consider

- Organization and scope of DD agency
- Connection between DD agency and MH agency
- Organization and connections with other relevant agencies
- Differences across lifespan

Similarities may make replication more seamless

Differences do not mean we cannot learn from one another, but do mean we have to consider adjustments

Louisiana – Basic Support Needs Examples

Healthy & Reliable Food Options

DD System Supports/Focus: Exploration and inclusion of Healthy Eating Preferences as part of general planning expectations & areas of independence, choice and control

Other Systems Collaboration: Recent move of SNAP program under LDH for ease of access and efficiency in LA

Area of Challenge for Improvement: Education for Supporters who may be preparing food and shopping

Appropriate Housing (Safe & Affordable)

DD System Supports/Focus: Focus on variety of approaches to support to increase not only independence but also access to safe & affordable living options (MIHC, CC, Shared Supports); Permanent Supportive Housing built into all waiver options

Other Systems Collaboration: Collaborations with HUD offices & Local partnerships

Area of Challenge for Improvement: Rental costs and supplements and needed education on benefits of other support/living options

Preventive Health Care (Access)

DD System Supports/Focus: Identification and planning as core part of planning; Areas of exploration and referral during Screening for Urgency of Need and Eligibility process; Operation House Call

Other Systems Collaboration: OPH preventive screening guidance and educational campaigns (sister office in LDH)

Area of Challenge for Improvement: Access to specialists (network adequacy in some areas)

Louisiana – Basic Support Needs Examples (Cont'd)

Physical and Emotional Stability

DD System Supports/Focus: Wellness Guide; Collaborative partnership with Arc of LA and People First Louisiana

Other Systems Collaboration: Dental Collaborative around Wellness in progress; Embedded in training for MH professionals

Areas of Challenge for Improvement: Breadth of exposure and education; Also supporting wellness for supporters

Financial Security

DD System Supports/Focus: Fiscal planning part of core support planning; Offering various support models that can support enhanced financial security; employment first planning

Other Systems Collaboration: Partnership with Local Districts and Authorities around local businesses; State as a Model Employer

Areas of Challenge for Improvement: Needed education on benefits of other support/living options; school transition planning

Access for Universal (tech, transportation, etc)

DD System Supports/Focus: Focus on independence, naturally occurring supports, and technological prior to paid supports engaging; Technology initiative

Other Systems Collaboration: Partnership with LATAN, Local Districts and Authorities around technology education and access

Areas of Challenge for Improvement: Broadband Access; family and provide education on spectrum of technology and remote supports; provider network



State Example: Tennessee

OPTIMAL CONTINUUM OF SUPPORTS COMPASS- BASIC NEEDS

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NASDDDS Clinical Services

March 24, 2026

OCSC- Basic Needs

CONSIDERING BASIC NEEDS:					
What systems and supports does your state offer to ensure individuals and their families have access to:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	Action Items
Healthy and reliable food options					
Appropriate housing (e.g., safe and affordable living situation)					
Preventative and chronic medical support (e.g., pap test, routine dental, seizure disorder)					
Physical and emotional security (e.g., feels safe, has someone to confide in)					
Financial security (e.g., employment, financial assistance)					
Access to Universal Supports (e.g., technology, options, transportation)					

Design of Evaluation

- 13 Participants
 - Deputy Commissioner of Clinical Services
 - TN-START Assessment and Stabilization Team Director
 - 3 Regional Nurses
 - 2 Assessment and Stabilization Team Managers
 - 6 Assessment and Stabilization Facilitators
- Each participant was asked to select a group of 1-3 people they served to create ratings for the OCSC.
- Each would complete the Healthy Behavior Check-In to inform their rating.
- Raters also used general information they had about their sample to inform their ratings.

Healthy Behavior Check-In

- Created the Tennessee Council on Developmental Disabilities
- Provides a way to evaluate supports available to a person with IDD
- Has a checklist of items related to different aspects of a person's well-being.
- [Link to Health Behavior Check-In](#)
- Group observations regarding the HCBI Tool:
 - A good tool for evaluating someone's supports
 - Some participants felt it would be a good tool to use generally
 - Concern raised about binary nature of items.
 - Preference expressed for more options than yes/no.
 - Also, difficult to get an overall score because some items are "positive" if checked and others are "negative" if checked.

Grid Conversion for Current Evaluation

What systems and supports does your state offer to ensure individuals and their families have access to:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)		Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)		Workforce & Provider Development (e.g., training, technical assistance)		Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	
	Rating	Confidence	Rating	Confidence	Rating	Confidence	Rating	Confidence
Health and reliable food options								
Appropriate housing (e.g., safe and affordable living situation)								
Preventative and chronic medical support (e.g., pap test, routine dental, seizure disorder)								
Physical and emotional security (e.g., feels safe, has someone to confide in)								
Financial security (e.g., employment, financial assistance)								
Access to Universal Supports (e.g., technology, options, transportation)								

Ratings Summary

What systems and supports does your state offer to ensure individuals and their families have access to:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)		Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)		Workforce & Provider Development (e.g., training, technical assistance)		Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	
	Rating	Confidence	Rating	Confidence	Rating	Confidence	Rating	Confidence
Health and reliable food options	2.45	2.38	2.54	2.23	1.95	2.02	2.02	1.97
Appropriate housing (e.g., safe and affordable living situation)	2.32	2.31	2.02	2.10	1.46	2.00	1.85	2.12
Preventative and chronic medical support (e.g., pap test, routine dental, seizure disorder)	2.48	2.46	2.28	2.15	2.25	2.23	2.08	2.08
Physical and emotional security (e.g., feels safe, has someone to confide in)	2.31	2.35	2.02	2.18	2.05	2.02	2.15	2.08
Financial security (e.g., employment, financial assistance)	1.96	2.31	2.12	2.08	1.73	1.85	1.85	1.79
Access to Universal Supports (e.g., technology, options, transportation)	2.08	2.15	2.10	2.18	1.69	2.00	1.58	1.82

Items for Review and Recommendations

- Areas of Concern
 - Healthy and reliable food options X Workforce and Provider Development
 - Appropriate housing X Workforce and Provider Development
 - Universal supports X Practice and Quality Monitoring
- Confidence Ratings (Hi/Low).
 - High Confidence Items
 - Preventive and chronic medical support X Preventive and Regulatory Framework
 - Physical and emotional security X Preventive and Regulatory Framework
 - Low Confidence Items
 - Financial Security X Workforce and Provider Development
 - Financial security X Practice and Quality Monitoring
 - Universal supports X Practice and Quality Monitoring

Areas of Concern

- Healthy and reliable food options X Workforce and Provider Development – Recommendations
 - Improve access to nutrition services
 - Provide training on healthy choices for staff helping prepare meals
- Appropriate housing X Workforce and Provider Development-Recommendations
 - Need subject matter experts to help with finding affordable housing
 - Support Coordinators and Agency Staff need more training
- Universal supports X Practice and Quality Monitoring – Recommendations
 - Need more than just QA; More universal review of supports
 - Need to facilitate more independence in maximizing needed supports than meeting minimum requirements.

High Confidence Ratings

- Preventive and chronic medical support X Preventive and Regulatory Framework
- Physical and emotional security X Preventive and Regulatory Framework
- Confidence ratings were higher because most of the panel (nurses and stabilization team members) are closer to these subjects.

Low Confidence Ratings

- Practice and Quality Monitoring
 - Financial security
 - Universal supports
 - Raters were not as closely attuned to quality monitoring practices for these areas.
- Financial Security X Workforce and Provider Development
 - Confusion about the person vs. provider/staffing.
 - Differential settings evaluated. Some evaluated people living in homes vs. those living in residential settings.

Strengths of OCSC

- Did help identify areas of concern and our group was in agreement about the areas of concern.
- Provided good fodder for discussion of potential recommendations.
- Addressed key areas for evaluation (Policy and Regulation, etc.)
- Provides a comprehensive system view.

Difficulties Identified with OCSC

- Some items need more definition; What we're evaluating is in the eye of the rater.
- Workforce and provider development was confusing for some.
- Requires multiple, diverse evaluators for accurate findings.
- Need large sample sizes for overall system evaluation.

Conclusions

- A good tool for overall system evaluation
- Adjustments needed in content for each evaluated area
- Need more instruction on how to carry out the evaluation



Creating Action Plans With the Compass

Compass - Excel Tool



Tracking Outcomes: National Core Indicators

National Core Indicators: People Driven Data

National Core Indicators **interviews people with intellectual disabilities** from their state Intellectual and Developmental Disabilities systems.

NCI surveys help us learn how people are doing. We share the information to people who oversee state systems. **This helps them to understand where things are going well and where things can go better.**



NCI-IDD In-Person Survey (IPS) and NCI-AD Adult Consumer Survey



Who can participate:

- AD: Person receiving one “active service” at least twice a week
- IDD: Person receiving at least one service in addition to case management

Survey features

- All surveyors complete standardized training.
- May be conducted in-person or remotely (or phone for NCI-AD)
- Includes detailed Background Information section that primarily comes from existing records
- Surveys are available in multiple languages
- Questions may be rephrased or reworded
- Allows for use of proxy for select questions

Indicators

- Outcomes
- System performance
- Health, wellness, and rights

NCI Data Elements

Background information

- *Demographic factors & residential info*
- *Service plan goals*
- *Funding sources and amount of supports*
- *Diagnoses and conditions noted in records*

Individual outcomes

- Employment
- Community inclusion and belonging
- Community participation
- Choice and decision-making
- Relationships
- Satisfaction
- Affordability

System performance

- Self-direction
- Service and care coordination
- Workforce
- Access to community, needed equipment, and technology

Health, wellness, and rights

- Safety
- Health and health care
- Medication
- Wellness
- Rights and respect



Using NCI data with Continuum

NCI-IDD In Person
Survey(IPS)
Indicators

List not exhaustive

Compass Considerations	NCI Indicators*
<i>Healthy and reliable food options</i>	None
<i>Appropriate housing (e.g., safe and affordable living situation)</i>	<ul style="list-style-type: none"> • Chose or had some input into choosing where they live if not living in family home • Chose or had some input into their housemates if not living in family home or lives alone • Type of residence – ICFs/ID, nursing homes or other specialized institutional settings, group residential setting, own home, parent or relative’s home, host or foster home, homeless crisis bed placement, other • Length of time at current residence • Residence owned or controlled by provider • Person is named on the lease or other legally enforceable rental agreement

Use NCI-IDD IPS Data to...

- Identify opportunities for improvement
- Benchmark over time
- Compare to NCI-IDD National Average
- Compare to other states



Table 1. Chose or had some input in choosing where they live if not living in the family home

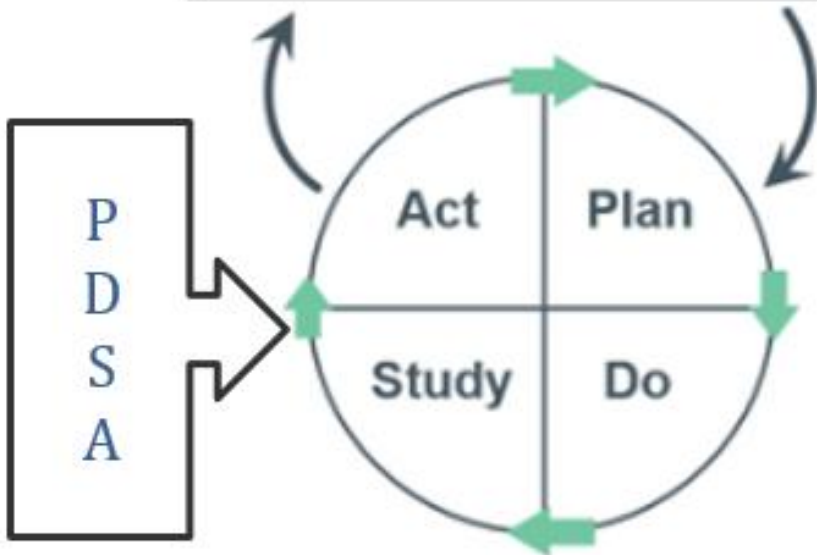
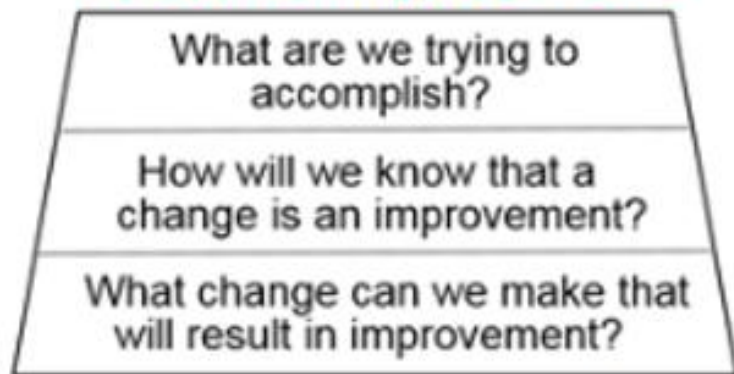
Proxy respondents were allowed for this question.

Key: Up arrow (↑) represents Significantly Above Average; down arrow (↓) represents Significantly Below Average

State	Average within State	N	Institutional Settings	Group Settings	Own Home or Apartment	Parent's or Relative's Home	Host Home, Shared Living or Foster Care
KY ↑	95%	247	n/a	92%	100%	n/a	97%
OH ↑	76%	301	n/a	68%	80%	n/a	n/a
AR ↑	73%	181	n/a	63%	78%	n/a	n/a
IL ↑	73%	183	n/a	73%	n/a	n/a	n/a
VA ↑	72%	406	n/a	65%	87%	n/a	83%
MO ↑	71%	261	n/a	75%	68%	n/a	n/a
IN ↑	69%	401	45%	73%	87%	n/a	n/a
CO ↑	69%	539	n/a	53%	83%	n/a	76%
GA ↑	67%	217	n/a	57%	92%	n/a	67%
NE ↑	66%	291	25%	55%	87%	n/a	73%
KS ↑	63%	484	n/a	56%	80%	n/a	n/a
OR	64%	162	n/a	51%	85%	n/a	62%
PA	61%	318	28%	58%	81%	n/a	n/a
OK	61%	216	n/a	56%	70%	n/a	n/a
NV	60%	265	n/a	56%	70%	n/a	n/a
ND	59%	197	31%	47%	73%	n/a	n/a
MI	58%	312	n/a	51%	75%	n/a	n/a
MA	57%	294	n/a	50%	83%	n/a	77%
NCI-IDD Average	57%	9349	34%	49%	76%	n/a	70%
WI	53%	368	n/a	43%	67%	n/a	41%

Quality Improvement Framework

Model for Improvement



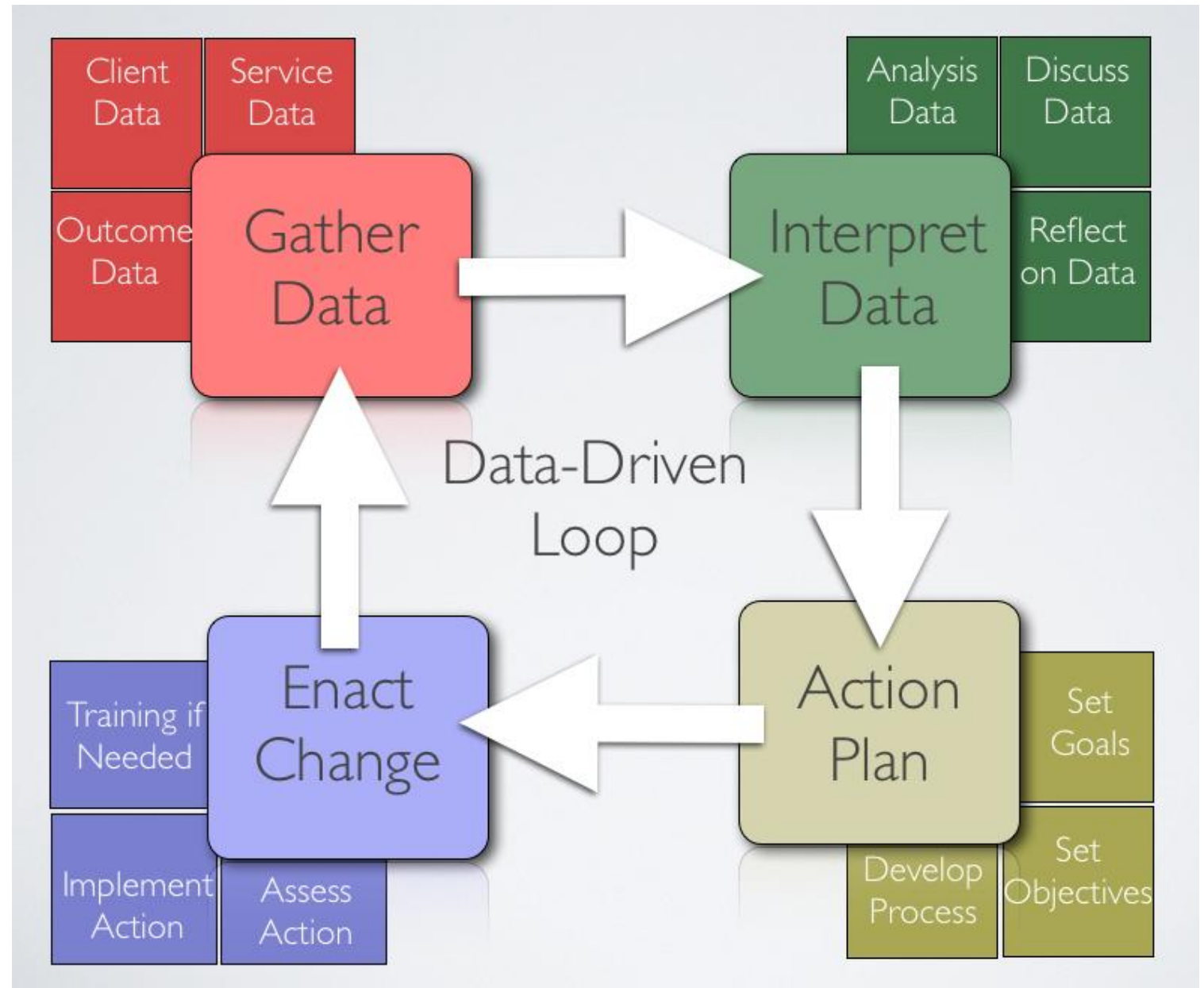
Set a clear AIM STATEMENT or Explicit OUTCOME STATEMENTS

Identify two data sources that inform both your starting point (how do we know it NEEDS to change?- Baseline) and your success- how do we know it DID change?

Set your action plan- what will you try? Use the PDSA cycle to know if the changes you select effectively meet your AIM?

Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools

Building data into QI planning



Contact Us

<https://idd.nationalcoreindicators.org/in-person-individual/>

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Discussion



- Overall, do you find utility in thinking about an Optimal Continuum of Supports in your state?
- Do you see yourself using the Compass and how?

Specifically, what are your thoughts on the system components in the Compass?

PLAN	DO	ACT	CHECK
Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes)



We want to hear from you!



Considering **Basic Needs** Resources

- The Link Center Shared Learning Group Recording: Health & Wellness <https://thelinkcenter.org/shared-learning-groups/>
- Institute on Community Integration's Frontline Initiative; DSPs Supporting People's Health and Wellness <https://publications.ici.umn.edu/frontline-initiative/19-1/cover>
- IDD Health Matters: Improving Health Equity for Individuals with IDD with Dr. Brandi Kelly https://www.youtube.com/watch?v=k_QSNfLDDxM
- Friedman, C. The Road to Quality of Life: Transportation and Outcomes of People with Intellectual and Developmental Disabilities. *J Dev Phys Disabil* (2026). <https://doi.org/10.1007/s10882-026-10053-z>



If you want to talk more about
the Optimal Continuum of
Supports and/or Compass:

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<https://www.nasdds.org/the-optimal-continuum-of-supports-compass/>