NCAPPS National Center on Advancing Person-Centered Practices and Systems

Webinar Transcript: "Understanding and Addressing Unmet Needs in HCBS Through the Lense of Person-Centered Practices"

This webinar was originally broadcast on March 31st, 2022

SPEAKERS
Natalie Chong, Bevin Croft, Jennifer Brown

Bevin Croft 00:00
Hello, welcome. Thank you for joining us this afternoon. We will get started in about two minutes. Please, do feel free as you're hopping on, to introduce yourself in the chat box. There are hundreds and hundreds of people registered for the webinar today.

Bevin Croft 00:36
If you'd like to say hello to the entire community gathered here, be sure to select everyone in the drop-down menu just above the chat. It's really good to see so many people here! Excellent geographic representation in the chat.

Bevin Croft 01:24
Welcome to everyone, if you're just joining, we will get started in another minute.

Bevin Croft 01:47
Right, okay, we will get started.

Bevin Croft 01:58
Hello, everyone, my name is Bevin Croft. I use she/her pronouns. I'm a white woman, I have long blonde hair, and I'm in a pretty colorful home office. I co-direct the National Center on advancing Person-Centered practices and systems. And I'm very happy to welcome you all here to our March webinar, understanding and addressing unmet needs in home and community-based services or HCBS, through the lens of person-centered practices.

Bevin Croft 02:40
So, I will go through a few just opening remarks housekeeping, and then I'll turn things over to our speakers for the day.

Bevin Croft 02:51
We are pleased to be doing this webinar, it's the first time we have done a webinar that's really featuring a research study.

Bevin Croft 03:02
And we chose this research study because it's very much focused on a topic that we care deeply about, which is the association between unmet needs for home and community-based services and outcomes. And it uses methods that are very person centered because the outcomes that this study is exploring are person reported outcomes. There have been other studies that have looked at, you know, hospitalization and medical problems, but this is the first study that really explores outcomes from the perspective of people who use home and community-based services. And this study was conducted by our friends at Brandeis University, and we have folks from Brandeis here and also one of our person-centered advisory leadership group members to share their perspectives on this incredibly important topic.

Bevin Croft 04:06
We are grateful to be funded to do these webinars by the Administration for Community Living and the Centers for Medicare and Medicaid Services. And just a note here that any opinions shared during this presentation are not the opinions of the Administration for Community Living or the Centers for Medicare and Medicaid Services. Next slide has a few more logistic logistics.

Bevin Croft 04:35
In case you are unfamiliar with endcaps, the National Center on Advancing Person-Centered practices, and Systems. We are a federal center housed at the Human Services Research Institute, and our goal as a center is to promote systems change that makes these principles of person-centered thinking planning and practice. Not just aspirational, but a concrete reality in the lives of people across the lifespan throughout the country.

Bevin Croft 05:03
So, on the next slide, we have some logistics. This is a webinar format. So, you will not be able to use, you know, to ask questions verbally during this webinar, but we very much encourage you to engage with us on chat, and many, many folks are already doing so. Oh, hello in Guam!

Bevin Croft 05:25
And please do use chat and feel free to post questions there. I will be monitoring chat throughout the presentation. And towards the end, there will be hopefully some ample time for discussion. Also, feel free to respond to each other, etc. And if you are using chat and you want everyone to see your question, please be sure to select everyone and the drop-down menu. If you leave it as, is it will just go to myself and the hosts and panelists. This webinar is captioned in English and Spanish and to access

the Spanish captions, there is a link that you can find in chat, you will need to toggle to select Spanish. If you would like the Spanish captioning. There are also a couple of polls that we will be pulling up so be prepared please to interact during those times.

Bevin Croft 06:30
After this webinar, we will post the slides and the recording and any additional materials on our website. And you are more than welcome to be in touch with us. If you'd like to join our mailing list if you have any feedback for us on this webinar, if you have ideas for future webinars, and our email address is on the next slide. It's NCAPPS at HSRI dot ORG.

Bevin Croft 07:02
Or go to the next slide please, Elayne, thank you. All right. Yes, and if you would like to download a copy of the slides today, you can also find that link in chat. So please scroll through and Saska who's handling the tech for this webinar will be dropping those links periodically in the chat. So, if you don't see them when you scroll up, such we'll put those in periodically. You're welcome to download a PDF of these slides. Now if you if you'd like to do that.

Bevin Croft 07:36
Alright, so let's do our first poll. I'd love to know who is joining us today. This is a select all that applied question. So please, the poll should pop up and go ahead and select what roles you self-identify in. So that could be a person who uses long term services and supports that person with a disability, a family member or loved one of a person who uses long term services and supports a self-advocate or an advocate, peer specialist or peer mentor. If you're a social worker, counselor, or care manager, a researcher analyst if you belong to or provide services through a community or faith-based provider, or if you are a government employee, recognizing that of course these roles are not mutually exclusive. So, we will leave this poll up until I see the numbers start to slow down. There's over 500 up inside today. So, I want to make sure anyone who wants to complete the poll has a chance.

Bevin Croft 08:54
Okay, folks are still going all right. Okay, so we can, yeah, we can share the results here. Great. I see a plurality of you self-identify as social workers, counselors, or care managers. I have a lot of folks from who are government employees a lot of provider employees. Welcome to the 35 researchers and analysts today, 19 peer specialist/peer mentors, 67 self-advocates, 77 family members, and 20 people who self-identify as having a disability or using long term services and supports welcome to all. So next, I will introduce our panelists today. We have two panelists with us now and we hope that we will be joined by a third who has had some things come up.

Bevin Croft 09:54
So, on the next slide, I will share can we go to the next slide please, Elayne? Really pleased to have a panel here. The first person you'll hear present is Natalie Chong Natalie is a doctoral candidate at Brandeis University's Heller School for Social Policy and Management. She studies health policy and health services research and her interests include aging and health policy issues that impact older adults. And Natalie is also part of a research team at the Lurie Institute on Disability, researching quality and outcomes of home and community-based services for people with disabilities. Finn Garner will hopefully join us today. Finn is a disability rights advocate with interests in educational equity, intersectional justice, comparative policy, and inclusive technology. And Finn is the communication specialist at the Laurier Institute for Disability Policy at Brandeis University. And we also have Jennifer Brown, Jennifer founded the Eiros Group in 2017. And that group has the mission of bringing people back to the center of planning so that they can create lives where the focus is on their hopes and dreams. Jennifer's Eiros group, specializes in supports brokerage, which is a waiver service in New Jersey for people to help them self-direct their services and supports and connecting them to their communities. And she's been serving people with disabilities in the state of New Jersey for 20 years. So welcome to all and Natalie I will turn things over to you to share the results of your very important study.

Natalie Chong 11:42
Thank you, Bevin. Can y'all see me? Yep, we can see there we go.

Natalie Chong 11:51
All right. Thank you, Bevin. It's good to be with you all today. Again, I'm Natalie Chong, and I am affiliated with the Lurie Institute at Brandeis University. Today, I'll be presenting a study that my colleagues and I recently published. Before I start, I want to just briefly describe what I look like. I'm an Asian woman with short blonde hair, I'm wearing glasses and a light purple sweater behind me is a brown bookshop. And because everyone shared where they're located right now, I like to share that I'm presenting from Massachusetts. The paper I'll be discussing today is titled the relationship between unmet need for home and community-based services and health and community living outcomes. I'd like to acknowledge my coauthors who are listed on this slide. And I'd also like to acknowledge our funding source, which was Nadler, the National Institute on Disability Independent Living and Rehabilitation Research. After I present, I will post a link to the article that I will be presenting today, and also a brief that the co-panelist, Finn, produced, which summarizes our article as well. Next slide, please.

Natalie Chong 13:11
All right. Before I dive into the details of our study, I wanted to briefly give some background on our study motivation. As most of you probably already are familiar. But for those who aren't, I like to give a brief overview of home and community-based services, also known as HCBS. So HCBS refers to a wide range of health and social services that are provided to individuals with disability who may need

assistance with everyday activities. These services are integral to helping users live independently in the community. And while HCBS is not medical care, these services do support users' health and wellbeing. So, while looking at the literature on HCBS, quality insufficiency, there are a few key research gaps that our study team identified. These gaps are a lack of data for multiple states and Medicaid programs. few studies that use user reported information and perspectives in their studies. Also, samples that focus on adults with all ages as opposed to certain age groups such as just older adults. And finally, there's a lot of studies that relate HCBS quality to key user outcomes. Next slide please.

Natalie Chong 14:42
So, to address these gaps, our study focuses on two overarching research questions. The first research question is what is the prevalence of unmet need for home and community-based services? The second question is what the association between these unmet needs for HCBS and key health and communities is living outcomes, and this is among the Medicaid HCBS population. Next slide please. So, we used the National Core Indicators Aging and Disability survey as our data source for this study. This is also known as the NCI ad survey. So, the NCI ad targets older adults and adults with physical disabilities who receive publicly funded LTSS. The NCI-AD survey collects consumer reported information about user experiences and outcomes across over 50 indicators or measures that cover topics like care coordination, access to care, community participation, health care, and safety. This crucial information gives feedback to states so that they can measure and improve the quality of their LTSS system. Its best systems. States voluntarily participate in the NCI ad survey. And this surveys are fielded by state agencies in collaboration with the NCI ad survey team. Finally, the survey is administered to users through an in-person interview. The vast majority of questions are collected based on responses from the HCBS user themselves, but some questions allow for proxy respondents. Next slide, please.

Natalie Chong 16:44
I wanted to give you all a little bit more insight into how the NCI-AD set survey is sampled or the participants are sampled. So first, state agencies volunteer to participate in the NCI-AD survey. Second, states select the specific LTSS programs in their state that they want to sample from. Third, the NCI ad project team advises and tracks each state's program selection and sampling approach. States must have at least 400 individuals responding to their surveys, despite the fact that each state will have their own unique server responses and sample sizes. Finally, I would like to know that states have the option to be to also participate in several optional modules. So, for example, in the most recent NCI ad survey round, there was an optional module on person centered planning. Next slide, please.

Natalie Chong 17:56
All right. So, this slide lists all of the states that participated in the 2017 2018 cycle of the NCAA NCI-AD survey, the states are listed on the left side of the screen. And on the right side of the screen is a map

of this of the United States. And the states that participated in this survey are highlighted in green color. Next slide, please.

Natalie Chong 18:28
So that was a brief overview of the NTIA the survey itself. I'll be happy to take any questions related to the survey later on. And now I'm going to transition into focusing on our specific study. So, for our study, we limited our sample in several ways. First, we limited our sample to include individuals who received HCBS through a state Medicaid program. Second, we also subsetted our sample to focus on individuals who are residing in the community at the time of the survey. In all, we have 13 states represented in the data. And this, the data we had was de identified at the state level, meaning that while we knew which states were included in the data, we did not know which responses were associated with each specific state. I'd also like to note that we were unable to obtain data for three of the states which is why we have 13 Out of the 16 states represented. Our final sample size for the study was at about 10,000 respondents. Next slide, please.

Natalie Chong 19:48
All right. So, this slide provides an overview of the key independent variables that we examined in our study. Our key independent variables were a set of indicators for unmet need, measured across five different domains. The first domain was unmet need for assistance with self-care or other daily activities. The second domain was unmet need for services that met user needs and goals. The third domain was unmet need for assistive technology and within the assistive technology domain, respondents were asked specifically about each of the following items, a walker scooter, wheelchair hearing aids glasses and CPAP machine. The fourth domain was unmet need for home modifications, home modifications included bathroom grab bars, other bathroom modifications specialist bed ramp or chairlift remote monitoring system and an emergency response system. Finally, the fifth domain focus on unmet need for transportation and this included transportation to medical appointments and also for leisure in general. Next slide please. I wanted to provide a closer look at how exactly unmet need was assessed given the data produced by NCI-AD.

Natalie Chong 21:34
So, there are two general ways that unmet need was assessed. For the unmet need domains of assistance with self-care or daily activities, unmet need for services that met user needs and goals and unmet need for transportation. Users were simply asked a question; do you always get enough link when you need it? So, in this example that I have displayed on the slide, it's related to assistance for daily activities. The question reads, do you always get enough assistance with your everyday activities when you need it? If respondents indicate no not always, or sometimes they're coded as having an unmet need for the corresponding domain. Next slide please. The second way that unmet need is assessed in this study relates to unmet need for assistive technology and home modifications. So as described earlier, within each of these domains, there are six equipment items or types of items that are asked about. For each equipment, Respondents are asked whether or not they need have but need an

upgrade, have a doesn't need an upgrade, or does not need each type of equipment. If a respondent indicates that the that they need or have but needs an upgrade for any type of equipment, they are coded as having an unmet need in that domain. Next slide, please.

Natalie Chong 23:27
Our outcome variables focused on two general categories. The first was a set of health outcomes. So, there are four health outcomes we looked at. The first was emergency room visits. Second was hospital or rehab space. Third was a physical also known as a wellness exam. And fourth was a dental exam. For each of these items, respondents were asked whether or not any of these events occurred with a look back period of 12 months. And for these health items, to survey allowed proxies to respond on behalf of the respondent. Now on the right side of the slide, is listed the set of Community Living outcomes that we looked at in our study. The first was whether or not the respondent was active in the community, whether or not the second was whether or not they interacted with friends and family. The third was whether or not they were satisfied with how their time spent during the day. And finally, the fourth one is whether or not they felt in control of their life. Now, each of these questions were framed as desire. So, for example, the respondent was asked, do you are you as active in the community as you desire? And for this community living outcomes, proxy respondents were not allowed to report on behalf of the respondent. Next slide please.

Natalie Chong 25:07
This slide provides an overview of the methods or the types of analyses we did in our study. So, first we conducted some descriptive analysis, which was followed by some multivariate analysis to examine the association between unmet need across the different domains, and our health and community living outcomes. Just some technical details, we use multivariate logistic regressions, in each model included only one outcome. So, there was one model per outcome. All unmet need variables and all outcomes were coded as binary variables meaning they were coded as either yes or no. And third, we estimated adjusted odds ratios using 95% confidence intervals to in our models. At the bottom of the slide, I list several covariates also known as control variables, that we looked at in our multivariate analysis, I group these by domain so under demographics, we have age, gender, race, ethnicity, and for race ethnicity, we grouped respondents into several categories. This included white, non-Hispanic, Black, non-Hispanic, Hispanic, or Latino, and unknown.

Natalie Chong 26:36
The second domain of control variables I called health and function. So, some of these variables included what the degree to which the respondent needed help with self-care activities, the degree to which the respondent needed help with other daily activities, and the self-reported health status. Finally, we included some other control variables, these included residence type. And residents' type was grouped as follows home and Senior Living versus congregate setting versus other whether or not the respondent lived alone. And finally, whether or not the respondent lived in a rural or urban area. And

this was determined based on zip codes that were grouped into the federal RUCA categories. Next slide, please.

Natalie Chong 27:39
All right. So here we begin our results. So, on this first slide, which is one of two slides that describe our key descriptives, or key descriptive findings, on the right-hand side is a table I start excuse me, on the left-hand side is a table that lists the prevalence of each of the five unmet viewed domains. As you can see, the most common type of unmet need across these five domains was unmet need for assistive technology, followed closely by all manifest unmet need for home modifications. And in both of these domains, over 50% of respondents reported unmet need in these areas. On the right-hand side of the slide is a pie chart. The pie chart displays the prevalence of unmet need in at least one of the five domains in the red chunk of the pie chart, you can see that 19% of the sample reported having no unmet need in any of these five domains. In the dark blue section of the pie chart, we report that 81% of the sample had unmet need in at least one of these five categories. Next slide, please.

Natalie Chong 29:11
Our next slide sorry, excuse me, this slide presents key descriptive findings on some of the respondent characteristics that were related to unmet need. So, respondents who had any unmet need versus respondents who reported no unmet need, were more likely to be younger and age, nonwhite, live at home or in senior living, live alone and report having poor health status. Next slide please.

Natalie Chong 29:52
This is this third slide that summarizes our key descriptive findings. I will briefly orient you all to what is a Um, what is the state in this figure? So, this is a bar chart. Each of the outcomes that we looked at there are eight in total are listed at the bottom of the bar chart. And for each outcome, there are two columns. The dark orange column represents individuals reported at least one type of unmet need. And then the light orange column presents individuals who had no unmet need. So, what this figure summarizes is the prevalence of the various health and community living outcomes by unmet need status. To briefly summarize the takeaways, individuals with at least one type of unmet need had greater prevalence of er use an overnight hospital or we have states. Individuals with no unmet need, were more likely to receive both types of preventative care services that we examined in the study. These were the physical exam and the dental exam. Finally, with respect to community living users with no unmet need, were consistently more likely to experience each of the positive community living outcomes. Next slide, please.

Natalie Chong 31:26
Next, I'll be presenting some of the key findings from our multivariate analysis. First, I'm going to give a broad overview. And then I'll detail a bit more on the specific types of unmet needs and the relationships to the various outcomes. After adjusting for key user characteristics, unmet need was consistently associated with the following greater likelihood of an ER visit and a hospital or rehab stay

reduced likelihood of receiving both types of preventative care. And finally, lower likelihood of experiencing each of the Community Living outcomes. Next slide please.

Natalie Chong 32:16
Here, I'm going to zoom in a little bit and focus on the health outcomes and their relationship to unmet need. So, comparing across the different types of unmet need, those were the five unmet need indicators. unmet need for assistive technology was associated with the greatest likelihood of having an ER visit, and a hospital or rehab stay, as well as the lowest likelihood of having a physical exam. This is in comparison to all of the other unmet need indicators. unmet need for transportation was associated with the lowest likelihood of having a dental exam. Next slide, please.

Natalie Chong 33:07
Now, this slide does the same thing. But now we focus on unmet need and the Community Living outcomes. So, comparing across the different types of unmet need, unmet need for transportation was associated with the lowest likelihood of being active in the community, and interacting with friends and family. unmet need for services that fully met recipient needs and goals was associated with the lowest likelihood of both satisfaction with how the respondent spent their time and also feeling in control of their life. Next slide, please. As I wrap up my presentation, I wanted to note some of our studies limitations as well as strengths. The first limitation of our study is that our sample was not a representative sample of all US HCBS recipients in the in the country. Second, because of limitations with our data, we cannot control for any cross-state differences and variations between the programs that were included in the survey. participating States did not have identical sampling strategies, and they also selected respondents from their own set of unique Medicaid HCBS programs, each using their own eligibility requirements to be included in the sample. Therefore, the study sample may not be representative of the Medicaid HCBS user population within each state or across all states. The third limitation is related to the cross-sectional design of the survey. So, the survey was a snap are short in time. We do not currently have temporal data to look at because states do not sample identical populations year to year. And also, the states that participate in NCI-AD vary from year to year. The fourth point here is more conceptual, which is that depending on how you look at things, we don't know if the health care utilization outcomes we looked at are necessarily preventable through high quality HCBS services. Utilization of Health Care Services can sometimes be a positive thing when you're looking at it from the perspective of access to certain medical services. Finally, I wanted to note some of the strings of our study. Our study provides a first look at the NCI-AD data beyond the NCI-AD annual reports. NCI-AD produces really in depth reports each year on the results of their survey, which I encourage you all to take a look at. However, our study takes things a step further by looking at the relationship between HCBS quality and key user outcomes.

Natalie Chong 36:19
The second strength I wanted to highlight is that our study provides a multi-state picture of experiences of HCBS recipients. This study moves beyond looking at HCBS quality in a single state or in a single

waiver program for example. Third, and finally, is the richness of user reported data. As Bevin mentioned earlier, the NCI-AD data really does provide a goldmine of data in terms of the personal experiences of users that HCBS and it provides the firsthand account of LTSS quality. Thank you all for listening to my presentation. And now I'd like to hand it off to Jennifer.

Jennifer Brown 37:25
Hello, can you go Thank you very much, Natalie, which was a really important research and find it, been reading it, your research and over the past couple of weeks in preparation. And I'm really glad that there's people out there like you're doing the research that you're doing. I'd also like to thank Bevin and Alixe for asking me to be on this webinar. I really, I've taken this very seriously, and I hope that I can provide some perspective. This is my perspective is just in New Jersey, I don't have the national perspective. And I also don't have, I only have the perspective of one service system. And that is the service system used in New Jersey for the Division of Developmental Disabilities. So having said that, let's get started.

Jennifer Brown 38:23
I find in unmet needs in in the service system, that there's a conflict, that conflict is between, it's using person centered planning to primarily plan for services. Person-centered planning is asset based, and when it's done well, it's not based on a system or availability of services, home and community-based services that are administered through the state system using medical model and are deficit based. You have to have a disability and that disability has to impact your life in such a way to require supports. And there is an assessment to determine the level of support a person receives. Person-centered planning is a service model that helps recipient make decisions about the services they use, based on their needs, values, goals, and preferences. And this is the way that it is it is being used in in planning for services. True Person-Centered thinking and planning are used to help a person discover their gifts and plan their life. It's meant to define hopes and dreams, what is important to a person and what's important for a person. Once we have this information, we do a deeper dive before we connect them to the service system. In reality, what happens is a service system is using the assessment tool that determines eligibility to build the service plan next time So before I get started the next slide, I did forget to do something.

Jennifer Brown 40:05
I am Jennifer Brown, I am from New Jersey, I'm, I have a company called Eros group. I'm in my office right now today, I have a blue light blue baby blue sweater set on. My grandmother is a locket, I have white hair, and I'm a white woman. So, I apologize for not doing that sooner. So that there are some service system limits that are just inherent in-service systems. I always say you can't get a good life from a service system. The surface system it provides it provides for support, but it can't provide for relationships. It can provide the needed physical assistance to a person, such as feeding and bathing toileting, medication communication assistance, but not to create the places and spaces where a person can show up and share their gifts. Person-centered thinking and planning through Discovering

hopes and dreams is about relationships and building community. Again, using person-centered tools first and the service system second, we are more likely to create the spaces needed to assess the spaces needed. And also, to build relationships. These are some of the things that outlast the service system. They those are when you actually make a connection in the in the world with another person that's going to outlast a service system. service and supports maintain the physical body connections and relationships support the soul. people mistakenly think that people with disabilities are safest when they're in service systems. And people with robust circles of support ties to their community where they're seeing for their gifts and are integral members of the community actually have better outcomes. Next slide.

Jennifer Brown 41:55
Okay, so again, this is my perspective in New Jersey. And this is not meant, I know that across the nation that at each state is different. So please, just understand that this is the experience, as I see it in New Jersey. So, our system in New Jersey is difficult to learn and understand how to get your needs met. There's multiple service systems that you need to learn their vocabulary and lexicon. And it's also vitally important to understand how they interact. So, we have service systems for housing, for transportation for employment, we also need the local social services to help with things like Supplemental Nutrition Assistance Program, energy assistance, Universal Service Fund, which helps with electric bills, things like that. Then we have Social Security and Medicaid, Social Security's federal Medicaid is federal as well. But it's administered on the state level, and then again, on the county level. So, understanding how all of these things interact, and how one will impact the other. So, in New Jersey if you don't have Medicaid, you're not able to get services. That's an important thing to know. And you need to know what you need to do in order to keep your Medicaid and how that impacts your employment. And kind of on from there. Our manual in New Jersey is it's over 230 pages, it is searchable. So, it is we do have that feature, but it is a read, and it’s a difficult read. Our budgets may be on the large side, but the money is siloed. So, there's we call them different buckets, and the buckets, each bucket has to be it's a specific reason that you're using that bucket. If there's a service that you need, and you don't you've run out of money in that bucket, you can't really take from the next buck. It's also the service systems also dependent on really strong natural supports. So, if you don't have strong natural support, you may not get what you need. And that's tough because you have the ability to navigate the service systems it without which people struggled to obtain and maximize various types of support that may be available. You don't know You don't know. And so, there's a lot of networking that needs to be done and coordination across services. Next slide.

Jennifer Brown 44:16
So, in New Jersey, when you have a service that you've asked for, to be paid for through your budget, and that service is denied, you have to make a request for a fair hearing. And that process begins with a profiling of the request form. You must file it within 20 days of the receipt of the denial or the denial will be permanent. It's filed with the Fair Hearing Unit of the New Jersey Division of Medical and Health Services; and once this is done the unit, they set a date for place for the hearing. The hearing is held by administrative law judge it is a trial and both sides will be able to present aMinutes. And the argument

the evidence has to be based on the makeup Medicaid regulations. It's really recommended to have legal representation, which is sometimes difficult for people to acquire and pay for. And once the hearing is completed, the administrative law judge writes the decision, which is then distributed to all parties, the Director of the Division of Medical and Health services, can either approve it or reverse it. So, it is kind of a recommendation, it's not really like a ruling, that's steadfast. So, when it gets to the director, he can, he or she can reverse. And when you if you want to appeal that decision, and you have to take that to the Appellate Division, or in some cases, federal court, so you can see really where it is an arduous process. And it's, it can take some time, some appeals have taken two years, some take four months. But having said that, you know, the system is hard, it's difficult to navigate, sometimes it's not always, you know, the money, the funding is there, but it's not always able to be used in the ways that you want to use it. And you'll also need really good natural supports to, to be able to, to, to make sure that you're getting what you need. So, there's all kinds of the downsides of things, and a general sense, but there is some good news. Next slide.

Jennifer Brown 46:44
So, in New Jersey, in 2017, a law was passed a created an ombudsman for the individuals with intellectual developmental disabilities and their families. And this has been Truly, this really has changed our system. The legislation creating the offices outlines, the specific his specific, their specific responsibilities, which are assisting individuals and families to navigate New Jersey system of care to get the services and supports they need and deserve working with the families and individuals to identify opportunities to improve the system and helping to ensure that the voice and is heard in meaningful way, and then the decisions that directly affect them, as well as larger policy decisions. So, as you can see, this, this office was created. And it's the ombudsman reports directly into our governor. So, there's no layers of bureaucracy between him and then and the governor. And decisions are, you know, it's a, it's a pipeline to get things done a little bit quicker. Every year, that office produces a report that discusses the challenges of the service system, along with the successes. This year, they added their third employee, so they now have three people in the office, and they're incredibly busy. And it's really become a vital part of the service system. There is also a new office on self-direction in education. This came out of some really strong advocacy by family members and individuals with disabilities. It is an office within our Division of Developmental Disabilities in New Jersey. And it's going to be a place where people can learn more about self-direction. And those people are, you know, the people that people in the service system, but also the people at DDD, it's an opportunity for them to learn about self-direction as an option in New Jersey, it's an opportunity for people to network with others. So, people that are self-directing, and self-directing in New Jersey means really utilizing the support services in a non-kind of a nontraditional way. Not necessarily, there might be a day program involved, but it might not be five days a week, there's other they're using their Medicaid funding for different things like self-directing their employees and not using an agency or different classes that are in the community, things like that. So that education and that understanding of it is going to is really what the office is going to be doing. So, it's really very exciting. And it's already I think that there's the movement about engaging people with disabilities and their and their families and their supporters in playing some key roles in that in that office. The other thing that's happened is there's been a commitment to infusing person centered planning across the service system. The Life Course Tools is

come through a collaboration between the bog center which has University Center of Excellence, the division of development disabilities are DD Council on Developmental Disabilities. There, they made a commitment and they've started to train people, as ambassadors of, of Life Course Tools, turning the life course. So that that becomes the vocabulary of the system. So that it's, you know, we're changing the way people speak about disabilities. And the way that the some of the thought processes are happening, charting the life course, framework was created to help individuals and families, it's really something that can be used for people with all abilities and ages. And it's designed to develop a vision for the good life. And that's exciting that that's becoming part of the culture of DDD in New Jersey. So, it's, it's really designed to, you know, creating the good life, think about what they need to know and do identify how to find or develop supports and discover what it takes to live the life that they want to live. So, it's not really about the service system. First. It's about what the person wants to do. So next slide.

Jennifer Brown 51:21
And this is some more good news. This happened several years ago, when I first got involved in the service system, there was a really long waiting list. I'm a 2007, graduate of Partners and Policymaking; and I believe I don't even want to guess the number, I think there was like 9000 people on the on the priority waiting list at that time for any services. And so, with the change in the movement towards fee for service, what has come from that is two waiver programs. And one waiver program is called the support program, and that's sort of for people that are just coming out of high school at age 21 and into the service system. And it's not, it's not a comprehensive, it's not meant to be comprehensive. It's really about what are you going to do for your day, and we're going to give you some money for additional supports. For people that rise to the level of needing, of you know, being eligible for more of an institutional care, we have what's called the Community Care program, and there is still a waitlist for that program. But there is that ability to move now between the two waiver programs. It's not easy to do, but it does exist, and it's really still so based on that need. Next slide.

Jennifer Brown 52:44
Okay, some more good news. I think the transparency, my own personal experience, since 2007, I see a tremendous shift from the leadership that we had back then, to the leadership that we have now in New Jersey, around this idea of transparency, what are the decisions being made, who's making them, and actually having people that it impacts at the table. And it's, it's, it's not always perfect, it doesn't always happen. But it is a lot better than it used to be. Another thing that we have, that I'm particularly passionate about is each person in New Jersey that is eligible and receives funding through HCBS through the Division of Developmental Disabilities budget, is eligible to receive a housing subsidy. It is a combination of the Department of Human Services and Department of Community Affairs in New Jersey. It's called the supported housing connection, and it's meant to be a subsidy; and it's a one-bedroom subsid. You have to follow the published rent standard, much like you do with a state rental assistance voucher or a section eight voucher. So, you can't just rent anything, but you can rent anything in the community that meets the published rent standard; and that really, there's studies around something called Housing First, where people, you get set up with housing, and then everything else in your life, sort of, you figure it out, and it kind of falls into place. And the last good news is this

new support that came in about two, three years ago called supports brokerage. It is something that we provide, and it's something as a mom of a young man at age 25 that I'm very passionate about. I think it's the I think it's the thing in New Jersey that's going to help us create longevity for self-direction. It's called supports brokerage, and it's through person-centered planning. It's designed to help people find self-directed services and supports. We assist the person in the family representative with two tasks related to their self-directed services such as arranging for self-directed services, being a responsible employer. So, in New Jersey, you have an option of being an employer of record, which allows you to hire who you want to hire, you still have to follow the rules, there's a there's a background checks and things like that. But you are able to, and determine up to $25 an hour, you're able to determine, you know, their rate of pay. That is something that we're working on in Jersey, because it was determined that that was reasonable and customary. But there's some conversations around that as well.

Jennifer Brown 55:43
It also is about being a good employee, about making sure you have policies and procedures in place that you're, you know, understanding the responsibilities. Along with subjecting your services. We also assist people in helping their employees correct, correctly do timesheets, and all the notes and things that they have to do the documentation, we make sure that they understand the rules and regulations associated with subjective services. So, we're really able to foster that self-direction and strengthen it. We also assist the person cultivating community connections, through community mapping, we do community asset mapping. So that's about who are you? What are your gifts? What gifts do you want to share with your community, and then locating those in the community making those matches, we help facilitate circles of support, which is really helpful for a person that's self-directing to create that circle around them. We map relationships and reciprocal relationships. And we also learn about the person's immediate and long-term needs related to self-direction. And we help identify the resources that they may be able to meet those needs. These are financial needs, housing, family, enhanced planning, and other resources. And this is really where we get to do a lot of the person-centered planning, you know, what's important to you? What's important for you? What are your hopes and dreams? What's your North Star? Like, what, you know, what's, what's it for you? And we also help a person find and access natural and generic supports in their community and build that strong natural support. So, I think, you know, those are those are the good things that are kind of going on in New Jersey. I haven't really touched on everything. I just wanted to highlight some, you know, some general things. And I think now we're ready to do some potentially do some questions and answers.

Bevin Croft 57:51
Yes, thank you so much, Jennifer, for sharing all about your experiences in New Jersey and Natalie, for presenting your study. We are in the Q&A portion. We've gotten lots of kind of technical questions about the study, and then some questions for some questions for Jen as well. So, I will do my best to kind of group these together, and if we don't get to any questions, particularly some of the technical questions about the study, we can provide those answers in writing. We customarily do this with all of our webinars. So, when we post, the slides and the recording on our website in a couple of weeks, we'll also be sure to post those answers as well. But let's see how many we can get to, and I think, Elayne,

you can go ahead and just take the slideshow down now. So, we can so we can see each other without the presentation.

Bevin Croft 58:53
We received a lot of questions about the study design and results with regard to equity. So, I wanted to explore, you know whether you detected any disparities or differences related to race, ethnicity or other characteristics, Natalie in your study, but also, maybe after Natalie shares about the study results. Jennifer, anything you might be able to touch on to just regarding your work and advocacy in New Jersey, and anything that you've observed about, you know, different communities, navigating the system and issues of equitable access. After Natalie speaks to the study results, I'd love to hear you weigh in as well.

Natalie Chong 59:44
All right. Thank you, Bevin. Again, this is Natalie speaking. Great question. So, I did browse through some of the questions, and I wanted to answer a few technical things for somebody asked why there was not a group so why there was not a race category for Asians, and that was because just for sample size issues, we collapsed some of the smaller groups into a single categories. And then so I did present a slide looking at that summarized, excuse me, the demographic characteristics related to unmet need. So, in our study, interestingly enough, we did find that all of the nonwhite respondents had greater likelihood of having at least one unmet need. But then the multivariate analysis, that relationship between race and some of the negative outcomes was flipped. So, there is a really a, there is a link between race and race and ethnicity and likelihood of having an unmet need in our data.

Bevin Croft 1:01:04
And I would imagine this is that, and I would imagine, Natalie that, like any good study, you're results, sort of bring up more, you know, more questions that we need to explore in the future. Right, more? Yeah, I'm kidding. So, it sounds like, you know, one of the things you're saying is that there were some relationships there, and it would be great to dive deeper into the relationship between or the how if unmet need and relationship between outcomes is different by race. And finer grain so we can see, you know, is it different for Asians? Is it different for remember different Asian American communities? Right, because, of course, right, that's when very diverse group itself.

Natalie Chong 1:01:55
Definitely a challenge in many administrative and survey data sources, which breaking down into finer groups presents some methodological challenges. But, yeah, thanks.

Bevin Croft 1:02:13
Jennifer, would you like to speak to this topic from your own experience?

Jennifer Brown 1:02:17
Um, in terms of how different so I think I, you know, being that you, you know, have been working and advocating for, you know, better access to Home and Community Services for decades. You know, have you observed any, any issues related to, to equity in terms of in terms of race, in terms of geography in terms of people's ability to afford you mentioned, you know, people's ability to afford an attorney? For hearings? You know that itself to me seems like, key there. Yeah.

Jennifer Brown 1:02:58
In terms of equity, I think one of the things that I've noticed is that if a person has a strong, strong natural supports, right, so family around them, that's able to negotiate and, and make you know, so there's people that that we support with their families, one person doesn't work, right. And their primary responsibility is to care for the person with a disability. So, they act as a primary caregiver. So right there, you have a socio-economic situation, right? Not everybody can afford to have, you know, in my own family, both people and you know, my husband and wife were both working, right. So, in order for one person to be able to not work or have it, have it be sort of a, you know, it's a lot, it's a lot of work self-direction, in New Jersey, you know, it's a lot of work. And so, sort of, it's, it's navigating, its networking, it's, it's making sure that, you know, people show up, when they're say they're gonna show up, it's making sure that things are getting paid, it's, you know, we have a, you know, a system of fiscal intermediary in New Jersey, and people spend a lot of time navigating that system, making sure that their, that their employees get paid. So, there's a lot of things about this system about that are time consuming. So, if you don't have that person in your life, right, you're, you know, we have a support broker. Right. And we did the best we can, but it's, it's really, again, then you become it's another dependency on the system.

Bevin Croft 1:04:41
Yeah. We're getting endorsements of this, Jennifer, in chat, that self-direction is a full-time job in New Jersey, and I think, in many other states as well.

Jennifer Brown 1:04:52
It is a full-time job. And I think that I think, you know, support workers, we need to keep strengthening it, I think One of the things that we're talking about in New Jersey is for it to be a support for when the natural supports are no longer able to be there for their loved one, right? So, we're going to carry those stories, and we're going to carry that the hopes and dreams of the parents and the siblings when they're not there anymore. And we're working on it becoming a, you know, a greater support in that regard. I think that, you know, another challenge that we have is for people that in New Jersey that may have a dual diagnosis. So, whether it's, you know, a severe medical challenge on top of a developmental disability, psychiatric, and anytime you complicate that, then that's a whole another level. And that doesn't discriminate, we're all, you know, urban race, socio-economic, it makes it, you know, there. You can't have more than one waiver in New Jersey. Right? I think that's a rule across this

across the country. But, you know, when you have that need, and you need to access multiple waivers, and you can't, you know, that's a that's another tricky issue that we have.

Bevin Croft 1:06:20
This brings me actually to another set of questions, Natalie, that we received, which was, you know, can you speak to? So, you use National Core Indicators for Aging and Disability data? There is a national coordinator survey that focuses on intellectual developmental disability systems. Is there a particular reason that this study focused on NCI-AD data?

Natalie Chong 1:06:44
Yes. Great. Thanks, Bevin. I actually wanted to touch on that too, that actually NCI-AD so the Aging and Disabilities version of NCI is relatively new compared to the decades over a decade long implementation of the NCI survey. So, the NCI survey focuses on the developmental the IDD population. So, there is a long history of data being collected in that population. I'm not entirely sure about the history of at what point HSRI decided that they wanted to survey this other population. Maybe somebody from HSRI could fill in the gaps, but from my understanding, it seems like there just had not been enough studies in the in the general adult population. And then also be because the survey really relies on states and selecting specific Medicaid programs. Some of these programs are focused on you know, those are the physical disabilities and older adults and then the IDD population separately. So, I think some of that is a function of how programs are structured in general. Let's see, what are the things can I note? So, I want to note that within the NCI-AD survey sample, there are individuals who do have intellectual and developmental disabilities, the exact percentage there's a table in the NCI-AD report that is produced by HSRI, I think we can link that. But you'll be able to see the breakdown there. So, it's not exclusive of people with IDD. But that is not the focus of the of the sample that we studied.

Bevin Croft 1:08:49
Thanks Natalie, and yes, so the Human Services Research Institute, where Alixe and Saska and Elayne and I work, that houses NCAPPS, does also work on both the national para-educators and the National branding case for aging disability surveys with our partners at the National Association of State Developmental Disabilities Directors and Advancing states for NCI-AD. And so we will be sure for a lot of these questions will also sort of provide written responses, but I think, you know, there were there were some other questions too, you know, what about people with co-occurring developmental disabilities and mental health conditions, you know, just ensure, you know, because I think we could all imagine and the folks on this webinar represent a lot of different you know, work or lived experience with a lot of different service systems that provide services for a lot of different diagnoses or disability identities. So, you know, I think for one thing to say would be I think it would be a worthwhile endeavor to study the relationship between unmet need and outcomes for all of these populations. This was just a start using a newer data set for our population that hadn't yet. We were we hadn't yet explored these. So. Okay, let's see, I, I'd be interested, Jennifer, if you could say just a bit more, you've spoken a lot already about self-direction.

Bevin Croft 1:10:30
It's quite timely, because NCAPPS is just launching this month, our self-direction Learning Collaborative. And we're very excited to be working with 23 teams from 16 states to engage in shared learning, and to use quality improvement principles to improve the quality access and access to self-direction in their respective states. So, I'm sure we'll do a webinar on that as we get further along. So, this is a topic that is incredibly important to us at NCAPPS. And really is, you know, self-direction, in many ways is the quintessential person-centered practice, when implemented properly. So, you've spoken a lot about this already, Jennifer, but I wonder if you could just say, maybe just a bit more. And if you have, like, an example of how self-direction could possibly address these unmet needs, that were, you know, that we've identified or associated with negative outcomes for folks?

Jennifer Brown 1:11:42
Sure, well, I think this whole idea of a waiver, right came out of a person's desire to, you know, sort of take the money and do it themselves, right, for very simplistic terms, like the, you know, the Katie Beckett waiver was about, you know, a person that met the level of institutional care and really just wanted to take the money and to do it themselves. And I think the more control of the money that we give to people with disabilities, and their families and their supporters, and really let them control how the funds are spent, obviously, with some guidelines, and some, you know, rules around it. Like, we're not buying, you know, season tickets to the Giants games, but, you know, we know, what we need, right? And the more we can keep focusing back on the person and what they want and what they, you know, when, you know, I don't view my son with a disability as a burden, it's, I don't need to sound that way. But I didn't have those hopes and dreams for him that he would one day, you know, have the disability that he had, right, I had other hopes and dreams for him. And if we figure out a way to make sure that we're, we always have those in the forefront, and we're in for a playing, you know, with that, and giving back the flexibility and understanding the responsibility. You know, I think that's a good step in the in the right direction. I think where it gets complicated is, you know, obviously, we have to make sure that the system, there's equity for all and access for all and that we're not, it's not the people that are the most vocal, or the people that are, you know, that they're able to spend the time to get their needs met. But I think we do need to go back to, you know, for example, like in New Jersey, we have, we have talked about those three buckets that we have, actually, if there's four, one of them is employment and day. And then the second one is called the supports portion of the budget. The third is residential, if you have the Community Care Program, and then the fourth one, since we are work for state is employment, additional employment services if needed? Right? So supports brokerage comes out of the smallest budget to serve the support budget, support a portion of the budget. And sometimes we run into situations with people where they run out of funding that area. And so, you know, and they need, they still need our help. Right? They don't have the natural supports that maybe they could take over the things that we do. And so, we have we have decisions to make, how do we how do we handle that? Right? So having the ability to take funding from one area, when you don't need employment and day or you don't need as much employment days you need some of the other areas or residential, you

want to move some of that to employment day. Having that ability to really manipulating the money in a meaningful, mindful way. I think is part of the answer.

Bevin Croft 1:14:57
Thanks. Thanks. And thank you, Natalie, for putting adding links to the study itself into chat. For folks who haven't seen it, you can, you can get the abstract of the study if you click on a link. And then you could also just email Natalie, if you'd like a PDF of the study. And also think gardener who had had an unexpected issue and wasn't able to make it to this panel today, authored a brief that really summarizes the study and puts it into, you know, kind of a more accessible, less academic format. And I highly encourage everyone to download that and take a look, it's a really a masterpiece in translating some complex research findings into really compelling a compelling data story. And we will, by the way, you know, make sure Finn has the option to be able to provide some reflections and answers to these questions and provide any of his other thoughts in writing and provide that to you all. After the fact, too, because I know he wanted to be here. All right, great. Let's see. I would like to go next. Yeah. So first of all, Natalie, can you remind us of the time period for this study? And, and asking, because I'd like to talk about, you know, whether and how these results might have changed. With you know, during the pandemic.

Natalie Chong 1:16:34
Yeah, so this data is from the 2017 2018, round of NCI ad. But just to clarify, that's only it's only one year of data. I don't remember off the top of my head, the dates of data collection. But it spans that time. And I know that because of the pandemic and Ziad survey team has been piloting a remote version of the survey. And I'm not sure if results from that are ready yet. Oh, no, they are there is a report on the pilot for the remote version of the study. And I believe that came about because of the pandemic.

Bevin Croft 1:17:22
Yeah, that's my understanding as well. I don't work on the NCI work. But I do know that my colleagues at you know working on the NCI team, very quickly worked to find ways for the NCI surveys to be administered remotely by videoconference and phone piloted that previously they were done in person had piloted that and those data are coming in. So, another future study, Natalie would be to see if these unmet needs, you know, why end? Or what happened during the pandemic? And did the relationship between unmet needs and outcomes change when the whole rest of the world changed? And I don't know, Jennifer, if you have any reflections from your own experience in New Jersey, on, you know, just the impact of the pandemic? Particularly I guess, I'm you know, I mean, of course, it had an impact, right. But if we're thinking about what, what, you know, unmet needs resulted in poor outcomes for people before the pandemic, during the pandemic, was there any difference in whether and how unmet needs resulted in more?

Jennifer Brown 1:18:38
Yeah, definitely, definitely have some feedback around that. I think some of the things that we learned through the pandemic, is that are that people with disabilities don't necessarily need. So, people that were going to day programs, some people realize that that may or may not be the best setting for them. And some of that came up in that there were behaviors or different things that were going on, when they went to the day program, and not having access to the day program. They were able to explore other parts of their lives. And, you know, they had to explore other parts of their lives because they didn't have access to that service. And they may even I think, be some people realize that, that they didn't do want to go back to that they wanted to create, so we were able to help people other sort of people create some on Day Programs, right. So, as you know, unprogrammed programs around customizing their day. So that was something that came up another thing I think they came up was that a gay people without disabilities, an opportunity to experience isolation. The lack of ability Did you know to kind of jump in the car and go to the grocery store, right? And, and to get a sense of what it may be like to have to plan every single little aspect of your life around basic needs. I was fortunate enough to have a person that we support who happened to be on the on the evening news, in early in the early in the pandemic, and the reporter asked about that, right. And the answer sort of was like, this is what it is, this is what it feels like, you know, and, and we really need to take more time to create the I say the places in the spaces, right, where people can show up and share their gifts. So, I think that that was another thing that happened. And it also became very apparent, and how much people rely on natural supports, and how we really need to provide respite for caregivers and take better care of the caregivers. So those are some things that we learned.

Bevin Croft 1:21:13
One more question. If other folks have questions, please do continue to chat we have a little more time together. I'd like to, to thank you, Natalie for including some more detail in chat as well. I think some of the some of the technical answers are really useful to have in writing. So please do check out chat for that, folks if you'd like. And there'll be, there'll be in the summary later on as well. So, Jennifer, I'd like to have you say a little bit more about the role of advocates in this picture. You know, I appreciated the way that you know, you critiqued you know, some of the flaws, or the challenges and barriers to receiving, you know, to having met needs and with home and community-based services in New Jersey, and you also identified a lot of positives, and a lot of sort of exciting new directions. And, you know, for yourself, as someone who's advocated for your own family, and then through, you know, the work that you do, you know, there's an advocacy co component in the supports corporate work that you do. Can you share a bit about your thoughts on the role of advocacy in strengthening home and community-based service systems?

Jennifer Brown 1:22:33
Sure, um, I guess it kind of goes back to, you know, nothing about us without us, right, that idea of, you know, we need to put to, to voice to paper to communicate any way we can, what the needs are, what, you know, how we want to live our lives, for people with disabilities, how they want to live their lives, what is it what they wanted to accomplish, because if they're not, I don't know, that they're being heard

in that regard. But advocacy is extremely important. And it can be, you know, as simple as making sure that the person that comes to provide you with care, is providing you with care the way that you want to be happy to provide it. Right, it can be about meeting with your local, your local legislators within your state, it can be about sharing the experience that you've had with them, it can be about figuring out, you know, who the key players are at the state level, which are making the decisions and gather email addresses, you know, get, and provide feedback on things that are happening. It's about networking, it's about figuring out within, within advocacy, you know, who's who, and, and strengthening each other. Right. So, you know, if you, if there's things that come up that maybe you're not 100% passionate about, but you can let a voice to it, lend their voice to it, strengthen that for that person, because, you know, it's a numbers, right, it's a numbers game, the more people we have saying, you know, we need better access to the to the funding we need, we need the unmet needs, right, the transportation, for example. It's such an amazing it really struck me in that slide, right, that that we had is unmet need for transportation was associated with the lowest likelihood of being active in the community and interacting with friends and family. Like, if everybody just calls up their local legislator tonight, right? And I don't care if they're state, federal, I don't care if the county freeholders or the whatever your state has the county level, come up and tell him that, you know, there's research now and the research says, if we don't get our act together with transportation, we have the lowest and people with disabilities have so much to do. contribute to the community. So, you're missing out on a whole voice and whole group of people. So, you know, take some take some talking points from this study and go talk to the people that made the decisions about it and, and talk to each other about it posted on Facebook, you know, get in those Facebook groups that people have we used to have Yahoo Mail groups, you don't have them anymore, but you know, talk to each other, and share that share this research. You know, that's, that's how we get it done.

Bevin Croft 1:25:31
Awesome. Thank you. All right. I would like to just offer each of you, Natalie, and Jennifer, just to, you know, another minute or two to provide any closing remarks, and then I'll wrap this up. Natalie, would you like to go first?

Natalie Chong 1:25:49
Sure. Yeah, thank you so much for listening to the presentation. And I'm glad that there was so much interest in the paper. And, of course, it was great to also be on a panel with Jen, who provide such a unique and different perspective outside of the research and academic setting that I'm used to. So, I've definitely learned a lot through you too.

Jennifer Brown 1:26:11
Okay, Natalie, I'm reading your research. I'm not an academic, I found it. It's really important, and I really appreciated that you took the time to do it and that you're looking at this information in a slightly different way. That's it's never been looked at this way before. So, I really appreciate that appreciate NCAPPS, for having these webinars for, for allowing me the opportunity to really dive into this topic. I

did a lot of preparation for this and had a lot of conversations with different people from different perspectives across New Jersey. And that that's really fueled a little bit of some, you know, some interests around this topic. I think we need to just keep talking to each other and sharing this information. And I don't know, just keep showing up for these webinars. Right. So, thank you very much.

Bevin Croft 1:27:07
Thank you, Jennifer. Thank you, Natalie, when we are first you know, had the idea for this webinar. You know, we thought we this is this is such an important research, we want to highlight it. But because we're not a research group, because our audience is, you know, people out in the real-world care about person centered practices and wanting to advance them forward. How can we bring this research to life with personal stories and information? And, and really tell the story using the numbers but also using words and narrative and, and so I thank you both for helping us to bring those two pieces together. So that we could tell this story in a little richer detail. One key takeaway for me, is just how much more research is needed. I saw in chat, there's some folks doing some qualitative research on race, racial and ethnic disparities in unmet need, and knowing community services, how exciting. There's a lot more to explore in the National Core Indicators data, there's a lot more to explore in everyone'swork. So, for the researchers on the call, let's keep going. Let's keep exploring these critical questions. Let's apply that equity lens. Let's really dig into this and help to understand so that advocates like Jennifer and so hundreds here can use those numbers and work with within state systems if you're working in state systems, in your roles as leaders in your roles as advocates to really move this forward so that we can advance a good life and the opportunity for a good life for everybody. So, thanks, everybody, for all that you do. We have just a closing wrap up. I'd love it. If folks would stay on for one moment and take an evaluation of this webinar. There are a few questions and since there are six questions, so just scroll down. If you could leave us your evaluation before you leave, that would be great. We use these the responses to the surveys to improve our webinars in the future. And we are always opened to hearing your ideas and suggestions about how we can improve how we can be more useful, how we can be more accessible. We're open to all of your feedback. Thanks, everybody for your time today for your discussion this afternoon. And we'll see you next month.