Human Services Research Institute

New York State
Department of Health
Person-Centered Planning
Statewide Training
Initiative Evaluation
Annual Report

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Overview

Project Goal

The project's goal is to evaluate the implementation and impact of the New York State Department of Health (DOH) Person-Centered Planning Statewide Training Initiative (PCPTI), assessing its effectiveness in improving participant competencies, enhancing service delivery, and promoting person-centeredness in Home and Community-Based Services (HCBS) across New York State.

Evaluation Aims

Human Services Research Institute (HSRI) and Apter & O'Connor Associates, Inc. (A&O) comprise the research team, referred to as the "evaluation team" throughout this report.

➢ Aim 1: Assess Participation (diversification, inclusion of service users/families, accessibility needs, reasons for participation)
➢ Aim 2: Assess Changes in Knowledge (understanding of key concepts, skills development, attitudinal shifts)
➢ Aim 3: Assess Changes in Actions (application of knowledge and skills)
➢ Aim 4: Assess Changes in Conditions (improved planning processes, organizational policies, service redesign)
➢ Aim 5: Develop Recommendations (enhancement of PCPTI, addressing challenges in implementing person-centered practices)

Reporting Period

September 1, 2023 - July 31, 2024

Narrative Summary

This year, the evaluation team established a strong foundation for assessing the PCPTI's impact. With support and guidance from the PCPTI project partners, the evaluation team completed an evaluation plan, initiated observational data collection, and analyzed previous years' data. Future years will build upon the Year One work through the collection and analysis of quantitative and qualitative data. Following is a breakdown of each task's progress followed by preliminary recommendations based on the evaluation team's observations to date.

Task 1: Project Management

This section details the progress made on the development of the logic model, independent evaluation study proposal, and the development of data collection tools and methods for evaluating the PCPTI.

1a. Logic Model Development

The evaluation team drafted the logic model in November and December 2023. The logic model was finalized in February 2024 after review and approval by DOH. It has been incorporated into the study proposal and guides all evaluation activities.

1b. Independent Evaluation Study Proposal

The evaluation team developed a draft study proposal and submitted it to DOH in December 2023. After incorporating feedback from DOH, the evaluation team submitted a revised study proposal that was ultimately approved by DOH in April 2024. The team then created an analytic plan based on the study proposal.

1c. Internal Evaluation Team Meetings

The evaluation team met bi-weekly throughout the contract year to coordinate on project activities and deliverables. The evaluation team also met with the prime contractor, Public Consulting Group (PCG), monthly.

1d. Meetings with DOH Staff

The evaluation team met with DOH staff in September 2023, December 2023, and March 2024.

Task 2: Data Collection

The evaluation team has focused on observing trainings and developing a suite of survey instruments that will be used to gather data from PCPTI participants beginning in Year Two. The survey data will also be used to identify a sample of focus group participants who will be recruited in Year Two.

2a. Participant Characteristics

In the spring of 2024, the evaluation team developed registration questions to gather the demographics and other characteristics of PCPTI participants. The questions were revised and updated based on feedback from PCG and DOH. The questions are asked of all participants in PCPTI activities, including regional/virtual trainings and individual and organizational learning

institutes. The information will help the evaluation team understand participants' characteristics and work settings.

2b. Surveys

Regional/Virtual Trainings

The evaluation team drafted a set of surveys for the regional/virtual trainings: one to be administered immediately after the training and a second survey to be administered one month after the training. DOH reviewed and approved the surveys for piloting in May 2024. At present, they are being piloted by training participants and will be revised as needed based on feedback.

Individual and Organizational Learning Institutes

The evaluation team also developed surveys for the Individual and Organizational Learning Institutes, based on the regional/virtual training surveys. The team will submit these surveys to PCG and DOH for review by the end of the first quarter of Year Two.

2c. Participant Observation

The participant observation component includes observations of the person-centered training sessions to understand the training environment and identify strengths and areas for improvement. Below, we describe the progress on this aspect of data collection:

Observation Protocol Development

The evaluation team developed a detailed protocol to guide the standardized observational data collection during training sessions.

Participant Observation

The evaluation team observed one Organizational Learning Institute and nine virtual trainings, as listed below.

- Person-Centered Thinking Skills
- Person-Centered Thinking and the HCBS Final Rule
- Person-Centered Planning with People Experiencing Crisis
- Person-Centered Plan Development
- Person-Centered Practice for Managers
- Person-Centered Practice and Cultural Humility
- Person-Centered Planning in Action
- Person-Centered Support for People Making Decisions
- Person-Centered Practice with People Experiencing Dementia

The evaluation team documented their observations for each of the sessions using the Observation Protocol.

2c. Key Informant Focus Groups

Protocols and Recruitment

The evaluation team has developed draft focus group protocols and recruitment materials that will be submitted for DOH review in the first quarter of Year Two. Aside from the trainers and members of the Person-Centered Planning Training Initiative Advisory Workgroup, focus group participants will be sampled based on survey data. The evaluation team will meet with DOH in the first quarter of Year Two to discuss strategies for engaging the workgroup and trainers as a starting point and review the overarching plan for conducting the focus groups.

Participant Incentives

To gain insights from people with lived experience receiving HCBS, the evaluation team will conduct focus groups with individuals who receive services from organizations that have recently participated in the PCPTI Organizational Learning Institutes. As an acknowledgement of their time and contributions, the evaluation team would like to provide participants with $50.00 gift cards to grocery or department stores (e.g. Target, Walmart). This is a common practice for focus groups of this kind. This plan was submitted to DOH in June 2024 to seek approval for these incentive payments.

Task 3: Data Analysis

Data analysis of survey data and focus group data will begin once survey responses are available and focus groups are underway. To prepare for future analyses, the evaluation team obtained the previous two years' training session feedback data from PCG and conducted preliminary descriptive analyses of the quantitative and qualitative survey responses.

3a. Quantitative Data Analysis

Survey Data Analysis

Analysis of survey responses, the primary quantitative data source for this evaluation, has not yet begun.

Quantitative Data from Past Trainings

Brief findings from the quantitative data gathered from participants in 2022-2023 are as follows:

- Service providers comprised the majority of participants, with very few service users or family members.
- Across all session types, management/supervisory staff made up the largest percentage of attendees
- The majority of participants across all session types reported that they work with adults with chronic and/or disabling conditions or physical disabilities

- Over 60% of participants said they receive or provide services through a Medicaid Managed Care plan or Managed Long-Term Care plan
- The majority of participants said the region they work in is New York City
- The majority of participants said there were no barriers to implementing PCP
- In feedback surveys, trainers received high marks for expertise and delivery.
- Participants indicated that they would share what they learned with their agency staff.

3b. Qualitative Data Analysis

Focus Group Data Analysis

Analysis of focus group data has not yet begun.

Qualitative Feedback from Past Trainings

High-level takeaways from the qualitative analysis of 2022-2023 training feedback are as follows:

- Overall, the trainers received excellent reviews from participants and are considered subject matter experts. They were described as personally engaging.
- Respondents noted that understanding person-centered practices is enhanced by the trainers' use of applied examples.
- Some participants requested more interactive exercises and demonstrations. Specifically, participants requested role playing scenarios and videos demonstrating PCP tools and techniques to improve the trainings.
- Some participants noted they would benefit from having materials shared before or after the presentation.
- A considerable number of the participants considered these trainings "refresher courses" (to some participants, there was no new material presented about PCP).
- The person-centered planning "one pager" resource and process of identifying what is "important to" vs. "important for" individuals were frequently cited as useful tools.
- Participants noted that breakout sessions lacked engagement and discussion in several trainings. Low camera usage and minimal participation in breakout rooms was noted.
- Participants recommended additional training topics, including applying PCP to difficult, resistant, and specific circumstances.
- Participants expressed interest in learning more about overcoming resistance to person-centered practices, writing person-centered plans, and communication strategies for diverse populations.
- Some participants felt the content needed more depth or applicability to their specific work contexts.

Participant Observation Data

The team identified the following themes from the observations to-date:

- Overall, training content was well-organized, aligned with the PCPTI purpose and scope, and delivered by experts with deep content knowledge.
- Some training materials and approaches seem to be oriented more toward providers' needs and perspectives rather than those of service users or families.
- Observations validated findings in the analysis of 2022-2023 data noted above, in particular:

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- o Low representation of service users and families among training participants
- o Limited participation in breakout sessions
- o Opportunities for expanded interactivity
- o Opportunities for enhancements to accessibility (e.g., providing materials in advance)

3c. Resource Library Review

The evaluation team is developing a draft protocol to guide a systematic review of the PCPTI resource library and will submit it for review in the first quarter of Year Two. This protocol will outline the specific resources to be reviewed, the criteria for evaluating their quality and relevance, and the data collection process.

3d. Data Synthesis/Mixed Methods

A simple synthesis of available qualitative and quantitative data resulted in the formative consultation recommendations shared in the next section.

Year One Recommendations (Task 4)

Much of the first year has focused on developing the study plan and instruments with some preliminary observation of training sessions and analysis of previous years' data on participant experience. Based on the feedback analysis and observations, the following recommendations are offered:

- **Increase interactivity:** Utilize more exercises, demonstrations, and vary instructional methodologies and facilitation techniques (e.g., polls, higher frequency of brief interactive prompts) to encourage participant engagement and active learning.
- **Address breakout session issues:** Consider shorter or fewer breakout sessions. Develop strategies to encourage participation in virtual breakout sessions, such as using breakout room features, assigning more specific tasks or discussion prompts, or assigning facilitators for breakout rooms (this may require larger breakout rooms or volunteer participant facilitators).
- **Incorporate strategies to increase service user and family participation:** Share and/or market learning opportunities directly to service users and families or create informational materials with service users and families as the audience. Review existing training content and revise to include prompts and examples that relate more directly to service user and family experience (for example, change "Who do you work with?" to "What settings do you work or receive services in?").