

Utah Department of

Health & Human Services

Services for People with Disabilities

The NAQ and you

**An overview of the history and purpose of the
Needs Assessment Questionnaire**

Topics:



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- **Objectives of the Needs Assessment Questionnaire (NAQ)**
- **Development of the NAQ**
- **Scoring and weighting**
- **Scale descriptions**
- **Validity and reliability analyses**

Why did DSPD develop a new needs assessment?



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- The old tool was updated in 2009 and did not accurately capture or reflect all needs
- DSPD wanted a needs assessment that had input from individuals and families waiting for services
- We needed a tool that measures most critical need accurately and consistently
- The new NAQ continues to follow Utah statute

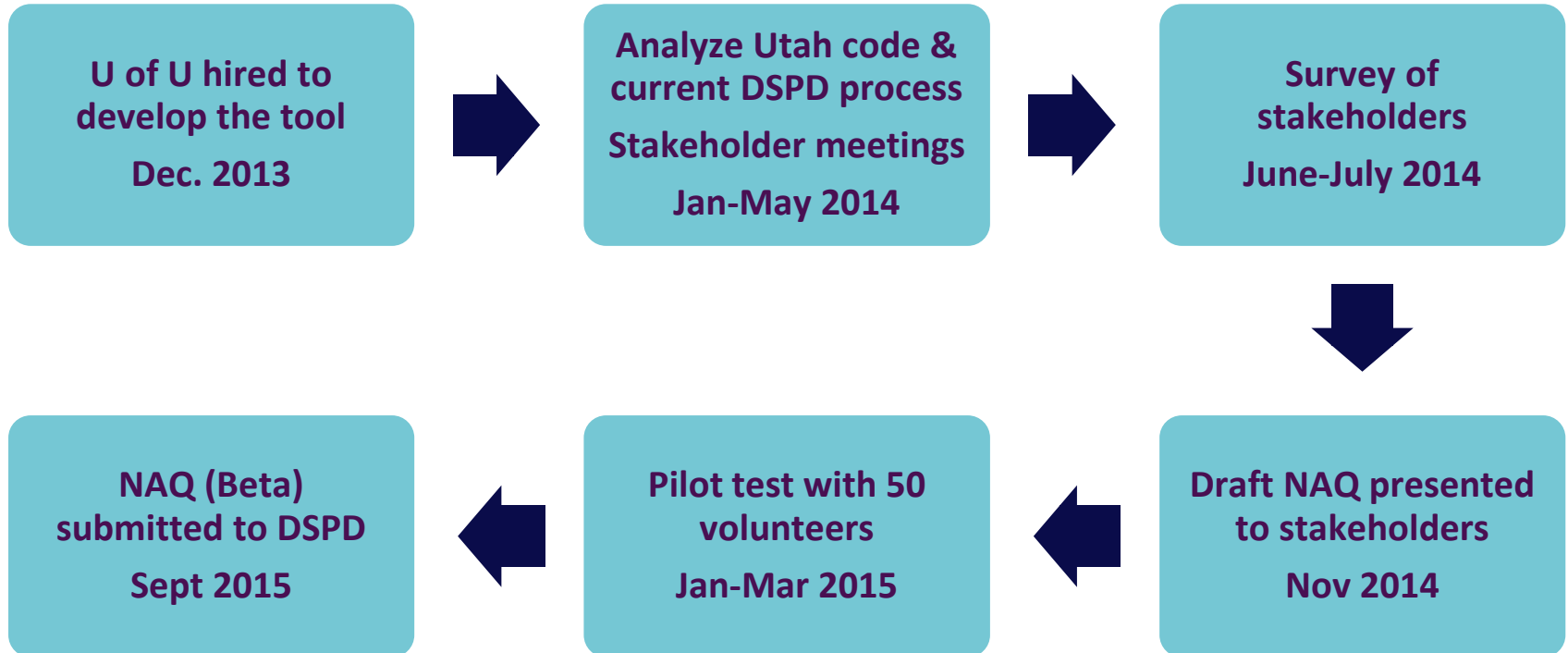
NAQ OBJECTIVES:



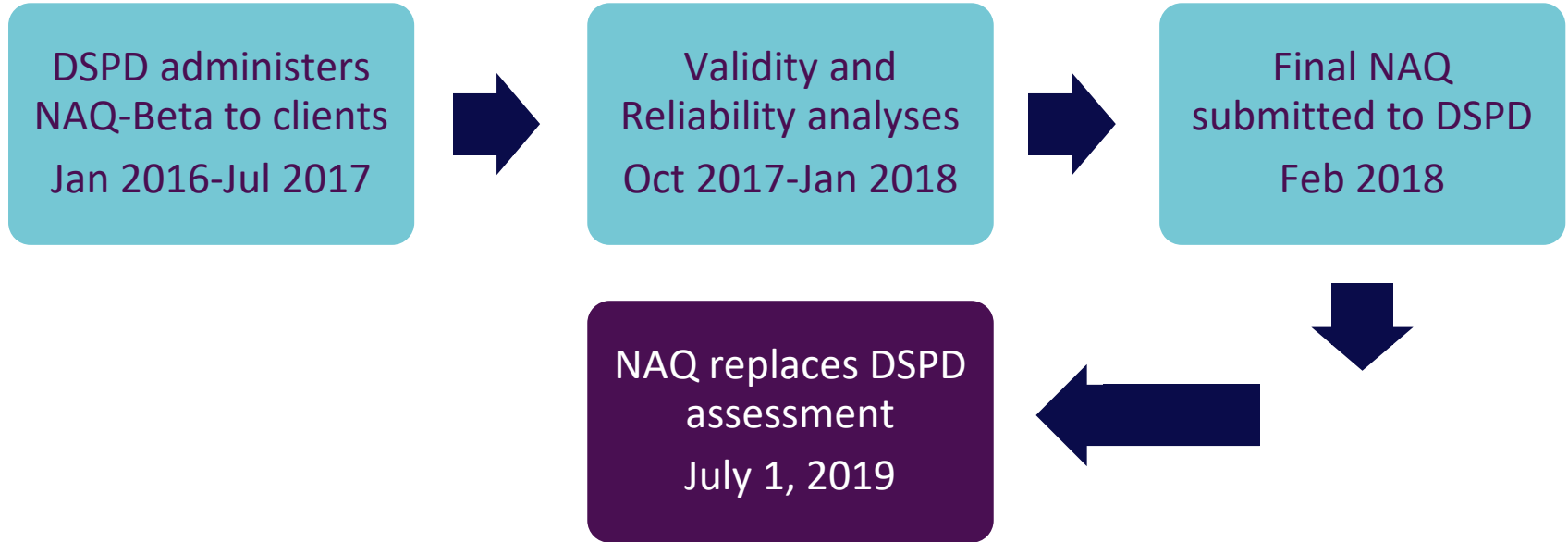
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- **Be useable with all eligible individuals seeking services from DSPD**
- **Reflect perspective of stakeholders, including individuals, families, providers, advocates and agency staff**
- **Be tested for validity and reliability**
- **Produce a prioritized list of individuals consistent with DSPD/DHHS policies and Utah statute**

History: NAQ development – phase 1



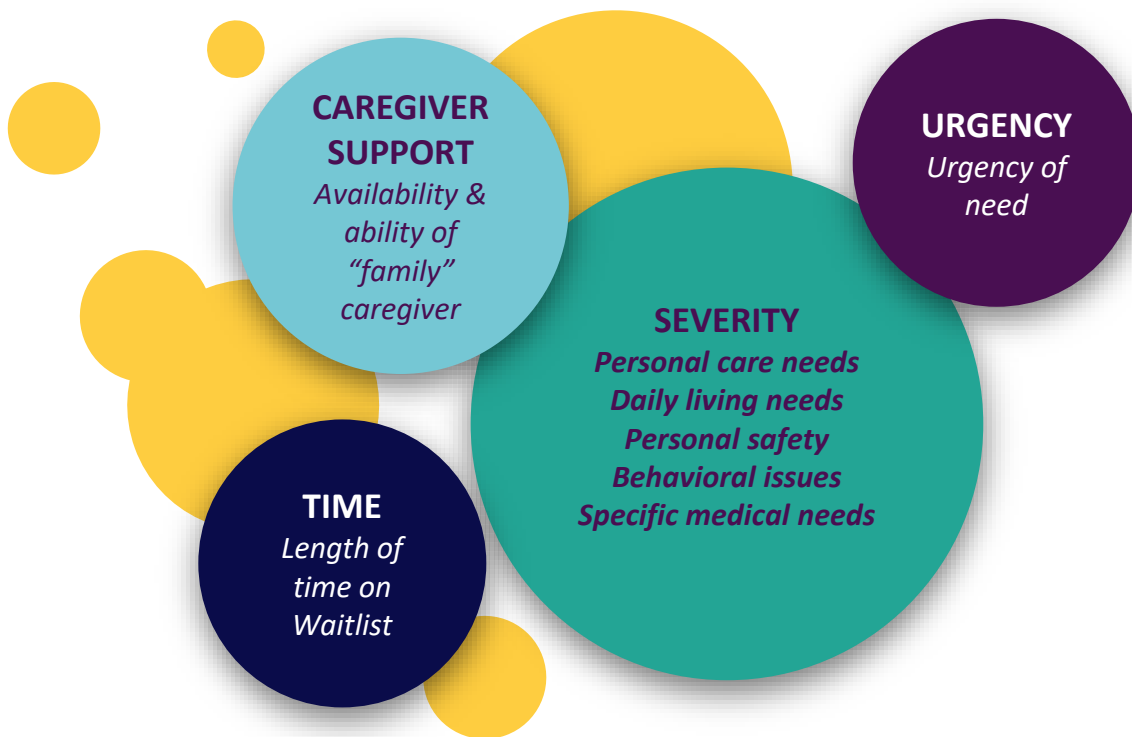
History: NAQ development – phase 2



The result of multiple sources of input

- The new tool reflects the collective wisdom and experience of a wide group of stakeholders
- Reflects Legislative values and guidelines
- The NAQ now measures more objectively:
 - physical health
 - caregiver support
 - time on the waiting list

NAQ Content & Utah code requirements



Personal care needs

Examples: eating, dressing, bathing, mobility at home, etc.

- 0 = Independent**
- 1 = Monitoring**
- 2 = Partial Assistance**
- 3 = Total Hands-on Assistance**



Daily living supports

Examples: meal preparation, household chores, financial management, mobility in community, etc.

0 = Independent
1 = Monitoring
2 = Partial Assistance
3 = Total Hands-on Assistance



Personal safety issues

Examples: need for assistance in emergencies, making safe choices, financial and sexual vulnerability

0 = Definitely Yes

1 = Probably Yes

2 = Probably No

3 = Definitely No



Behavioral issues

Examples: wandering away, eating disorders, self-injury, disruptive, aggressive, and assaultive behavior, etc.

0 = No

1 = Yes, Episodic

2 = Yes, Weekly

3 = Yes, Daily

**4 = Yes, More than Once
Per Day**



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Specific medical needs

Examples: catheters, ventilators, trachs, seizures, needle injections, wound care, frequent medical visits, etc.

0 = No

1 = Independent

2 = Minimal Support

3 = Hands-on Episodically

4 = Hands-on Weekly

5 = Hands-on Daily

**6 = Hands-on Multiple Times
Per Day**



Caregiver support

Examples: caregiver health, disability and aging, lack of backup, domestic violence, homelessness, school services ending, direct hands-on assistance overnight, etc.

0 = No

1 = Does Not impact Care

2 = Moderate Impact on Care

3 = Heavy Impact on Care

4 = Emergency



Length of time on the waiting list

Count only. No cap.

Number of days that have elapsed between the initial waiting list placement to the current date



Urgency of need

Ex. DCFS referral, court ordered services, imminent risk of homelessness, imminent risk of endangering self or others, without caregiver for life sustaining needs, etc.

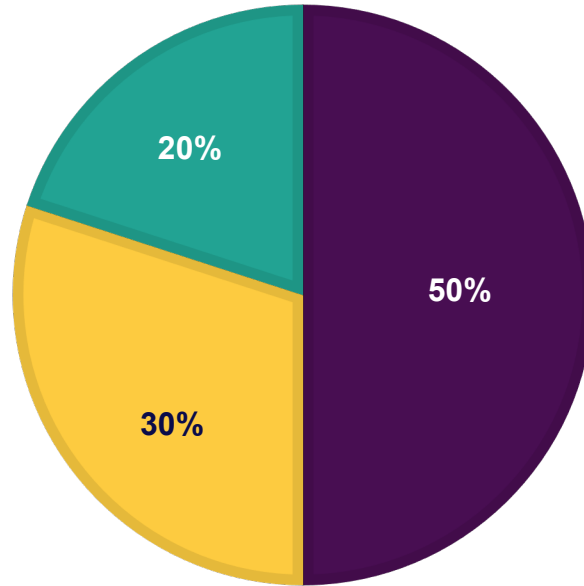
0 = No

1 = Yes



Scale weighting:

■ Severity -50% ■ Caregiver Support -30% ■ Time on Waitlist -20%



Validity



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- **Means the tool measures what it is supposed to measure**
- **To obtain validity, all individuals applying for services were assessed using the NAQ**
- **NAQ scores have high correlation with ICAP Service Score, Service Level and Age Equivalence; ICAP is a widely used measure of disability needs, an “industry standard”**

Reliability

- Means the tool is consistent in measuring the desired constructs (e.g. Daily living supports, caregiver supports, etc)
- To support reliability, questions were tested and refined to improve clarity and understanding
- Consistency of questions within each section
- To obtain assessor reliability, DSPD intake workers receive ongoing training in how to use the NAQ

Summary of improvements



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- **Validated tool by third-party research scientists**
- **Input from multiple stakeholders**
- **Tool continues to comply with Utah statute**
- **More weight on physical health, time on the waiting list, and caregiver support to be reflective of highest need**
- **More holistic view of a person's needs and interaction with supports in the community**



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