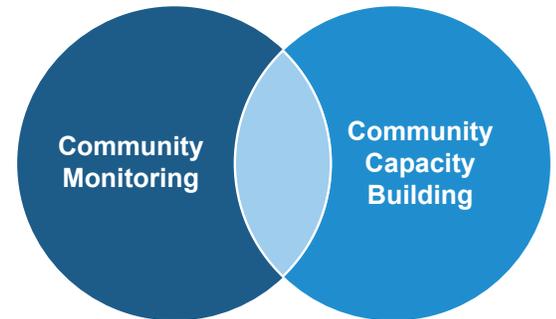


Living Well Cross Site Evaluation

Executive Summary: Evaluation Year One

In the last two decades, the number of individuals with intellectual and developmental disabilities (I/DD) living in community settings and receiving home and community based services (HCBS) increased dramatically. While this led to better outcomes, including people with I/DD making more of their own choices and being a part of the community, there are great variations in the accessibility of quality HCBS across the country. To address these variations and the associated risks, the Administration for Community Living (ACL) awarded eight five-year Living Well – Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community Based Services (Living Well) grants to build and implement model approaches focused on two core components and eight key features to promote independence, integration, and inclusion in community life.



Core components for enhancing and assuring the independence, integration, safety, health, and well-being of individuals living in the community

Key Features



Partnerships

Initiation and coordination of partnerships or coalitions with local and state-level organizations, agencies, and other relevant stakeholders, including at least one self-advocacy organization, in the design, implementation, and replication of grantee activities



Meaningful and active engagement with self-advocates and families

Continuous, meaningful, and active engagement of self-advocates and family members throughout the life cycle and in all stages of the project



Evidence based practices for service improvements

Use of evidence based and innovative strategies to (1) improve access to and quality of community services, (2) reduce and mitigate abuse and neglect, and (3) support empowerment, self-determination, and self-advocacy



Building capacity of DSPs and HCBS providers

Prevention-based tools and technical assistance to address common needs, such as changing the 'culture of abuse and neglect' in HCBS settings and transferring knowledge of positive behavior



Reducing abuse and neglect through community monitoring

Collection, analysis, and dissemination of data to develop and implement coordinated community monitoring that builds on existing local or state infrastructure and partnerships



Addressing health and safety with data tools

Data tools and evidence based practices for monitoring high-risk individuals and addressing reoccurring issues of health and safety concerns



Program and outcome evaluation

Process and outcome evaluation to analyze delivery and impact of project activities



Sustainability

Assurance of organizational, financial, and/or community stability to continue and refine grantee work

Findings

Due to overlap in the grantees' initiatives to address the key features, the evaluation team organized key features into three categories. These categories and overall themes from each category include:

Capacity Building

- Forming new partnerships and expanding of existing partnerships. These partnerships include various governmental and private organizations with a wide range of specialties;
- Engaging self-advocates and family members of people with I/DD in various ways from project leadership to specific initiative development ensuring that all viewpoints are represented and included; and,
- Developing and implementing a range of trainings for a variety of audiences. Examples of trainings being developed and/or implemented include courses in professionalism for direct support professionals (DSPs) and healthy relationships trainings for people with I/DD.

Data Collection, Dissemination, and Monitoring

- Diagnosing problems with current incident reporting and community monitoring systems to identify gaps in data and barriers to reporting. Once issues are identified, grantees are collaborating with partners to develop new practices and systems to address systemic shortfalls and barriers to reporting and increase the quality of community monitoring; and,
- Assessing data collection methods and use practices to address concerns regarding data fatigue and under-utilization of collected data. Grantees are using the assessments to identify strategies to efficiently use and share data between partners.

Implementation, Evaluation, and Sustainability

- Aligning innovative and evidence-based practices with existing practices and initiatives by building on partnerships. This includes growing previously developed evidence-based initiatives, both from their state and from other sources;
- Beginning to develop methods to evaluate the implementation processes of initiatives developed under the Living Well grant. Grantees are also beginning to evaluate the progress made toward goals of the grant by designing evaluation methods and gathering baseline data; and,
- Integrating grant initiatives into sustainable systems and ensuring the availability of resources developed by the grant team.

2017 **1** **Cohort 1**

-  University of Georgia Institute on Human Development
-  University of New Hampshire Institute on Disability
-  Virginia Commonwealth University Partnership for People with Disabilities

2018 **2** **Cohort 2**

-  Alaska Governor's Council on Disabilities and Special Education
-  University of Idaho Center on Disabilities and Human Development
-  Indiana Family and Social Services Administration
-  University of Missouri-Kansas City Institute for Human Development
-  Wisconsin Board for People with Developmental Disabilities

Emerging Practices

Grantees are developing and implementing unique and advanced initiatives to address each of the key features of the Living Well grant.

Conclusion

The most growth and development of initiatives occurred in the Building Capacity category of key features. All grantees are developing and expanding partnerships, working with self-advocates and family members of individuals with I/DD, and developing numerous trainings for DSPs and self-advocates. Some complicating factors during the first evaluation year include self-reported data, varying project design and state context, and multiple cohorts. The table below illustrates high level key themes of activities by grantee during year one of the evaluation.

Key Feature	Activity	Georgia	New Hampshire	Virginia	Alaska	Idaho	Indiana	Missouri	Wisconsin
		Cohort 1			Cohort 2				
Capacity Building	 Partnerships Engage new state partners Engage specialized partners	✓	✓			✓		✓	✓
		✓	✓	✓	✓	✓	✓		✓
	 Engagement with self-advocates and families Reach marginalized populations Improve supports for individuals with dual diagnoses and other disability types Develop and implement trainings for self-advocates and families		✓	✓	✓	✓			✓
			✓	✓	✓	✓		✓	
			✓	✓	✓	✓		✓	✓
		✓	✓	✓	✓	✓	✓	✓	✓
	 Building competencies of DSPs and HCBS Design and implement DSP trainings Use technology and social media Improve DSP recruitment and retention Solicit DSP and provider feedback			✓	✓	✓		✓	✓
		✓	✓		✓	✓	✓	✓	
		✓	✓	✓	✓	✓	✓	✓	✓
		✓	✓	✓	✓	✓	✓	✓	✓
Data Collection, Dissemination, and Monitoring	 Reducing abuse and neglect Use software to collect and analyze data Monitor, certify, and improve group homes	✓	✓				✓		✓
			✓			✓			
	 Addressing health and safety Implement Medicaid waivers and statutes		✓		✓	✓	✓		✓
Implementation, Evaluation, Sustainability	 Evidence based practices for service improvements Improve incident reporting system Implement frameworks for culture change	✓	✓	✓	✓	✓	✓	✓	✓
		✓	✓		✓	✓	✓	✓	✓
	 Program and outcome evaluation Use tools to evaluate project outcomes	✓	✓	✓	✓	✓	✓	✓	✓
	 Sustainability Leverage existing grants and initiatives Secure funding	✓	✓	✓	✓	✓	✓	✓	✓
			✓		✓	✓	✓	✓	✓