

# Living Well Cross Site Evaluation

## Volume IV Conclusion and Next Steps



## I. Conclusion

Grantees demonstrated higher levels of development during this early stage of the grant in two key areas: (1) engagement with self-advocates and families of individuals with intellectual and developmental disabilities (I/DD), and (2) building competencies and capacities of direct support professionals (DSPs).

All grantees are actively consulting and collaborating with self-advocates and families through a number of diverse strategies, such as surveys, in-person meetings, and leadership team positions. The evaluation team observed emerging practices surrounding outreach to individuals with dual I/DD and mental health diagnoses and marginalized groups, such as tribal populations, rural inhabitants, non-English speakers, and immigrant communities.

All grantees are developing trainings for DSPs and implementing the trainings through various methods, often with the use of technology and social media outlets. This demonstrates the variety of potential solutions to a systemic problem acknowledged across all sites. Grantees are also developing and implementing other initiatives to evaluate provider agencies, build DSP competencies, and develop capacities. Strategies used by grantees to build capacity within their states include soliciting feedback from DSPs and provider agencies to improve trainings, improving the recruitment and retention of DSPs in the workforce, and engaging with specialized partners to reach marginalized populations.

While all grantees spent time during this evaluation year discussing their states' data collection policies and methods, most grantees are still gathering and analyzing the appropriate data to determine baseline measures and begin developing strategies to address those key features. Although each of the grantees began their project work to address the key features from different pre-existing contexts, each has made demonstrable progress towards grant goals in the development and implementation of new and innovative strategies. **Exhibit 1** illustrates key activities by grantee during year one of the evaluation.

## II. Evaluation Limitations

The evaluation team acknowledges some complicating factors of the annual evaluation:

- **Early Stage in Grant Cycle.** This is the second year of the grant for Cohort One (Georgia, New Hampshire, and Virginia) and the first year of the grant for Cohort Two (Alaska, Idaho, Indiana, Missouri, and Wisconsin) out of five total grant years. The projects are in early stages and the evaluation team acknowledges that grantees may not fully address key features until later in the grant cycle. Additionally, the reported findings represent a point-in-time snapshot of each grantee's project work, and grantees likely have progressed since the information was reported or observed by the evaluation team.
- **Self-Reported Data.** Data collected for this evaluation were largely self-reported by grantees based on questions identified by the evaluation team. Therefore, the data collected may be subjective in nature and may not be exhaustive of all activities conducted by grantees.
- **Varying project design and state context.** Grantees designed Living Well models that address the unique set of factors in their state. There is variability within the ability of each grantee to leverage existing initiatives, partnerships, and sources of funding. A range of external factors influence how grantees implement their grants, which are beyond the scope of this evaluation.
- **Multiple cohorts.** Lewin is using a consistent set of data collection and analysis methods across all eight grantees representing Cohorts One and Two. This approach may lack detailed analysis of differences between the two cohorts.

## III. Next Steps

Lewin will continue to collect data from grantees across multiple methods during year two of the evaluation. The evaluation team will assess and refine the evaluation methods used to improve future data collection and analysis. In particular, the evaluation team anticipates gathering additional data from grantees and their partners related to the implementation of grant initiatives during subsequent evaluation years. The evaluation team will continue to collaborate with the technical assistance contractor and share findings with grantees to inform ongoing efforts.

Exhibit 1. Key Activities by Grantee

| 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 and 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  |               | ✓        |          | ✓     | ✓       | ✓        | ✓         | ✓ |