

Living Well 2020 Cross-Site Evaluation

IDAHO Living Well Grantee Profile



The University of Idaho [Center on Disabilities and Human Development](#) (CDHD) received the five-year Living Well grant in 2018.

2018 – 2019	2019 – 2020	2020 – 2021	2021 – 2022	2022 – 2023
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I. Grant Background

A. Grant Context and Purpose

Between 1998 and 2016, the number of people with intellectual and developmental disabilities (I/DD) living in facility settings decreased 39 percent, while the number of people in small group settings of four to six people increased 80 percent. During the same period, the number of people with I/DD living in their own home increased 126 percent, and the number of people living in a host or foster home increased by 132 percent.¹ People with I/DD who live in home and community-based service (HCBS) settings are more likely than people with I/DD living in institutional settings to make their own choices, have friends who are not paid staff, and have a paid job in the community.² Despite these positive outcomes, variations in access to and quality of HCBS across the country can put the well-being of people with I/DD living in their communities at risk. A recent series of Office of Inspector General (OIG) reports identified significant gaps in the reporting of and response to critical incidents in group homes.³

To address these pressing needs, the Administration for Community Living (ACL)⁴ issued Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of HCBS for Individuals with I/DD (Living Well) grants, with two key goals:

- Increase community integration and independence of individuals with I/DD; and
- Improve the quality of HCBS.

ACL awarded eight five-year grants across two cohorts to identify, develop, and evaluate model approaches which address two interrelated core components by incorporating eight key features. ACL administers Living Well grants through the Projects of National Significance (PNS) program. Funded under Subtitle E in the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), PNS create and enhance opportunities for people with developmental disabilities (DD) to contribute fully in all aspects of community life. Further, PNS support the development of national and state policies that promote independence, integration, and inclusion in community life.

In 2020, the COVID-19 pandemic exacerbated many of the challenges faced by individuals with I/DD living in HCBS settings and the systems that support them, including concerns about health and safety, abuse and neglect, and social isolation. While the COVID-19 pandemic was not anticipated when ACL awarded Living Well grants, the public health crisis magnified gaps in effective systems of community monitoring for individuals with I/DD and provided opportunities for grantees to rapidly respond to local and state needs.

B. Two Core Components

Grantees address two core components with their Living Well model(s).

- **Community Monitoring:** Development and implementation of a coordinated system utilizing multiple community and state level partners for monitoring the safety, health, and well-being of individuals with intellectual and

1 Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Bourne, M.L. (2018). In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2016. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

2 Human Services Research Institute (HSRI) and National Association of State Directors of Developmental Disabilities Services (NASDDDS). (2019). National Core Indicators In-Person Survey: 2017-2018 Final Report.

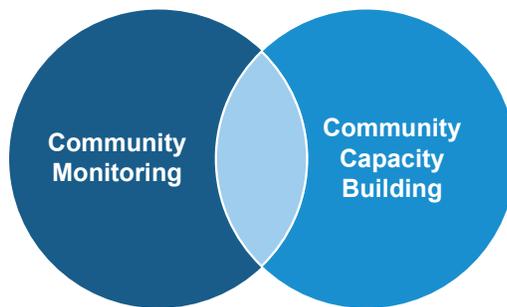
3 Office of Inspector General, Department of Health and Human Services. (2016). Massachusetts did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries.

4 The Administration on Intellectual and Developmental Disabilities (AIDD) oversaw the Living Well grants when they were awarded in 2017 and 2018. The Administration on Disabilities (AoD) now provides oversight to the grants within ACL.

developmental disabilities living in a variety of community settings. The purpose is to identify and eliminate the risk factors for tracking, redressing and preventing abuse, neglect and exploitation in community settings;

- **Community Capacity Building:** Application of evidence based practices and innovative strategies focusing on improving services that support people with developmental disabilities living in the community or those moving to the community from a more restrictive setting; access to and quality of community services through capacity building and scaling of evidence based and other promising practices; reducing and mitigating the incidence of and risk factors for abuse and neglect; and supporting empowerment, self-determination, self-advocacy, and an individual's independence, autonomy and right to live alongside their non-disabled neighbors.⁵

Exhibit 1. Core Components of Living Well Models



C. Eight Key Features

Grantees incorporate eight key features into their Living Well models.

Exhibit 2. Eight Key Features of Living Well Models

 <p>Partnerships</p> <p>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</p>	 <p>Meaningful and active engagement with self-advocates and families</p> <p>Continuous, meaningful, and active engagement of self-advocates and family members throughout the life cycle and in all stages of the project</p>	 <p>Evidence based practices for service improvements</p> <p>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</p>	 <p>Building capacity of DSPs and HCBS providers</p> <p>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</p>
 <p>Reducing abuse and neglect through community monitoring</p> <p>Collection, analysis, and dissemination of data to develop and implement coordinated community monitoring that builds on existing local or state infrastructure and partnerships</p>	 <p>Addressing health and safety with data tools</p> <p>Data tools and evidence based practices for monitoring high-risk individuals and addressing reoccurring issues of health and safety concerns</p>	 <p>Program and outcome evaluation</p> <p>Process and outcome evaluation to analyze delivery and impact of project activities</p>	 <p>Sustainability</p> <p>Assurance of organizational, financial, and/or community stability to continue and refine grantee work</p>

⁵ Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community Based Services for Individuals with Developmental Disabilities; HHS-2017-ACL-AOD-DNIQ-0221. <https://acl.gov/grants/living-well-model-approaches-enhancing-quality-effectiveness-and-monitoring-home-and-1>

D. Grantees and Partnerships

ACL awarded grants in two cohorts, with the first cohort of three grantees beginning in September 2017. The second cohort of five grantees began their five-year grants in September 2018.

Exhibit 3. Living Well State Grantees by Cohort

2017	1	Cohort 1	2018	2	Cohort 2
		University of Georgia Institute on Human Development			Alaska Governor's Council on Disabilities and Special Education
		University of New Hampshire Institute on Disability			University of Idaho Center on Disabilities and Human Development
		Virginia Commonwealth University Partnership for People with Disabilities			Indiana Family and Social Services Administration
					University of Missouri-Kansas City Institute for Human Development
					Wisconsin Board for People with Developmental Disabilities

The grant requires partnerships among, at minimum:

- One Protection and Advocacy System, State Developmental Disabilities Council, or University Center for Excellence in Developmental Disabilities; and,
- At least one state agency (state I/DD agency, state Medicaid agency, self-advocacy organization, consumer-controlled organizations, or family-led organizations). Additional partnerships are strongly encouraged.

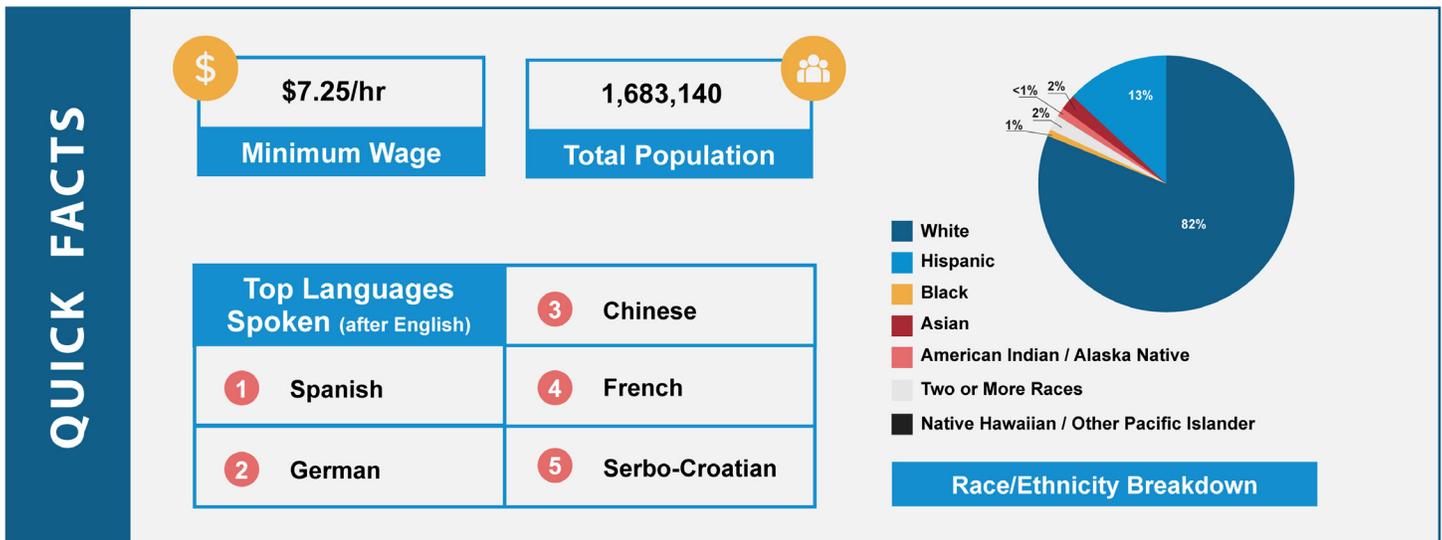
II. Grantee Information

The University of Idaho CDHD, Idaho's University Center for Excellence in Developmental Disabilities Education, Research, and Service, facilitates a variety of independent grant programs and provides training, services, technical assistance, research, and dissemination activities across on a state and federal level. The organization uses education, outreach, research, and service to advance evidence based policy and practice for people with disabilities. The activities that CDHD participates in span five areas, which include interdisciplinary training and preparation of students, direct services and demonstration projects, community training and technical assistance, research, and dissemination of information and findings.

Idaho CDHD's [projects](#) include the Idaho Assistive Technology Project, which is a federally-funded program that aims to increase the availability of assistive technology devices and services for people with disabilities; IdahoSTARS, a statewide program designed to assist parents by offering child care referrals and information about quality child care settings; and the Idaho Training Clearinghouse, an initiative to compile all current special education-related trainings statewide in order to connect educators and parents with cross-agency training opportunities.

III. Grantee Partnerships

The CDHD partners with key stakeholders on their Living Well grant (collectively, the Idaho Living Well team) including, but not limited to, the Idaho Council on Developmental Disabilities, Disability Rights Idaho, and the Idaho Department of Health and Welfare.



IV. State Context

Variations in access to quality home and community-based services (HCBS) occur, in part, due to varying demographic, economic, political, and historical factors in each state. Key contextual factors are described here to better understand CDHD’s external conditions for their Living Well model. The COVID-19 pandemic rapidly evolved during the 2019-2020 evaluation cycle with significant impact on the delivery of HCBS and the health and safety of individuals with intellectual and developmental disabilities (I/DD). The pandemic response influenced both how and the extent to which grantees implemented grant activities as planned and the local and state context in which the grant is being implemented.

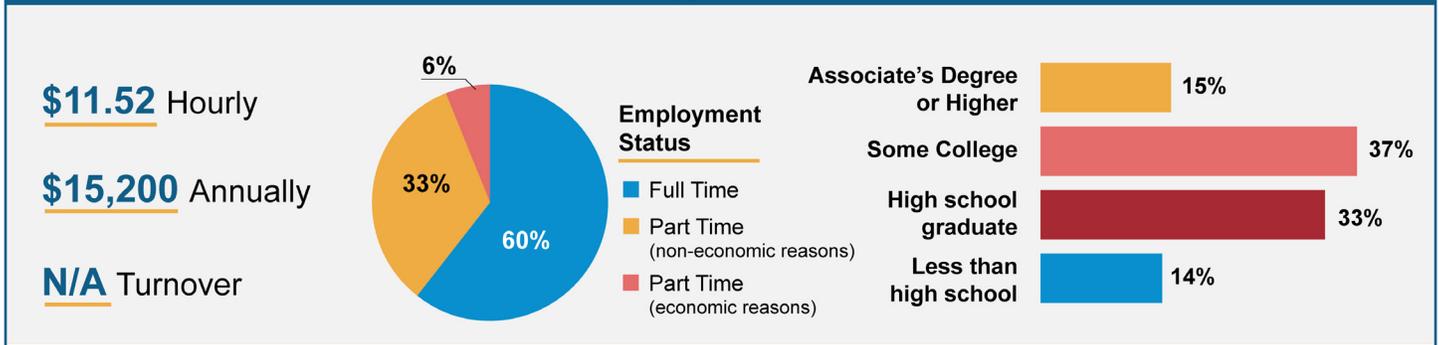
At the end of 2019, the Governor’s office requested that state agencies hold back one percent of their budget for the year, and two percent the following year. The request comes from a decrease in state revenues. The Department of Health and Welfare’s services were cut back due to the state funding cuts, and the Governor announced another five percent cut in the spring of 2020. While the cuts have not inhibited the Idaho Living Well team’s work to date, they do impact the areas that the grant is trying to affect. Conversations about sustainability are in progress.

The [K.W. vs. Armstrong lawsuit](#) continues to be a factor that affects work in the I/DD field in Idaho, and the timelines for the class action suit are pending modification. The impact on the Idaho Living Well team is mostly manifested in how much the Department of Health and Welfare staff participate in grant activities. The state requested an extension on the lawsuit that, if approved by the court, will extend the state’s focus on the lawsuit. The lawsuit was filed to develop a new resource allocation model because the previous algorithm lacked transparency. [Community NOW! \(CNOW!\)](#) is a statewide collaborative convened in January 2017 in response to the lawsuit for adults with I/DD and family members to lead discussions about services provided under Idaho’s Medicaid HCBS waiver program. Team members from CNOW! developed a set of recommendations for the Department of Health and Welfare and state legislators.

STATE CONTEXT IN IDAHO

I/DD Services in Idaho	Health & Safety of Individuals with I/DD
<p>10,151 served by DD agency 0 on waiting list</p> <p>0.6031% of state I/DD population</p> <p>55.4% of LTSS that is HCBS</p> <p>15.4% of I/DD spending used for family support and supported living</p> <p>\$164.15 State HCBS expenditure </p>	<p> N/A reported poor health</p> <p> N/A reported feeling unsafe</p>

Direct Support Workforce



V. Model and Objectives

Idaho CDHD's Living Well grant objectives aligned with CNOW!'s recommendations, and the grant provided an opportunity to build on CNOW!'s momentum to advance the recommendations. The Idaho Living Well team, in partnership with CNOW! and other stakeholders, established a series of workgroups to implement key grant activities.

The Idaho Living Well project aims to build a self-advocate led monitoring system and build provider capacity through a career pathway that includes evidence based approaches to help individuals with I/DD advocate for their own lives.

The Idaho Living Well team's model objectives are to:

1. Develop a nationally relevant, replicable work plan via a continuous improvement process carried out through project workgroups and monitored by the project leadership team;
2. In partnership with people with disabilities, create a single, integrated, community-based reporting and monitoring system that reduces risk to people with disabilities who have experienced abuse, neglect and exploitation;
3. Develop a sustainable self-advocate train-the-trainer model conduct statewide training on how and when to report abuse, neglect and exploitation, self-advocacy, individual rights, principles of person-centered thinking, self-determination, supported decision-making, and post-secondary employment, education opportunities, and cultural competency;
4. Establish a comprehensive career pathway for direct support staff guided by evidence based practices aligned with principles of self-determination and person-centered thinking;
5. Deliver sustainable, accessible training for direct support staff taught by self-advocates, family members and professionals guided by evidence based practices in person-centered thinking and planning, trauma informed care, supported decision-making, total and functional communication, and principles of positive behavioral intervention supports; and
6. Develop a culturally and linguistically competent adult DD service system for the Latinx community in Idaho.

VI. Key Activities by Core Components

A. Community Monitoring

Community Monitoring includes efforts to develop a comprehensive system to monitor the health and well-being of individuals with I/DD living in a variety of home and community-based settings. The following are key activities reported by the Idaho Living Well team during this evaluation period to address this core component:

Key Activity: Analyze Abuse and Neglect Reporting System



- The Idaho Living Well team formed a Quality Assurance Abuse and Neglect Reporting and Monitoring Workgroup with key stakeholders across the state. The goal of this workgroup is to protect individuals with disabilities from, and ultimately prevent, abuse, neglect, and exploitation by creating a self-advocate informed, integrated, community-based reporting and monitoring as a component of a larger quality assurance system.
- One activity under this workgroup is the development of a caregiver misconduct registry. This registry would be a single repository that contains all reports of abuse against staff working for Medicaid providers, and would be publicly available for self-advocates and providers looking to hire staff.
- To fully understand the abuse and neglect reporting system within Idaho, the workgroup conducted an activity in which each stakeholder mapped their complaint response system from beginning to end, and the workgroup then analyzed each system to see where the different systems intersected and where there were gaps. From this mapping exercise, the Idaho Living Well team created a spreadsheet of the reporting processes within the state and distributed it among the stakeholders.

B. Community Capacity Building

Community Capacity Building includes efforts to increase the skills and knowledge of all individuals, families, and service providers in the HCBS system. The following are key activities reported by the Idaho Living Well team during this evaluation period to address this core component:

Key Activity: Promote Diversity, Inclusion, and Cultural Competency



- The Idaho Council on Developmental Disabilities and the advocacy group Las Señoras assembled the Culturally Responsive Advisory Group (CRAG) workgroup with five self-advocates and five parent advocates from the Latinx community. The CRAG has fully integrated with the Idaho CNOW! workgroup and represents the needs of the Latinx I/DD community. The CRAG and CNOW! work closely together to ensure diversity and inclusion in team meetings, share Spanish language materials and resources, and disseminate other tools to support participation of Spanish-speaking individuals in virtual settings (e.g., Zoom tutorials, Spanish interpreters).
- To increase the level of cultural competency and knowledge among providers and Department of Health and Welfare staff, the Idaho Living Well team scheduled a cultural competency training with Georgetown University's National Center for Cultural Competence for September 2020. Due to COVID-19, the in-person training was delayed and will now be held virtually through a series of webinars.

Key Activity: Develop Recommendations to Retain a Quality Direct Support Workforce



- The Direct Support Professional Qualifications Workgroup, later renamed the bFair 2Direct Care Workgroup, brings together service providers, direct support workers, self-advocates, parent advocates, and representatives from the Idaho Department of Health and Welfare to develop a series of recommendations to increase the retention, skills, and knowledge of the direct support workforce. Discussion topics include required training and competencies of direct support workers, code of ethics, wages and benefits, career pathways, and direct support worker evaluations. The bFair

2Direct Care workgroup successfully developed recommendations on a training competency and incentive program that aligns with best practice that will help create and keep quality direct support workers in Idaho.

- As with all products and recommendations produced by CNOW! workgroups, the Advocate Advisory Committee, a group of self-advocates and family members, reviewed the recommendations to ensure that the proposed process and systems changes clearly benefit those using HCBS.

Additional Activities:

- Convene Person-Centered Practice Workgroup: Supported by the Idaho Council on Developmental Disabilities and the Department of Health and Welfare, this workgroup works to develop person-centered practice facilitator qualifications, training models, and policy recommendations.
- Convene Self-Advocacy Training Workgroup: This workgroup promotes a train-the-trainer model to support individuals with individuals enhance their advocacy and leadership skills.

VII. Analysis and Conclusion

A. Contextual Factors

The Idaho Living Well grant has been shaped by a number of external factors. The [K.W. lawsuit](#), filed in 2012 with the intention of making Medicaid funding for individuals with I/DD more transparent, continues to be a factor. While implementing their project activities, the Idaho Living Well team has had to respond to and navigate the COVID-19 pandemic, state budget cuts, the K.W. lawsuit, the cultural diversity of its population, and the needs of a variety of stakeholders.

B. Model Design

The Idaho Living Well team puts at the forefront the voices and needs of people with disabilities in all of their project activities. The self-advocate led stakeholder group, CNOW!, utilized the active participation of family members, direct support professionals, providers, and state representatives to develop a number of trainings and topic-specific workgroups.

C. Key Activities

Born from CNOW!, the bFair 2Direct Care and the Quality Assurance Abuse and Neglect Reporting and Monitoring workgroups work to analyze and develop recommendations to improve community capacity building and community monitoring, respectively. The Self Advocacy Training Workgroup is driven by self-advocates who are designing the train-the-trainer model and content of topical modules. Once implemented, individuals with I/DD will facilitate training statewide.

The inclusion of the Advocate Advisory Committee to review and vet deliverables produced by the workgroups further ensures that the recommendations being produced by these workgroups directly benefit individuals with disabilities.

The Idaho Living Well team is actively working with partners on improving the level of cultural competence within the state over the last several years. By providing cultural competency trainings to service providers, state agency personnel and the DD Network and adding Spanish interpretation during all meetings, the Idaho Living Well team has increased the level of cultural awareness and have created a more accessible and culturally competent environment for those with diverse backgrounds interacting within the system. Through their work with the CRAG and collaboration with the Georgetown National Center for Cultural Competence, the Idaho Living Well team continues to improve access to and quality of supports and services for the Idaho Latinx community.

As a whole, the Idaho Living Well team effectively collaborates with self-advocates and includes stakeholders across the state to develop trainings, courses, policy recommendations, and other resources that will continue on beyond the life of the grant.