

Living Well 2020 Cross-Site Evaluation

VIRGINIA Living Well Grantee Profile



The [Virginia Commonwealth University \(VCU\) Partnership for People with Disabilities](#) (the Partnership) received the five-year Living Well grant in 2017.

2017 – 2018	2018 – 2019	2019 – 2020	2020 – 2021	2021 – 2022
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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.

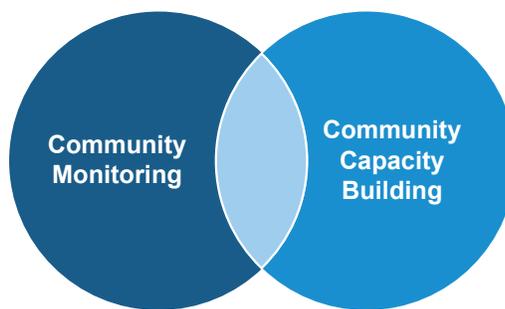
3 Office of Inspector General, Department of Health and Human Services. (2016). Massachusetts did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries.

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

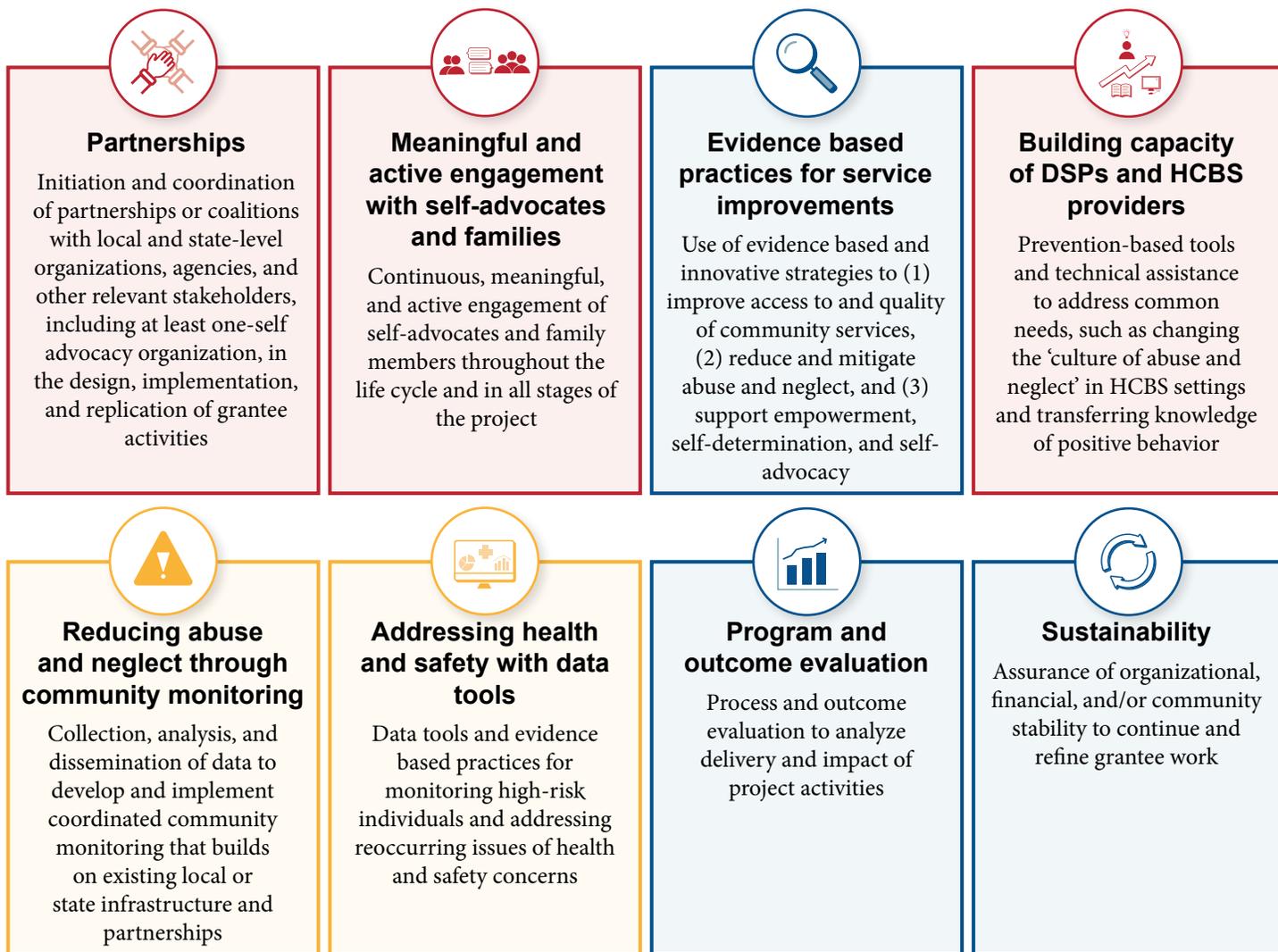
Exhibit 1. Core Components of Living Well Models



C. Eight Key Features

Grantees incorporate eight key features into their Living Well models.

Exhibit 2. Eight Key Features of Living Well Models



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>

IV. 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.

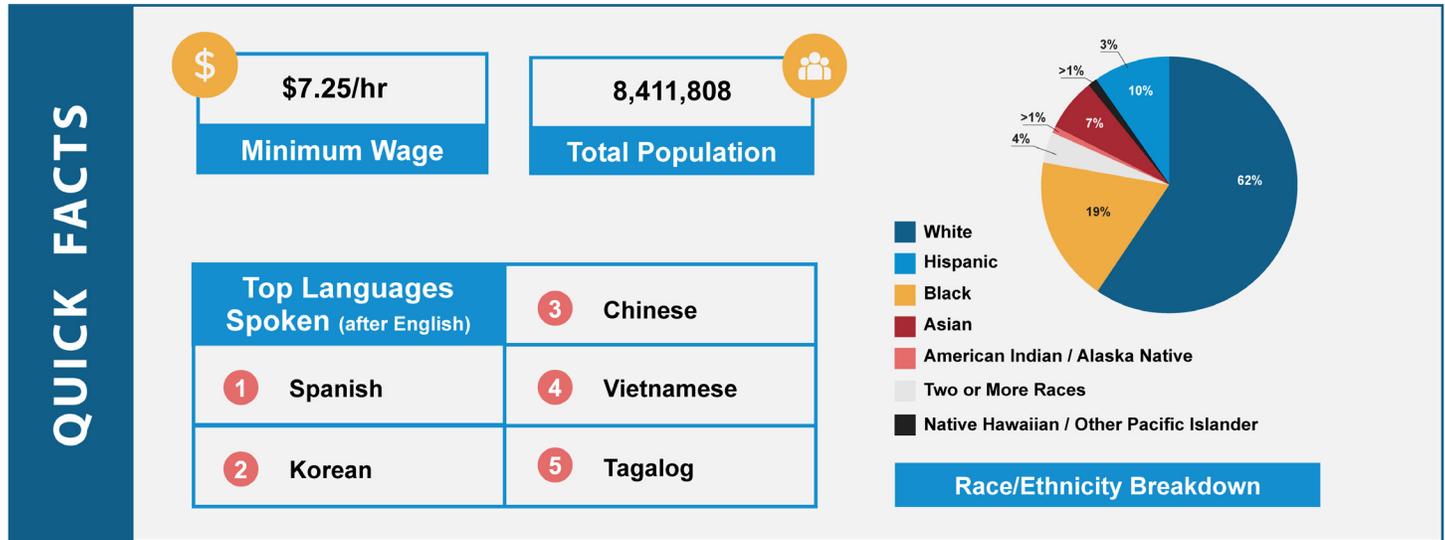
II. Grantee Information

The Partnership, Virginia’s University Center for Excellence in Developmental Disabilities Education, Research, and Service, works to promote inclusion of people with disabilities within their communities. The Partnership was founded in 1985 and has three main focus areas that encompass the work they do: early childhood education for families and educators, early childhood supports and services, and supports based on self-determination and inclusion for adults with disabilities. Further, their programs cover community living, early childhood and early intervention, education, and health.

The Partnership’s [projects](#) include the [Leadership for Empowerment and Abuse Prevention](#) project, which provides training by and for people with disabilities about prevention of abuse by establishing healthy relationships; [Cost and Outcomes for People with Intellectual and Developmental Disabilities \(I/DD\) Who Use Services in Virginia](#), a project that involves research on the relationship between cost and outcomes for people with I/DD who use home and community-based services (HCBS) in Virginia; and the [Regional Educational Assessment Crisis Response and Habilitation Evaluation](#), for which the organization designs and implements a program evaluation of the state’s regionally-based crisis system.

III. Grantee Partnerships

The Partnership partners with key stakeholders on their Living Well grant (collectively, the Virginia Living Well team) including, but not limited to state Department of Medical Assistance Services, Department of Behavioral Health & Developmental Services, Virginia Board for People with Disabilities, disAbility Law Center of Virginia, Arc of Virginia, Richmond Resources for Independent Living, Center on Transition Innovations, and community-based provider organizations in the Richmond and Virginia Beach areas.



IV. State Context

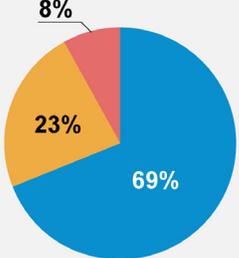
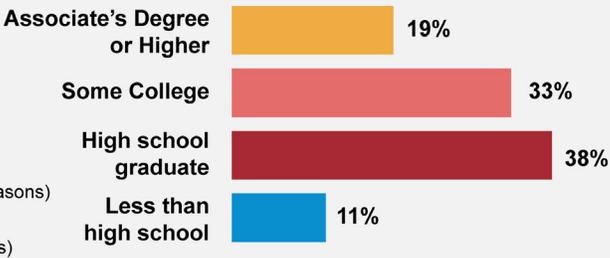
Variations in access to quality HCBS occur, in part, due to varying demographic, economic, political, and historical factors in each state. Key contextual factors are described here to better understand the Partnership’s external conditions for their Living Well model. The COVID-19 pandemic rapidly evolved during the 2019-2020 evaluation cycle with significant impact on the delivery of HCBS and the health and safety of individuals with 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.

Virginia experienced a number of leadership changes at the state level and among provider agencies. An acting commissioner for Developmental Services is in place at the Department of Behavioral Health & Developmental Services until a new commissioner is appointed. The Virginia Living Well team has an existing relationship with the acting commissioner. Under the acting commissioner, the agency’s current focus is bringing the U.S. Department of Justice (DOJ) settlement agreement with the Department of Medical Assistance Services and the Department of Behavioral Health & Developmental Services to a close. As of now, the state has settled on 250 indicators and recently distributed a list of requirements that community service boards and providers must meet. Providers that do not meet the requirements will incur a penalty while being required to maintain current service levels. The service system does not want to sign an agreement that is open-ended, so the Department of Medical Assistance Services and the Department of Behavioral Health & Developmental Services and DOJ have reached a stalemate. This, coupled with state priority shifts due to COVID-19, stalled further coordination between the Virginia Living Well team and the commissioner on Living Well activities.

While these leadership changes have not directly impacted capacity building efforts with HCBS providers, they impact the Virginia Living Well team’s ability to enact systems-level changes. The Virginia Living Well team is focused on understanding how to maintain project momentum despite these changes. In addition to their collaboration with the Virginia Disability Determination Services, the Virginia Living Well team is developing relationships with the state Medicaid agency, particularly Medicaid staff who handle DD policy work. Members from the Medicaid agency regularly attend leadership meetings, and the collaboration will allow for continuity and the development of new project activities while the Virginia Disability Determination Services is in transition.

STATE CONTEXT IN VIRGINIA

I/DD Services in Virginia	Health & Safety of Individuals with I/DD
<p>25,620 served by DD agency 13,215 on waiting list</p> <p>0.3046% of state I/DD population</p> <p>57.8% of LTSS that is HCBS</p> <p>9.7% of I/DD spending used for family support and supported living</p> <p>\$118.52 State HCBS expenditure </p>	<p> 2% reported poor health</p> <p> 19% reported feeling unsafe</p>

Direct Support Workforce	
<p>\$11.22 Hourly</p> <p>\$20,100 Annually</p> <p>N/A Turnover</p>	 <p>Employment Status</p> <ul style="list-style-type: none"> Full Time: 69% Part Time (non-economic reasons): 23% Part Time (economic reasons): 8%  <p>Education Level</p> <ul style="list-style-type: none"> Associate's Degree or Higher: 19% Some College: 33% High school graduate: 38% Less than high school: 11%

V. Model and Objectives

The Virginia Living Well grant model utilizes leadership from Regional Quality Councils, established by the DOJ settlement, to work closely with partners and the Virginia Living Well team. The team, the Regional Quality Councils, and their partners are developing and implementing interventions in diverse regions throughout the state. The evidence based interventions will include training for individuals with I/DD and their supporters and will be supported by a multi-tiered monitoring system.

The Virginia Living Well team's model objectives are:

1. A replicable and sustainable model process for system change implementation is in place for collaboration among diverse stakeholders, to manage systems capacity building, and to monitor individual, regional, and systems' outcomes and impact;
2. A coordinated model of evidence based and informed interventions managed through the Regional Leadership Team comprised of diverse stakeholders will a) expand knowledge and skills of people with I/DD and those who support them; b) generate innovative and responsive policy that encourages independence and full engagement in community life; and c) produce process data and outcomes that will serve as a national model for integrated, effective I/DD supports and services; and,
3. A multiagency, multi-tiered system of HCBS and community monitoring managed through a diverse leadership team will coordinate and augment disparate monitoring and quality initiatives in Virginia to serve as a national model for a) improving and increasing identification of health and safety risks for people with I/DD who use, and those waiting for, HCBS services; b) using varied data points gathered from multiple organizational and agency partners to develop high quality data rich analysis and reporting; and c) documenting process and outcome data that facilitate continuous quality improvement in community programs.

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 Virginia Living Well team during this evaluation period to address this core component:

Key Activity: Initiate COVID-19 Tracking within Provider Agencies



- Since the start of the coronavirus pandemic, disAbility Law Center Virginia has reviewed and logged every Computerized Human Rights Information System report that mentions COVID-19. This includes any time an individual is tested or treated for COVID-19, or cases when individuals were unable to access testing or other necessary services related to COVID-19 precautions. The onus then is on the service providers within the region to help individuals access treatment and testing. The disAbility Law Center Virginia distributed surveys to evaluate how easily providers and individuals have been able to access testing, ensuring to document the barriers reported and noting the issues providers state experiencing while trying to obtain personal protective equipment. Specific incidents tracked included the number of COVID-19 cases in congregate settings for people with I/DD, access to health and mental health services, peer on peer abuse, and overall congregate care quarantine responses.

Key Activity: Utilize Medicaid Claims, Supports Intensity Scale (SIS), and National Core Indicators (NCI) Data Analysis



- The Virginia Living Well team used the existing data analysis of Medicaid claims data, SIS, and the NCI data for individuals with I/DD in the community to understand the best predictors and outcomes for people with disabilities. From this analysis, the Virginia Living Well team found that individuals with I/DD who are employed have better access to rights, choice, and community participation than those who do not work.
- Findings demonstrated that those with dual diagnoses had better outcomes than those that do not have dual diagnoses. This is potentially due to these individuals being connected to a greater number of services and supports. The Virginia Living Well team is using the findings from this study to inform their approach to employment opportunities for individuals with I/DD and their grant activities as a whole.

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 Virginia Living Well team during this evaluation period to address this core component:

Key Activity: Develop and Implement Regional Quality Council Trainings



- As part of the Virginia settlement agreement, the DOJ requires Regional Quality Councils in Virginia to receive formal quality improvement and assurance training. To meet the DOJ training requirements, the Virginia Living Well team worked with the technical assistance provider for the Living Well grant, Mission Analytics, and their subcontractor, Human Services Research Institute, to develop a webinar series for the Regional Quality Councils around quality improvement. Through this collaboration, the Virginia Living Well team was able to identify presenters and develop content material for the series. Three of the webinars in the series will be presented live on the following topics;
 - Introduction to Quality Improvement
 - Quality Improvement Tools and Facilitation
 - Making the Most of Quality Improvement Data
- In addition to the three live webinars, there are five pre-recorded modules on the following topics:

- The History, Purpose, and Membership of Regional Quality Councils
- Operating Highly Effective Teams
- Supporting People with Disabilities and Family Members as Essential Partners in Quality Improvement
- Identifying, Understanding, and Prioritizing DD Data
- Moving from Discussion to Action: Quality Improvement Planning and Helpful Quality Improvement Tools.

Key Activity: Conduct Leadership for Empowerment and Abuse Prevention (LEAP) Trainings



- The Virginia Living Well team, in partnership with the LEAP Project, is providing trainings to adults with I/DD on healthy relationships and information on how to prevent abuse to adults with disabilities.
- Adults with I/DD who participated in LEAP training completed pre- and post-test measures. Participants watched and responded to video vignettes before and after the training intervention to identify the difference between healthy and unhealthy relationships.

Key Activity: Plan and Conduct Person Centered Thinking Training



- The Virginia Living Well team, in collaboration with The Learning Community for Person Centered Practices, plans to offer Person Centered Thinking training in the fall. To increase training attendance, demand, and interest, capacity building training opportunities are being announced earlier in the year to community based organizations and potential attendees.
- Person Centered Thinking trainer support calls are held quarterly, and mentors attend monthly calls with the Learning Community. Person Centered Thinking mentors are working with the Learning Community to identify virtual training formats that can be replicated in Virginia.

Additional Activities:

- Implement the Discovering ME! Program: Discovering ME! is an age-appropriate program that promotes career discovery for younger individuals with disabilities still in school.
- Transition Positive Behavioral Support (PBS) Trainings to Virtual Format: The Positive Behavior Support Trainings, aimed at increasing an individual's competence in community-based settings through the application of behavioral techniques, were intended to be held in-person but have been transformed to a virtual format.
- Conduct Communication and Health Advocacy Trainings (CHAT): VCU provides health literacy trainings to adults with disabilities and the individuals that support them.
- Provide Support to Families: The Family to Family (F2F) Network provides one-on-one emotional and informational support for individuals with disabilities and their families as they navigate services and systems.

VII. Analysis and Conclusion

A. Contextual Factors

The Virginia Living Well team, like several other grantees, has had to maintain project momentum while navigating numerous changes among state leadership and local providers. This contextual factor precedes the pandemic, but was nonetheless exacerbated by a rapid change in priorities as a result of COVID-19. Additionally, in response to the challenges presented by the DOJ settlement, the Virginia Living Well team works closely with the Regional Quality Councils to develop and implement trainings and interventions that are most effective and conducive to provider and community needs.

B. Model Design

The Virginia Living Well team utilizes their strong relationships with diverse stakeholders across the state to expand the knowledge and skillset of individuals with disabilities and those who support them. By using varied data points gathered from multiple organizational and agency partners, the Virginia Living Well team developed a number of courses and trainings tailored to the needs of individuals with disabilities, family members, direct support professionals, providers, and state agencies.

C. Key Activities

In response to the impact of COVID-19, the Virginia Living Well team tailored existing grant initiatives and implemented new activities. By collecting COVID-19-related data from their provider partners, the Virginia Living Well team tracked if and how individuals with I/DD are accessing services during the pandemic. The Virginia Living Well team has several ongoing trainings for key players in the I/DD field. While some trainings are on-hold due to COVID-19, there remain online trainings and resources for individuals with I/DD, family members, direct support professionals, and providers.

When appropriate, the Virginia Living Well team works with specialists to transform trainings originally intended to be held in-person to an online format that is effective, accessible, and sustainable. For example, the five pre-recorded modules for the Regional Quality Council training will ensure the availability of the content materials beyond the life of the grant. Additionally, the Virginia Living Well team employed innovative marketing strategies for trainings and courses by using social media and their relationship with local agencies to bring attention to the various initiatives, establishing a presence that will support continuation of Living Well objectives once the grant is over. Beyond adapting the format of delivery, the Virginia Living Well team modified some training content to take on a data-driven approach, both incorporating the requirements outlined by DOJ and enhancing a more scalable framework for future trainings.