



Living Well Cross-Site Evaluation Executive Summary: Evaluation Year Three

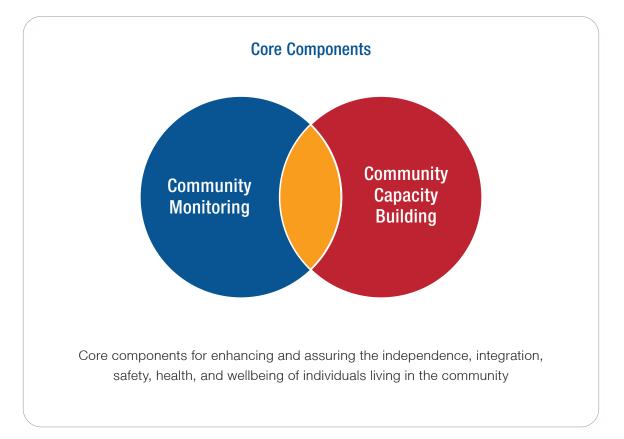
Access the full annual report and other evaluation materials here.

Executive Summary: Evaluation Year Three

Introduction

Grant Background

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) has increased dramatically. While this has 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 grants across two cohorts in 2017 and 2018. The goal of the grants is to build and implement model approaches focusing on two core components and incorporating eight key features to promote independence, integration, and inclusion in community life. Additional information about the Living Well grants is available in Volume I of the annual report.



Core Components and Key Features

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 & 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, selfdetermination, and self-advocacy;



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;



Program and outcome evaluation:

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



Building capacity of direct support professionals (DSP) 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;



Addressing healthy and safety with data tools:

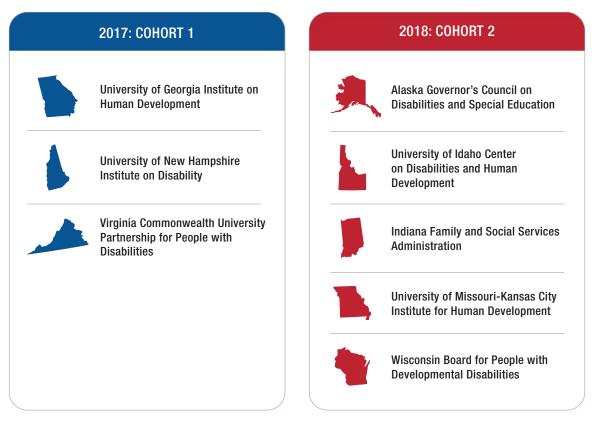
Data tools and evidence based practices for monitoring high-risk individuals and addressing reoccurring issues of health and safety concerns;



Sustainability

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

Grantees



Findings and Analysis

ACL contracted with the Lewin Group (Lewin), as a subcontractor to New Editions Consulting, to conduct a cross-site evaluation of Living Well grants. Lewin collected data through interviews, virtual stakeholder meetings, and materials review (i.e., semi-annual reports). Findings and analyses from the third year of data collection are presented here.

Findings

Living Well grantees are tasked with "developing and testing one or more model approaches of a coordinated and comprehensive system that includes two interrelated core components for enhancing and assuring the independence, integration, safety, health, and well-being of individuals living in the community."¹ The two core components are: (1) Community Monitoring and (2) Community Capacity Building. Each grantee is using a detailed work plan to guide progress toward specific goals and objectives. As grantees achieve milestones indicated in their work plans, their Living Well models are taking shape in varied ways in response to the context in which they are being designed and implemented.

A series of profiles summarizing grantee-specific background and experience, relevant state contextual factors, model overview, and key grant-funded activities comprise Volume II of the annual report.

¹ 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-approachesenhancing-qualityeffectiveness-and-monitoring-home-and-1

Cross-Site Analysis

Lewin analyzed data to determine how grantees are implementing their models, whether they are meeting the goals of the grant, and whether their models impact the quality of life for individuals with I/DD. The analysis examines model design, activities, outputs and outcomes, and sustainability using the core components and key features as framework. The cross-site analysis is presented in Volume III of the annual report and summarized here.

Model Design

Grantees designed their models to address specific needs within the context of their state, and their interpretation of the term model approaches, as used in the Living Well Funding Opportunity Announcement (FOA), varied. Lewin analyzed data on grantees' model approaches using four domains (process, structure, roles, context) to understand how grantees are implementing their models. Within each domain, Lewin identified emergent themes.

- **Process:** Implementation of the Living Well grants is an iterative process that began prior to the grant award and is ongoing. Grantees worked collaboratively with stakeholders, utilizing existing stakeholder groups, to plan and execute their grants from the pre-award stage. Grantees also incorporated ongoing quality assurance processes into their model design and worked to anticipate and adapt to barriers to implementation.
- **Structure:** Structure refers to the components and techniques used to implement the grant. This domain includes elements such as the evidence based interventions employed by grantees, communication, measurement, and evaluation. Grantees are continually adapting their project structure to meet changing needs and are strategically engaging stakeholders to effect progress toward their grant goals.
- **Roles:** This domain examines the individuals and groups responsible for implementing the grant activities and how their roles are organized. Grantees are utilizing a collaborative approach to leadership to facilitate active participation from all stakeholders. Additionally, while grantees are formalizing stakeholder roles though Memorandums of Understanding (MOUs) and setting clear expectations, grantees are also allowing roles to evolve as state contextual factors change.
- **Context:** Each Living Well grant is designed and implemented in a unique environment. The context domain considers internal factors, such as staffing and organizational capacity, and external factors, such as state policy and demographics. Grantees are planning for anticipated and unknown factors and are working to leverage the unique internal capabilities of their teams and stakeholders.

Community Monitoring

Community Monitoring refers to the development and implementation of a coordinated system to monitor the health and safety of individuals with I/DD living in community settings. To develop and support comprehensive community monitoring systems in their states, grantees are developing and implementing a wide range of activities by utilizing the eight Key Features of the grant. The Key Features most closely associated with this core component are:



Reducing Abuse and Neglect through Community Monitoring: Grantees are incorporating this key feature by assessing current community monitoring systems in their states, advocating for improvements to reporting systems, and working to enhance the quality of critical incident data reporting through training for provider staff.



Addressing Health and Safety with Data Tools: Grantees are using data tools to integrate and analyze data from multiple sources. While several grantees are utilizing existing data tools, others are developing new data tools to better address the health and safety of individuals with I/DD in their communities.



Partnerships: While grantees are required to partner with at least one developmental disability (DD) network agency, at least one state agency, and at least one additional partner, all grantees have robust stakeholder networks. Grantees are convening cross-agency partners as well as collaborating with peers and external experts to improve the community monitoring systems in their states.

Community Capacity Building

Community Capacity Building refers to efforts to support, develop, and build knowledge among individuals with I/DD and the people and systems that support them in the community. Grantees are developing and implementing many different activities to build capacity in their communities by using the eight Key Features of the grant. The Key Features most closely associated with this core component are:



Meaningful and Active Engagement with Self-Advocates and Families: Grantees are working to build knowledge and advocacy skills among individuals with I/DD and their families. Grantees are also engaging self-advocates and families as leaders, trainers, and advocates as well as incorporating their feedback in all aspects of their grant work.



Building Capacity of DSPs and HCBS Providers: Grantees' efforts to build provider capacity focused on developing and implementing trainings (e.g. Person Centered Thinking © (PCT) trainings in Georgia and Dream Big training in New Hampshire) as well as working to expand career pathways and growth opportunities for DSPs.

Partnerships: Partnerships were also central to grantees' efforts to build community capacity. Grantees using partnerships to align their grant work with existing stakeholder goals and strategies and foster stakeholder engagement.

Outputs and Outcomes

Grantees utilized process and summative evaluation techniques to assess their progress towards outputs and outcomes as well as sustainability across their grant activities. Grantees used different evaluation strategies to measure their progress and developed several approaches to ensure that their efforts are sustainable.

EVALUATIONS

- Process Evaluation: Grantees gather data regarding their processes to determine whether grant activities are being implemented and resulting in outputs aligned with their workplans. In order to measure and assess these processes and outputs, grantees are debriefing stakeholder meetings, conducting focus groups, and evaluating their outputs such as toolkits, questionnaires, and trainings to assess their impacts including reach of materials and number of participants at a training. Data from these evaluation activities are used to monitor progress as well as support improvements in ongoing grant initiatives.
- **Outcome Evaluation:** Outcomes are tied closely to the effectiveness of an output. Grantees are implementing tools to measure short-term outcomes as well as gather baseline data to be able to demonstrate progress toward long-term outcomes.

SUSTAINABILITY STRATEGIES

- **Develop durable products:** Durable products include published resources and recorded trainings. They are typically available online and will not require future funding to be accessible by their intended audiences.
- **Secure funding:** Efforts to secure future funding for Living Well grant activities ensures that the goals of the Living Well grant are incorporated into future work and that progress being made towards those goals will continue beyond the grant term.
- Align partner goals: Grantees are working with their stakeholders to align current and future initiatives with Living Well grant goals. Some grantees are also working towards a shared understanding of ownership of future responsibilities and continuation of specific grant activities beyond the grant term.

Scalability and Replicability

Through this grant, ACL seeks models that that can be scaled or replicated within and across states. Grantees are addressing scalability and replicability through all aspects of their models and all grantees reported that at least part of their model could be scaled or replicated in some form. Strategies varied and while some aligned closely with sustainability strategies, grantees also noted several challenges such as the need to ensure fidelity and accessibility. Grantees are using nationally available tools and frameworks and developing shared understanding across stakeholders to overcome these challenges.

Methodology

Evaluation Overview and Purpose

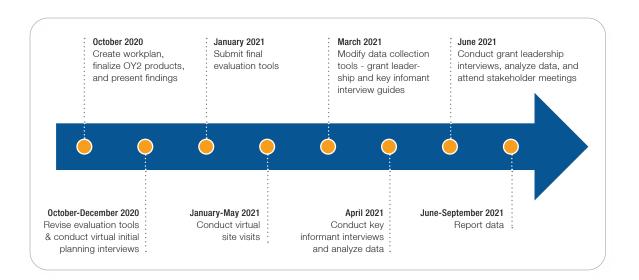
Each grantee designed one or more models integrating community monitoring and capacity building with the goal of enhancing health, safety, integration, and independence of individuals with I/DD living in the community. These models work toward:

- Enhancing the health and safety of individuals with I/DD;
- Strengthening the direct support professional workforce;
- Strengthening the role of self-advocacy in improving and assuring the quality of home and community-based services; and
- Increasing the coordination and capacity of states to effectively implement comprehensive high quality HCBS.

A set of questions focusing on quality and effectiveness, scalability and replicability, and sustainability guide the cross-site evaluation. These questions and a more detailed discussion of the evaluation methodology are included in Volume IV of the annual report.

Data Collection and Analysis Timeline

November – December 2020: Conduct initial planning interviews
January - May 2021: Attend virtual stakeholder meetings
May – June 2021: Analyze Spring 2021 Semi-Annual Reports
May 2021: Conduct Key Informant Interviews
June 2021: Conduct Grant Leadership Interviews
July – August 2021: Analyze data and develop final report
September 2021: Poll grantees on topics for additional products. Complete report and products



Conclusion

Lewin examined grantees' model design, activities, outputs, and outcomes to understand how they are implementing their grant models, the extent to which they are meeting grant goals, and how their models impact the quality of life for individuals with I/DD. While grants are still in progress, clear cross-site themes are emerging and suggest the several key takeaways.

- Grantees are leveraging existing models and finding that ongoing stakeholder relationships are critical to project success.
- Meaningful engagement of self-advocates and family members guides project activities and builds the capacity of individuals and families as advocates and leaders.
- Building a stable and competent DSP workforce is critical to the health, safety, and inclusion of individuals with I/DD.
- Data tools help to integrate existing data sources and interpret data in order to guide action and evaluation progress.
- Results from internal process evaluations are useful for grantees to refine their strategies and determine how models might be scaled or replicated in the future. Grant outcomes realized within the grant period are primarily short-term and more heavily focused on the core component of Community Capacity Building.

While contextual factors, most significantly the COVID-19 pandemic, have changed the environment in which the Living Well grants are being implemented, the importance of addressing Community Monitoring and Community Capacity building remains vital to the health, safety, and well-being of individuals with I/DD. As grantees approach the final one to two years on their Living Well projects, they are increasingly focused on sustaining, scaling, and replicating the valuable work completed to date.