

Supporting Families Community of Practice Evaluation

Connecticut State Data Brief

Evaluation Overview

In 2012, the Administration for Community Living (ACL), through the Administration on Disabilities (AoD)¹, awarded the five-year National Supporting Families Community of Practice (CoP) grant to the National Association of State Directors of Developmental Disabilities Services (NASDDDS), which partnered with the University of Missouri-Kansas City Institute on Human Development (UMKC-IHD). In the first year of the grant, 15 states applied and five were selected to participate, including Connecticut, the District of Columbia, Oklahoma, Tennessee, and Washington, with Missouri serving as the mentor state. Given growing interest in the work of the CoP, NASDDDS and UMKC-IHD decided to expand and sustain the CoP outside of the initial grant. A second cohort, known as the expansion states, joined in 2016, including Alabama, Delaware, Hawaii, Indiana, Kansas, Maryland, Ohio, Oregon, Pennsylvania, and South Dakota. With interest continuing to grow around the nation, the CoP welcomed five new states—Massachusetts, Michigan, Minnesota, Virginia, and New Jersey—in 2019 and created opportunities for participating states to adjust their level of participation.

Three project outcomes guide the work of the National Supporting Families CoP:

- State and national consensus on a national framework and agenda for improving supports for families with children with I/DD
- Enhanced state policies, practices, and sustainable systems that result in improved supports to families
- Enhanced capacity of states to replicate and sustain exemplary practices to support families and systems

To examine progress toward federal project outcomes and identify which activities are leading to success, ACL funded the National Supporting Families CoP evaluation. The evaluation team gathered data that align with the three project outcomes to determine how the CoP is producing outcomes of interest to ACL, which reflect the five AoD priority areas (Exhibit 1). Findings will provide ACL with outcomes data and recommendations to improve supports to families of individuals with I/DD. They will also provide information on how the CoP and CtLC framework improve support and systems delivery of services to families and individuals with I/DD.

Exhibit 1. AoD Priority Areas

The Five AoD Priority Areas
▪ Ensure the continued protection of rights of individuals with I/DD and prevent their abuse, neglect, and exploitation
▪ Improve and maintain effective and responsive management of responsibilities under Developmental Disabilities Assistance and Bill of Rights Act of 2000 (the DD Act)
▪ Promote Employment First as a key strategy for individuals with I/DD to be contributing and productive members of society participating in the competitive integrated workforce
▪ Empower individuals with I/DD and their families to access home and community based (HCBS) and supports that are self-directed and ensure opportunity for community participation
▪ Support advocacy efforts of individuals with I/DD in order to ensure their participation in system and service delivery design

¹ The Administration on Intellectual and Developmental Disabilities (AIDD) initiated the evaluation in 2017. The Administration on Disabilities (AoD) now oversees the evaluation.

The evaluation includes all 16 states that participated in the National Supporting Families CoP for at least two years between 2012 and 2018. For evaluation purposes, evaluators stratified states into three groups based on their stage of development, as described in Exhibit 2.

Exhibit 2. Evaluation Participants

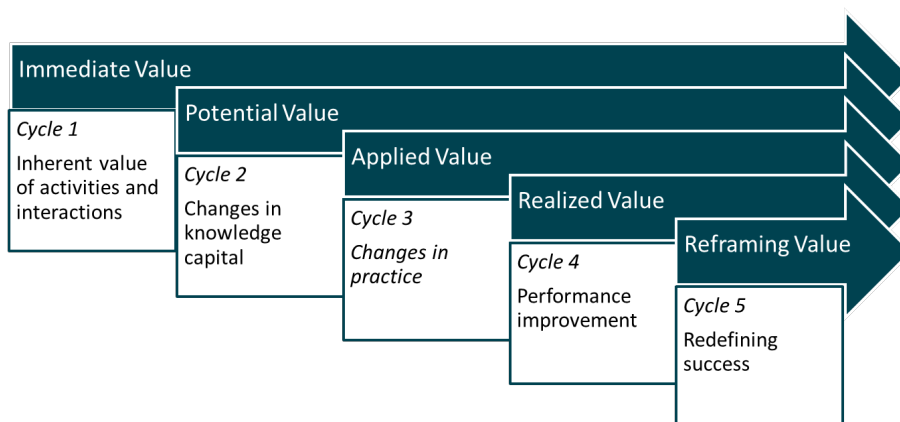
Group One	Group Two	Group Three
<p>The six original CoP states:</p> <ul style="list-style-type: none"> ▪ Connecticut ▪ District of Columbia ▪ Missouri (mentor state) <ul style="list-style-type: none"> ▪ Oklahoma ▪ Tennessee ▪ Washington 	<p>States with previous exposure to the CoP and CtLC framework before joining the expansion state cohort:</p> <ul style="list-style-type: none"> ▪ Maryland ▪ Ohio ▪ Pennsylvania ▪ South Dakota 	<p>States with little or no exposure to the CoP and CtLC framework before joining the expansion state cohort:</p> <ul style="list-style-type: none"> ▪ Alabama ▪ Delaware ▪ Hawaii ▪ Indiana ▪ Kansas ▪ Oregon

Evaluators collected data from states using four tools:

- *Reporting tools* (one for each state grouping) gathered descriptive data about CoP structure, activities, and impact.
- *Telephone interviews* (informed by the reporting tools) collected contextual data about CoP activities and accomplishments specific to each state.
- *Site visits* (to select states) with CoP leadership and other stakeholders provided data on the relationship between CoP activities, outputs, and outcomes.
- *Materials review* (on an ad-hoc basis) collected needed data on areas of interest.

Evaluators analyzed the collected data using a conceptual framework developed by Wenger, Trayner, and de Laat² (Exhibit 3), which assesses value creation in communities. Adapted for evaluation purposes, the framework considers five different cycles of value creation to capture the richness of value created by communities of practice. The following page describes the value generated from CoP activities and the CtLC framework within the Connecticut CoP.

Exhibit 3. Value Cycle Framework

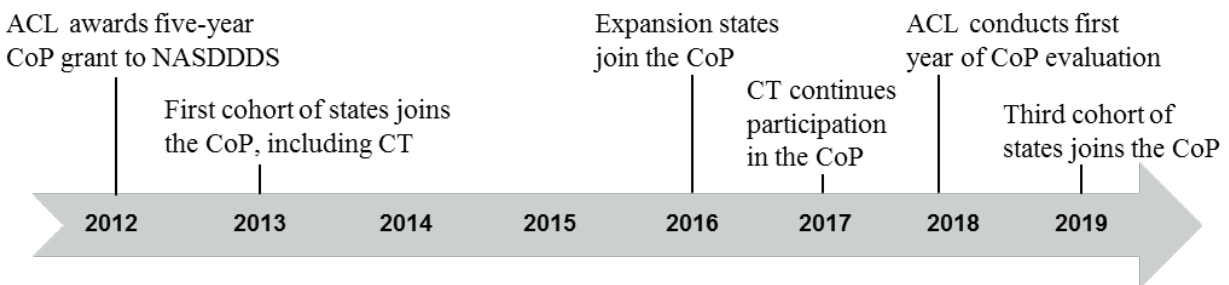


² Wenger, E., Trayner, B., and de Laat, M. (2011). Promoting and Assessing Value Creation in Communities and Networks: A Conceptual Framework. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands.

A Look into Connecticut's Community of Practice

Connecticut (CT) is one of the six original states to join the National Supporting Families CoP in 2013. The CT CoP is a collaboration between the Department of Developmental Services (DDS) and the CT Council on Developmental Disabilities (CDD). The timeline below (Exhibit 4) provides detailed information about CT's participation in the CoP over time.

Exhibit 4. Timeline of Connecticut's CoP Participation



Using data from the most recent Residential Information Systems Project Report developed by the University of Minnesota, the number of people with I/DD known to or served by DDS in 2016 was 16,724. Long-Term Services and Supports (LTSS) recipients include people with I/DD who receive Medicaid or State-funded supports and services. In 2016, 18% of 8,047 LTSS recipients in CT lived at home with a family member. The report also shows annual Medicaid Waiver expenditures for recipients with I/DD, which amounted to \$91,495 per recipient in 2016.³

Understanding the current state of I/DD services and supports in CT is important in better understanding how CoP activities and the CtLC framework impact families and individuals with I/DD. The evaluation team gathered valuable data from CT through administration of the reporting tool, telephone interview, and materials review. After careful analysis of the data using the value cycle framework, the evaluation team noted the following key achievements by CT's CoP during evaluation year one:

- In the spring and summer of 2018, DDS employees in Educational Support & Staff Development Services received training on the CtLC framework. They worked with the CT State Department of Education (SDE) to begin integrating the CtLC framework in schools. As of January 2019, they contracted with the Capitol Region Education Council (CREC) to provide CtLC trainings over the spring, summer, and into the next school year. This formal contract from the SDE shows their commitment to embedding CtLC into local school districts.
- DDS has created new staffing positions—a Director of Employment and Day Services and statewide Assistive Technology (AT) specialists—to meet the needs of the CoP.
 - DDS had always wanted to hire a Director of Employment and Day Services and was able to do so after realizing the successes of the CtLC framework.

³ Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Bourne, M.L. (in press, 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.

- The new AT specialists will support a broader group of families and individuals seeking AT information and services.

CT’s continued participation in the National Supporting Families CoP shows their commitment to the CtLC framework and advancing supports for families of individuals with I/DD. The following tables includes a more comprehensive list of CT’s achievements from evaluation year one.

Exhibit 5. Connecticut’s Achievements in Evaluation Year One, 2018-2019

Value Cycle	CoP Activities and Achievements
Cycle 1: Immediate Value <i>Value of Activities and Interactions Themselves</i>	<ul style="list-style-type: none"> ▪ DDS and CDD work to tear down silos within the I/DD service community. Their partnership provides flexibility and support that the State did not have before. ▪ Families and self-advocates guide the agenda during CoP meetings and help define the meaning of family engagement in CT. Additionally, 10 self-advocates are employed as DDS staff. ▪ At self-advocacy meetings, individuals engage in peer-to-peer support and share CtLC tools with each other.
Cycle 2: Potential Value <i>Changes in Knowledge Capital</i>	<ul style="list-style-type: none"> ▪ The CtLC framework and tools are diffused into various sectors, such as employment, housing, behavioral health, health and safety, and the Division of Aging. ▪ CT deploys diverse strategies to build knowledge. DDS and CDD provide the Ambassador Series and other training opportunities to families, self-advocates, and professionals (e.g., case managers, Department of Education, and Department of Rehabilitation Services). DDS also creates and disseminates a newsletter to families with CoP and CtLC information and resources.
Cycle 3: Applied Value <i>Changes in Practice</i>	<ul style="list-style-type: none"> ▪ DDS developed Shared Living as a new waiver service. ▪ The DDS Individual Plan (IP) form embeds CtLC tools, such as the integrated supports star, trajectory, and one page profile. Using feedback from families, DDS is now revamping the Individualized Education Plan (IEP) to be more user friendly. ▪ The CT Culture of Quality project embedded CtLC principles into its program that focuses on preventing abuse, neglect, and exploitation of individuals with I/DD. ▪ Self-Determination Service Directors embedded CtLC principles and tools into program materials and trainings. ▪ Case managers working for the DDS Helpline assist families that are not receiving waiver services to understand and apply CtLC principles in their daily lives.
Cycle 4: Realized Value <i>Performance Improvement</i>	<ul style="list-style-type: none"> ▪ The CtLC framework influenced the development of a common language across various agencies. ▪ Use of the integrated supports star promotes development of a broad foundation of supports and a decreased reliance on formal services.
Cycle 5: Reframed Value <i>Redefining Success</i>	<ul style="list-style-type: none"> ▪ After DDS received pushback from staff using CtLC tools with families and individuals who are “non-verbal,” they created a committee to understand how people are communicating in other ways and how to better support them.