



Living Well Cross-Site Evaluation

Access the full annual report and other evaluation materials [here](#).

Volume I: Introduction

Grant Context and Purpose

Between 1998 and 2017, the number of people with intellectual and developmental disabilities (I/DD) living in facility settings decreased 43 percent, while the number of people in small group settings of four to six people increased 78 percent. During the same period, the number of people with I/DD living in their own home increased 144 percent, and the number of people living in a host or foster home increased by 148 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

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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.

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.

Beginning in early 2020, the COVID-19 pandemic exacerbated challenges associated with community living for individuals with I/DD, such as 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. As a result of the pandemic, grantees faced unprecedented decision making related to their priorities, methods of engagement (e.g., in-person, virtual), and long-term sustainability plans for their grants. The increase in information about and access to COVID-19 vaccinations beginning in late 2020 further shifted the context in which grantees implemented their model approaches.

Two Core Components

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



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>

Eight Key Features

Grantees incorporate eight Key Features into their Living Well models.



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, self-determination, and self-advocacy;



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;



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;



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;



Program and outcome evaluation:

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











Sustainability

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

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.

2017: COHORT 1	2018: 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.

About this Report

Four volumes comprise this report: (I) Introduction, (II) Grantee Profiles, (III) Cross-Site Analysis and Conclusion, and (IV) Methodology. Volume II reports grantee-specific data, including grantee background, state context data, and evaluation findings and analysis. Volume III provides cross-site analysis and discussion, comparing and contrasting grantee models by core components and Key Features.

The evaluation reports from prior grant years, 2018-2020, are publicly available on the Administration for Community Living's website: <https://acl.gov/programs/program-evaluations-and-reports>.