

# Living Well 2020 Cross-Site Evaluation

## Executive Summary Evaluation Year Two



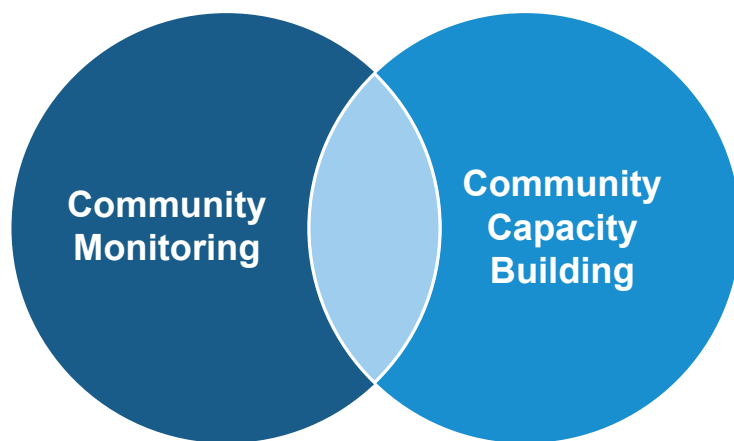
Access the full annual report and other evaluation materials [here](#).

## I. Introduction

### A. 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 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.

### B. Core Components and Key Features



**Core components** for enhancing and assuring the independence, integration, safety, health, and well-being of individuals living in the community



#### **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 and 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 DSPs 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



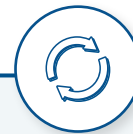
### Addressing health and safety with data tools

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



### Sustainability

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

## C. Grantees and Introduction to State Summary Profiles

2017 <b>1</b> Cohort 1	
	University of Georgia Institute on Human Development
	University of New Hampshire Institute on Disability
	Virginia Commonwealth University Partnership for People with Disabilities

2018 <b>2</b> Cohort 2	
	Alaska Governor's Council on Disabilities and Special Education
	University of Idaho Center on Disabilities and Human Development
	Indiana Family and Social Services Administration
	University of Missouri-Kansas City Institute for Human Development
	Wisconsin Board for People with Developmental Disabilities

## II. 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. Evaluators collected data through interviews, virtual stakeholder meetings, an online reporting tool, and materials review (i.e., semi-annual reports). Findings and analyses from the second year of data collection are presented here.

### A. 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.”<sup>1</sup> 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. Additionally, the models are evolving as grantees evaluate their activities and respond to new challenges.

Several model approaches are emerging, which are not mutually exclusive. One approach is to align with established statewide systems change initiatives. Grantees using this approach (e.g., teams in Alaska and Idaho) benefit from existing stakeholder groups and a clearly articulated vision or set of goals to which the Living Well grant is aligned. Other grantees (e.g., those in Indiana, Virginia, and New Hampshire) are leveraging their Living Well grants to convene partners and integrate discrete initiatives to holistically address the core components. Finally, several grant teams (e.g., teams in Missouri, Georgia, and Wisconsin) are using a pilot model approach to develop, implement, test, and revise initiatives on a local level before planning to scale and finalize their outputs.

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

### B. Cross Site Analysis

Evaluators analyzed data by core component and identified emergent themes. The cross-site analysis is presented in Volume III of the annual report and summarized here.

#### 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. In order to develop and support comprehensive community monitoring systems in their states, grantees are engaged in the following activities:

- **Collaborating with Strategic State Partners:** Grantees are developing and utilizing partnerships across state systems to improve reporting and data collection and drive systems change. These partnerships inform best practices and help to ensure Living Well grant objectives are advanced across the state.
- **Collecting and Analyzing Data:** Grantees are leveraging data tools such as Therap and the Personal Outcome Measure Survey to collect, monitor, analyze, and present data about the health and well-being of individuals with I/DD in their communities. Other grantees are working to integrate data from sources such as the National Core Indicator survey and the Centers for Disease Control and Prevention and make the data more accessible to stakeholders across the system.
- **Recognizing the Importance of Policy:** To improve statewide community monitoring requirements, grantees engaged in policy advocacy and research. State policy change is essential to address many components of effective systems of community monitoring and is a critical driver of sustainability.

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<sup>1</sup> 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>

## 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. In order to build capacity in their communities, grantees are engaged in the following activities:

- **Building Capacity of Individuals with I/DD:** All grantees are engaged in developing and/or implementing trainings to build capacity of individuals with I/DD. Training topics range from basic self-advocacy and rights of individuals with I/DD to leadership and peer-advocacy. Additionally, many grantees are engaging self-advocates as leaders on their grant teams, providing opportunities for individuals with I/DD to grow in leadership and trainer roles.
- **Building Capacity of HCBS Providers:** Grantees are working to build capacity of HCBS providers with a particular emphasis on direct support professionals (DSPs). Living Well grantees are developing DSP careers through additional training opportunities and support to reduce DSP turnover. Additionally, grantees are both utilizing or adapting existing training curricula and also developing new training curricula to meet their unique needs.
- **Developing and Sustaining Strategic Partnerships:** Many grantees are developing partnerships ranging from local service providers to state agencies to national organizations. These partnerships build capacity by identifying and supporting the implementation of best practices in HCBS.

### III. Methodology

#### A. 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:

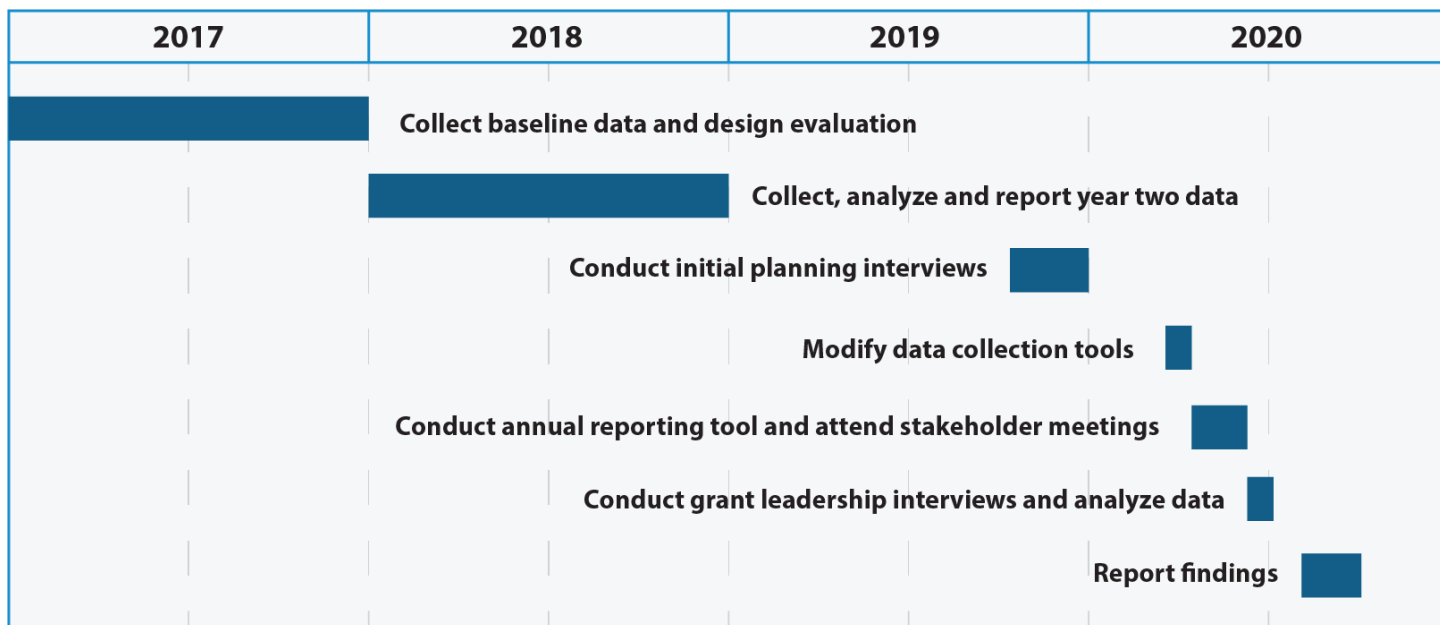
- Enhancing the health and safety of individuals with I/DD;
- Strengthening the direct support professional workforce;
- Strengthening the role of self-advocacy in improving and assuring the quality of home and community based services; and
- Increasing the coordination and capacity of states to effectively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

#### Purposes of the Cross-Site Evaluation

- 1 **Analyze** how the Living Well grants are being implemented across grantee sites;
- 2 **Determine** whether Living Well grantees are meeting the goals of the project; and
- 3 **Evaluate** whether the models implemented across the sites impact the quality of life of individuals with (I/DD).

## B. Data Collection and Analysis with Timeline



## IV. Conclusion

Grantees are completing their second or third years of the five-year Living Well grants and progressing toward the intended grant outcomes. Each grantee is impacted by state contextual factors; the factors that exist outside of the Living Well grant but affect the activities, outcomes, and progress of the Living Well teams. Some are beginning to finalize and publish resources and final toolkits that will be supportive of community monitoring and capacity building activities even after the end of the grants. Others are still developing, testing, and refining their resources. These resources are the first step toward sustainability as well as scalability. Grantees are addressing both core components of the grant: Community Monitoring and Community Capacity Building. Although many of the activities that grantees are developing and implementing to address these components are distinct, the activities are pieces of the overall models that grantees are continuing to develop to sustainably improve the HCBS system for individuals with I/DD.