Living Well Cross-Site Evaluation
Volume III: Analysis

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Volume III: Analysis

Introduction

The Administration for Community Living (ACL) requires each Living Well grantee to implement one or more model approaches for enhancing and assuring the independence, integration, safety, health, and well-being of individuals with intellectual and developmental disabilities (I/DD) living in the community. Model approaches include the interrelated core components of Community Monitoring and Community Capacity Building and address eight Key Features.[1] The Lewin cross-site evaluation team (Lewin) collected data from the grantees through a series of virtual interviews, site visits, and a review of written reports submitted by the grant teams to ACL. Lewin then analyzed these 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.[2] A detailed discussion of the evaluation methodology is found in Volume IV of this report.

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 (Exhibit 1). Lewin analyzed data on grantees' model approaches using four domains (process, structure, roles, context)[3] to understand how grantees are implementing their models. Within each domain, Lewin identified emergent themes.

Exhibit 1. Grantee Interpretation of Model Design

Grantees' understanding of the term model approaches when they designed their projects varied and encompassed one or more of the following interpretations:

- An intervention that is scalable and replicable at the national level with high fidelity requiring minimal adjustments
- A framework that resembles other Projects of National Significance (PNS) grants
- A logic model or blueprint with defined steps for how to create systems change
- A set of best or promising practices
- A set of intervention strategies to build capacity and improve community monitoring
- A policy framework that can be replicated in other localities or disability communities
- An approach that can be replicated both as a whole and in part (e.g., specific interventions)

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[1] Each Living Well grant must address eight Key Features, as defined in the Funding Opportunity Announcement (FOA): 1) Partnerships, 2) Meaningful and active engagement with self-advocates and families, 3) Evidence based practices for service improvements, 4) Building capacity of direct support professionals and home and community-based services providers, 5) Reducing abuse and neglect through community monitoring, 6) Addressing health and safety through data tools, 7) Program and outcome evaluation, and 8) Sustainability.

[2] This volume focuses on cross-site themes emerging from the eight Living Well grantees and features examples from their work. For more information about each grantee's project, please refer to Volume II. Grantees' projects are in various stages of implementation, but products and programs are hyperlinked, where possible.

[3] The domains are adapted from the Change Implementation Framework by Wendy Hirsch.

Process

Implementation of the Living Well grants is an iterative process that began prior to the grant award and is ongoing. Lewin identified the following themes from analyses of grantees' processes.

Establish buy-in from stakeholders through collaborative planning pre- and post-award. Nearly all grantees convened stakeholders prior to receiving their award to review FOA requirements, assess needs within the state, identify key staff or stakeholders to engage in the project, and evaluate state contextual factors. This process generated substantial buy-in early on from key stakeholders on priority issues and strategies.

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Capitalize on existing stakeholder groups or project structures. All grantees capitalized on existing partnerships with key stakeholder groups or project structures in some capacity. Grantees that could model their grant on an existing structure (e.g., adapting the project structure from a recent PNS grant such as Partnerships in Employment) and those with established stakeholder groups with a clear vision and purpose were able to launch their grant more efficiently.

Incorporate ongoing improvement and quality assurance processes into model design. Grantees use continuous stakeholder feedback as the primary source of quality improvement data. While grantees use both formal (e.g., surveys, structured conversations, data) and informal (e.g., open discussion during meetings) feedback, they rely more heavily on natural processes for quality improvement over defined, concrete strategies. Grantees also cited use of the Living Well grant technical assistance as a strategy for improvement.

Anticipate and adapt to barriers to implementation. While some challenges were known in advance (e.g., state budget limitations) and others could not be expected (e.g., COVID-19 pandemic), grantees recognized the need to anticipate barriers and remain agile to meet changing needs and circumstances.

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.

Adapt the project structure to meet evolving context and need. Grantees universally identified the need to modify their project structure as circumstances change. Most notably, grantees adapted to both emerging needs and public health measures (e.g., stay-at-home orders, physical distancing) as a result of the COVID-19 pandemic. Grantees transitioned activities to virtual formats and developed materials and programs to support the health and well-being of

people with I/DD during the pandemic. Grantees also cited other structural changes, such as changes in their communication strategies (e.g., increased use of social media, videos, virtual meeting platforms), new evaluation approaches (e.g., adapting evaluation approach to virtual activities), and increased focus on community monitoring as other structural changes.

Strategically engage stakeholders. Grantees engaged stakeholders frequently and through multiple methods, such as meetings, regular email updates, and online chat. Several grantees engaged professional facilitators who, as neutral parties, were instrumental in keeping meetings on track, collecting participant feedback, and disseminating resources. Grantees found that soliciting verbal commitments from stakeholders on specific action items led to greater follow through than open-ended discussions. The COVID-19 pandemic exacerbated home and community-based services (HCBS) provider staffing shortages and diverted the attention of state agency staff, which created challenges to stakeholder engagement.

Promising Practice: The Idaho Living Well team structured their grant to align closely with Community NOW! (CNOW!), a self-advocate-led workgroup designed to improve the developmental disability service system to best meet the needs of adults with I/DD using Medicaid HCBS. In 2017, CNOW! issued a series of 17 recommendations to the Idaho Department of Health and Welfare Division of Medicaid, towards which the group continues to work. Prior to applying for the grant, the Idaho Living Well team met with CNOW! to align grant objectives with these recommendations. This collaboration allows the Living Well grant to leverage existing stakeholder relationships and structures (e.g., workgroup charter, committee structure) to work towards common goals.

Roles

This domain examines the individuals and groups responsible for implementing the grant activities and how their roles are organized. Themes emerged in this domain related to both leadership and stakeholder roles.

Employ a collaborative approach to leadership. Many grantees described their leadership style as neither fully top-down nor bottom-up. Grantees want their projects to evolve organically and collaboratively in response to stakeholder feedback, while recognizing the need for clear guidance and a distinct point of contact. Additionally, many of the grantees position themselves as conveners or facilitators of expert stakeholders.

Formalize stakeholder roles. Grantees find value in having clearly defined, consistent roles for stakeholders. While grantees were required to establish memoranda of understanding (MOU) with certain partners, grantees noted the benefit of formalizing stakeholder relationships and setting clear expectations in this way.

Allow stakeholder roles to evolve. Grantees shift stakeholder roles as their projects evolve and engage new stakeholders to support specific grant activities. Some stakeholders transition off the project (e.g., due to retirement or a new job), and some stakeholders become more engaged (e.g., pilot sites becoming more connected with project leadership).

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. Refer to Exhibit 2 for a summary of contextual factors experienced by each grantee.

Exhibit 2. Contextual Factors by Grantee

Contextual Factors	AK	GA	ID	IN	MO	NH	VA	WI
Existing stakeholder relationships	•	•	•	•	•	•	•	•
Understanding of state priorities and needs	•	•	•	•	•	•	•	•
Budget concerns	•		•	•				•
Existing lawsuits and settlements			•				•	
Political climate		•	•					•
Large state geography	•		•		•			
Unanticipated change(s) in state leadership			•			•	•	
COVID-19 pandemic	•	•	•	•	•	•	•	•

While the pandemic posed many challenges, grantees also took advantage of opportunities created by increased virtual engagement, a heightened awareness of health and well-being, and flexibilities in the service system allowed as a result of relaxed regulations.

Plan for known contextual factors. All grantees accounted for known or expected factors in their grant design and implementation. In particular, all grantees considered relationships with their current stakeholders (e.g., capacity to engage, shared goals) and current state needs and priorities. Grantees also planned for state budget shortages, legislative priorities, legal action (e.g., lawsuit, settlement agreement), and geography.

Anticipate and capitalize on unknown factors. Grantees also recognized the importance of planning for and responding to factors that may emerge during the course of the grant. Most significantly, the COVID-19 pandemic changed the environment in which grants are implemented (Exhibit 3). While the pandemic posed many challenges, grantees also took advantage of opportunities created by increased virtual engagement, a heightened awareness of health and well-being, and flexibilities in the service system allowed as a result of relaxed regulations.

Leverage unique internal capabilities. Grantees designed model approaches that leverage their strengths and qualifications. Many grantees had strong relationships with state agencies prior to the grant award, which facilitates their efforts. Others noted their role as neutral parties within their state systems as critical to convening stakeholders and moving forward. Grantees' current and prior experience with other PNS grants and national initiatives are also significant facilitators of success with their Living Well grants.

Exhibit 3. Impact of the COVID-19 Pandemic on Living Well Grants

From its widespread recognition in the United States in the spring of 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, elevating concerns about health and safety, abuse and neglect, and social isolation. The pandemic also highlighted the importance of community living and the value of the direct support workforce, raising awareness and creating opportunities for positive change. All Living Well grantees adapted to the physical distancing and safety measures put in place by COVID-19, and they continued to respond to the needs of their community in a variety of ways (e.g., creating health and safety resources, advocating for improvement in community monitoring systems, increasing access to vaccinations, transitioning meetings to a virtual format). The grantees reported that, by transitioning their meetings to a virtual format, they are able to engage individuals that live in rural or hard-to-reach areas, involve new stakeholders, and increase participation by alleviating transportation barriers. There were challenges experienced while transitioning meetings to a virtual setting, including adapting trainings and materials, connectivity issues, and reduced rapport and human connection. Moving forward, many grantees plan to use a hybrid approach, using in-person interaction and virtual formats as most appropriate to meet the needs of

their stakeholders and communities. Grantees plan to use their experience responding to the COVID-19 pandemic to continue their advocacy of improved community monitoring systems, enact policies, increase the health and safety of those within the community, build the capacity of the direct support workforce, and support community living.

Product Highlight: The COVID-19 pandemic raised concerns surrounding the health, safety, and social connectedness of individuals with I/DD. The Wisconsin Living Well team created the COVID-19 Toolkit to provide guidance on how individuals can stay healthy and safe during the COVID-19 pandemic as well as strategies for staying connected. The toolkit also includes a number of products targeted at increasing awareness of individuals' rights and how to report abuse since the COVID-19 pandemic changed how many people with I/DD live and work. All resources are written in plain language and developed by self-advocates. The toolkit was piloted by more than 150 individuals across the Wisconsin Living Well stakeholders including self-advocates, provider agencies, and managed care organizations. The pilot included an evaluation component, which was used to compile detailed recommendations to improve the toolkit and prepare it to be expanded into a broader toolkit addressing abuse and neglect.

Activities

Grantees engaged in activities related to the two core components of Community Monitoring and Community Capacity Building by addressing the eight Key Features (Exhibit 4) . Lewin analyzed grantees' activities to determine the Key Features most closely associated with each core component and identify emergent themes. Activities are grantees' interventions or actions that produce direct products (e.g., documents, number of people reached, number of services provided) in support of program outcomes and impact.[4]

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[4] Administration for Community Living (2020). ACL's Logic Model Guidance. Retrieved from https://acl.gov/sites/default/files/programs/2020-10/ACL%20Logic%20Model%20Guidance.pdf

Exhibit 4: 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.

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 2018, the U.S. Department of Health and Human Services Office of Inspector General (OIG) issued a report documenting findings from a review of federal and state requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities residing in group homes. OIG's review occurred in four states (Connecticut, Massachusetts, New York, and Maine) and revealed significant gaps in compliance for reporting and monitoring critical incidents. For example, state agencies did not ensure that critical incidents were appropriately reported, recorded, and addressed.[5] Responding to these gaps is challenging; states often have complex and fragmented systems for community monitoring that include multiple agencies responsible for receiving and responding to reports of suspected abuse. States may also face vulnerabilities or weaknesses in their systems related to clearly defining incidents, balancing risk with health and safety, designing community monitoring systems that reflect the cultural diversity of the state, and implementing effective incident management systems.[6]

Grantees engaged in cross-system collaboration, data collection and analysis, and developing policy recommendations to improve systems of community monitoring. The three Key Features most closely associated with this core component are:

⚠ Reducing abuse and neglect through community monitoring

🖥 Addressing health and safety with data tools

👥 Partnerships

⚠ *Reducing Abuse and Neglect through Community Monitoring*

This Key Feature focuses on the use of existing infrastructure and partnerships to collect, analyze, and share relevant data for a coordinated system of community monitoring. Lewin examined grantee activities associated with this Key Feature to surface themes, which are as follows:

Assess current systems of community monitoring. In collaboration with key stakeholders, grantees are assessing their complaint and critical incident reporting processes. Grantees are identifying gaps in their statewide community monitoring systems and developing recommendations for improvement. Grantees are also exploring circumstances leading to abuse and neglect, barriers to reporting and monitoring, strategies for balancing individual choice and safety, and the crosswalk between critical incident and Adult Protective Services (APS) data. Through

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5 U.S. Department of Health and Human Services Office of Inspector General, Administration for Community Living, and Office for Civil Rights. (2018). Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight. Retrieved from: https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf

6 Bourne, M.L, Sowers, M., & Vegas, L. (2017). Health and Welfare Review: Report and Self-Assessment. National Association of State Directors of Developmental Disability Services. Retrieved from https://www.nasddds.org/uploads/documents/NASDDDS_Health_and_Welfare_Review_Report_10-2017_FINAL.pdf

these processes, grantees generate policy recommendations, improve reporting practices, and enhance partnerships across fragmented systems.

Example 1: Wisconsin	Example 2: Idaho
The Wisconsin Living Well team reviewed the Wisconsin incident management system with stakeholders and prepared a cross-department recommendation report. The report includes comprehensive recommendations around funding, system improvement, and regulatory requirements for multiple state agencies including APS, Division of Quality Assurance, Office of Caregiver Quality, Department of Justice, and the Division of Long-Term Care.	The Idaho Living Well team established a Quality Assurance workgroup as part of their grant. This workgroup is identifying gaps in the state's community monitoring system. The Idaho Council on Developmental Disabilities (ICDD) funded a contract with the Criminal Justice Department at Boise State University to conduct a three-part series of studies on the circumstances of abuse, neglect, exploitation, and the barriers to reporting and monitoring.

Advocate for improved tracking and reporting systems. Addressing gaps in systems of community monitoring may include tracking employees with substantiated cases of abuse and neglect, incident reporting among at-risk adults, and incident management systems that facilitate timely action in response to incidents. As a result, grantees are advocating for registries and reporting systems to prevent and respond to incidents of abuse and neglect.

Example 1: Idaho	Example 2: Wisconsin
The Idaho Living Well team is working towards implementation of a statewide registry of abuse, neglect, and exploitation. This registry will monitor individuals who, after full investigation, are found more likely than not to have committed an incident of abuse or neglect but may not be formally charged and convicted of a crime.	The Wisconsin Living Well team is advocating to use federal recovery funding to invest in technology and infrastructure for a statewide incident management system to better facilitate communication between all abuse and neglect reporting systems in Wisconsin to allow state agencies, managed care organizations, independent consultant agencies, and service providers greater access to information.

Enhance the service of critical incident data through training. Effective systems of community monitoring rely on quality data. Grantees implemented trainings, primarily targeted to staff responsible for inputting and analyzing incident reporting data, which aim to standardize how critical incident data are used. Grantees used several strategies to implement effective training programs, such as soliciting input from stakeholders and standardizing training statewide.

Example 1: Idaho	Example 2: New Hampshire
The Idaho Living Well team's Quality Assurance workgroup met with one of Idaho's Guardianship and Conservatorship Monitoring Coordinators to learn about the state guardianship system and the current process for reporting critical incidents. From this experience, the workgroup identified gaps within the system as well as necessary training needs for guardians and individuals under guardianship.	The New Hampshire Living Well team is planning statewide training for those responsible for data input on critical incident reports through their Health Risk Screening (HRS) platform. The training is intended to increase accuracy and consistency of data reporting.

Addressing Health and Safety with Data Tools

Data tools monitor and address the health and safety of individuals with I/DD at increased risk (e.g., due to age or severity of disability) or issues of specific concern within a system (e.g., corrective action tracking system, emergency response process for unexpected deaths). Early in their grants, many grantees identified available data sources and explored how data could be analyzed, presented, and used. During this evaluation cycle, grantees reported using tools to collect primary data and to integrate and interpret data from multiple existing sources.

Integrate and analyze multiple sources of data. States collect a great deal of data related to the health and safety of individuals with I/DD; however, the data are often inaccessible, residing in systems that are incompatible, or collected without a clear plan for analysis or use. Grantees evaluated these sources of data during the initial years of the grant, and identified tools to help them integrate and interpret fragmented data. Grantees are using these tools to identify health and safety risks of individuals with I/DD and monitor quality in their states.

Example 1: New Hampshire

The New Hampshire Living Well team conducted a crosswalk of data used by their state for oversight and monitoring (e.g., OIG's key components of health and safety compliance oversight, sub-assurance monitoring requirements to assure quality and effectiveness for Medicaid HCBS waivers, file review audits, provider re-designation process). The team used this crosswalk to establish a critical incident management reporting system through the Health Risk Screening (HRS) platform and in alignment with sentinel events and mortality reporting. This platform will gather data to run monthly analysis reports and identify trends. The system will also be used to report performance measures, for example, by the state Bureau of Developmental Services (BDS) to the Center for Medicare & Medicaid Services (CMS) for HCBS waiver performance.

Example 2: Virginia

The Virginia Living Well team is examining predictors and buffers of risk in the state by merging new datasets on abuse and exploitation crises with existing datasets, including the National Core Indicators (NCI). NCI is a voluntary effort by public developmental disability (DD) agencies to track performance by examining key indicators through annual surveys. The team worked with state agency partners to embed risk questions on eight key indicators of an early death or hospitalization in the NCI surveys, and they are in the second year of collecting data.

Example 3: Missouri

The Missouri Living Well team continues to develop its data dashboard by integrating data from numerous sources (e.g., NCI, Centers for Disease Control and Prevention, and U.S. Census Bureau) to promote data-driven decision-making. The dashboard allows users to compare experiences and outcomes for people with disabilities to the population as a whole. The Missouri Living Well team continues to explore new data sources that may be integrated into the dashboard in the future.

Leverage existing data tools. A common challenge facing grantees is not a lack of data, but rather how the data are used for monitoring and action. Grantees reported capitalizing on existing tools to use data in new ways or expanding the data collected to address health and safety. For example, grantees are linking data tools, which allow them to take action, such as assigning training to DSPs based on specific incidents that occur, identifying and addressing common medication errors, and monitoring conditions associated with preventable injury and death. Grantees also established processes for stakeholder groups or project teams to review and interpret data to identify gaps or areas of concern.

Example 1: Alaska

The Alaska Living Well team analyzes data from its DD Shared Vision Alignment Survey to refine their interventions. The survey, now in its third year of data collection, is completed by family members, self-advocates, providers, and community members and captures data on whether self-advocates are living meaningful lives. The project team noted that this survey could be replicable in other states and has been beta-tested with self-advocates.

Example 2: Indiana

The Indiana Living Well team triangulates data between their Medicaid HCBS waivers and the Person-Centered Individualized Support Plans (PCISPs) to audit quality and better inform their Living Well and Partners in Transformation steering group activities.

Partnerships

Grantees are addressing systems of community monitoring that are complex, fragmented, and often function in silos. While grantees are required to partner with at least one DD network agency, at least one state agency, and at least one additional partner, all grantees have robust stakeholder networks. Grantees facilitate collaboration across state agencies and engage with peers and experts outside of their state to improve their systems of community monitoring.

Convene cross-agency partners. As grantees' understanding of their state community monitoring systems develop, the need for cross-agency collaboration becomes more apparent. The responsibilities for reporting, defining, investigating, tracking, and preventing abuse, neglect, and exploitation are spread across multiple agencies. For example, a state's I/DD agency may define critical incidents and set policy for reporting and responding, while that same state's APS agency defines abuse, neglect, and exploitation differently and uses different criteria for responding and substantiating reports. Additionally, providers in a state may report critical incidents using one or more data systems, while a state's APS system tracks reports in a separate system. To address this fragmentation, grantees formed workgroups and developed recommendations for systems improvements.

Example 1: Idaho

The Idaho Living Well Quality Assurance workgroup conducted a review of the state monitoring system for abuse and neglect reports, which included the court system and established subcommittees to develop training recommendations related to the monitoring of abuse and neglect. Representatives from ICDD, the Idaho Department of Health, Welfare Division of Medicaid, the Domestic Violence Council, the Idaho Coalition Against Sexual Assault and Domestic Violence, the Crime Victims Compensation Fund, Adult Protection, DisAbility Rights Idaho, and the Center on Disabilities and Human Development collaborate through the workgroup to develop quality assurance recommendations on abuse and neglect.

Example 2: New Hampshire

The New Hampshire Living Well team maintains strong partnerships with the state Bureau of Developmental Services and Bureau of Quality. These relationships proved essential in the development of the critical incident management platform to meet multiple agencies' needs.

Example 3: Wisconsin

The Wisconsin Living Well team reviewed the Wisconsin incident management system with stakeholders (including APS, the Wisconsin Division of Quality Assurance, Office of Caregiver Quality, the state Department of Justice, and Division of Long-Term Care) and shared a cross department recommendation report with the Wisconsin Department of Health Services in May.

Collaborate with external experts and peers. Grantees also sought help from partners outside of their state, including peer agencies, national organizations, and the Living Well grant technical assistance contractor. Living Well grantees receive one-on-one technical assistance and participate in quarterly meetings to share innovative practices and learn from grantees and other experts. Grantees value this diffusion of knowledge and resources as they hone their individual models.

Example 1: Alaska

The Alaska Living Well team continues to support the Alaska Mental Health Trust Authority's efforts around adapting the Crisis Now Arizona model for Alaska. The Alaska Mental Health Trust Authority pledged money to support its implementation. The Crisis Now model is a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match an individual's clinical needs. The Alaska team provided stakeholder input regarding this model and Alaskans with developmental disabilities.[7]

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[7] Crisis Now (2017). Exceptional Practices Lead to System's Success in AZ. Retrieved from http://bhltest2.com/wp-content/uploads/2018/05/CrisisNow-LeadToSystemSuccessInAZ.pdf

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. Nationally, most people with I/DD live in community settings. Among people with I/DD who use Medicaid-funded services, a majority (92%) receive HCBS.[8] While living in HCBS settings (e.g. individual or family homes, small group homes) is associated with positive outcomes related to choice, relationships, and employment, barriers to full inclusion remain; people with I/DD experience low rates of integrated employment and often do not fully exercise choice and control in their lives.[9] The workforce of direct support professionals (DSP) who play a key role in facilitating health, well-being, and community inclusion of individuals with I/DD experience high turnover (51.3% weighted average), due in part to low wages, few benefits, and limited training, which leads to poorer outcomes for individuals receiving support.[10,11] Grantee efforts focused on knowledge and capacity building among individuals with I/DD, their families, and HCBS providers through training, partnerships, and empowerment.

The three Key Features most closely associated with grantees' progress towards the core component of Community Capacity Building are:

- Meaningful and Active Engagement with Self-Advocates and Families

- Building Capacity of DSPs and HCBS Providers

- Partnerships

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[8] Larson, S.A., Eschenbacher, H.J., Taylor, B., Pettingell, S., Sowers, M., & Bourne, M.L. (2020). In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2017. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from https://ici-s.umn.edu/files/aCHyYaFjMi/risp_2017.pdf.

[9] National Core Indicators (2019). In-Person Survey: 2017-2018 Final Report. Retrieved from https://www.nationalcoreindicators.org/upload/core-indicators/17-18_IPS_National_Report_PART_I_update_CA_entitlement.pdf.

[10] National Core Indicators. (2019). National Core Indicators 2018 Staff Stability Survey Report. Retrieved from: https://www.nationalcoreindicators.org/resources/staffstability-survey/

[11] Friedman, C. (2018). Direct Support Professionals and Quality of Life of People with Intellectual and Developmental Disabilities. Intellectual and developmental disabilities, 56(4), 234-250. Retrieved from: https://doi.org/10.1352/1934-9556-56.5.23.

Meaningful and Active Engagement with Self-Advocates and Families

Build knowledge and advocacy skills among self-advocates and families. One strategy for reducing incidents of abuse and neglect is increasing awareness of risk factors, indicators, and methods for reporting among people with I/DD. Grantees implemented trainings designed to build knowledge and capacity among people with I/DD on topics such as identifying safe and healthy relationships and guiding one's own choices.

Example 1: Alaska

The Alaska Living Well team, along with the Alaska DD Collaborative Advisory Group (a statewide stakeholder group, which includes individuals with DD, family members, DD service providers, Division of Vocational Rehabilitation, Tribal Vocational Rehabilitation, state DD agency staff, and other community members dedicated to advancing the shared DD vision in Alaska), organized a March 2021 campaign called Living the Vision as part of DD Awareness month. The Alaska Living Well team also partnered with the Key Coalition, one of the grant's statewide advocacy organization partners, to host its Key Campaign. The Key Campaign continued outreach and training of self-advocates, culminating in virtual legislative visits with Alaska's representatives and senators over two weeks in February 2021, where 140 individuals (including self-advocates, families, providers, and advocates) spoke on living with I/DD and receiving HCBS.

Example 2: Idaho

The Idaho Living Well team worked with CNOW! to review, modify, and approve recommendations moved forward from each of the Idaho Living Well workgroups associated with their grant objectives. This partnership expanded to include the Culturally Responsive Advisory Group (CRAG), which focuses on policy recommendations that are culturally and linguistically relevant to the Latino population. CRAG provides feedback on CNOW! meeting materials, the Quality Assurance workgroup scope of work, proposed research studies, DSP competencies, and other topics.

Example 3: Virginia

The Virginia Living Well team organized three virtual advocacy events with 666 total attendees. They planned and hosted two of the events in partnership with a group called A Life Like Yours Self-Advocacy Alliance. The Alliance, created by the Arc of Virginia, is comprised of people with disabilities and advocates across twenty self-advocacy groups across the state. The team also developed durable materials, such as the 2021 Advocacy Toolkit, One Page Guide to Advocacy, and Budget Hearing Guide Video for self-advocates.

Engage self-advocates and families as leaders, trainers, and advocates. In addition to educating individuals with I/DD about abuse and neglect, grantees are building capacity by supporting and engaging self-advocates as leaders. Grantees are empowering self-advocates through leadership roles in their projects, as co-trainers delivering trainings to providers, and as peer-advocates, working with other individuals with I/DD to build peer leadership networks.

Example 1: Alaska

All trainings sponsored by the Alaska Living Well team had co-instruction, including plan of care trainings, health safety, avoiding abuse and neglect, person-centered emergency planning, employment, the I Have Rights campaign, COVID-19 Alaska Toolkit, supported decision-making agreement trainings, and the Self-Advocacy Summit. Co-instruction requires a person with I/DD to partner with a person without I/DD in the delivery of any training activities.

Example 2: Georgia

Self-advocates serve as co-trainers for two trainings offered to HCBS providers through the Georgia Living Well grant: Supporting Informed Decision-Making training and Supporting Social Roles. The Georgia Living Well team pivoted during the COVID-19 pandemic to ask co-trainers to pre-record their segments for a virtual training, including an introduction video, sharing slides, and telling stories.

Example 3: Virginia

The Virginia Living Well team continues to host Leadership for Empowerment and Abuse Prevention (LEAP) trainings by and for individuals with I/DD, which they adapted to a single 90-minute virtual training session. LEAP provides trainings to adults with I/DD on healthy relationships and information on how to prevent abuse to adults with disabilities. Additionally, four young adults from Florida participated in a pilot LEAP training to help tailor the curriculum to a teenage audience, which is slated to start in fall 2021.

Example 4: Wisconsin

The Wisconsin Living Well team continues to deliver the Safe and Free Curriculum at pilot sites, with self-advocates serving as trainers about two times per year. The curriculum, developed in collaboration with People First Wisconsin, covers topics important for self-advocates to learn about their rights, how to avoid abuse, and how to have healthy relationships. The team is working towards an entirely peer-to-peer version of the Safe and Free Curriculum with People First Wisconsin.

Solicit and act on feedback from self-advocates and families. Grantees engage self-advocates and families as stakeholders in grant design and implementation, as trainers and advocates, and as participants in training and skill-building activities. This year, grantees also sought input from self-advocates and families on the impact of these activities, the quality of their experiences, and strategic direction for the future.

Example 1: Indiana	Example 2: Virginia
The Indiana Living Well team conducted focus groups with self-advocates and families to plan for future grant activities. The team also surveyed its stakeholder steering group, Partnerships in Transformation, using a validated tool called Factors of Effective Partnerships and found that the factors the Indiana Living Well team most excelled at were group representation (all appropriate stakeholders at the table) and communicating effectively.	The Virginia Living Well team was highlighted in VCU news for results of their study that showed the impacts of the LEAP training for and by self-advocates. After completing the training, the project team asked people living with disabilities to watch video vignettes and respond to vignettes in their own words, identifying healthy and unhealthy relationships. Participants became better at explaining why scenarios were abusive or exploitative and improved their planning on how to act to resolve the situation.

Building Capacity of DSPs and HCBS Providers

This Key Feature includes tools and technical assistance that help with the prevention of abuse and neglect by improving access to and quality of HCBS, enhancing the competency of DSPs, and addressing common needs within agencies (e.g., training, orientation, workplace culture). Grantees' efforts to build capacity focused on training and expanded career pathways for DSPs.

Develop and implement training to build HCBS provider capacity. Training requirements for DSPs are largely determined at the state level and typically require around 40 hours of training on basic topics or skills (e.g., first aid, documentation); competency-based training is rarely required. Yet, DSPs play a critical role supporting individuals to reach their desired outcomes, and require a high degree of knowledge and skill to do so successfully.[12] Grantees seek to build workforce capacity through trainings that address these vital skills, such as social roles, choice, and relationships.

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[12] Hewitt, A., Macbeth, J., Merrill, B., & Kleist, B. (2018). The Direct Support Workforce Crisis: A Systemic Failure. Impact, 31 (1). Retrieved from https://ici.umn.edu/products/impact/311/Systemic-Failure/#Systemic-Failure

Example 1: Alaska

The Alaska Living Well team launched a Community Relationship Building Program in partnership with the DD service provider agency. The program encouraged individuals with I/DD to build natural support connections that could be maintained during the COVID-19 pandemic social distancing mandates. Cohort members focused on maintaining connections with friends and family through virtual platforms. The program virtually convened the initial training cohort monthly to discuss adaptations for maintaining social connections during the pandemic.

Example 2: Georgia

The Georgia Living Well team offers a Supporting Social Roles training that explains social roles and offers strategies for DSPs to support individuals with I/DD to make and sustain connections to foster community inclusion. The trainings transitioned to a virtual platform during the COVID-19 pandemic and will continue for provider partners for the remainder of the grant. The Georgia team also offers professional development for DSPs through the College of Direct Support. In early 2021, there was a significant increase in the number of lessons assigned compared to early 2020 showing the importance of online learning throughout the COVID-19 pandemic.

Example 3: New Hampshire

The New Hampshire Living Well team partnered with the New Hampshire Council on Developmental Disabilities, ABLE New Hampshire, and People First of New Hampshire to provide seven virtual trainings for DSPs called Dream Big: Tools for Supporting Individual Choice and a Robust Community Life. Survey results from the 117 participants indicate a very high level of satisfaction with the trainings. To sustain the Dream Big training efforts, the New Hampshire Living Well team plans to record the trainings and host them on RELIAS (New Hampshire's online training platform), create a step-by-step manual of how to implement the training that corresponds with the accompanying slide deck, and identify personnel within area agencies and private provider networks that are willing to participate in a train-the-trainer workshop.

Example 4: Virginia

The Virginia Living Well team conducted Person Centered Thinking (PCT) trainings between October 2020 and March 2021 for 295 people, primarily HCBS provider staff, to build competency on person-centered values and principles. The team evaluated participants' knowledge using pre- and post-tests in eight core PCT skills and found a statistically significant improvement in knowledge for each skill.

Final Product Highlight: New Hampshire Medication Administration Training

Early in their grant design, the New Hampshire Living Well team identified medication administration as an important factor for promoting health and safety among people with I/DD using HCBS. Additionally, the team learned that the training was only offered in English; many DSPs who did not speak English as a first language struggled to meet this foundational requirement for their jobs, and were more likely to make medication errors that resulted in the revocation of medication privileges and eventual termination from their positions. The team updated the state's medication administration training, reduced the amount of technical and clinical language, and translated it into Spanish and Nepalese, the two most commonly spoken languages within the workforce after English. When the COVID-19 pandemic prompted closures and physical distancing requirements, the state DD agency sought help converting the training to a virtual format. Within four days, the New Hampshire Living Well team responded to the request and produced the training virtually, including a series of videos created by self-advocates, a state Developmental Disability nurse, and home provider. The New Hampshire Living Well team intends to share the training with other states. The goal is that the new training with improved accessibility will help attract and retain providers in the DSP workforce.

Establish growth opportunities for DSPs. The national average wage for DSPs is under $12.00 per hour, and about half of DSPs use publicly funded benefits (e.g., food, housing, or medical assistance).[13] DSP turnover rates vary widely, with an average annual turnover of 51%.[14] Providing career growth opportunities is important to both the personal well-being of DSPs, as well as organizational stability. Grantees are seeking innovative strategies to enhance DSP wages and construct pathways for career growth and development.[14]

Example 1: Idaho

The Idaho Living Well team conducted a statewide survey to collect information from DSPs, provider agencies and individuals with I/DD on issues related to wages, training, recruitment, and retention of DSPs in the state. The team is also looking how wage increases implemented by increased federal funds may impact these issues and influence the DSP wage advocacy work of the bFair 2DirectCare workgroup.

Example 2: New Hampshire

The New Hampshire Living Well team worked with Community Support Network, Inc., the association of New Hampshire's ten area agencies that provide services to people with DD, to develop the Care and Support program. The program provided 11 high school students an introduction into the role of a DSP over the course of an 18-week multi-modal program. Upon completion of the program, the students have all of the necessary required training to apply for and become DSPs, helping to build capacity of the workforce. Of the 11 participants, three were hired by agencies as DSPs upon the completion of the program.

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[13] Hewitt, A., Macbeth, J., Merrill, B., & Kleist, B. (2018). The Direct Support Workforce Crisis: A Systemic Failure. Impact, 31 (1). Retrieved from https://ici.umn.edu/products/impact/311/Systemic-Failure/#Systemic-Failure

[14] National Core Indicators. (2019). National Core Indicators 2018 Staff Stability Survey Report. Retrieved from: https://www.nationalcoreindicators.org/resources/staffstability-survey/

Partnerships

The Key Feature[15] of partnerships emerged as significant to both core components of the Living Well grant. Specific to Community Capacity Building, grantees explored opportunities to align their work with partners to enhance the sustainability of their grants. Grantees also sought concrete roles for partners and solicited commitments to their work.

Align partnerships with existing goals and strategies. One strategy for sustaining grant initiatives after the award ends is to align with existing goals or efforts in the state. Regular communication with partners emerged as another important strategy to building relationships and aligning goals. Grantees achieved this through regular meetings, as well as co-planning for the future.

Example 1: Alaska

The Alaska Living Well Project Director co-chairs the Alaska Work Matters Task Force, which brings together representatives from the state DD agency, transportation, corrections, juvenile justice, disability groups, individuals with lived experience, and employers. The task force is working to understand employment barriers to make policy recommendations to the legislature in February 2022.

Example 2: Virginia

Staff from the Virginia Living Well team joined the Integrated Housing Advisory Committee to highlight inequities in supported living services to Virginia's Department of Justice, including recommendations from A Life Like Yours Self-Advocacy Alliance. The recommendations spanned topics from the right to hold a lease, the right to control who owns a key to the home, and the ability to change HCBS providers.

Example 3: Missouri

Five county-based pilot sites participating in Missouri's Living Well grant engaged in monthly strategic planning sessions. The planning informed material for Missouri's Living Well product library to promote scaling and replication of emerging and promising practices across the state.

Foster stakeholder engagement and ownership through concrete roles. Grantees formed cross-agency workgroups, subcommittees, and steering bodies to generate and implement recommendations. Fundamental to this strategy is a clear purpose and charge for each group's members, as well as the authority to take action.

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[15] Administration for Community Living (2020). ACL's Logic Model Guidance. Retrieved from https://acl.gov/sites/default/files/programs/2020-10/ACL%20Logic%20Model%20Guidance.pdf

Example 1: Idaho	Example 2: Indiana
The Idaho Living Well team organizes grant activities using a workgroup structure. This year, the Quality Assurance workgroup broke into subcommittees to address identified gaps in knowledge related to reporting and monitoring in the state. Each subcommittee has a clear purpose and roles. Subcommittees met with the Self-Advocacy Training workgroup to learn from self-advocates about topics they think are important to cover in trainings related to each topic area. Members of the Idaho's CRAG also joined the Quality Assurance subcommittees.	The Indiana Living Well team is the sole state-agency grantee among all Living Well grantees in both cohorts. They established a stakeholder steering committee, Partners in Transformation, to provide collaboration and guidance. While the Indiana team sought a collaborative approach, stakeholders looked to the state agency to lead and direct the work. The Indiana Living Well team organized subgroups to increase ownership by stakeholder and expedite the work.

Outputs and Outcomes

Outputs are measurable, direct products or activities that contribute to outcomes. Outputs may include documents and materials developed, number of people reached, or number of services provided, but do not address the value or impact the products or services. Short-term (or immediate) outcomes include changes in attitudes, knowledge, or skill. They lead to changes in areas such as behavior, decision making, and policies (i.e., intermediate outcomes). These outcomes are a precursor to achieving the desired long term outcome or impact of the grant, which is community- and system-level change.[16] Grantees assessed their progress towards outputs and outcomes by addressing the Key Feature of program and outcome evaluation.

Program and Outcome Evaluation

Each grantee is required to use process and summative evaluation techniques to analyze how the project is being delivered, the extent to which the project is being implemented as planned, and the effectiveness of their model in achieving project outcomes. Grantees' evaluation methodologies vary, and evaluation activities are ongoing.

Process evaluation. Process evaluation determines whether grant activities are implemented as planned and result in desired outputs. Grant outputs include, but are not limited to, stakeholder engagement activities (e.g., meetings, surveys), resources (e.g., toolkits, websites), trainings and curricula, data tools, and assessments (e.g., mapping current reporting systems, assessing systems for gaps). Results of grantees' process evaluations enable them to track and report on progress, identify and address potential barriers, and improve future grant activities.

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[16] Administration for Community Living (2020). ACL's Logic Model Guidance. Retrieved from https://acl.gov/sites/default/files/programs/2020-10/ACL%20Logic%20Model%20Guidance.pdf

Grantees' internal evaluators use methods such as surveys, focus groups, questionnaires, debrief sessions, and tracking forms (e.g., training or meeting frequency and attendance) for their process evaluations. All grantees engage their internal evaluators in regular (e.g., quarterly) project meetings to share data on how and to what extent project activities are being implemented as planned. The data from these evaluation activities are used to monitor progress and support improvements in grantees' initiatives.

Example 1: Wisconsin

The Wisconsin Living Well team evaluates whether their stakeholder meetings are inclusive and accessible to self-advocates through debrief sessions with their leadership team after each meeting. One debrief session revealed that self-advocates experienced difficulty understanding dense material presented at the meeting. The Wisconsin Living Well team responded to this finding by working with speakers prior to each meeting to ensure presentations are delivered in plain language and by assigning a team member to monitor chat and respond to any questions from self-advocates.

Example 2: Indiana

Indiana Living Well Leadership team also meets with key partners before and after each Partners in Transformation stakeholder meeting to plan for the session, and debrief whether it met its intended purpose and objectives. The team assesses elements such as the overall impact of the meeting, questions asked, and stakeholder engagement.

Example 3: Georgia

The Georgia Living Well team administers annual surveys to provider staff at their pilot sites. The survey collects data on the type and nature of services provided, participation in staff training, staff retention and turnover rates, and staff pay, bonuses, and incentives. As they collect the surveys each year, their evaluation team can analyze trends in staff capacity and share the data with providers to review current status and growth on key staff indicators.

Outcome evaluation. Outcome evaluation measures the extent to which grants are achieving the desired effect and meeting their stated objectives. Long-term project outcomes for Living Well grants include increased independence, self-determination, community integration, health, and well-being of individuals with I/DD. Short- and intermediate-term outcomes include improved community monitoring and a reduction in risk and prevalence of critical incidents (e.g., abuse, neglect) among individuals with I/DD using HCBS. Additional short- and intermediate-term outcomes include enhanced engagement and leadership of self-advocates and family members,

increased capacity of states to provide HCBS in integrated settings and respond to critical incidents, and enhanced knowledge and skills of DSPs leading to improved workforce stability.

To date, grantees report more outcomes relating to the core component of Community Capacity Building than the core component of Community Monitoring. This aligns with grantees' activities (refer to Appendix A for a summary of activities by core component), is consistent with the type of data that grantees are using to measure outcomes, and reflects the unique nature of each of the two core components. Most internal evaluation findings during this evaluation period focus on short-term outcomes, such as increased knowledge and awareness of rights or enhanced DSP skills, which are expected to lead to longer term impacts.

Grantee outcomes related to the core component of Community Monitoring focus on enhanced health and safety for individuals with I/DD. Two grantees reported short-term outcomes related to improving access to the COVID-19 vaccine through vaccination events and collaboration with grant partners. Many grantees are also working towards improvements in their respective states' incident reporting platforms to improve community monitoring and improve health and safety. While grantees report progress on these initiatives, the outcomes they are working towards are long-term and require ongoing effort and evaluation.

Grantee outcomes related to the core component of Community Capacity Building focus on increased capacity of self-advocates and their family members, as well as the capacity of provider agencies and DSPs. Grantees measured and reported outcomes in this area by showing growth in leadership capacity and increased knowledge through post-activity or post-training surveys. This increased capacity is expected to contribute long-term outcomes, such as increases in community living rates, which are still in progress.

Example 1: Wisconsin	Example 2: Missouri
The Wisconsin Living Well team and their pilot sites are using the Council on Quality and Leadership Personal Outcome Measures (POM) survey to assess progress among people using HCBS towards personally identified outcomes. This survey was completed as a baseline measure and will be repeated in 2023 to show growth and challenges in supports provided and personal outcomes.	The Missouri Living Well team assisted their state with a rapid implementation of StationMD during the COVID-19 pandemic. StationMD is a telemedicine platform for individuals with I/DD aimed at reducing emergency department visits. The Missouri Living Well team is evaluating the return on investment to determine the effectiveness of the platform and whether the state should continue to provide access to StationMD for individuals enrolled in Medicaid HCBS I/DD waivers in the state. For example, the Missouri team is examining outcomes, such as reduced emergency department visits.

Sustainability

Sustainability is a Key Feature required of Living Well grantees and integral to the success of their projects. All grantees worked to address sustainability of their projects and activities in at least one way. Key strategies include developing durable products, securing future funding, and aligning partner goals and future responsibilities.

Develop durable products. Durable products, including published resources and recorded trainings, are typically available online and will not require future funding to be accessible by their intended audiences. These products and recorded trainings are accessible to their intended audiences via online platforms and will continue to be accessible beyond the term of the grant. Examples include:

- The New Hampshire Living Well team's medication administration training;

- The Virginia Living Well team's Regional Quality Council recorded training modules;

- The Georgia Living Well team's trainings and career tracks on the College of Direct Support platform; and,

- The Wisconsin Living Well team's Healthy, Safe, and Connected COVID-19 toolkit.

Secure funding. Securing future funding is also a strategy for sustainability beyond the term of the Living Well grants. Efforts to secure future funding for Living Well grant activities ensure 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.

Example 1: Alaska	Example 2: Georgia
The Alaska Living Well team is working to secure future funding for specific activities such as their Supported Decision-Making Agreement pilot as well as embedding key aspects of their grant work into the state DD Council's next five-year plan.	The Georgia Living Well team is developing a proposal for short-, mid-, and long-term interventions to grow and sustain the direct support workforce given the federal funding from the American Rescue Plan through the state Department of Community Health.

Align partner goals. Finally, multiple grantees are working with their partners to align Living Well grant goals with existing state initiatives. Some grantees are also working towards a shared understanding of ownership of future responsibilities and continuation of specific grant activities beyond the grant term.

> **Example 1: Alaska**
>
> The Alaska Living Well team continues to ensure that the DD Shared Vision, a common vision statement passed into state statute, is at the center of their grant activities. This ensures that their grant work aligns with all other stakeholders in the state and will support future efforts.

> **Example 2: Indiana**
>
> The Indiana Living Well team has spent considerable time forming a stakeholder group and working through the Charting the LifeCourse Ambassador series together. This framework helped the team establish their Partners in Transformation workgroup with a shared understanding of their goals as they move forward with their grant work and look beyond the term of the grant.

> **Example 3: Idaho**
>
> The Idaho Living Well team leveraged and built on strong partnerships with stakeholders that are committed to the long-term vision of the CNOW! initiative. The team plans to implement sustainable self-advocate train-the-trainer models to conduct statewide trainings on specific topics including: self-advocacy, self-determination, individual rights, supported decision-making, principles of person-centered thinking, how to report abuse, neglect, and exploitation, and post-secondary employment and education opportunities.

As grantees continue into the final years of their grants, sustainability strategies will become more important and are expected to continue to evolve.

Scalability and Replicability

Through this grant, ACL seeks models that can be scaled or replicated within and across states to improve the lives, health, well-being, and self-determination of individuals with I/DD. Grantees are addressing scalability and replicability through all aspects of their models, including their overall model design and specific activities and interventions. All grantees reported that at least part of their model could be scaled or replicated in some form, but their approach and interpretation of scalability and replicability varies. One grantee noted that, while parts of their model could be replicated in other settings, each part of their model complements and builds off of the other parts and the entire model may be necessary to achieve progress towards the desired outcomes. Another grantee noted that, while parts of their model could be scaled or replicated elsewhere, many of their activities are dependent on and tailored to the unique context present in their state.

Grantees also noted several specific strategies towards achieving scalability and replicability. More than half of the grantees are considering the importance of ensuring understanding among stakeholders before attempting to replicate or scale specific initiatives or activities in order to ensure the fidelity of the activity once it is scaled. Another strategy to overcome challenges related to scalability and replicability is use of a nationally available tool or platform. Examples include Therap, Charting the LifeCourse, and the NCI survey. Using these tools and frameworks ensures that other organizations or stakeholders have access to the platform or tool and can then follow the grantee's model for implementing the tool while also making adjustments for their own specific state context.

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 following key takeaways.

Model Design

- Leveraging existing stakeholder relationships and project models contributes to efficient implementation of project activities.

- Ongoing stakeholder relationships are critical to project success, and stakeholder roles should be clear and defined, strategic, and adaptive.

- Grantees must plan for known and unknown contextual factors and remain flexible to changing circumstances or opportunities.

Activities

- Robust partnerships, both within and across states, facilitate innovative solutions and effective implementation of project activities. In particular, 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.

- States typically have access to numerous data sources related to abuse, neglect, and well-being of individuals with I/DD. Data tools help to integrate and interpret data in order to guide action and evaluation progress.

Outputs and Outcomes

- 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 after three and four years of implementation (for cohorts two and one, respectively) are primarily short-term and more heavily focused on the core component of Community Capacity Building. Achieving systems change outcomes generally takes longer than the five-year grant period and requires long-term sustainability strategies.

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.

Appendix A: Grantee Activities by Core Component

Grantee	Sample Activities	Community Monitoring	Capacity Building
Alaska	Key Campaign		•
	Community Relationship Program Pilot (continues but largely paused due to COVID-19)		•
	SDMA Pilot and Symposium		•
	Person-Directed Plan of Care Trainings		•
	I Have Rights Campaign		•
	Person-Centered Emergency Training		•
	Alaska COVID-19 Toolkit		•
	NCI Survey	•	•
	DD Alignment/Shared Vision Survey	•	
Georgia	Therap – Collect and Analyze Data	•	
	College of Direct Support Training for DSPs		•
	Annual DSP Staff Survey (data submission was delayed due to COVID-19)		•
	Supporting Informed Decision-Making Training		•
	Supporting Social Roles Training		•
Idaho	QA Training Subcommittees	•	
	Recommendations to Retain a Quality DSW		•
	Analyze Abuse/Neglect Reporting System	•	
	Caregiver Registry of Abuse	•	
	Three Studies – Abuse and Neglect	•	
	CRAG – Diversity & Inclusion/Cultural Competence		•
	Community Now!		•
Indiana	CtLC		•
	Align Efforts Across Systems		•
	Conduct Trainings and Events		•
	Explore Data Collection Systems and Strategies	•	
	Quality Indicators and Surveys	•	
Missouri	CtLC for Systems Transformation Pilot		•
	Virtual Data Dashboard	•	
	Therap	•	
	Quillo		•
	Missouri Quality Outcome Video series		•
	StationMD		•
	Innovation Collaboratives (will not move forward with second cohort)		•
New Hampshire	Critical Incident Management through HRS	•	
	HRS Platform Implementation	•	
	Medication Administration Training		•
	Care and Support DSWs Pilot with Technical High School		•
	Dream Big: Tools for Supporting Individual Choice & Robust Community Based Life for DSPs		•

Grantee	Sample Activities	Community Monitoring	Capacity Building
Virginia	Coalition for Community Safety	•	
	Trend Reports	•	
	NCI and abuse data analysis	•	
	RQC Training Modules		•
	LEAP Trainings		•
	Person-Centered Thinking Trainings		•
	Discovering Me!		•
	CHAT		•
	F2F Trainings		•
Wisconsin	Incident Management System Review and Policy recommendations on reporting systems	•	
	Safe and Free Curriculum		•
	COVID-19 Toolkit		•
	Living Well Wednesdays		
	Pilot Sites and Intervention Plans		•