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Today's webinar is:

*The Living Well Project:
Looking Back & Forging Ahead*



Webinar logistics

- Participants will be muted during this webinar. Please use the Q&A feature in Zoom to ask questions and communicate with the hosts. Urgent individual concerns should be directed to alulinski@hsri.org
- Toward the end of the webinar, panelists will have an opportunity to respond to questions that have been entered into the Q&A.
- The webinar will be live captioned in English and live interpreted in Spanish.
 - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
 - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
 - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- Due to a recent Zoom update, full accessibility including ASL interpretation may not work if you are joining with a mobile device ASL interpretation, and slides can no longer be viewed simultaneously via phone or tablet. Swipe on your mobile device to find the ASL interpreter if you need to.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.

Agenda

- Introductions, welcomes, and logistics from the project team
- Presentations from panelists:
 - Dr. Jennifer Johnson – Acting Commissioner of the Administration on Disabilities (AoD)
 - Valerie Bradley – President Emerita of HSRI
 - Michaelyn Wilson – Program Coordinator for the DSP Training & Assessment Program at University of Georgia
 - Seb Prohn – Assistant Director, Research & Evaluation at VCU's Partnership for People with Disabilities
 - Kaitlin McNamara – Living Well Project Coordinator at WI-BPDD & Executive Director of the Sibling Leadership Network
 - Sally Flaschberger – Living Well Project Manager at WI-BPDD
- Facilitated discussion

Grassroots Project team at HSRI



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Feedback and Follow-Up

- Follow-up questions and feedback about the webinar can be addressed to grassroots@hsri.org. *This email is not monitored during the webinar.* For urgent matters contact alulinski@hsri.org
- Grassroots Project webinars are not officially approved for Continuing Education Units (CEUs). However, we do provide a confirmation of attendance in case an organization wishes to use participation in our webinars to grant credit for internal requirements. Zoom will automatically send attendees a confirmation of attendance one day after the webinar.
- All registrants will receive a link to the webinar recording and other materials such as slides and resources one day after the webinar.
- Grassroots Project webinars and associated materials such as plain language summaries and transcripts are archived on the Grassroots Project website at <https://www.hsri.org/projects/the-grassroots-project/>.

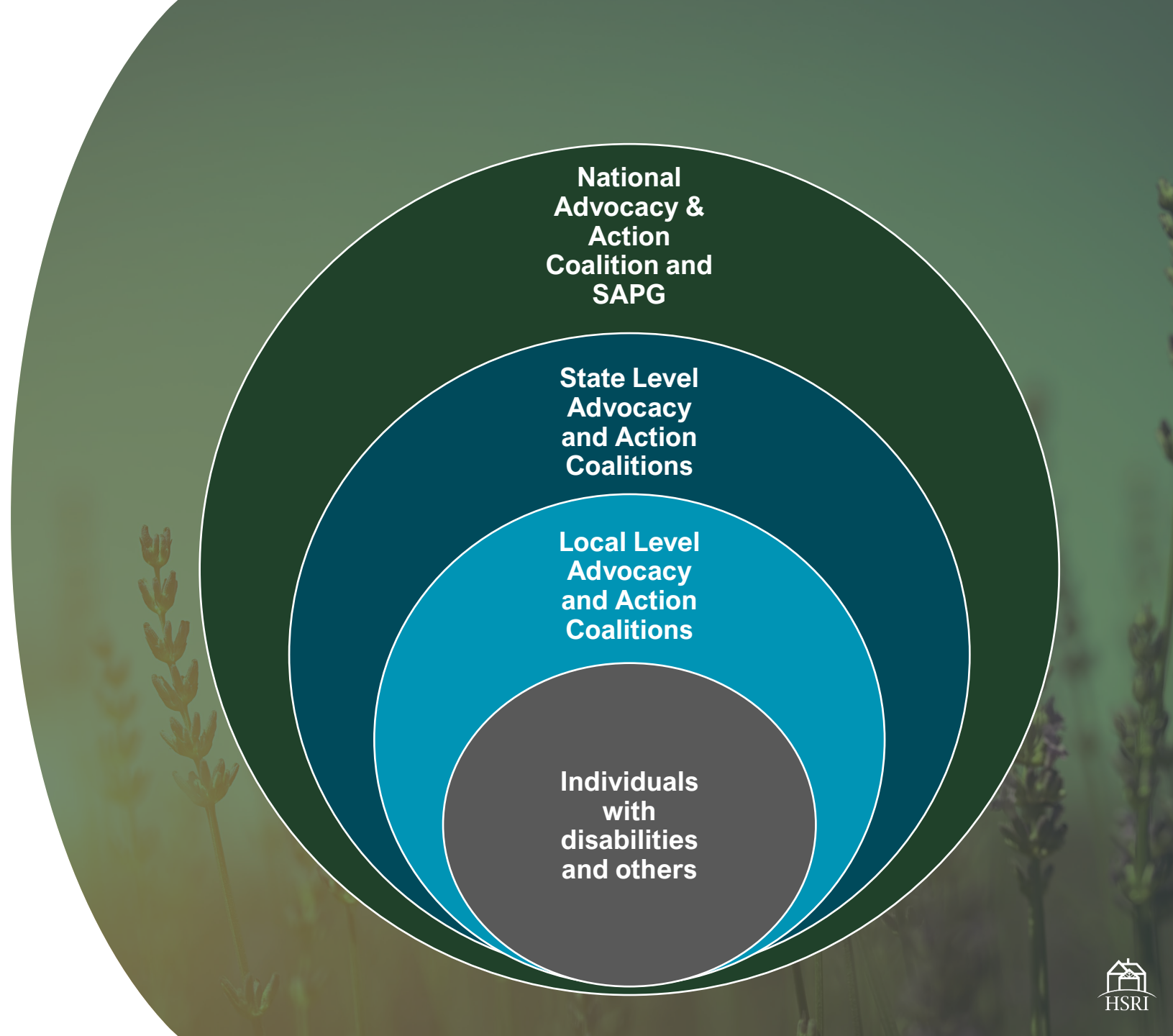
Poll: Who's here?

“In what ways do you identify with the disability community? Please select all that apply.”

1. Person with a disability/disabled person
2. Advocate
3. Family member/loved one of a person with a disability/disabled person
4. Person who uses long-term services and supports and/or home and community-based services.
5. Person working in a disability organization
6. Caregiver or staff supporting a person with a disability

Project Goal & Purpose

ACL's Grassroots Project: Engage. Connect. Advocate. was launched in 2023 to support national, state, and local disability advocates in building networks to stay informed about the policies that affect people with disabilities. The Grassroots Project will also support disability advocates to work together to ensure their perspectives, priorities and preferences are reflected in disability policies and service systems.



Project approaches

Key Partners

- A funded National Advocacy and Action Coalition (NAAC)
- An advisory State Agency Partnership Group (SAPG)
- Supported State and Local Advocacy and Action Coalitions

- Develop **structures, processes, and relationships** necessary to build the next generation of **cross-disability, cross generational, and culturally diverse leaders** within the advocacy movement.
- **Connect, grow, and strengthen networks of grassroots advocacy and action coalitions** supporting each other and with the skills and knowledge to advocate for improvements in the quality of community living.



Advocacy and advocacy*

Advocacy

- Direct action
- Lobbying
- Note the Byrd Amendment
 - *Second, Title 31 Sec 1352 of the United States Code, commonly referred to as the Byrd Amendment to the Federal Acquisitions Regulations (FAR), places lobbying restrictions on organizations that receive federal grants and federal contractors. These prohibit the use of federal funds for lobbying purposes but generally allow those organizations to lobby provided they use non-federal funds.*

advocacy*

- Education
- Information dissemination
- Preparation
- Organizing

Lowercase “a” in [advocacy](#) is the area that the national, state, and local advocacy and action coalitions affiliated with the Grassroots Project can be engaged in.

Webinar aim:

This national webinar – the fifth hosted by the Grassroots Project – brings together experts from the state and national level who worked on the ACL Living Well Project to discuss the successes and challenges of creating and participating in the Living Well Grant program. This webinar will explore how the Living Well work impacts the current state of community integration and living for people with I/DD and their experience of HCBS. This webinar will provide its audience with a better understanding of how grassroots advocates can use the findings from the Living Well Project to further their advocacy goals.



Living Well Grants – A Project of National Significance

Administration on Disabilities

Administration for Community Living, HHS



Background and Living Well Grant Purpose



Living Well – Model Approaches for Enhancing the Quality,
Effectiveness and Monitoring of Home and Community-Based
Services for Individuals with Developmental Disabilities

Background

- There is a significant shift toward people with intellectual and developmental disabilities (ID/DD) living in community settings.
- People with ID/DD living in home and community-based settings are more likely than their peers in institutional settings to make their own choices, have friends who are not paid staff, and have a paid job in the community.



87% increase in people with ID/DD living in **small group settings** (i.e., 4-6 people)



144% increase in people with ID/DD living in **their own home**



47% decrease in people with ID/DD living in **facilities**



135% increase in people with ID/DD living in a **host or foster home**

Background (cont'd)

- People living in the community often have better outcomes, including more choice and community integration.
- Wide variation in the accessibility of quality HCBS across the country.
- Concerns about adequacy of reporting about health and safety in HCBS settings

Individual Level

- Social isolation
- Fear of retribution
- Inability – or perceived inability – to report abuse or neglect

System Level

- Complex and fragmented state monitoring systems
- Lack of state compliance with federal and state requirements for reporting and monitoring critical incidents

Living Well Grant Purpose

DD Act Projects of National Significance funding from 2017 – 2023 to develop and test one or more model approaches of a coordinated and comprehensive system, projects intend to:



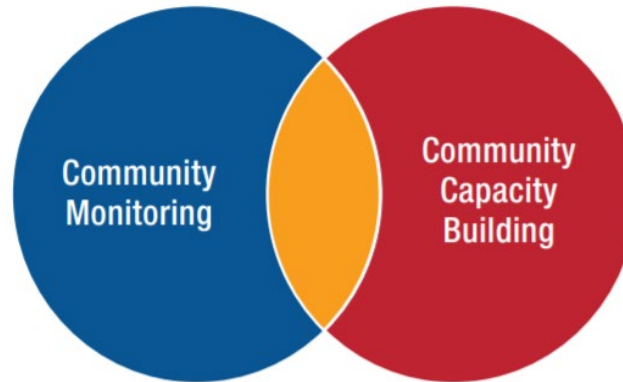
Increase community integration and independence of individuals with developmental disabilities



Improve the quality of HCBS

Grant Design: Two Core Components




Each grantee designed one or more model approaches, including two interrelated core components for enhancing and assuring the independence, integration, safety, health, and well-being of individuals living in the community:








- **Community Monitoring** – Develop and implement a coordinated system with the incorporation of partnerships to monitor the safety, health, and well-being of individuals with ID/DD living in the community, and identify and eliminate risk factors for abuse, neglect, and exploitation.
- **Community Capacity Building** – Apply evidence-based practices and innovative strategies to support individuals with ID/DD living in or moving to the community; improve access to and quality of community services; reduce and mitigate abuse and neglect; and support individuals' empowerment, independence, and rights.


Grantees

- Eight five-year grants:
 - Cohort 1: Three grants awarded in 2017
 - Cohort 2: Five grants awarded in 2018

2017	1	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	2	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

ACL Cross-Site Evaluation Findings



Living Well – Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community-Based Services for Individuals with Developmental Disabilities

ACL Cross-Site Evaluation Findings

- **Workforce Development:** Developed and delivered training for direct support professionals and service providers.
- **Scalable Tools & Resources:** Created toolkits and evidence-informed models that are adaptable by other states and systems.
- **Systems Change:** Projects influenced broader HCBS system reform and laid groundwork for replication and sustainability beyond the grant.

ACL Cross-Site Evaluation Findings

- Improved Health, Safety & Inclusion: Grantees advanced person-centered practices that enhanced quality of life, safety, and independence for people with I/DD.
- Effective Community Monitoring: Implemented tools and systems to detect and prevent abuse, neglect, and exploitation.
- Stronger Partnerships: Engaged self-advocates, families, state agencies, and providers to co-design and implement sustainable solutions

Tools You Can Use - Scale up and Replicate!

- ACL wants to ensure people at the grassroots level can use the Living Well project information and resources to help improve health and safety in your state and local community.
- <https://acl.gov/programs/strengthening-aging-and-disability-networks/projects-national-significance>



Living Well Project: Features, Emerging Practices & Takeaways



Key Feature Categories

Capacity Building



Partnerships



Meaningful and active engagement with self-advocates and families



Building capacity of DSPs and HCBS providers

Data Collection, Dissemination and Monitoring



Reducing abuse and neglect through community monitoring



Addressing health and safety with data tools

Implementation, Evaluation and Sustainability



Evidence based practices for service improvements



Program and outcome evaluation



Sustainability

Key Features



Partnerships

Initiation and coordination of partnerships or coalitions with local and state-level organizations, agencies, and other relevant stakeholders, including at least one self-advocacy organization, in the design, implementation, and replication of grantee activities



Meaningful 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

Key Takeaways

Partnerships

- Wisconsin's variety of partners enhances their grant activities by ensuring that no voice is left out of the conversation and all views are included in each project initiative.
- Many of the advocacy organizations, provider organizations, and state agencies are highly specialized and offer authority on particular topics.

Meaningful and Active Engagement with Self-Advocates and Families

- Active engagement of self-advocates and family members is a crucial part of all Living Well grant work and both Alaska and Virginia include self-advocates and family members in all aspects of their initiatives.
- As co-trainers in Virginia, self-advocates ensure that their perspective is highlighted during trainings for DSPs.
- As grant team staff in Alaska and Virginia, family members of people with I/DD provide valuable insights and help direct and maintain each team's vision and goals.

Evidence-Based Practices for Service Improvements

- It is early in the process for grantees to identify and implement evidence-based practices.

- Both Wisconsin and Missouri have looked to established projects to identify evidence-based practices that they could use to promote success of their Living Well initiatives.
- Wisconsin partnered with experts to identify and guide evidence-based practices.
- Missouri is effectively leveraging their existing relationships with stakeholders and have aligned the Living Well project initiatives with Standards of Practice for direct support professionals (DSPs), support coordinators, and providers, as well as national survey instruments such as the National Core Indicators.

Building the Competencies and Capacities of DSPs and HCBS Providers

- Through the CDS platform, Georgia created access to a variety of options for DSPs to further their professional development.
- By making courses available online, giving flexibility in course selection to DSPs and providers, and providing opportunities to attend events, the Georgia Living Well grant team is encouraging each DSP to explore their own career advancement. DSPs are exposed to issues and topics that they may not typically see in their everyday environment and experiences of others in their field.

Key Takeaways, *continued*

Reducing Abuse and Neglect through Community Monitoring

- Both Virginia and Idaho are increasing the monitoring of abuse and neglect by collecting and examining more data, though each state is taking a different approach.
- Virginia's approach to improve the reporting process focuses on the experiences of people with I/DD through targeted interviews.
- The Idaho Living Well team is building a statewide data reporting system for substantiated complaints of abuse and neglect against direct support professionals (DSPs), which will improve statewide incident tracking and prevent future cases of abuse and neglect.

Addressing Health and Safety with Data Tools

- Project initiatives from the New Hampshire and Indiana Living Well teams demonstrate approaches that are driven by goals to resolve and improve chronic, long-standing state-level issues.
- UNHIOD's initiative to offer medication administration trainings in common first languages of DSPs will help prevent medication errors thereby increasing health and safety of individuals receiving services.
- The Indiana Living Well team is using a specialized data visualization tool to collect and analyze data to help providers identify and address issues of health and safety.

Program and Outcome Evaluation

- Though both grantees are only in the second year of the grant, they are making noticeable progress on the evaluation component.
- The Georgia grant team's real-time evaluation of trainings enables the state to ensure training effectiveness and pursue modifications immediately.
- New Hampshire, like other grantees, recognized that there was a sizeable amount of already being collected in the state. Consequently, UNHIOD is working to gather and centralize these data sources.

Sustainability

- While the Alaska DD Council and UNHIOD are in the initial years of their grant, both teams are making intentional efforts to consider sustainability partnerships with larger, more permanent organizations.
- Alaska is working closely with partners, such as the Mental Health Trust Authority, to integrate Living Well project work with existing projects and grants.
- Alaska is also finding a permanent home for the trainings created under the Living Well grant, so that they will continue to be available once the grant ends.
- New Hampshire is working to align their work with that of their partners to improve the state provider workforce and build a system that will continue to support the professionalization of DSPs after the end of the Living Well grant.

Living Well Georgia: Accomplishments, Challenges, & Insights Gained

Michaelyn Wilson, MSW, M.Ed.

Dr. Carol Laws

August 12, 2025



UNIVERSITY OF
GEORGIA

Project Goal:

- Develop a model which demonstrates how innovative interventions at the direct support level will improve the quality of supports and outcomes for people receiving support.

● Interventions used:

- **Therap Services** – platform for capturing all service documentation, tracking, reporting, and record keeping in a web-based system
- **Direct Course** - College of Direct Support (CDS) – online LMS
- **“In-Person” Training** – IDM, SSR, NADSP COE
- **NADSP Membership**

- Partnered with 5 providers organizations across Georgia**
Day and Residential Services

Project Overview

An HCBS Quality Enhancement Advisory Council is developed and supported.

- **Accomplishments:**

- MOU's with DBHDD, GAO, GCDD, People First, Parent Mentors, Support Coordination, 5 provider partners.
- Quarterly meetings held online, Annual Retreat in person/online
- Added 2 Self-Advocates from Uniting for Change in 2021
- DBHDD consulted with PI on LWG for proposal for ARPA funding

- **Challenges:**

- Position changes by parent mentor rep. and Executive Director of 4 providers
- People First Dissolution during Covid – absorbed members in Uniting for Change

Anticipated Outcomes

Providers will demonstrate increased ability to retain and develop staff.

- **Accomplishments:**

- Staff surveys completed by providers annually
- Creation of CDS / DBHDD Crosswalk / Career Paths

CDS #'s by Provider				
Provider	Total Enrolled	Total Assigned	Total Completed	Completion Rate
Provider #1	34	1,086	952	87.66%
Provider #2	94	879	216	24.57%
Provider #3	18	613	381	62.15%
Provider #4	18	482	159	32.99%
Provider #5	63	3,459	2,894	83.67%

Anticipated Outcomes

Providers will demonstrate increased ability to retain and develop staff.

- **Challenges**

- Covid forced closures of day programs
 - Developed Covid & Health Module in CDS
- Staff access to unemployment required separation
- Vacancy rates high in 2021
- Limited access to technology / internet stability from home
- NADSP conference moved to virtual format; limited staff participation

Anticipated Outcomes

Staff of participating organizations will gain knowledge and skill in supporting informed decision making and supporting social roles

- **Accomplishments:**

- Developed procedures for recruiting and support/training for co-trainers with I/DD
- Redesigned in-person training to synchronous Zoom training in 2020
 - 26 trainings offered to 309 DSPs

- **Challenges:**

- Co-trainers need in-home support to participate virtually
 - Video recorded presentations; not ideal
- High staff vacancy rates led to training cancellations in 2021 - 2022

Anticipated Outcomes

Provider organizations will report increased ability to understand and respond to trends in incident reports.

- **Accomplishments:**

- Monitoring use of Therap Business Intelligence Tools (GER)
 - Aggregated data regarding incidents to alert to trends and respond
 - Multiple queries possible (time, location, staff, etc.)
 - Just in time training for staff as needed
- Covid specific
 - NADSP webinars; Developed asynchronous Pandemics & DSPs training; Covid vaccination event with 3 provider organizations (250 PWD/staff vaccinated).

- **Challenges:**

- Data literacy
 - TA provided for running and analyzing reports.

Anticipated Outcomes

People with I/DD receiving supports will demonstrate increased achievement of personal goals

- **Accomplishments:**

- Collaboratively developed Data Driven Outcomes Dashboard in Therap
 - Maps ISP goals and progress notes to aggregated domains
 - Choice, Meaningful Activities, Person-Centered Practices, Social Connectedness & Relationships, and Safety, Health, & Wellbeing
 - Important to / Important For
 - Goals Achieved / In Progress / Not Achieved
- Allowed staff to see progress/meaning in docs.; voice in outcomes and goal attainment.
- Led to awareness of poorly written ISP goals

Anticipated Outcomes

People with I/DD receiving supports will demonstrate increased achievement of personal goals, continued

- **Accomplishments:**

- Staff comparisons using DDO
 - Staff did not participate in LWG interventions:

Staff	Job Title	Year	Achieved Imp. To	Not Achieved Imp. To	In Progress
Staff #1	DSP	2019	9.48%	44.86%	45.66%
		2020	12.29%	15.93%	71.79%
		2021	12.17%	6.71%	81.12%

- Staff did participate in LWG training interventions (63 CDS modules, IDM):

Staff	Service Provider	Year	Achieved Imp. To	Not Achieved Imp. To	In Progress
Staff #2	DSP	2019	3.85%	80.77%	15.38%
		2020	5.26%	92.11%	2.63%
		2021	62.50%	37.50%	0%

Anticipated Outcomes

People with I/DD receiving supports will demonstrate increased achievement of personal goals

- **Challenges:**

- DDO reports managed by mid-level management
 - Time constraints & turnover
- Data literacy limitations
- Goals more frequently written/achieved when their Important FOR

Anticipated Outcomes

- **Insights Gained:**

- Provider leadership must be bought in and supportive of FLS / QA / DSPs time
- Virtual meetings/training can be more accessible and preferred if technology and support is in place.
- High vacancy rates are barriers to professional development initiatives if offered while staff are 'on the clock.'

Insights Gained



16 SUPPORTING INFORMED
DECISION-MAKING

7 SUPPORTING
SOCIAL ROLES

3 NADSP CODE
OF ETHICS



OF PARTICIPANTS STRONGLY
AGREED OR AGREED THAT
THEIR KNOWLEDGE IN
THESE AREAS IMPROVED.



OF PROVIDERS AGREED TO A LARGE
OR MODERATE EXTENT THAT THE
TRAININGS HAD A POSITIVE
IMPACT ON THE QUALITY OF LIFE
OF THE PEOPLE THEY SERVE.

*"I liked how we had a person with disabilities
leading the training. She was very informative
and helped me look from her point of view."*

- Program participant

Impactful Outcomes

Georgia Uplift

By connecting DSPs to key resources that enable these individuals and their families to thrive, Georgia Uplift seeks to reduce turnover, strengthen IDD organizations, and create a more stable workforce.

Georgia Direct Support Professional Advisory Council (Georgia DSPAC)

The mission of the Direct Support Professional Advisory Council is to collaborate with supporters and allies to influence social and policy change that enhances the DSP profession across Georgia.

Direct Support Professional Training and Assessment Program (DSP TAP)

Online credentialing program for DSPs that included a 50-hour curriculum through CDS and remote proctored exam that is designed to prepare potential DSPs for the job and recognize the competency of DSPs who are currently working in the field.

New Projects Created

What:

Direct Support Professional Training and Assessment Program (DSP TAP) led by the Institute on Human Development and Disability (IHDD/UCEDD) at the University of Georgia.

How:

Learners complete self-paced online competency-based training (approximately 50 hours) and take an exam that is proctored remotely online.

Who:

The online credentialing option is open to learners who are already employed by support providers, those in self-direction, or those who are interested in working with adults with I/DD.

When:

The first cohort enrolled in courses through the College of Direct Support in January 2024 and took the exam in fall 2024. The second cohort enrolled in courses in August 2025 and took the exam in January 2025.

DSP Training and Assessment Program

DSP TAP #'s



- **DSP I Exam**

- 426 DSPs Passed
- 7 DSPs Failed
- 12 DSPs were eligible but did not test
 - Tech issues, requests to test later, etc.)
- 16 DSPs were eligible but never registered for exam
- 6 DSPs withdrew

- **DSP II Exam**

- 260 DSPs Passed
- 1 DSP Failed
- 10 DSPs were eligible but did not test
 - Tech issues, requests to test later, etc.)
- 5 DSPs were eligible but never registered for exam
- 8 DSPs withdrew



Project Living Well Virginia

Sustainability and Ongoing Impacts



WE ARE THE UNCOMMON.

Agenda

1. PLW Virginia - Brief Overview
2. Information Access
3. Abuse Prevention
4. Data-Driven Decision Making with Regional Quality Councils



PLW Virginia Overview

Goal

Advance system functioning and improve the quality of life of people with intellectual and developmental disabilities (IDD).

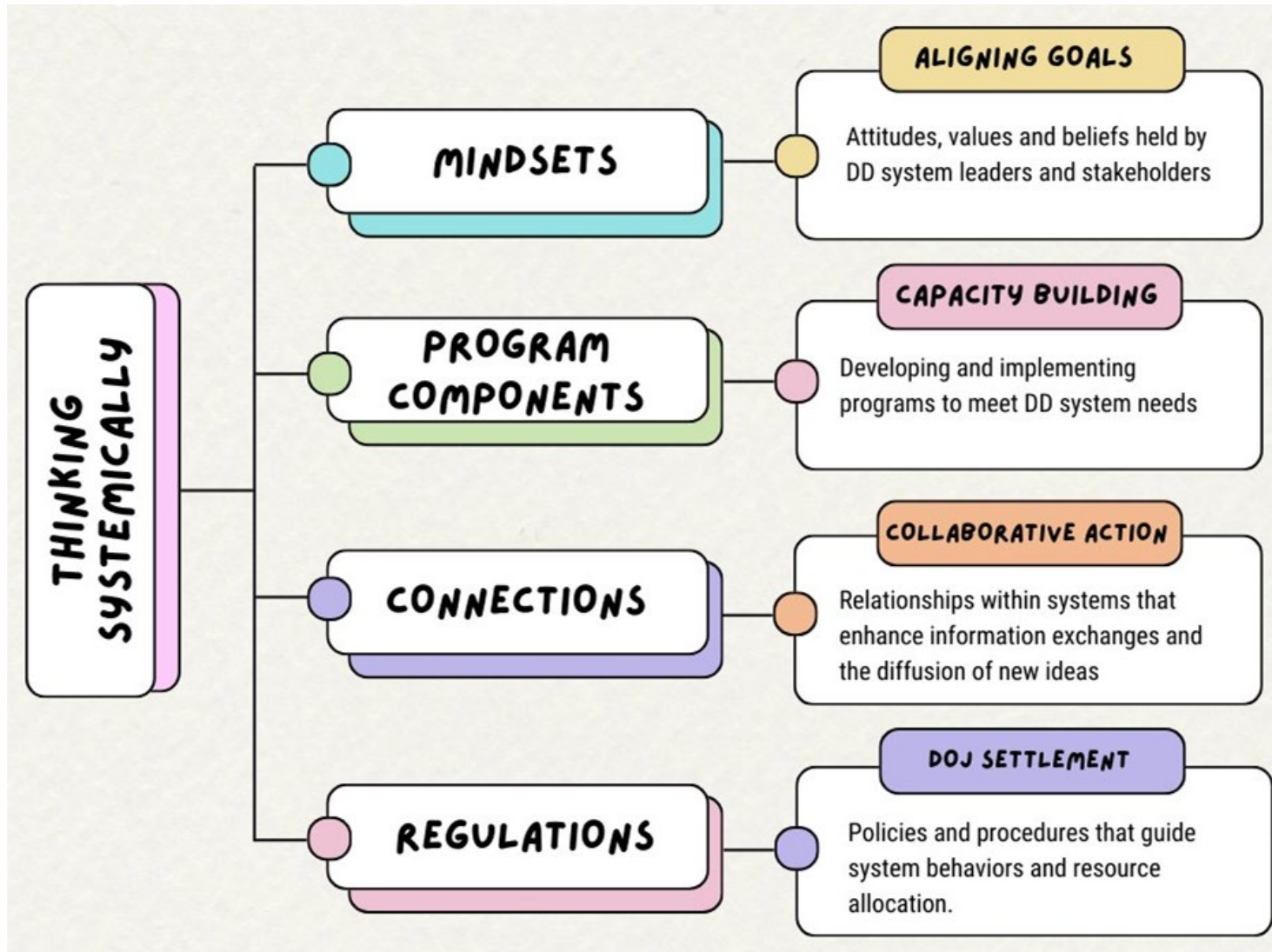
Objectives

- Apply a model for systems change
- Capacity building through training and intervention
- Data-driven processes for monitoring and improving outcomes



WE ARE THE UNCOMMON.

ABLE Change Framework



Foster-Fishman &
Watson (2012;2017)

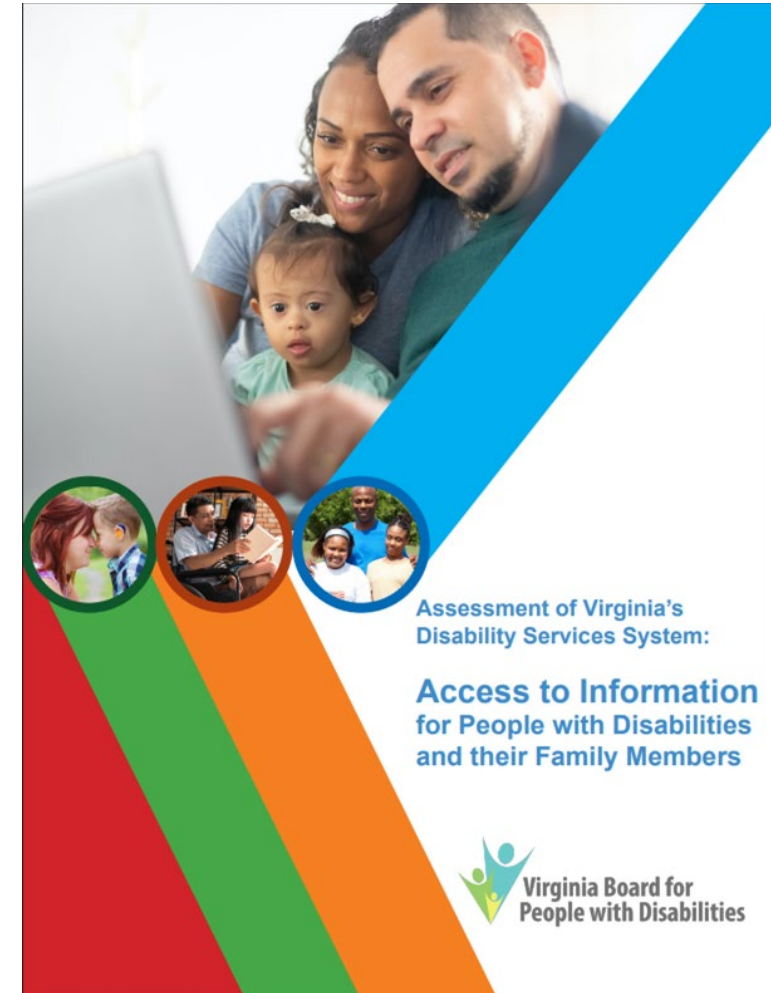
WE ARE THE UNCOMMON.

Lasting Impacts

Medium-term Outcome Examples

Alignment for Information Access

- DD System leadership team focused on relationships and strengthening their communication and cohesion
- **Shared vision** and **quick wins** allowed for a much bigger win around Information Access
- Virginia Board for People with Disabilities led big changes through close alignment with DD System partners
 - Created an information access conference
 - Assessment of Information Access
 - Mapped Information Ecology
 - Dozens of pledged information access champions



Capacity-Building for Abuse Prevention

LEAP: Leadership for Empowerment & Abuse Prevention

- PLW supported training and evaluation allowed us to show the project's promise.
- Adapted for teens and Autistic trainees
- Sustained as a train-the-trainer model through DBHDS and the Family & Children's Trust Fund of Virginia



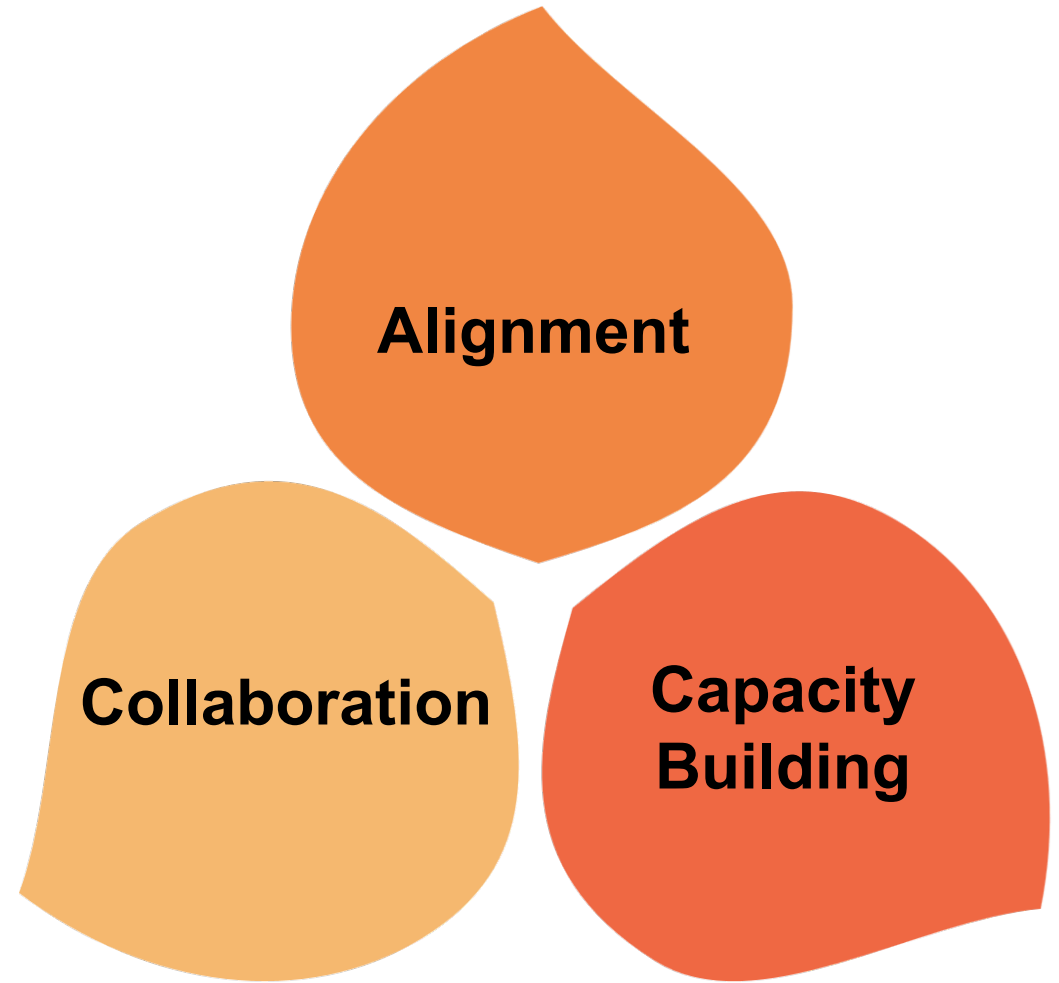
Family & Children's
Trust Fund of Virginia

WE ARE THE UNCOMMON.

Regional Quality Councils

What's a RQC?

- DOJ Settlement Agreement
- Service users, families, providers, community representatives
- Assess relevant data
- Identifying trends
- Recommending responsive actions (quality improvement initiatives)



2019**2020****2021****2022****2023****2024****Summit 1**

- Frequency
- Rate
- Data Context
- Health
- Safety
- QoL

**Introduce
actual
regional data!**

Modules

- Data
- Data use
- Questions & context

Summit 2

- Data from different sources
- Benchmarking
- Context
- Requesting more data

Summit 3

- Benchmarks
- Comparison
- Information synthesis
- Interpretation
- Context

Summit 4

- Mental & Behavioral health therapies
- MH crisis assessment community versus ER
- Service utilization & DSP availability

Summit 5

- Longitudinal data
- Prediction
- Loneliness
- Everyday choice making

Quality Improvement Initiatives

2024-2025 Examples

Plan-Do-Study-Act; Administrative data; Focus groups

Are there adequate supports in place for people with or without a mental health condition whose ISP captures psychotropic medication?

- Two regions work with multiple data sources and agency analytic team to better understand who takes psychotropic medications and under what conditions.

What regional efforts can improve community employment and integrated community involvement goals in ISPs?

- Three regions develop integrated community involvement fact sheets, in-person trainings, training video for service coordinators and providers

RQC Member Responses to Regional NCI-IDD Choice Results

We know that the individuals want to be heard, and feel heard. Not feeling heard can lead to a crisis. Having options, choices and feeling you have a voice reduces crises. Sometimes choices aren't offered the way they should be. Sometimes providers don't utilize the person-centered philosophy. There needs to be more training on how to do it within regulations, despite the administrative burden. I think there is fear from providers to put certain steps into action. I also think there is a lack of understanding

If you communicate verbally there's a better chance of getting choice versus nonverbal communication. (People with) Moderate, severe and profound intellectual disability... had less opportunity to receive choice. Providers must become more creative in providing choice for nonverbal people

Increase staff training on allowing the individuals to make choices, person-centered planning process use by service coordinators and in training of staff, reinforcing daily the expectations, tying it to staff performances, and pushed by HCBS oversight.

Data-Informed Processes

80% or More RQC Summit Respondents

I am better prepared to interpret data to suggest quality improvements in my region.

My RQC will use data to recommend quality improvement actions in Virginia

The work of my RQC will improve the quality of life of people with IDD in Virginia.



Contact

Seb Prohn, PhD

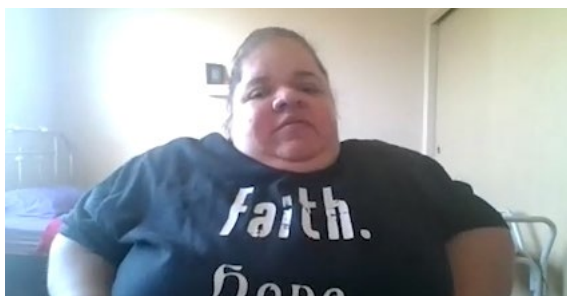
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Partnership for People with
Disabilities
School of Education
Virginia Commonwealth
University



Partnership for People
with Disabilities

Linking people. Changing lives.



The Impact of Living Well

Building a Foundation for Leadership



- The Living Well project created a culture shift by prioritizing rights, safety, and self-direction for people with disabilities.
- Hundreds of individuals learned about their rights and how to speak up for themselves.
- Providers changed how they train staff and respond to concerns, leading to safer, more person-centered services.
- Families became more informed partners in supporting their loved ones' rights and goals.
- Most importantly, self-advocates were not just participants—they were leaders at every step.
- Their lived experience shaped the tools, trainings, and messages that made the biggest difference.



Continuation of Self-Advocate Engagement and Leadership

- BPDD is committed to sustaining and expanding the self-advocate leadership network in collaboration with People First.
- Peer mentoring is the service that continues through partnership with Living Well providers.
- Efforts include training new peer mentors, working with DHS for integration in our HCBS waivers, and building provider capacity around the state.
- Self-advocates continue to share policy, conduct training and bring awareness to their communities around the state.



Self-Advocate Engagement and Leadership Implementation

- Partnered with People First Wisconsin to provide support for self-advocate leaders.
- Identified 10 Self-advocate leaders lived experience from across Wisconsin.
- Co-created educational materials with self-advocate leaders.
- Self-advocate leaders co-facilitated peer to peer education with provider agencies.
- Self-advocate leaders trained peer mentors.

Why a Peer to Peer Model

- People respond better when they hear other people with disabilities talk about their lived experience
- Learning for each other when people shared in the group.
- Build more peer mentors or leaders by providing education and example of leadership



Peer Mentoring

- The purpose of a peer mentoring program is to provide adults with intellectual and developmental disabilities with opportunities to support, mentor and assist people with disabilities.
- The goal is to achieve community inclusion and participation, independence, and productivity from individuals with lived experience.
- Peer Mentors offer the benefit of their personal experiences, passing along encouragement and support to help others construct their own advocacy.

Wisconsin Peer Mentor Implementation

- The team looked at the models in Michigan, Georgia and North Carolina.
- Reviewed waiver definitions in other states using peer mentoring
- Reviewed the Wisconsin Mental Health Peer Specialist program.
- The Michigan model closely matched what we envisioned for peer mentoring in Wisconsin.
- Contracted with Michigan to train the Living Well Self-Advocates leaders.
- The grant team provided training to the pilot sites and consortium stakeholders on peer mentoring.
- Developed a pilot proposal to include 3 Living Well providers and 2 MCO's

Initial Peer Mentor Pilot

Implementing the pilot peer with 2 provider agencies, 2 managed care organizations, and 5 self-advocate leaders.

Goal to mentor 20 individuals over the course of the pilot.

Gainful employment for graduates of the Peer Mentor certification.

Developed a Wisconsin Peer certification which includes training and internship.

Held first Wisconsin Peer Mentor training with 6 individuals.

Build a sustainable pathway of funding for Peer Mentors in Wisconsin's adult and children's waivers HCBS waivers.

Current Peer Mentor Pilot

Trained an additional 6 individuals to be peer mentors.

Provider agencies received 2-year grants to continue pilot.

BPDD received funding to continue with technical assistance and training.

Continue to build a sustainable pathway of funding for Peer Mentors in Wisconsin's adult and children's waivers HCBS waivers.



The Living Well Blueprint

Living Well Impacts

- The Living Well project created real, measurable change across Wisconsin's disability service system.
- People with disabilities are safer, more informed, and more empowered because of this work.
- Providers, families, and systems are better equipped to recognize, respect, and protect people's rights.
- The Living Well Blueprint captures what we learned and how we did it—so it can be replicated.
- It includes ready-to-use tools, templates, evaluation data, and reflection guides.
- Whether you're a self-advocate, family member, provider, or policymaker—this Blueprint was built for you.

Living Well Impacts By the Numbers

- 9 pilot agencies tested and refined best practices—laying the foundation for adoption across 25+ communities, organizations, and systems.
- A Consortium of over 50 cross-sector leaders—including state agencies, families, providers, and self-advocates—guided quality improvement and policy change.
- 228 self-advocates and 115 family members were trained using peer mentoring, plain-language rights guides, and abuse prevention tools.
- Over 4,700 toolkits and 4,300 rights guides were distributed to help people live safer, more connected lives.
- 24,000+ people watched Living Well videos; more than 1,200 attended sessions across the state.
- Self-advocates became leaders—joining boards, testifying at hearings, and leading national presentations.
- The project contributed to state policy changes, including mandatory APS investigations for adults with disabilities in all 72 counties.
- \$485,000 in state and private funding will support People First Wisconsin on peer education and providers working on peer mentoring.

LIVING WELL

Healthy, Safe and Connected

The Living Well Blueprint: A Healthy, Safe and Connected Approach to Quality Home and Community-Based Services



This project was supported, in part by grant number 90DNIQ0004-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

The Blueprint includes details on project elements focused on:

- HCBS Quality Improvement
- Self-Advocate Leadership and Engagement
- Family Engagement
- Improving Abuse and Neglect Responses
- Building Community Relationships

Each element includes individual, professional and state level interventions that can be replicated across the U.S.

Within the Blueprint, we share the tools and evaluation data to support implementation of the strategies.

Each section has a reflection and action planning tool for improvement activity.

STRUCTURE OF BLUEPRINT

Element 1: HCBS Provider Quality Improvement

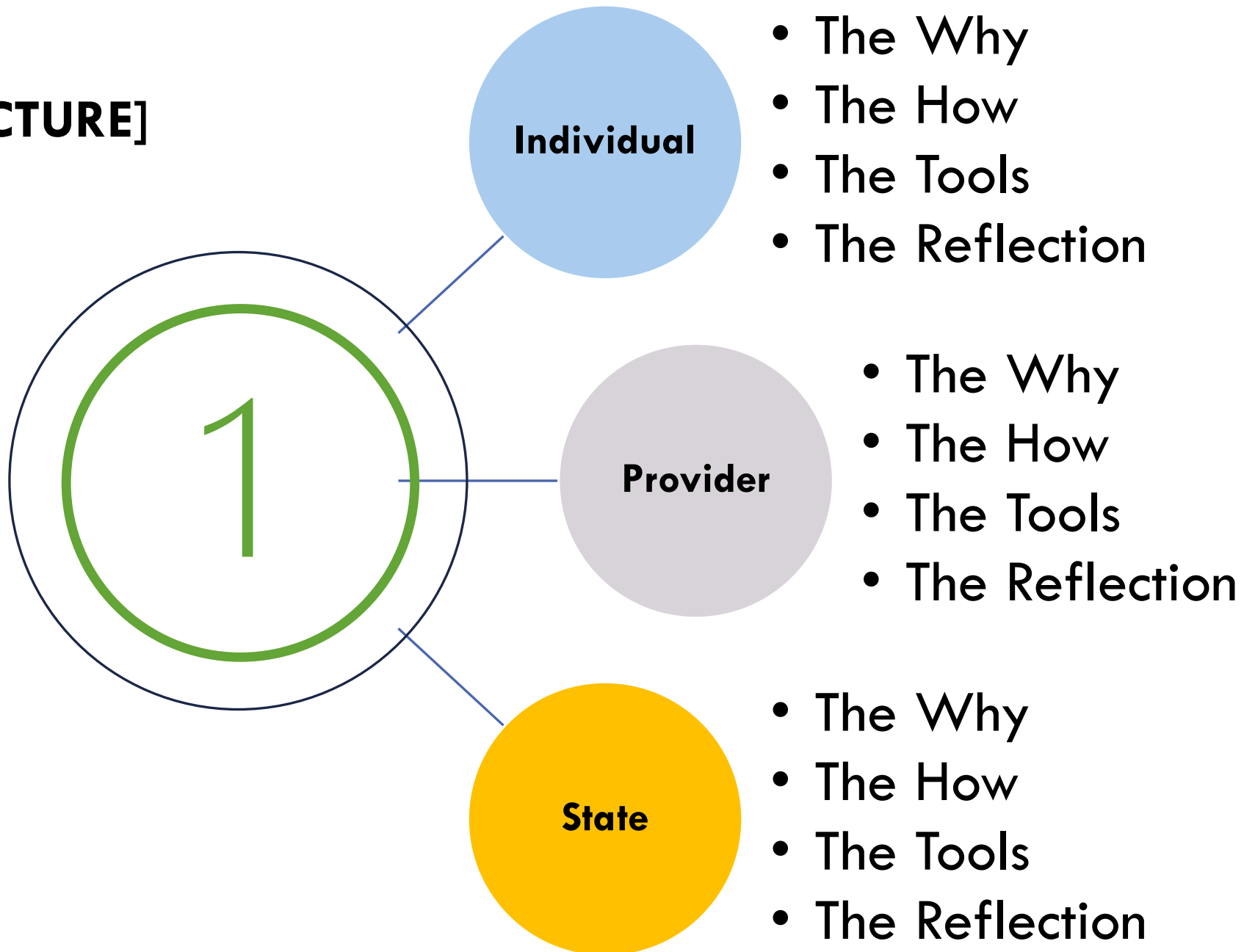
Element 2: Self-Advocate Leadership and Engagement

Element 3: Family Engagement

Element 4: Improving Abuse and Neglect Response

Element 5: Building Community Relationships

[STRUCTURE]

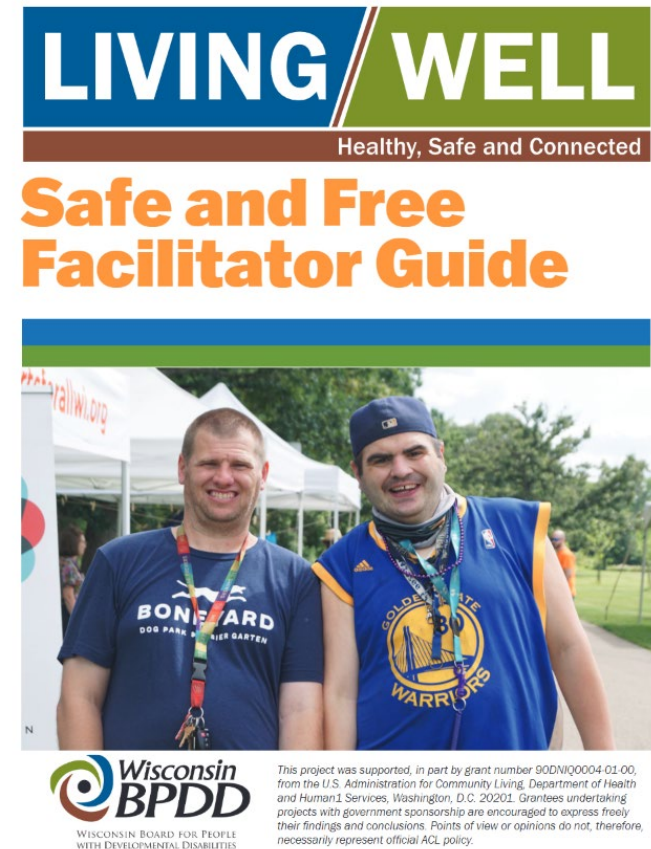


Safe and Free Series

- Adapted from materials from Green Mountain Self-Advocates
- Self-Advocate Leaders and pilot site agency staff taught it together
- Took place virtually or in person in small groups (6-10 people)
- Evaluated what people learn, goal was to scale and sustain after the Living Well project ends
- Co-created a plain language facilitator guide with the self-advocate leaders and People First.

<https://uwmadison.box.com/s/6wlqobah80jgec4qpwi5d1tva91u861j>

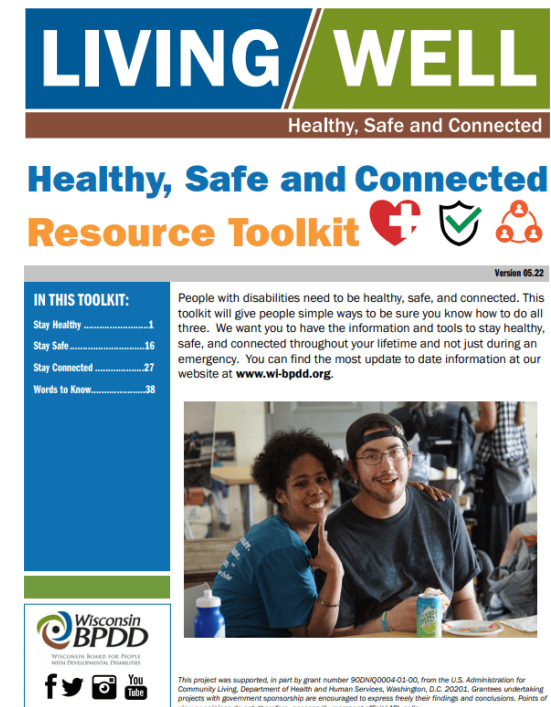
[Home - Green Mountain Self-Advocates \(gmsavt.org\)](https://gmsavt.org)



Healthy, Safe and Connected Toolkit

- Developed initially as a COVID resource.
- Co-created with self-advocates leaders and People First.
- Each section includes tools, resources, and actions plans for individuals to use.
- Self-advocate leaders presented at conferences using the toolkit.
- Agencies and managed care organizations used as part of a pilot.

Living Well Healthy, Safe, and Connected Toolkit - Wisconsin Board for People with Developmental Disabilities (wi-bpdd.org)



Let's Talk About Rights Guides and Videos

- Created three versions of the guides; self-advocate, families, and providers: [Living Well Rights Guides - Wisconsin Board for People with Developmental Disabilities \(wi-bpdd.org\)](https://www.wi-bpdd.org)
- Co-created with self-advocate leaders and People First
- Self-Advocate Leaders and pilot site agency staff taught it together
- Was done virtually or in person in small groups (6-10 people)
- Conducted focus groups to gather feedback on the guides.
- Created a video series of each right that included the self-advocate leaders. [Know Your Rights Video Series - YouTube](#)



Let's Talk About Rights: A Guide for Self-Advocates



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Link to Living Well Blueprint:
LW Blueprint_Final_FULL.pdf
| Powered by Box

Link to Living Well Blueprint Website:

Living Well Blueprint - Wisconsin Board
for People with Developmental
Disabilities



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Thank you & stay tuned for...

- The recording and PowerPoint for this webinar will be available for download at:
<https://bit.ly/GrassrootsProject>
- Contact us: grassroots@hsri.org



