

LIVING WELL

Healthy, Safe and Connected



Living Well Grants

5-year federal grant from the Administration on Community Living to improve home and community-based services for people with developmental disabilities

Other grantee states include:

- The Curators of the University of Missouri on behalf of University of Missouri-Kansas City
- Indiana Family and Social Services Administration
- The Governor's Council on Disabilities and Special Education – Alaska
- The Regents of the University of Idaho

Living Well Grants

Living Well projects in all states will focus on improving **the independence, integration, safety, health and wellbeing** of individuals with I/DD living in the community.

Living Well Projects will have two main parts:

1. **Community Monitoring** – This part of the Living Well projects focuses on improving the recognition, reporting and follow-up on events of abuse and neglect.
2. **Community Capacity Building** – This part of the Living Well projects focuses on improving home and community-based services.



Predictors of Abuse & Neglect

- Social isolation (lack of friendships and relationships beyond paid staff)
- Social stigma related to a lack of respect for people with disabilities
- Lack of privacy within the residence
- Ignorance of individual rights
- Staff stress and lack of training
- Significant dependence on others
- Lack of control/decision-making
- Lack of community participation

From National Core Indicators Data Brief: Case Example, Predictors of Abuse and Neglect

www.nationalcoreindicators.org/upload/core-indicators/Abuse_Neglect_Case_Example_formatted_Final.pdf

8 Key Features of the National Living Well Demonstration

- 1. Partnerships in the design, implementation and replication of the model
- 2. Engagement with self-advocates and families
- 3. Designing, identifying and implementing a range of evidence-based practices and/or innovative strategies
- 4. Building the competencies of direct support professionals and capacity of HCBS providers
- 5. Reducing the incidence of abuse and neglect
- 6. Developing/implementing data tools and evidence-based practices to monitor and address health and safety, especially for people at high risk
- 7. Evaluation to assess progress and determine outcomes of the project
- 8. Sustainability

Wisconsin Living Well Project

- The Wisconsin project has selected six pilot sites that will test promising strategies to promote health, safety, independence and community participation of people with disabilities.
- Wisconsin Living Well will improve community monitoring to prevent abuse, neglect and exploitation.

Wisconsin Living Well Project

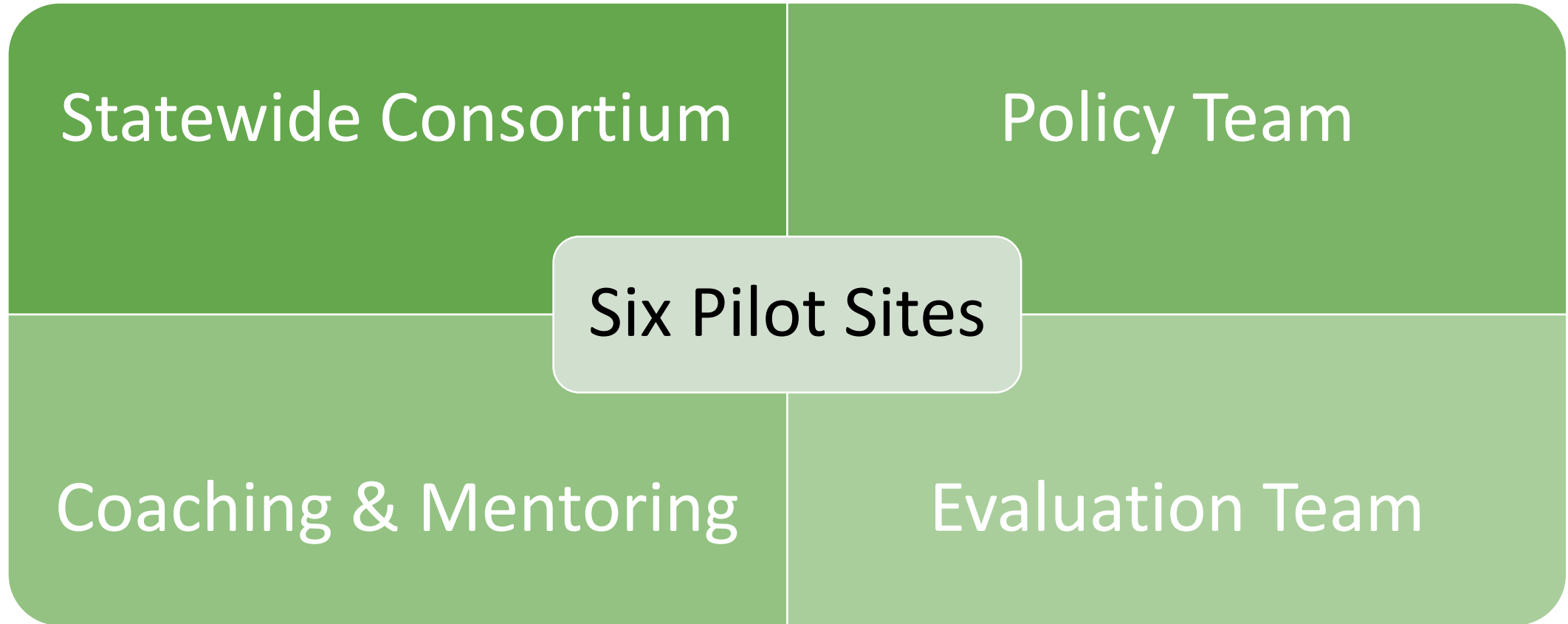
Objectives

1. Implement a set of innovative strategies in 6 pilot communities
2. Provide coaching to pilot sites in implementing new strategies
3. Create policy and practice recommendations based on lessons learned in pilot sites
4. Develop a statewide peer leadership network for families and self-advocates
5. Determine a sustainable model of service improvement based on what is learned in pilot sites

Project Collaborators:

- Waisman University Center for Excellence in Developmental Disabilities
- Council on Quality Leadership (CQL)
- The Arc Wisconsin
- InControl
- Disability Rights Wisconsin
- WI Department of Health Services Division of Long-Term Supports and Services
- Managed Care Organizations
- IRIS Consultant Agencies
- Service providers
- People First and self-advocates
- Families

Wisconsin's Project Design:



Six Pilot Sites

- Aptiv
- Bethesda Lutheran Communities
- Community Living Connections
- Down Syndrome Association of Wisconsin
- Living Our Visions
- SOAR – Fox Cities

Coaching & Mentoring

- Grant Coach: Shannon Webb
- Mentoring agencies:
 - ODC**
 - Headwaters**
 - Opportunities Inc.**
- Structured yet flexible
- Guidance to assess organization strengths and areas of potential growth and improvement
- Support, training and technical assistance to implement new strategies

Living Well Services

- ❑ **Individualized Future Planning** - to give tools and support to families to be proactive in planning the future for their loved ones.
- ❑ **Self-determination and Self-advocacy Training** - to learn about rights, safety in the community and having healthy relationships.
- ❑ **Supported Decision-Making Resources** – to help individuals have more control over their life and future.

Living Well Services

- ❑ **Localized Resource Mapping and Community Conversations** - to find new opportunities and connections.
- ❑ **Building Full Lives Service Model** - to build skills and do meaningful things in the community.
- ❑ **Personal Outcome Measure[®] Interviews** – to evaluate quality of life and inform a person-centered plan.

Participating in the Living Well Project

1. Participate in two Personal Outcome Measure[®] (POM) Interviews.
One interview will be at the beginning of the project and the other will be at the end of the project.
2. Share information about Family Care/IRIS services with Living Well.
3. Share opinions about your services.
4. Participate in new opportunities and services.

Statewide Consortium

- Living Well Statewide Consortium meetings will be held three times per year and will include Living Well project partners, community stakeholders and representatives from all Living Well pilot sites.
- Consortium meetings will provide an opportunity to:
 - Provide project updates
 - Learn from community stakeholders
 - Determine a sustainable model of capacity building and community monitoring

Wisconsin Living Well Project

Sustainability

Identify policy and practice improvements through project collaborators, consortium meetings and pilot site experiences

Scalability

Create and disseminate training and resource materials for providers, self-advocates and families to replicate evidence based practices (similar to Let's Get to Work Quick Guide on Transition to Employment)

Wisconsin Living Well Project

Outcomes

- Enhanced coordination among partners
 - Increased capacity of stakeholders to self-assess and monitor health and safety.
 - Increased implementation of evidence-based practices.
- **Products**
 - HCBS Quality Improvement Toolkit
 - Self-monitoring Toolkit for self-advocates, families and direct supports
 - Permanent peer leadership network

DETERMINATION
ACCOUNTABILITY PREVENTATIVE INTEGRATION
PROCESS STANDARDIZATION INNOVATION
AWARENESS ACCESSIBLE LIVING WELL CHOICE
CULTURE UNDERSTANDING INTERSECTIONAL
SELF CLARITY COMMUNITY
SUPPORT MONITORING DEFINITIONS PROCEDURE
COLLABORATION
CONSISTENCY
PARTNERSHIP TRAINING

Consortium
Feedback

EMERGING THEMES

Consistency

Clarity

Advocacy

Education

Wisconsin's Annual Report on Abuse, Neglect, and Financial Exploitation of Adults at Risk: 2018

<https://www.dhs.wisconsin.gov/publications/p00123-18.pdf>

Primary Reason for Call/Issue Identified

	Number	Percent
Self-Neglect	1,074	41.9%
Information Only*	496	19.4%
Neglect by Others(s)	322	12.6%
Financial Exploitation	283	11.1%
Physical Abuse	164	6.4%
Emotional Abuse	119	4.6%
Sexual Abuse	96	3.7%
Unreasonable Confinement/Restraint	5	0.2%
Treatment without Consent	2	0.1%
Total	2,561	100.0%

* Note: Calls for "information only" do not involve allegations of abuse, neglect, or financial exploitation, and are not included in the analytic tables.

Referral Source

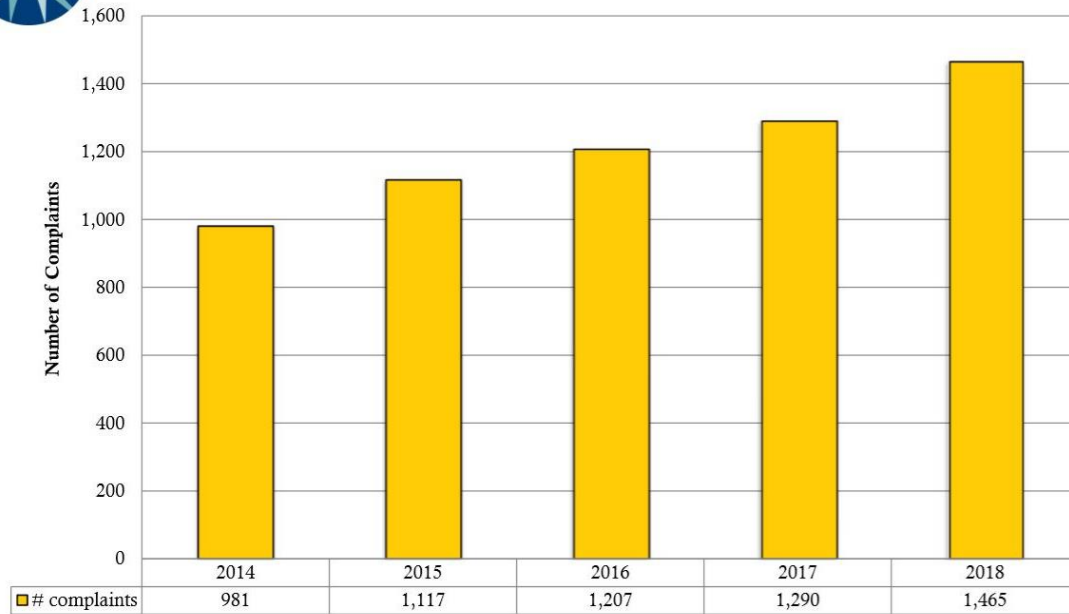
	Number	Percent
Medical professional	351	17.0%
Relative	313	15.2%
Other provider (specify)	277	13.4%
Other referral source (specify)	241	11.7%
Agency (specify)	227	11.0%
Law enforcement	162	7.8%
Friend/neighbor	117	5.7%
Mental health svc provider	86	4.2%
Victim	76	3.7%
Residential support provider	65	3.1%
ADRC	52	2.5%
Anonymous	38	1.8%
Vocational/day svc prov	38	1.8%
Housing inspection/zoning	7	0.3%
Employer	7	0.3%
Regulatory auth (DHFS/DQA)	6	0.3%
Subst abuse svc provider	1	0.0%
Alleged abuser	1	0.0%
Total	2,065	100.0%

Adult at Risk's Characteristics

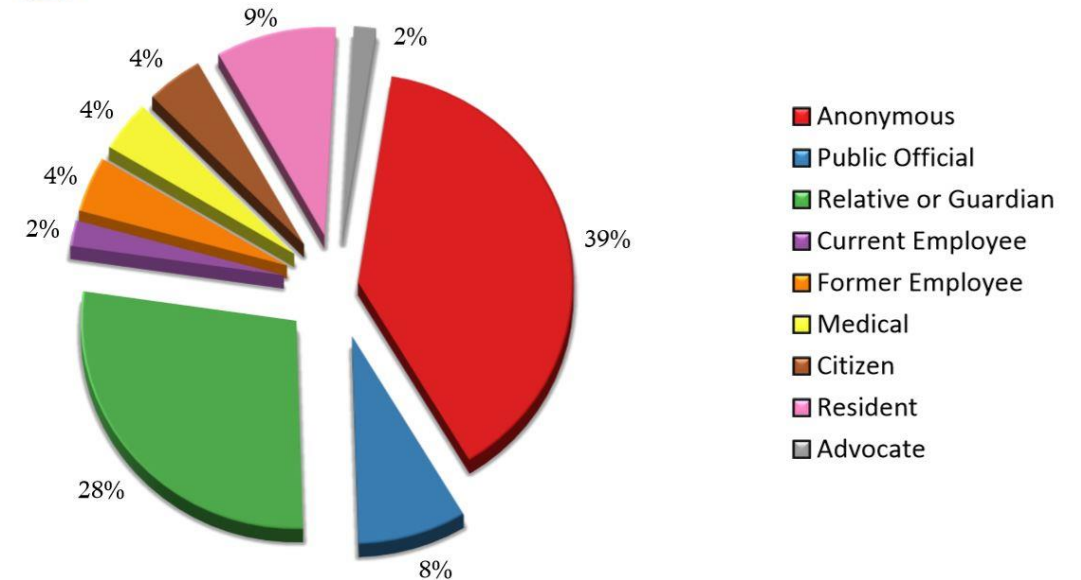
	Number	Percent
Developmental disability	804	38.9%
Mental illness	487	23.6%
Physical disability	303	14.7%
Medically fragile	247	12.0%
Other medical condition	238	11.5%
Mobility impaired	225	10.9%
Chronic mental illness	190	9.2%
Challenging/dangerous behavior	176	8.5%
Alcohol abuse	175	8.5%
Diabetes	154	7.5%
Unemployed	117	5.7%
Other characteristic	113	5.5%
Brain injury	104	5.0%
Drug abuse	96	4.6%
Chronic alcoholic	92	4.5%
Disoriented and confused	90	4.4%
Morbidly obese	89	4.3%
Stroke-related condition	75	3.6%
Dementia	74	3.6%
None of the listed characteristics	74	3.6%
Incontinent	69	3.3%
Homebound	61	3.0%
Blind/visually impaired	53	2.6%
Communication disorder	40	1.9%



Assisted Living Complaints Received



Source of Complaint CY 2018



Division of Quality Assurance

<https://www.dhs.wisconsin.gov/publications/p01726-cy-18.pdf>

Disability Rights Wisconsin

How do I Report Abuse?

Disability Rights Wisconsin is not a first responder agency for suspected abuse, neglect or exploitation.

If someone is in immediate, life-threatening danger, call the police or 9-1-1 immediately.

To report abuse of an elder (60 or older) contact your county [Elder Abuse helpline](#).

To report abuse of an adult (18-59) contact [Adult Protective Services](#).

The Division of Quality Assurance (DQA) is responsible for assuring the health, safety, and welfare of the citizens of Wisconsin. If you believe that a caregiver, agency, or DQA regulated facility has violated the law, you can [file a complaint with DQA](#).

To report child abuse or neglect contact [Child Protective Services](#).

For additional information on Domestic Abuse, visit the [End Abuse Wisconsin website](#).

For suspected sex/human trafficking:

Call 1-888-373-7888 (TTY: 711)|Text 233733

When suspected abuse, neglect, or exploitation involves a person with a disability or mental illness, particularly when that abuse occurs in a program or facility funded by the state, we encourage you to also report this suspected abuse, neglect, or exploitation to Disability Rights Wisconsin's Protection and Advocacy system.

The Power of Personal Outcome Measures®

“What are some of **your** goals?”



USE PERSONAL GOALS:

People's goals serve as the basis for their plans and providing direction. Using these techniques, organizations learn and discover what they want to do in all areas of their organization. We often hear about a person's goals, but we don't hear about the process of setting them. This is where the power of Personal Outcome Measures lies. It is a process that helps people set their goals and then track their progress. The process of the plan is to set goals for the year in a person's goal planning guide for use. Support is provided to ensure that they reach the person's desired goals.

Principles for Organizations:

- Each person defines the process of setting personal goals.
- People have the support they need to implement a variety of options to reach their goals for the future.
- The person's desires and goals are the focus of support and action.

Principles for Organizations:

- Support is provided to ensure that they reach the person's desired goals.

HOW IS POMs DATA USED?

The insight gained during a Personal Outcome Measures® interview can then be used to:

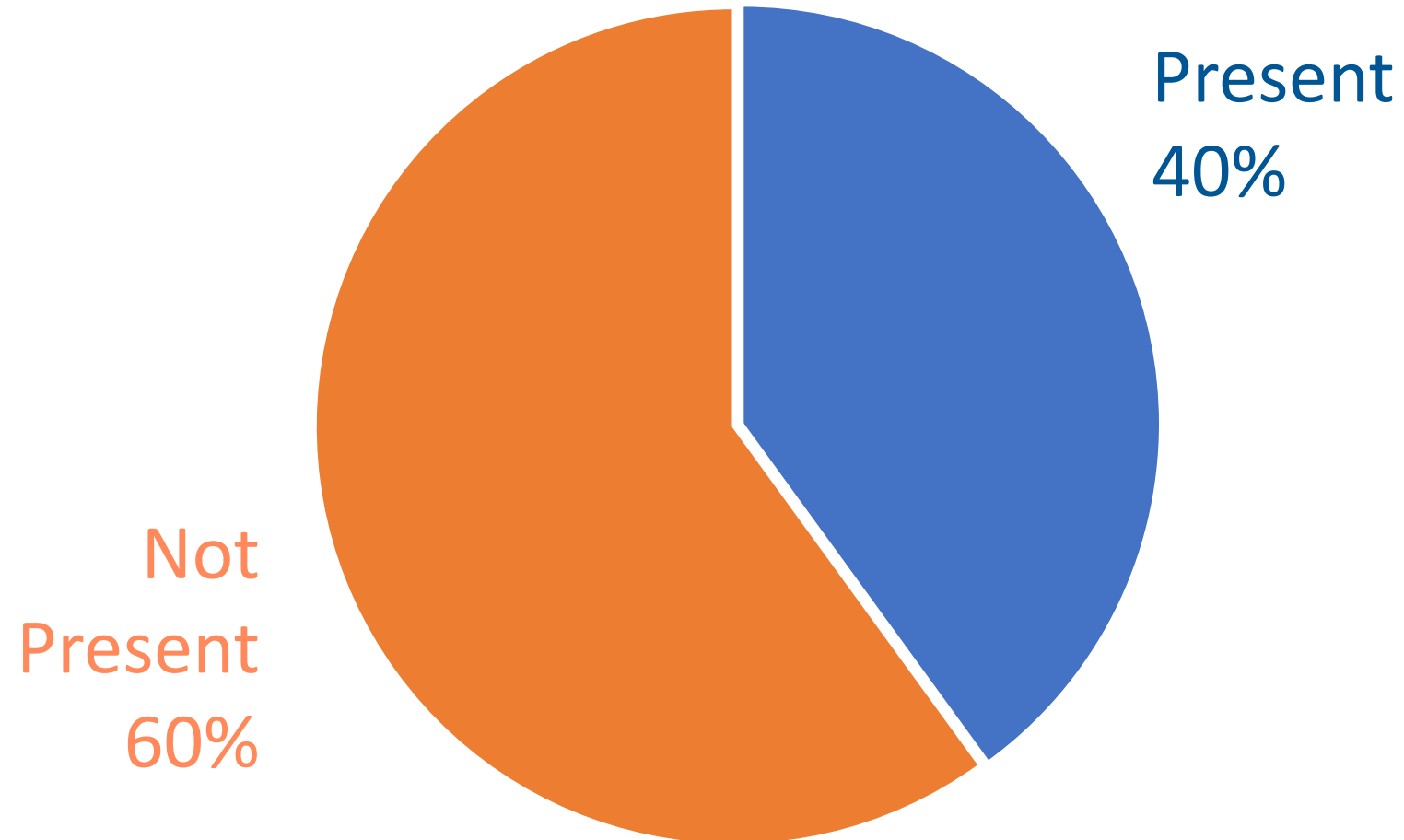
- inform a person-centered plan
- improve individualized support
- track progress, and assess effectiveness of supports



At an aggregate level, agencies can use this data to:

- analyze initiatives
- evaluate organizational priorities
- report results to stakeholders

OUTCOME PRESENT HAVE FRIENDS



Compared to people who do not have friends,
people who **have friends** are ...

(n = 1,408)

2X

MORE
LIKELY TO:

- Be Safe
- Have Integrated Environments

3X

MORE
LIKELY TO:

- Use Environments
- Exercise Rights
- Have Natural Supports

5X

MORE
LIKELY TO:

- Interact With Others
In The Community
- Perform Social Roles

6X

MORE
LIKELY TO:

- Participate In Community Life

Predictors of Abuse & Neglect

- Social isolation (lack of friendships and relationships beyond paid staff)
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