Community NOW!

A Stakeholder Collaborative to Improve Supports for Idaho Adults with Developmental Disabilities

Annual Report

December 2020

Led by Self-Advocates

Effective Systems Change

Highly Collaborative

ACKNOWLEDGEMENTS

Community NOW! is made up of people who commit to honor the rights of people with intellectual and developmental disabilities to live their own lives. People from Idaho State agencies and commissions, University programs and private non-profit organizations, legal counsel and providers of services.

Most important, Community NOW! is made of people with intellectual and developmental disabilities and family members.

These people have the lead voice in Community NOW! and provide the guidance, lived experience, wisdom, and courage the group needs to move forward.

All these people have come together to create a system in Idaho that provides people with intellectual and developmental disabilities the supports they find most meaningful, ensuring the best use of state and federal funds.

Thank you.

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2020: A LOOK AT THE NUMBERS

7 Recommendations or products approved by CNOW!

7

- Person Centered Planning Facilitator Qualifications
- Person Centered Planning Facilitator Certification Process
- Self-Advocacy Training Model
- Statewide Training Coordinator Job Description
- Self-Advocate Trainer Job Description
- Direct Support Provider Recommendations
- Direct Support Provider Core Competencies
- Person Centered Planning Individual Perspective Flow Chart

3

3 Planning documents

- Self-Advocate Training System Logic Model
- Culturally Responsive Advisory Group Logic Model
- Quality Assurance Abuse and Neglect Reporting and Monitoring Logic Model

10

10 Trainings on 4 topics

- Trauma Informed Care
- Cultural and Linguistic Competence
- Person-Centered Thinking
- Supported Decision-Making

30

30 Adults with Intellectual and Developmental Disabilities and Family Advocates leading this discussion

6 Medicaid Service Array Proposals Reviewed

6

- Person Centered Planning
- Supported Living
- Prevocational Services
- Career Planning Service
- Community Habilitation Service
- Non-Emergency Medical Transportation

4

4 Recommendations and products under development

- PCP Facilitator Training Timeline
- Self-Advocate Training Work Plan and Timeline
- Self-Advocate Training Modules
- Direct Support Provider Training Tiers

3 Informational products to inform recommendations

3

- Self-Advocate Focus Group Report on Direct Support Services
- Self-Advocate Focus Group Report on Abuse and Neglect Reporting and Monitoring
- Idaho Abuse and Neglect Reporting and Monitoring System Overview Summary

I. PREFACE

THE HISTORY OF COMMUNITY NOW!

In 2016, the Idaho Department of Health and Welfare (DHW) was required by the K.W. v. Armstrong settlement agreement to create a new budget model for people using Medicaid-funded Home and Community Based (HCBS) developmental disability services. DHW and the Idaho Council on Developmental Disability (ICDD) staff agreed that the new budget model is only useful if the services it supports are also meaningful.

The two agencies gathered a group of people together to look at the system, understand what was and was not working, and propose what they think will work best for people with intellectual and developmental disabilities (I/DD). That group includes people with I/DD, family members, providers and representatives of stakeholder organizations - DHW, ICDD, Center on Disabilities and Human Development (CDHD), Idaho Division of Vocational Rehabilitation (IDVR), Disability Rights Idaho (DRI), American Civil Liberties Union (ACLU), and the Office of the Attorney General (AG)

This group became Community NOW! (CNOW!) in January 2017. The purpose of this statewide collaborative workgroup is to improve the developmental disability service system to best meet the needs of adults with intellectual and developmental disabilities who use Medicaid HCBS services. To make sure we listened to people with I/DD about what they need, DHW and ICDD organized CNOW! so adults with I/DD:

1. had the lead voice in discussions about adult developmental disability services; and
2. had a final review of all products coming out of CNOW!

People shared their stories and real-life experiences in small work group meetings, large work group meetings, and statewide community listening sessions. (see Table 1 for detail). This information taught CNOW! what types of support adults with I/DD want and need, and what barriers can keep adults with I/DD from living full and independent lives.

Learning about barriers people experience led the group to develop 17 recommendations for improvement. The recommendations are included in a report

called Service and Support Recommendations from Community NOW! July 18, 2017 that is available online at **https://icdd.idaho.gov/wp- content/uploads/2017/10/FINAL-Community-NOW-Report-2017.pdf** (Recommendations Report). The report includes recommendations for DHW's Division of Medicaid, but also community-wide recommendations that go beyond Medicaid to address the whole lives of people with intellectual and developmental disabilities.

Since the Recommendations Report was issued, CNOW! has worked to move the recommendations forward. This report describes the group's accomplishments at the end of state fiscal year 2020 (June 30, 2020). This report also tells the following story about the commitment to get this work done:

- agencies and organizations coordinate their resources to support the work;
- individuals with I/DD and family members provide a large amount of their time, lived-experience and vision; and
- the group's collective effort to keep their eye on a challenging but critically important target even in the most difficult of times.

Table 1

Developing the 17 CNOW Recommendations

6	Months	Jan - Jun 2017
60	Participants	Adults with I/DD, family members, DHW, ICDD, CDHD, DRI, Providers, ACLU, OAG, HSRI
3	Pre-Meetings	Adults with I/DD
3	Meetings	All Participants
3	Work Groups	Home
		Community
		Work
17	Work Group Pre-Meetings	Adults with I/DD
17	Work Group Meetings	Adults with I/DD
14	Listening Sessions	Idaho Falls, Pocatello, Twin Falls, Emmett, Caldwell, Boise, Grangeville, Lewiston, Coeur d'Alene, Ponderay
93		Adults with I/DD
128		Family Members
31		Service Providers
1	Report	
17	Recommendations	

OUR FRAMEWORK: THE 17 RECOMMENDATIONS

CNOW!'s work is about making its 17 recommendations a reality. CNOW! recommends the state of Idaho:

Generate a Truly Person-Centered System

1. Establish a quality Person-Centered Planning (PCP) process based on PCP best practice.
2. Use the Individual Service Plan (ISP) and Support and Spending Plan (SSP) to identify and document how supports (paid and unpaid) are used to achieve the life goals identified by the adult in the PCP.
3. Set up the expectation and process to understand, develop, and support the adult's most effective and preferred communication method(s).
4. Create a culture where individual rights are known, understood, exercised, and respected. This culture should focus on understanding and using supported decision-making to help adults make informed choices.
5. Point out and enforce HCBS rules that say adults decide where they live, who they live with, and who provides their support.

Focus on Meaningful Access to the Community and Support that Aligns to the Adult's Desires, Interests, and Needs

6. Create a non-medical and flexible service model to support adults with I/DD to meet their needs and explore their interests in their communities over their lifetimes.
7. Provide services that support adults' overall health, including mental health and substance use.
8. Provide services that meet the needs of adults with dual diagnosis (mental health and I/DD).
9. Include pre-vocational, career planning, and individual supported employment services in the Medicaid benefits package. These services are meant to support the adult to get and keep their preferred job in the community where they earn the same wages as anyone else doing that job.
10. Make changes to the system so adults are able to find, support, and keep competent, consistent, capable, and quality staff.
11. Develop a training process for support staff that has levels of training; reflects

the culture and language needs of people using services; is the same for all support staff statewide; and creates a focus on learning from each individual. This will make sure that all staff learn from best practice, experience, and knowledge.

12. Pay attention to the changes that happen in all phases of life and find solutions for individual issues.
13. Create a way to make sure that information about an adult follows them through systems, providers, and services in a way that is used on the adult's behalf.
14. Coordinate and communicate across all state agencies, programs and schools to provide supports that are consistent, connected, and work best for adults and families.

Create and Carry Out an Ongoing Quality Assurance Processes

15. Use the goals identified in the adult's person-centered plan as the ultimate measure of how well the services and program are working.
16. Make quality assurance measures and processes part of policy and carry forward into the future. Use these to measure how well the program is working and to identify issues and improve strategies.

Other Suggestions

17. Develop ways to work together and with other programs on behalf of the adults with intellectual and developmental disabilities in the following areas:

- Financial limitations
- Guardianship
- Housing
- Medical and Non-Medical Transportation
- Other Medicaid Benefits
- Post-Secondary Education

OUR RESOURCES: A HIGHLY COLLABORATIVE EFFORT

CNOW! work was funded in the beginning only by DHW and ICDD. A five-year grant, called Idaho Living Well, was provided by the Administration for Community Living (ACL) and is funded through the University of Idaho Center for Disabilities and Human Development (CDHD). This grant has added more funding to complete in depth work on specific CNOW! recommendations. CDHD is working in partnership on the Idaho Living Well grant with DHW, ICDD and Disability Rights Idaho (DRI).

Partners coordinate the funding, management and work group activities to make sure individuals with I/DD and family members have the lead voice in this process. Partners are committed to providing CNOW! members support and information needed to do this work and create the space for individuals with I/DD and family advocates to study, discuss and develop CNOW! products. Partners support the process, are invested in the products, and are committed to seeing the CNOW! vision become a reality.

In addition, Medicaid's Bureau of Developmental Disabilities Services (BDDS) has a technical assistance grant from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). This grant provides technical assistance for person-centered planning efforts in CNOW! and throughout DHW programs.

Staff make sure materials produced for CNOW! are in plain language and all materials are translated into Spanish. Two Spanish language interpreters are provided during meetings as well as a captioning service. ICDD supports people with intellectual and developmental disabilities and family members to have a meaningful say in the Community NOW! meetings, whether they are in-person or virtual.

OUR RESPONSE TO COVID-19

With COVID-19, CNOW! continued its work, moving from in-person to virtual meetings to protect everyone. CNOW! members and support staff took time to figure out how to collect and share information, coordinate and conduct virtual meetings, facilitate and document discussions in a different format with different dynamics, and continue to

provide plain language edits of materials and all information translated into Spanish. ICDD created videos in English and Spanish on how to navigate Zoom, the virtual platform used once COVID-19 made it unsafe to meet in person. This training also included how to use the language access channel, the chat function, and how to turn on the captioning feature. Preparation and coordination efforts take longer, meetings must be shorter in duration to accommodate Zoom fatigue, and some timelines were forced to change. COVID has been challenging on personal and work levels, but CNOW! has adapted to the new format, continued its work, and made significant progress.

II. COMMUNITY NOW! 2020

CNOW! members include individuals with I/DD, family advocates, providers and people from stakeholder organizations. In 2020, CNOW! added 10 individuals with I/DD and family advocates from the Latino community. Table 2 shows the current CNOW! membership.

Sixty-nine (69) members make up the CNOW! Full Stakeholder Group. In 2020 the group held its regular biannual meetings in October 2019 and June 2020. At these meetings they reviewed and provided feedback on work group products. CNOW! also had the following special meetings:

Community NOW! Membership 2020

1. A meeting of the entire CNOW! to understand the scope, status and issues regarding the KW v. Armstrong lawsuit and to provide their opinions about the best way forward.
2. A 4-part series of meetings with 10 CNOW! individuals with I/DD and 5 Family Advocates to review and provide feedback on Medicaid's Service Array proposals.

"This has been such a hard year. Because of Covid, our community life has altered greatly. We are grateful for the outdoors and Zoom to help us stay connected and healthy. Participating in Community NOW! is very important to us. The ability to stay connected and contribute to Community NOW! via Zoom has been a challenge but greatly rewarding. I love that Community NOW! organizers have found a way to continue to gather insight, feedback, and advocate stories during these challenging months. We feel heard and appreciated. Thank you!"

Nora and Hannah Jehn

In order to respond to the 17 recommendations, CNOW! has organized itself into two advisory groups and a number of Implementation Work Groups (IWGs). These groups include the following:

- Advocate Advisory Committee
- Culturally Responsive Advisory Group (CRAG)
- Person-Centered Planning IWG
- Self-Advocacy Training IWG
- Direct Support Professional Career Pathway and Training IWG (Be Fair 2 Direct Care)
- Quality Assurance for Abuse and Neglect Reporting and Monitoring IWG

Table 2 Community NOW! Membership 2020

Self-Advocates	**11**	
	6	Latino
Family Advocates	**5**	
	6	Latino
Community Connector	**1**	Latino
Service Providers	**13**	
Stakeholders	**28**	Idaho Council on Developmental Disabilities
		Center on Disabilities and Human Development
		Department of Health and Welfare
		DisAbility Rights Idaho
		Vocational Rehabilitation
		American Civil Liberties Union
		Attorney General's Office
TOTAL	**69**	

In addition to the work groups, ICDD is working on opportunities related to Dual Diagnosis, and Medicaid is developing proposals for a new service array so the new budget model will support the services adults with I/DD and family members want and need. Table 3 shows where work group efforts address the 17 recommendations.

Table 3 Workgroup Focus on Recommendations

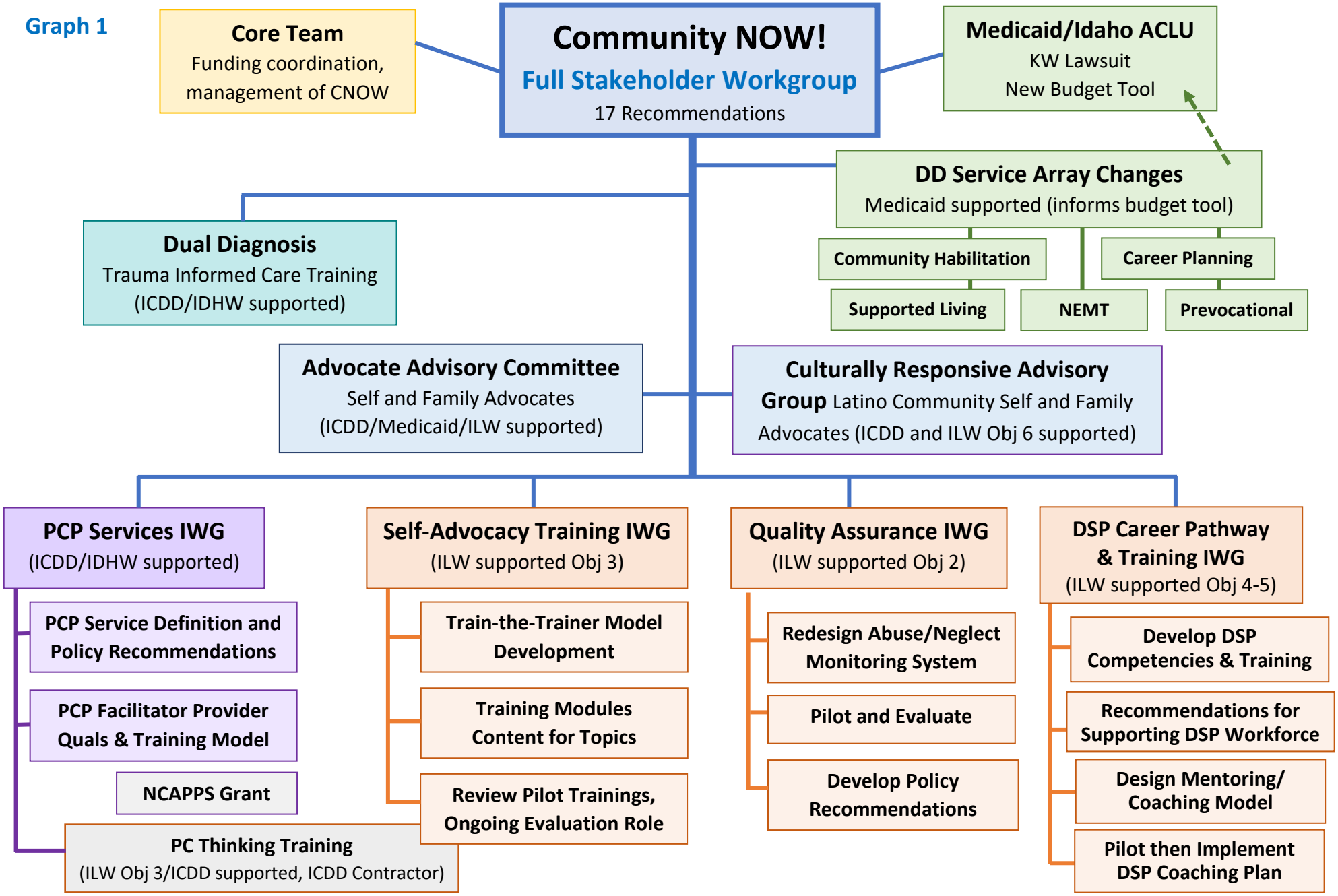
CNOW Recommendation	Person-Centered Planning	Self-Advocacy Training	Direct Support Professional	Quality Assurance	Culturally Responsive Advisory Group	Dual Diagnosis	Medicaid Service Array
1	X					X	X
2	X					X	X
3	X						X
4	X	X		X	X		X
5	X						X
6							X
7	X						
8						X	
9							X
10			X		X		X
11		X	X				
12							X
13	X						
14							X
15	X						X
16				X			X
17							X

CNOW! work is coordinated by CNOW!'s Core Team, a group of representatives from CNOW! funding entities, ACLU and AG legal staff, and individuals with I/DD and family members. Graph 1 (next page) shows how CNOW! is organized.

Products being developed by CNOW! workgroups are in various stages of development. There are a number of products with final CNOW! approval ready to be adopted by policy or carried into in practice; some are still developing the detail around their proposals; most have a training component to develop.

In 2020 Matt Wimmer, Administrator of DHW's Division of Medicaid, commended CNOW! He pointed out that CNOW! efforts and work go beyond DHW's legal obligation to engage with participants through the KW lawsuit. The process to provide individuals and family members the lead voice and to understand how benefits are structured provides Medicaid the opportunity to redesign the system in a way that is most supportive of individuals' needs. The Administrator said Medicaid is committed to maintaining the CNOW! process far into the future.

Graph 1


Core Team
Funding coordination, management of CNOW
Community NOW!
Full Stakeholder Workgroup
17 Recommendations
Medicaid/Idaho ACLU
KW Lawsuit
New Budget Tool
DD Service Array Changes
Medicaid supported (informs budget tool)
Community Habilitation
Career Planning
Supported Living
NEMT
Prevocational
Dual Diagnosis
Trauma Informed Care Training
(ICDD/IDHW supported)
Advocate Advisory Committee
Self and Family Advocates
(ICDD/Medicaid/ILW supported)
Culturally Responsive Advisory Group Latino Community Self and Family Advocates (ICDD and ILW Obj 6 supported)
PCP Services IWG
(ICDD/IDHW supported)
PCP Service Definition and Policy Recommendations
PCP Facilitator Provider Quals & Training Model
NCAPPS Grant
PC Thinking Training
(ILW Obj 3/ICDD supported, ICDD Contractor)
Self-Advocacy Training IWG
(ILW supported Obj 3)
Train-the-Trainer Model Development
Training Modules Content for Topics
Review Pilot Trainings, Ongoing Evaluation Role
Quality Assurance IWG
(ILW supported Obj 2)
Redesign Abuse/Neglect Monitoring System
Pilot and Evaluate
Develop Policy Recommendations
DSP Career Pathway & Training IWG
(ILW supported Obj 4-5)
Develop DSP Competencies & Training
Recommendations for Supporting DSP Workforce
Design Mentoring/ Coaching Model
Pilot then Implement DSP Coaching Plan

CNOW! ADVISORY GROUPS 2020

Two advisory groups review and provide feedback on CNOW! materials. The following summarizes their purpose and 2020 activities.

Advocate Advisory Committee (AAC)

The AAC is a group of individuals with I/DD and Family Advocates who provide their perspective on work completed before those work products are presented to the full CNOW! membership. The AAC also responds to questions from CNOW! members about how to best design a service. Graph 2 shows how work group topics route from IWGs through the Advocate Advisory Committee and back to IWGs before being presented to the full CNOW! membership.

Advocate Advisory Committee

Purpose: Ensure people with developmental disabilities have the lead voice and a final review of all CNOW! proposals.

CNOW! Recommendations: Advisory on all

Outcomes: Services are meaningful and effective.

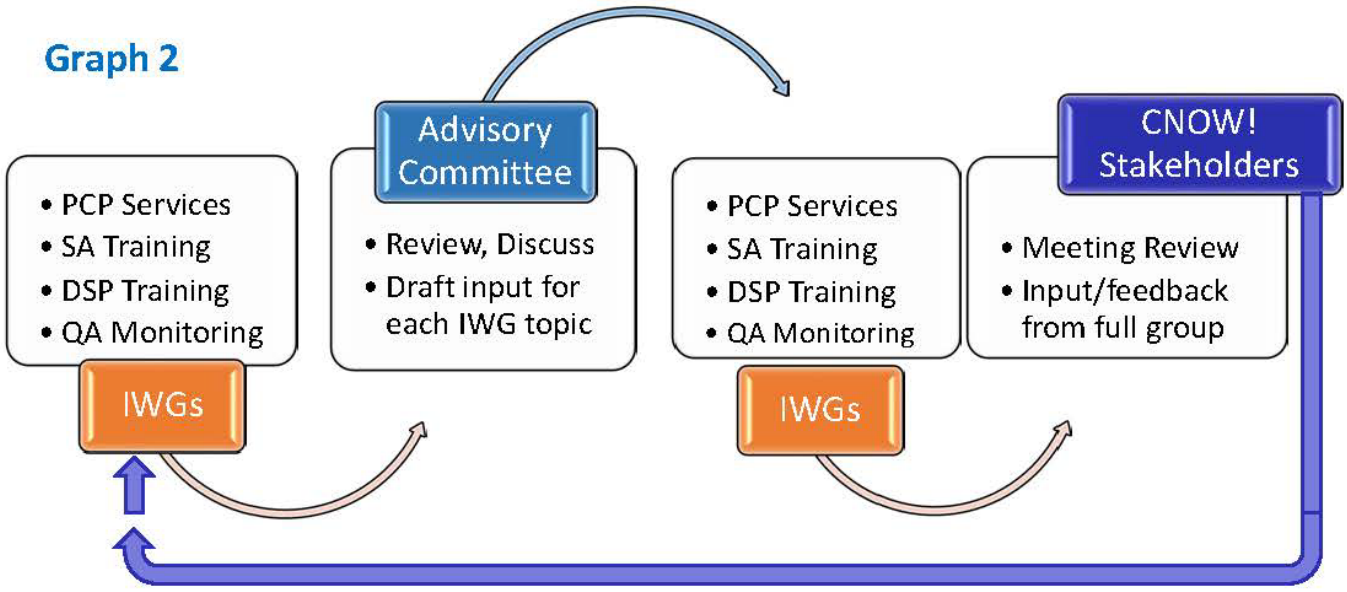
Membership: 9
(6 self-advocates, 3 family advocates)

Meetings: 4

In 2020 the AAC provided their ideas about the following items:

- CNOW! Charter
- PCP Facilitator Qualifications
- Self-Advocacy Training Model components
- The Direct Support Professional training tiers
- Charting the Life Course Approach - a person-centered model considered for adoption in Idaho

Graph 2



Culturally Responsive Advisory Group & Cultural Competence Training

The Latino community is an identified population that has been underserved in Idaho. Their voice is vital to developing culturally and linguistically competent supports and services.

The Culturally Responsive Advisory Group is a group of individuals with I/DD and family members who are from the Spanish speaking community. ICDD formed the CRAG in early 2019 and provided training throughout that year for members to learn about the KW vs. Armstrong lawsuit, the developmental disability service system, court and crisis services, person centered planning, the Developmental Disabilities Assistance and Bill of Rights Act of 2000, and why their voice is needed to create culturally and linguistically competence services. Their role in CNOW! is to share their lived experience about services needed by the Spanish speaking community. Additionally, they inform the creation of new services by sharing how to provide a service to best meet the cultural and linguistic needs of Idaho's Latino community.

CRAG

Purpose: Develop a culturally and linguistically competent adult developmental disability service system for the Latino community in Idaho.

CNOW! Recommendations: Advisory on all

Outcomes: Increased cultural responsiveness through the delivery system and increased confidence by the Latino community that their needs are being addressed.

Membership: 10
(5 self-advocates, 5 family advocates)

Meetings: 5

Being culturally competent means creating materials and activities in a way that thinks about the perspective and understanding of people from different cultures. It is a way of respecting different ideas and life experiences and making sure that everyone has an equal chance to participate. Linguistic competence is about providing information in the languages of the people involved. CNOW! works on cultural competency in the following two ways:

1. A Cultural Competency Advisory Group (CRAG) to provide the Latino experience and ideas in the CNOW! process. Staff meet with them separately to provide information, create understanding, and listen to their ideas.
2. A training effort for individuals, family members, providers, and other stakeholders to help increase their cultural and linguistic competency understanding and capacity.

In October 2019, CRAG members joined CNOW! meetings. Their voices are a part of regular CNOW! discussions. To support this, ICDD staff have pre-meetings with the group to review meeting agendas and materials, answer questions. Post meetings are also scheduled to answer questions and get additional feedback that may have been

missed at CNOW!. Materials from the CNOW! meetings are translated into Spanish and delivered with meeting packets electronically and by mail. Interpreters and captioners participate in each meeting. ICDD intentionally works with the same two interpreters in order to build the interpreters vocabulary around the disability service system.

In 2020, the CRAG reviewed and made specific comments regarding the following draft products:

- PCP Facilitator Qualifications
- Self-Advocate Training Coordinator Job Description
- Prevocational Service Proposal
- Career Planning Service Proposal
- Direct Support Worker Competencies
- Direct Support Professional Training Model

CRAG members have taught CNOW! there is a gap in serving Spanish speaking families and individuals; services are not one size fits all; culture must be considered when providing services and supports to our customers; and language access must improve in order for people to get needed information to access and understand available services.

Community NOW! has given our Hispanic community the opportunities to talk about the issues we have to face. It has also given us answers to improve our family members' lives, knowing that our input is taken seriously. Being a part of this change makes me feel I can help my son and my community.

Marilu Moreno

IMPLEMENTATION WORK GROUPS 2020

Four IWGs are at work in response to the 17 recommendations. The following describes their 2020 accomplishments.

Person-Centered Planning (PCP IWG)

The PCP IWG is working towards two different goals:

1. Establish a Medicaid Person-Centered Planning Facilitation service, and
2. Increase knowledge and understanding through training so that person-centered practice becomes part of the normal way of working with people in Idaho.

To get the Person-Centered Planning Facilitation service in place, the PCP IWG

1. Completed a Person-Centered Planning Facilitator Qualifications recommendation that was approved by CNOW! membership. See Attachment A for the complete proposal.
2. Completed a timeline for training supports for the PCP Facilitator certification process.
3. Made a visual that shows what the planning process should look like from the individual point of view. See Graph 3.

In 2021 the Work Group will complete the facilitator training plan.

Person-Centered Planning IWG

Purpose: To develop and implement truly Person-Centered System.

CNOW! Recommendations: #1, 2, 3, 4, 5, 7, 8, 13, 15

Outcomes: People with developmental disabilities get the supports they need to live the life of their choice

Membership: 10 (1 Self Advocate, 2 family advocates, 2 providers, 9 stakeholders)

Meetings: 8 PCP IWG, 5 PCP Training subcommittee, 9 monthly

Person Centered Thinking Training

The PCP IWG provided input to a contract ICDD executed to provide statewide Person-Centered Thinking Training. The first of many training sessions was completed this year. The training model for person-centered planning and practice includes recruiting our own Idaho Person Centered Thinking Trainers to continue the training into the future.

Person Centered Thinking Training

Purpose: To increase understanding and awareness of person centered thinking

CNOW! Recommendations: #1, 2, 8

Outcomes: A person-centered culture throughout the state of Idaho

People trained: 33 (2 Self Advocates, 9 Family Advocates, 11 providers, 11 stakeholders)

Meetings: 1 6-part virtual series

Graph 3

Idaho Person-Centered Service System

Individual's Perspective

PC Planning Facilitator

Support to lead the process and bring the right people to the table. Guides planning to focus on my preferences, ideas, and goals.

Supports me to lead planning.

Whole Life Plan

About me with my goals and activities that are meaningful to me. Lists the support, resources, and connections I need to achieve my goals.

DD Services

Changes that give me more choice and control over what paid services I use, how I am supported, and doing activities that are meaningful to me.

Quality Assurance

Asks me if I am happy with how things are going and if I am doing the things I want to do and reaching my goals. Asks me if I am getting the support I need in the way I want to be supported. Asks me what is working and what is not working and plans next steps to change things that are not working.

Quality Measures

That are meaningful because people like me, who use services, helped write them.

Community

Resources, connections, and unpaid support to help me achieve my vision of a good life.

Training to Help Me Lead

PC Thinking Training

For me, my staff, and other supporters to learn how to better listen to me and know how I want to be supported.

Person-Centered Planning and Leading My Plan

For me and my family to learn what to expect in person-centered planning and how I can take the lead in planning.

Self-Advocacy Training

Training designed for me with many topics I can choose from.

Self-Advocacy Training (SAT IWG)

In 2020, CNOW! approved the following that the SAT IWG developed:

- A Self-Advocacy Training Model, included in full as Attachment B
- A Statewide Training Coordinator Job Description
- A Self-Advocate Trainer Job Description
- A Self-Advocate Trainer application and interview questions

The SAT IWG also produced the following:

- Draft recommendations for training procedures and protocols
- Recommendation about how to keep the model going into the future

Self-Advocacy Training IWG

Purpose: Build the framework for an advocacy training program supporting people with disabilities as trainers and provide training to a variety of stakeholders focusing on self-advocacy, choice and rights.

CNOW! Recommendations: #4, 11

Outcomes: Trainers, adults and family members increase their knowledge and practical use of skills in self advocacy, and others increase their knowledge and capacity for recognizing and supporting individual choice.

Membership: 9 (6 Self Advocates, 1 Family Advocate, 3 providers, 1 stakeholder)

Meetings: 10

In 2021 the Work Group will develop learning objectives for self-advocacy training modules and make recommendations about module format.

Direct Support Professional (DSP IWG)

In 2020, CNOW! approved the DSP IWG's

- Direct Support Professional recommendations, included as Attachment B and
- List of core competencies, included as Attachment C

To help this effort, ICDD and DRI conducted a focus group of individuals with I/DD about their experience with direct support providers. This information was used by the Work Group to develop proposals. DSP IWG staff presented the proposals to 11 providers at an Idaho Association of Community Provider (IACP) meeting. The proposals were generally well received and the group is planning more outreach to providers to get additional

Direct Support Professional IWG

Purpose: Develop recommendations that will increase the skills and knowledge of direct support workers; provide ways for advancement; increase retention

CNOW! Recommendations: #10, 11

Outcomes: Available, quality support staff who stay and grow in the direct support field

Membership: 22 (6 Self Advocates, 2 Family Advocates, 6 providers, 8 stakeholders)

Meetings: 5

feedback. The DSP IWG also developed a draft of a tiered training system and will be focusing on this in 2021.

Quality Assurance – Abuse and Neglect Reporting and Monitoring (QA IWG)

Quality Assurance IWG

Purpose: Establish a self-advocate led abuse and neglect reporting and monitoring system

CNOW! Recommendations: #4, 16

Outcomes: Increase awareness, effective system, initial increase in reporting, satisfaction with reporting and monitoring outcomes.

Membership: 23 (6 Self Advocates, 2 family advocates, 3 providers, 12 stakeholders)

Meetings: 5

In 2020, the QA IWG

1. Produced an overview summary of Idaho's existing abuse reporting and monitoring system. That report describes the current system as a "plate of spaghetti" because of the numbers of agencies responsible for receiving reports of abuse, neglect, and exploitation.
2. Produced a logic model. The logic model shows what it will take to create a new reporting and monitoring system. The logic model is an important map for this project because it includes a wide range of stakeholders, complicated work to be done, training necessary, and the type of policy change needed to make the system a reality. The logic model follows as Attachment E.

In 2021, QA IWG will

1. Develop a consistent definition for abuse, neglect and financial and sexual exploitation across all state agencies and appropriate organizations.
2. Conduct two separate studies including:
    - Interviews and focus groups with agencies responsible for the processes, procedures, and accountability to victims of abuse who have a disability.
    - Collect individual's life stories about their experience with the system to inform future recommendations, and public policy.
3. Organize into subcommittees to develop training needed about abuse, neglect and exploitation for individuals, family members, providers and other stakeholders.

MEDICAID DEVELOPMENTAL DISABILITY SERVICE ARRAY

The Medicaid Bureau of Developmental Disability Services (BDDS) is proposing improvements to its developmental disability array of services in response to CNOW! Recommendations. The proposed services have been designed to best meet individuals' needs and will be included in the development of the new budget tool. Medicaid's proposals include:

- Change the current residential habilitation service to give adults more choice and control over who could support them in how they spend their day. It allows them to choose other services during the day that are outside residential habilitation.
- Add a Prevocational Service to help individuals develop general skills that are useful for any job in the community
- Add a Career Planning Service to help people identify the type of work they want to do, explore employment options, and find and interview for jobs
- Add a Community Habilitation Service to support someone to do things they want to in the community and the skills to do so safely
- Change the Non-Medical Transportation Service to increase the number of miles an individual can use to do things they want to in the community
- Add a Person-Centered Planning Facilitation service to help people plan for their whole life

Medicaid DD Service Array

Purpose: Develop an array of Medicaid-paid services that best meet the needs of adults with I/DD

CNOW! Recommendations: #1, 2, 3, 4, 5, 6, 9, 10, 12, 14, 15, 16, 17

Outcomes: Adults are able to live their best lives; services are meaningful and effective

Outreach: 11 Self Advocates, 5 family advocates, 7 from advocate organizations, 8 DHW, 3 others

Meetings: 4

I am participating in Community NOW! because I would love to see a positive change in how residential habilitation works.

Jaymee Peterson

To develop the proposed service improvements, DHW used information learned from…

- early CNOW! meetings that led to the recommendations,
- multiple meetings where CNOW! members helped to identify and refine the Department's priorities for improvements,

- two Community NOW! statewide listening tours,
- Work Group and CNOW! meetings to develop the PCP Planning Facilitation service, and
- four meetings during the summer of 2020 with self-advocates and family members to get input and recommendations about service details

MORE IMPLEMENTATION ACTIVITIES

CNOW! partners are leading other work to support the 17 Recommendations. Below is a list of some of them.

Dual Diagnosis

CNOW! Recommendations #6 and #7 address mental health and dual diagnosis. Specifically, they recommend Idaho

- Provide services that appropriately support adults' overall health, including mental health and substance use.
- Provide services that appropriately meet the needs of adults with dual diagnosis (mental health and I/DD).

Dual Diagnosis

Purpose: Increase our understanding of dual diagnosis and skills in trauma informed care

CNOW! Recommendations: #1, 2, 8

Outcomes: More effective service delivery

Outreach: 215 (14 individuals, 102 family members, 99 others)

Trainings:

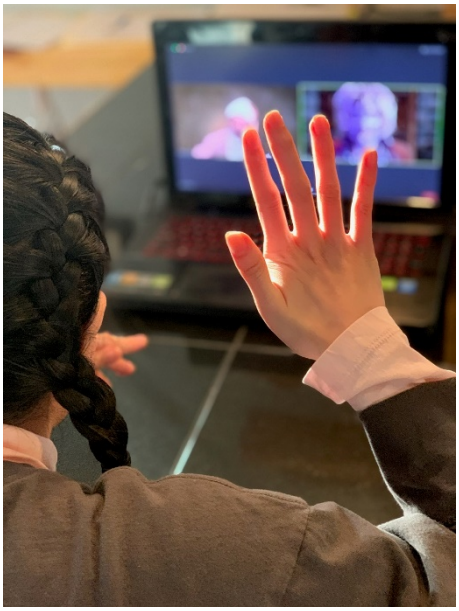
In April 2020, members of Medicaid Matters, a Coalition supported by the DD Network partners (CDHD, DRI and ICDD) reached out to individuals with I/DD and their families through an online and phone survey. The purpose of this survey was to find out how individuals and family members were coping with the COVID-19 pandemic and the stay-at-home order. Through this survey, ICDD learned that many individuals and family members were struggling and said they needed support and resources to help them cope with the situation. After learning from the survey, the Council hosted a series of webinars about services during the pandemic and maintaining mental health and coping. These webinars were provided on Zoom with Spanish language interpreters, and a captioning service. A total of 215 people (14 individuals with I/DD, 102 family members and 99 others) attended one or more of the webinars.

In the fall of 2019, DHW released a Request for Information for ideas to improve the behavioral health managed care contract. Because the current contract is expiring next year, this request for ideas was to learn from stakeholders before releasing a new Request for Proposals. ICDD hosted a collaborative brainstorming meeting with other advocacy organizations including DRI, the State Independent Living Council (SILC), and

Idaho Parent Unlimited, Inc (IPUL). The Council put together all the comments and sent them on behalf of the organizations. DHW recently reported incorporating all the recommendations suggested by the collaborative work.

CNOW! member James Steed was appointed as an advisory board member to the Mental Health and Developmental Disability National Training Center Advisory Board hosted through the Utah Center for Persons with Disabilities. He continues to serve on this board.

Supported Decision-Making



The basic value of the CNOW! Recommendations is that people with I/DD have the right to lead their own lives and make their own choices. They want and need to have the best information available to them to make the best choices for themselves.

Supported decision-making is a way to provide supports and services that help an adult with a disability make his or her own decisions by relying on trusted friends, family members, professionals, and others.

CNOW! partners are working to include supported decision-making practices in the developmental disability support system at all levels, and specifically in guardianship. Some training has been done and new training modules are being developed. While the COVID-19 environment has delayed some activities, DisAbility Rights Idaho has implemented part of its training pilot project. The project delivered 7 trainings reaching 142 individuals. Recently, the training has expanded to include transition services to reach youth and adults who are receiving educational services.

Supported Decision-Making is getting help when you need it, from people you trust, so you can make your own decisions.

III. 2021

We all want to live our own lives, enjoy our friends and family, participate in activities that interest us, have access to the things we need, and pursue our goals. People with I/DD want the same. Sometimes the support and services designed to help them do that aren't as good as they could be or might even be a wasteful use of resources if it is not what they want and need. CNOW! is about supporting individuals to lead their own lives and make sure the resources available to help do that are meaningful. It is critically important work.

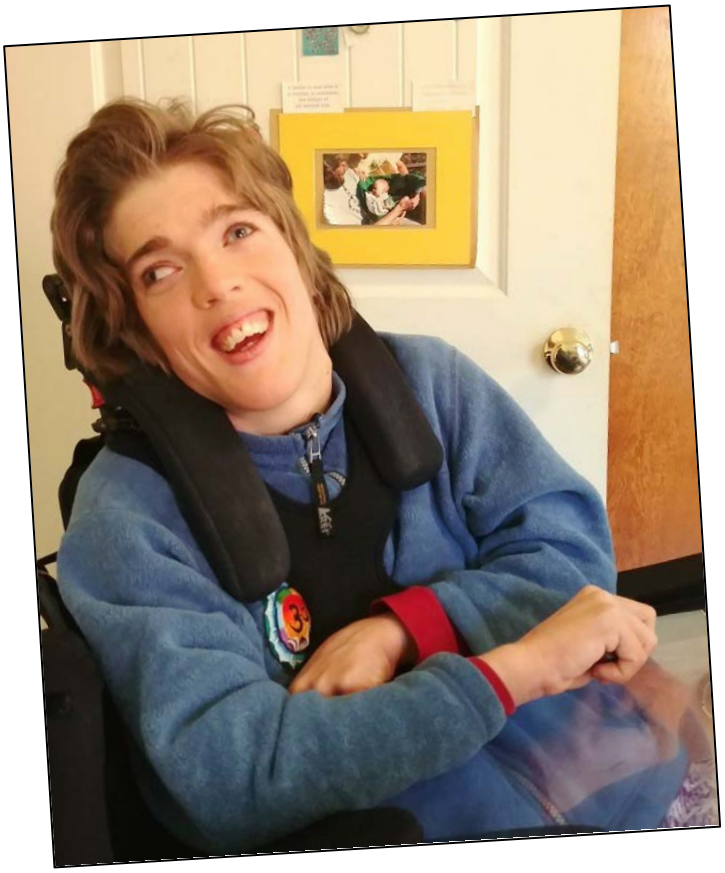
The 2021 Work Groups will continue to develop their products and proposals. The training resource needed to support those proposals will be identified and defined. The Culturally Responsive Advisory Group will continue to raise cultural and linguistic awareness and improve products from their perspective. The Advocate Advisory Committee will make sure proposals are the best they can be to most effectively support an individual's reality. The proposed service array will move into the policy development phase.

But the tough questions remain.

- Can state agencies align around a single abuse and neglect reporting and monitoring system?
- Will Medicaid and other partners have resources needed to make the adjustments? Make new job positions? House a training resource?
- Will the Legislature support policy proposals that support adults with I/DD and their family members?
- Can we realign how we fund services, and what's more, can we admit we need some more money to make these services a reality?

CNOW! seeks a person-centered approach throughout the developmental disability system and a person-centered culture throughout the state. CNOW! is committed to building a system where supports are directed to specific individual needs and wants as determined by the individual. CNOW! is committed to using whatever resources are available to support individuals in the most fiscally responsible, meaningful way.

In 2021, CNOW! asks that you help us answer these hard questions; to find solutions that work and to make the 17 CNOW! recommendations a reality.



I participate in Community Now as a response to the trust you see in our daughter's face.

With committed participants and advocates of all kinds, adults with I/DD have hope that they will be seen and treated as whole persons and be included in a functional and supportive community based in deep listening and respect.

Even if Eva cannot speak, she knows and trusts that she will be heard by those who are loyal to her preferences and dignity, and who will make effective accommodation to honor that in the now, which leads to more compassionate action as a way of life.

I would note that Community Now! is a powerful force because it advances what all true communities have in common: acceptance of all kinds of people and allowing members to be who they are. This openness is the social glue that opens the door to appreciation and often affection. Community Now! is at the forefront of compassionate and ethical actions of support, and I'm proud to be part of this.

William 'Ned' Fowkes
Father and co-guardian of Eva Fowkes

Attachment A: Person-Centered Planning Facilitation Services Provider Qualifications and Certification

Recommendations to Community NOW! Stakeholder Group

What we have learned: The Person Centered Planning (PCP) Implementation Workgroup has been learning all we can about what kind of PCP models are currently used and available in our country to create what Community Now! wants as a PCP Facilitator. A Facilitator will have to be experienced, complete training and meet all qualification requirements be certified to provide this service in Idaho.

We have found a system with tools that we can use and adapt as needed to assist PCP Facilitators, adults and support teams with improving Person Centered Planning in Idaho. This system is called **Charting the LifeCourse**. It was created by the University of Missouri, Kansas City (UMKC) using grant dollars. This makes the system very accessible and adaptable for us.

We have taken the recommendations from Community NOW!, the Advisory Cmte, input from other states, and technical assistance support we've received via the NCAPPS grant in guiding these final recommendations. We have determined that to become certified, Idaho PCP Facilitators will require **training** on Charting the LifeCourse tools as well as specific Idaho competencies and processes. Following is an outline of our final recommendations on Idaho PCP Facilitator Qualifications.

Person-Centered Planning Facilitator Qualifications

Minimum Age: 21 years

Education: A PCP Facilitator must have a Bachelor's Degree in human service or related field.

> Waiver to Education Requirement: Trained PCP Facilitators without college level courses may apply for certification but must demonstrate they have skills and knowledge typically gained by completing college courses or other training/workshops that count toward a college degree in the human services field and/or specialized skill set and experience that fills an unmet need within their community or culture.

Work Experience: A PCP Facilitator must have at least 2000 hours within the last three years of verified experience with the population served under specific Medicaid program and knowledge of services and resources in the developmental disabilities field.

Background Check: Must pass IDHW criminal history background check.

Required Training: Must successfully complete Idaho specific training that includes training on LifeCourse Tools.

FINAL RECOMMENDATION:	**Explanation**
Age: **A PCP Facilitator must be at least 21-years old.**	Minimum age 21 reflects the standard timeline to complete a Bachelor's degree and provides the opportunity for adult, professional, and life experience.
Education: **A PCP Facilitator must have a Bachelor's Degree in human service or related field or meet the requirements under a waiver.**	A Bachelor's Degree in Human Services or related field will help ensure formal experience and learning about family systems, power dynamics, and broader social/cultural dynamics. **Waiver:** Based on feedback from Community NOW, Advocate Advisory Committee and the Culturally Responsive Advisory Committee, we recommend allowing trained PCP Facilitator candidates without a Bachelor's Degree to apply for certification through a waiver. **Waiver:** Trained PCP Facilitators without college level courses may apply for certification but must demonstrate they have skills and knowledge typically gained by completing college courses or other training/workshops that count toward a college degree in the human services field and/or specialized skill set and experience that fills an unmet need within their community or culture. The organization that oversees certification will follow clear guidelines about the amount of college courses or other trainings/workshops that count towards a degree and how an applicant must demonstrate a specialized skill set related to a specific culture or community.
Work Experience: **A PCP Facilitator must have at least 2000 hours in the last three years of verified experience with the population served under specific Medicaid program and knowledge of services and resources in the developmental disabilities field.**	The 2000 hours of verified work experience within three years may be a combination of paid support/planning experience and personal experience (unpaid work, volunteer, family member) with a **variety** of individuals. Specific hours during a specific time period was developed to be flexible for those not able to work full-time; but still reflect a meaningful volume of experience serving the population. Knowledge of services and resources should come from experience and will be enhanced by training provided. This can be measured as part of training assessment.

	The organization that oversees final certification will follow clear guidelines about options for applicants to provide documentation of verified experience.
Criminal History Check: **A PCP Facilitator must successfully complete the existing IDHW Criminal History Background Check process.**	Must pass the existing IDHW process. This is the same expectation Service Coordinators and Support Brokers must meet.
Successful Completion of Required Training: **A PCP Facilitator must successfully complete the Idaho DHW approved training program and demonstrate competency for certification.**	We recommend the creation of a two-part training curriculum for PCP Facilitators: • Charting the LifeCourse (CtLC) specific training. Explore options for CtLC training experts to assist with Idaho-based training needs. • Idaho-specific competency training to ensure compliance with CNOW! recommendations and resource training. Training assessment will determine successful completion and competency. Still to be developed: • Training curriculum, timeframe, assessment, and any other considerations for training – PCP IWG Training Subcommittee • Re-certification: Time period and ongoing training to keep and build new skills will be determined.

Attachment B: Self-Advocacy Training Model

Self-Advocacy Training Model

Purpose

Establish a self-advocacy training model that meets the advocacy and leadership development needs of individuals with disabilities who use disability support services. Develop a group of trainers through a train-the-trainer model. These trainers will facilitate training to individuals with disabilities for learning advocacy skills in a variety of topics. The training is meant for individuals with disabilities who receive disability support services but others, including family members and direct support staff, may access training modules to learn how to support individual advocacy and person-centered practice.

One purpose of the training is to help individuals learn about the person-centered planning process, learn how to advocate for their goals and preferences, and become more active in developing and implementing their individual service plans.

Outline and Scope

Establish a **statewide training coordinator** that:

- facilitates training for trainers
- provides support to training teams and their support staff
- serves as one point of contact for information about trainings
- receives requests for training, does scheduling, and registration for participants
- is responsible to gather satisfaction and outcome data from all training
- reports to Community NOW! membership to inform model improvement

Team Trainers will be individuals with disabilities who have been selected through a recruitment and application process. Trainers who are bi-lingual in English and Spanish will be recruited so that trainings can be more accessible to individuals who speak Spanish.

Each trainer will be required to complete a **train-the-trainer program** and be observed/mentored as they begin to present trainings. Each trainer will receive documentation that they have completed the train-the-trainer program.

Trainers will have access to **support staff** (secretaries) who have also completed the train-the-trainer program with additional training in how to support self-advocate trainers.

Trainers (and their support) will be required to complete on-going education and some sort of re-certification (to be determined).

Trainers are paid to provide trainings. Trainer support (secretary) will also be paid to provide support to Trainers to prepare and conduct training.

On the ground trainers are trained in how to facilitate discussions and activities related to training topics. Trainers do not have to be content experts in the topic of each training, but they must have a good understanding of how to use recorded training modules and materials, facilitate activities, and work with subject matter experts during the training as needed. Key responsibilities include: create a welcoming atmosphere, keep a focus on personal connections, facilitate discussions, and ensure all training participants are supported to participate.

A pilot of each training topic will happen with a test audience so trainers can practice, be observed and mentored, and the process can be refined.

Training Modules:

Each training module includes content on a specific self-advocacy topic:

- Self-Determination and Self-Advocacy
- Leading in Your Meeting, Make the Most of Person-Centered Planning
- Supported Decision-Making
- Rights/Responsibilities
- How to Recognize and Report Abuse/Neglect/Exploitation
- Healthy Relationships
- Cultural Competency
- Employment
- Post-Secondary Education

Training modules are developed with self-advocates, family members, and professionals – those who are subject matter experts in that particular topic area (for example: recent supported decision-making training included presenters Ian Bott and Amy Cunningham). Subject matter experts in local areas could assist with in-person training provided in different areas.

Topical modules will be created and then can be used be trainers so that all trainings share the same information. Multiple modules can be combined during one training as appropriate and requested. Example: How to recognize and report abuse/neglect/exploitation might be combined with healthy relationships.

Modules will incorporate video and other formats so that any module could be downloaded from a website and “played” as needed. Modules would also be available for download outside of scheduled trainings. Training modules will be updated with new information as needed.

Training modules will be developed with cultural competency in mind. Draft modules will be reviewed by members of the Culturally Responsive Advisory Group. The modules will be made accessible to Spanish-speaking individuals through a variety of ways including: translation, captioning, voice-over, and materials in Spanish.

Collaborate to Ensure Training Access:

It will be important to collaborate with other entities and people to make sure we get the training to individuals who need it. Working with local service provider agencies and other disability programs such as high school transition programs, independent living centers, and others will be key to find places for training, make sure training is accessible, and support individuals to participate in the training.

Promote and Advertise Training:

- Make sure people who need/want the training, know about it. Use a variety of ways to get the word out. Ideas include:
- Create a public media site; use social media platforms
- Distribute marketing materials specific to different audiences
- Introductory "sneak peek" video preview of training
- Ensure that service provider agencies, Certified Family Homes, and other stakeholders receive information about training available
- Send an invitation with individual's annual plan update announcements
- Make phone calls, send emails directly to individuals

Quality Assurance:

Gather quality assurance data throughout model and from all stakeholders. Key points for survey/outcomes data to be collected include:

- Before, during and at completion of train-the-trainer session
- At the end of each in-person training provided
- At least once each year get feedback from trainers and secretaries
- Have a satisfaction/input process attached to downloadable training modules

Document Participation:

People who attend and complete training will be given a document to show they participated.

Report feedback and quality assurance data and any recommendations for improvement to the CNOW Self-Advocacy Training Workgroup and to Advocate Advisory Committee.

Attachment C: Support and Training Model for Direct Support Workers

bFair 2DirectCare Workgroup Recommendations

Background:

The goal of the Idaho bFair 2DirectCare workgroup is to develop recommendations for a system that will increase the skills and knowledge of direct support workers as well as provide opportunities to advance in the profession and increase retention in the field. The workgroup met five times from September 2019 to April 2020. At those meetings, the workgroup reviewed research compiled by The Center on Disabilities and Human Development on best practices for retaining, improving, and training the direct support workforce. As a result of the discussion, sharing of ideas, and personal stories, recommendations emerged as outlined below.

Direct Support Professional Support and Training Model	
RECOMMENDATION	**Explanation**
Recommendation #1: Standard Set of Core Competencies for Direct Support Workers	• Create a standard set of required skills for all direct support workers in Idaho. • Sets roles, responsibilities, and expectations of direct support providers. • Assists service provider agencies to measure the skills of direct support workers and identify areas in need of improvement and training.
Recommendation #2: Standard Code of Ethics for Direct Support Workers	• The Code of Ethics will have the qualities and actions that define good support and help guide direct support professionals in the difficult day to day decisions they may face. • Use "I" statements in the Code of Ethics to reinforce the idea that the direct support worker is committed to this type of support. • The Code of Ethics needs to be incorporated into Health and Welfare guidelines and the Idaho Administrative Code to reinforce its importance further.
Recommendation #3: Three-level Training System for Direct Support Workers	**Level One:** • The first level would be required training for all direct support workers. This would be completed within the first year of employment.

Direct Support Professional Support and Training Model	
RECOMMENDATION	**Explanation**
	• The training would include in-person training and hands-on skill development with supervision and feedback • Training will also focus on the unique needs and wants of everyone served to include preferred communication styles, support needs, and other personal preferences • Testing of direct support worker's knowledge will be through unit tests. A year-end final exam will be required to be a direct support worker. • Certificates of completion will be issued by the Idaho Department of Health and Welfare. • Those who complete the first year of training will receive an hourly wage increase. • This wage and would be transferable to other support positions, provided that ongoing training was maintained, and a person did not experience a break in employment of over one year between support positions. **Level Two:** • A second training level will allow direct support workers to continue their careers in the field, increase their pay, and specialize their knowledge. • Specialized training could include: Supporting individuals with high care needs, supporting alternative communication needs, and community-based employment supports or other • A per hour pay increase would be given to those who complete all training in a specialized area. **Level Three:** • An Advanced Direct Support Worker level could be earned for those who work at least three years in the field and have completed two or more specialized training content areas.

Direct Support Professional Support and Training Model	
RECOMMENDATION	**Explanation**
	• A per hour pay increase would be given to those who complete training for an advanced direct support worker. • Eight hours of training would be required per year, and this could include provider-specific training, refresher training, and working toward a specialization.
Recommendation #4: Direct Support Worker Wage Increases	• Wage increases should be based on training completed, work performance, and experience. • Those who choose direct support work as a career and meet requirements of their job by passing competencies and complete yearly training should receive per hour pay increases for their longevity in the field.
Recommendation #5: Performance reviews for Direct Support Workers and regular feedback	• Annual performance reviews of direct support workers should be created. Reviews should include measures related to the competencies and code of ethics Performance reviews will include: • Direct feedback from self-advocates and family members on the services and supports received— which should be given the most importance. • Supervisor feedback. • Results of written tests and skills tests completed for that year. • feedback will include positive feedback and suggestions for areas in need of improvement. • Regular feedback should be based on feedback from the person being served and family member
Recommendation #6 Create a website on the direct support workforce.	The Department of Health and Welfare should provide a website to help recruit individuals to the direct support workforce.

Direct Support Professional Support and Training Model	
RECOMMENDATION	**Explanation**
	The website should include: • Recruitment materials • A training portal that contains training requirements, transcripts of level achievements, certificates, and easy access to training and testing materials • A job board with opportunities for employment both at provider agencies and through the self-direction waiver • information about the job as voiced by other direct support workers on the benefits, challenges, and daily expectations of being a direct support worker. • Videos by self-advocates and family members explaining how home and community-based services enable them to live a full life.

Next Steps:

- Feedback will be collected from the Advocate Advisory Committee (AAC)
- Feedback will also be collected from the Idaho Association of Community Providers
- The DSP Training workgroup will meet in Fall to review the additional research collected by the Center on Disabilities and Human Development on training areas and being the process of developing the content for the different levels of Direct Support Worker training.

Attachment D: Direct Support Professional Core Competencies

Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
Person-Centered Supports	The direct support worker provides support and services to individuals that focus on the individual's personal goals, strengths, and needs.	a. Has knowledge of the person-centered planning process and person-centered practices, including their role in putting plans into action. b. Attends the individual's person-centered planning meeting when asked. c. Takes actions to assist individuals in implementing their person-centered plan. d. Takes the time to get to know the person they support and knows the individual's preferences related to their support needs. e. Acts with the individual they are supporting in mind.
Ethics and Professionalism	The direct support worker supports individuals with the highest level of integrity, professionalism, and ethical behavior.	a. Understands and applies the Direct Support Worker Code of Ethics to the daily support and services they provide. b. Identifies potential conflicts of interest and take steps to avoid them or to address them c. Interacts with individuals, coworkers, supervisors, and others professionally. This includes speaking professionally regardless of setting and maintaining professional boundaries. d. Completes assigned work in an organized, time-efficient manner, and accepts additional responsibilities as they arise. e. Responds to stressful situations calmly.

Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
		f. Respects an individual's right to privacy and confidentiality. g. Follows all laws, regulations, and rules related to their work and supporting the individual. h. Completes all required paperwork within the required timelines. i. Documentation is completed in an objective manner, that is respectful to the individual. j. Documentation includes when there is a difference of opinion.
Communication	The direct support worker creates a positive environment by respectfully communicating with co-workers, the individuals they support, and members of the community.	a. Communicates directly with the individuals they support b. Uses Individual's preferred identity language when communicating about the individual (people-first language, identity-first language, etc.) c. Uses body language and eye contact to show their attention to others when they are communicating. d. Monitors own tone of voice and volume, to convey respect when providing services and support to individuals. e. Actively listens to the individual when they are communicating instead of making assumptions about what is being communicated. f. Uses the individual's preferred communication methods when communicating with them. g. Communicates to others the individual's preferred communication

Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
		methods, as needed. h. Communicates verbally and in writing appropriate information to co-workers and supervisors to ensure proper support of the individual.
Advocacy & Rights	The direct support worker understands the importance of protecting the rights of the individuals they support. And they know how to advocate for individuals, as well as support individual's self-advocacy and choices.	a. Demonstrates knowledge of the rights of the individuals they support. b. Actively looks for ways to support and foster Self-Advocacy, Self-Determination, and Supported Decision Making in the individuals they support. c. Assists individuals in exercising and understanding their rights and available choices. d. Can describe the physical, societal and systems barriers faced by individuals with disabilities in exercising their rights. e. Understands what dignity of risk is and how to support the individual to make informed choices, without limiting an individual's right to make choices. Actively takes steps to protect the rights of individuals when they see their rights being violated by others.
Community Inclusion & Networking	The direct support worker takes actions to help create an inclusive community around the individuals they support that includes: a. Paid and unpaid supports, b. Includes people with	a. Collaborates with the individual's paid and unpaid supports to help them participate in the community as needed and wanted. b. Knows community resources available to the individual so that they can participate in their community fully. c. Knows the support needs of individuals in the community and takes steps to

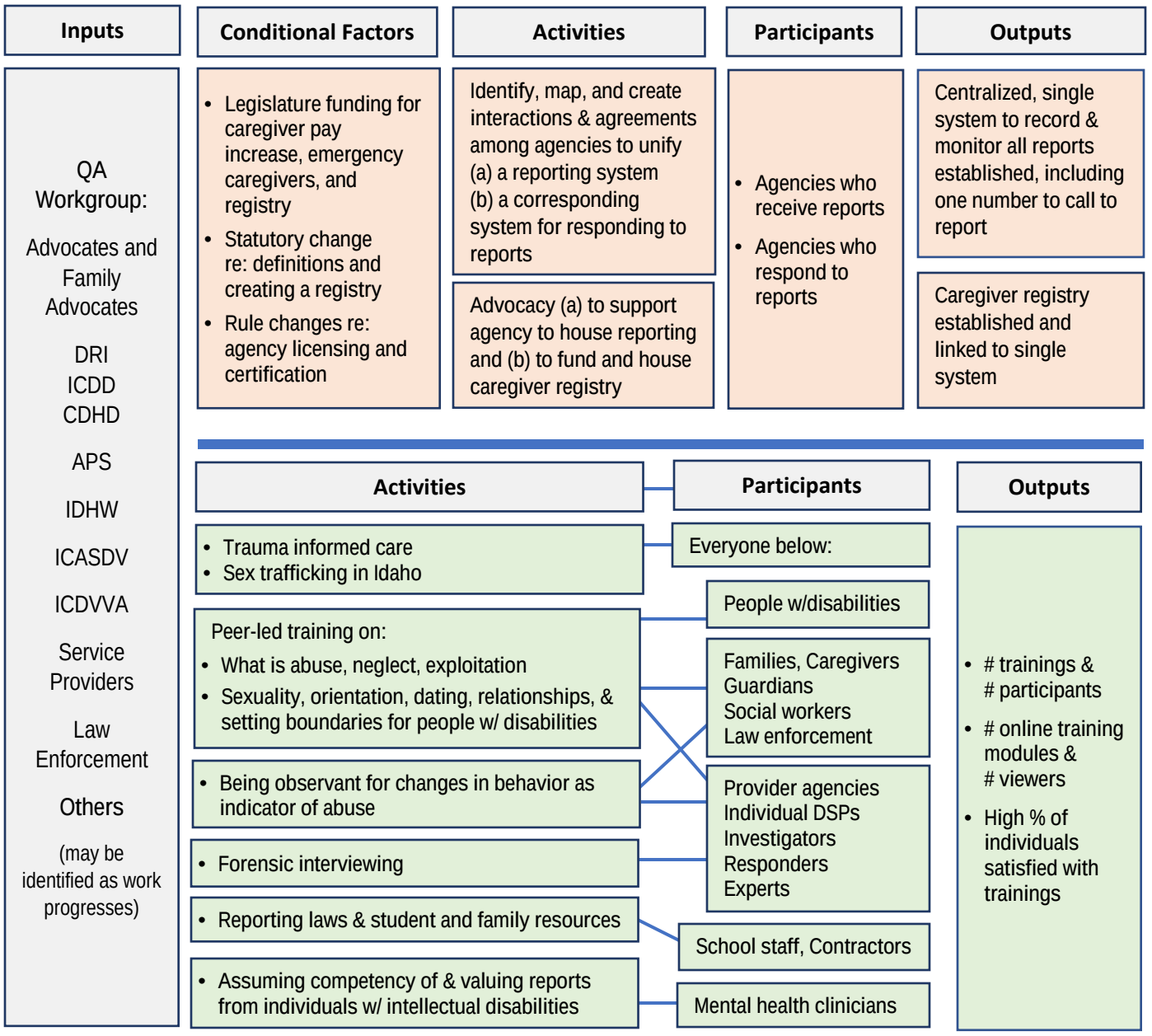
Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
	and without disabilities, c. Incorporates the interests of the individual, d. supports building authentic relationships with others.	ensure they have that needed support. d. Educates community members on the strengths, gifts, and preferences of the individual to help foster community involvement. e. Actively supports the individual to have authentic, age-appropriate/peer relationships, of all types, as needed and wanted by the individual. f. Knows supports available for paid community employment and community service opportunities available, if desired, by the individual.
Cultural Competency	The direct support worker understands cultural competency and its role in supporting and providing services to individuals and their families.	a. They provide supports and services that fit with the individual's culture or preferences. b. Seeks to learn about different cultures, as needed, to provide better support and services. c. Recognizes their own culture, biases, and privilege, and recognizes how those may impact their interactions with others. d. Respects the cultural needs and preferences of each individual. e. Assists the individual to participate in activities valued in their culture.
Health	The direct support worker has knowledge and skills that help meet the health needs of the individuals they support.	a. Has a basic understanding of the person's disability and knows the health concerns related to the person they are supporting.

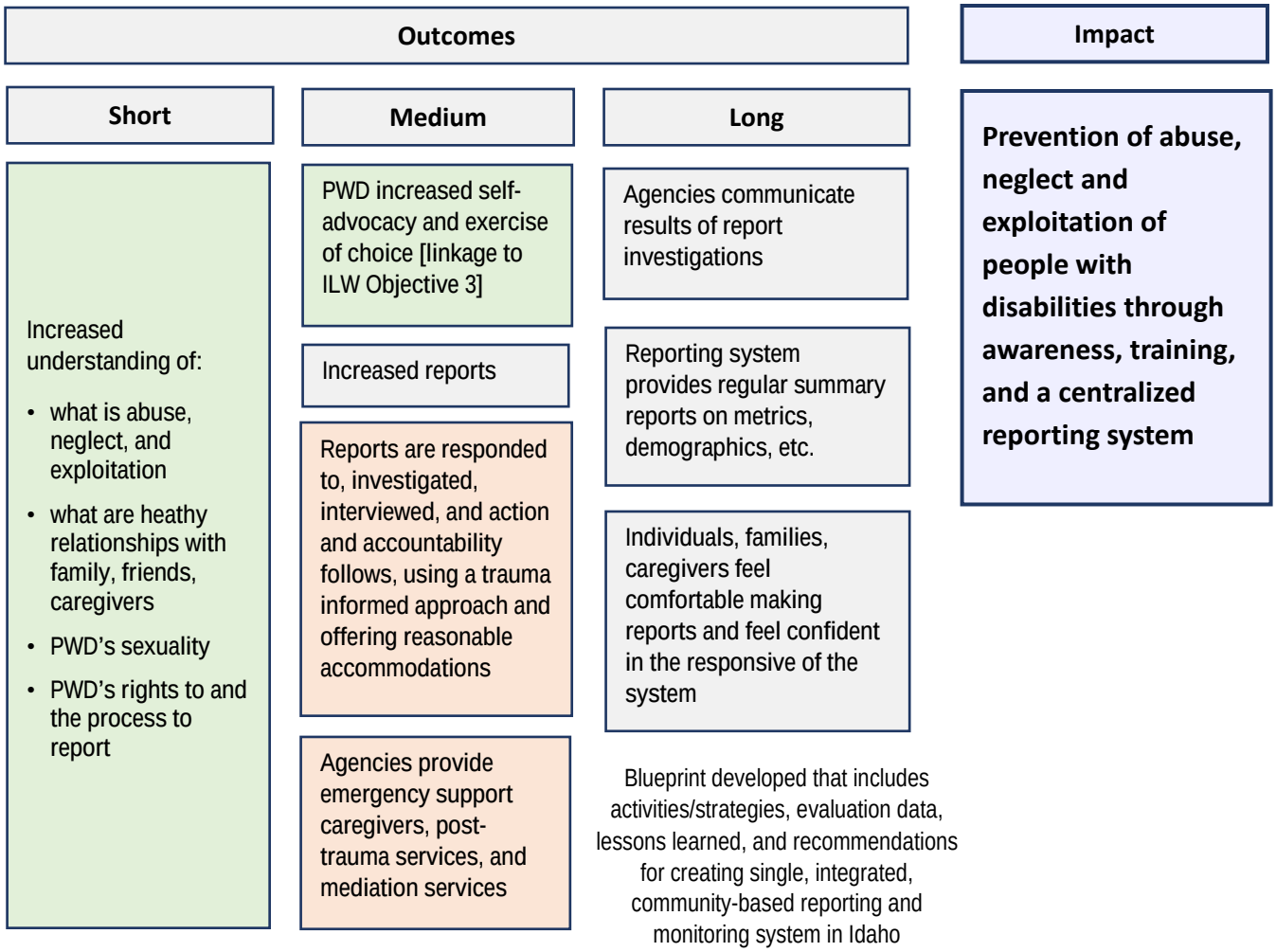
Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
		b. Has knowledge of the care and support needs specific to the individuals they support (i.e. mobility, safe transfers, de-escalation techniques, nonverbal signals etc.) c. Follows all required rules, regulations and laws around health and safety and supporting the individual. d. Actively supports the individual to ensure they are meeting their needs around personal health and safety choices. e. Knows the common barriers or issues related to the individual's health and takes steps to minimize those. f. Has the knowledge that sexuality is a part of living with a disability and knows how to support healthy relationships of all kinds. Understands that sexual orientation and gender identity are an important part of an individual's sense of self and should be respected.
Safety	The direct support worker helps to ensure the safety of the individual they are supporting by being proactive and keeping their knowledge and skills up-to-date.	a. Ensures that their full focus and attention is on the individual they are supporting. b. Knows safety related issues to the individual they are supporting. c. Has passed all required first aid, CPR, and medication administration training. d. Know what to do in case of an emergency while supporting the individual.

Idaho Direct Support Worker Core Competencies		
Competency Area	**Competency Description**	**Examples of skill in action**
		e. Knows their role as a mandatory reporter and can identify what is abuse and neglect and knows where to report it.
Wellbeing	The direct support worker supports the spiritual, emotional, and social wellbeing of the individual.	a. They help the individual find support and activities which enhance their overall well- being. b. Knows basic healthy cooking practices and how to support the individual in healthy food choices, if needed. c. Has knowledge of Trauma Informed Care and how to use it with the individuals they support. d. Knows how to support the individual in building relationships.

Attachment E: Quality Assurance Reporting and Monitoring Logic Model

ILW Objective 2: In partnership with people with disabilities, create a single, integrated, community-based reporting and monitoring system that reduces risk to people with disabilities who have experienced abuse, neglect, and exploitation.




Outcomes
Impact
Short
Medium
Long
Increased understanding of:
• what is abuse, neglect, and exploitation
• what are heathy relationships with family, friends, caregivers
• PWD's sexuality
• PWD's rights to and the process to report
PWD increased self-advocacy and exercise of choice [linkage to ILW Objective 3]
Increased reports
Reports are responded to, investigated, interviewed, and action and accountability follows, using a trauma informed approach and offering reasonable accommodations
Agencies provide emergency support caregivers, post-trauma services, and mediation services
Agencies communicate results of report investigations
Reporting system provides regular summary reports on metrics, demographics, etc.
Individuals, families, caregivers feel comfortable making reports and feel confident in the responsive of the system
Blueprint developed that includes activities/strategies, evaluation data, lessons learned, and recommendations for creating single, integrated, community-based reporting and monitoring system in Idaho
Prevention of abuse, neglect and exploitation of people with disabilities through awareness, training, and a centralized reporting system

Community NOW! is about helping individuals with disabilities live a full and colorful life.

For more information about Community NOW! go to

My Choice Matters

https://mychoicematters.idaho.gov/

This project was supported, in part, by grant number 1901IDBSCDD, 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.