***Goal 1.*** Improve the understanding and philosophy among stakeholders, providers, and state agencies of Community Life Engagement based on accepted national standards (Four core pillars) and in alignment with best practice.

**Long Term Outcome:** Support Coordinators and Providers (DSPs) become creative champions of community life engagement.

*Indicator:*

* Support Coordinators and Providers (DSPs) demonstrate understanding of the difference between community life engagement and community presence
* Meaningful conversations about Community Life Engagement are correctly documented in the ISP by the Support Coordinator

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| **Strategy 1.1: Improve understanding of Community Life Engagement** |
| Inputs | Activities | Outputs | Outcomes -Initial | Outcomes - Intermediate | Outcomes –Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
| DBHDS (Provider Development Staff?)DBHDS Provider Development staffCEAG/DBHDS | 1.1.1 Develop training for support coordinators about community life engagement and the difference between community life engagement and community presence 1.1.2 Develop training for Providers/DSPs about community life engagement and the difference between community life engagement and community presence 1.1.3 Develop a plan for dissemination of trainings  | Training is advertised, information is disseminated and training is providedTraining is advertised, information is disseminated and training is providedA plan is developed and implemented | Support Coordinators have increased knowledge and awareness regarding Community Life Engagement (pre/post training survey)Providers (DSPs) have increased knowledge and awareness regarding Community Life Engagement (pre/post training survey)Support Coordinators and Providers/DSPs are aware of training opportunities and resources.  | 86% of Support Coordinators trained are better prepared to discuss community life engagement with individuals, families and providers, and document those discussions in the ISP, per a post training survey three/six months after the training86% of Providers (DSPs) trained recognize the difference between community “engagement” and “presence” and are better prepared to facilitate “engagement”per a post training survey three/six month after training.Support Coordinators and Providers/DSPs participate in Community Living Engagement training (75% of case managers are trained; 1000 DSPs are trained) | Support Coordinators and Providers (DSPs) become creative champions of community life engagement. (As evidenced through the SCQR documentation)(Note: a success indicator could be QSR review findings, QMR review findings, other quality reviews?) |
|  **Strategy 1.2: Define a meaningful community life engagement conversation** |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes – Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
| DBHDSCEAGDMASSelf-Advocates (Quillo) | 1.2.1 Define and document a meaningful conversation including the factors and characteristics necessary in order for a conversation to be meaningful 1.2.2 Based on the result of Activity 1.2.1, develop informational materials and resources regarding meaningful conversations1.2.3 Develop technical assistance examples for how to document a meaningful conversation1.2.4 Develop a plan for dissemination | There is a shared understanding of what a meaningful conversation is and is not Engaging and informative materials and resources that help to facilitate meaningful conversations are created and sharedUser friendly, simple “how to” resources to document a meaningful conversation are created and sharedA plan is developed and implemented | The shared understanding facilitates further discussion and increased consensus about meaningful conversationsSupport Coordinators have increased knowledge about community life engagement and facilitating meaningful conversations Support Coordinators have increased knowledge and confidence in their documentation of meaningful conversationsSupport Coordinators are aware of available resources to facilitate and document meaningful conversations opportunities and resources. | There is a culture shift toward more meaningful conversations (a survey or focus group discussion with SC?)86% of Support Coordinators who responded to a survey regarding accessing and using the resources know what a meaningful conversation is and the importance of their role in facilitating meaningful conversations86% of Support Coordinators who respond to a survey regarding the their use of the resources developed know documentation expectations and how to document meaningful conversations within 6 months after disseminationSupport Coordinators access available resources and request technical assistance/guidance when needed (Follow up on how to calculate access and use) | Support Coordinators consistently facilitate meaningful conversations and appropriately document those conversations through SCQR |
| Quarterly Update:Quarter 1: Regional Quality Council presented information to the workgroup on fact sheet related to Integrated Community Involvement as a result of the work of one of the Regional Quality Council. Group provided feedback. |

***Goal 2.***  Improve the understanding of the services and supports that can lead to community life engagement.

**Long-Term Outcome:** Increase the number of individuals who have opportunities for community life engagement in alignment with best practices.

*Indicators:*

* # of people involved in CE, CC
* # of people using In Home/Companion for Community Involvement
* NCI data

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| **Strategy 2.1: Increase understanding of Community Engagement/Coaching the services** |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes - Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
| DBHDSCEAG ProvidersDBHDSCEAGProvidersSelf-advocates | 2.1.1 Identify the allowable activities under CE/CC and how they lead to CLE 2.1.2 Identify best practices in CE/CC | Creative examples of how CE/CC allowable activities can lead to community life engagement are developed and technical assistance is offered1. CE and CC providers who demonstrate excellent CLE results are identified
2. Best practices based on interviews with identified providers/staff, interviews with individuals receiving CE/CC, review of ISPs, and observations of service provision are cataloged and shared
 | Providers have concrete examples of providing CE/CC in a manner that supports CLE1. Exemplary providers are recognized and feel a sense of pride and accomplishment with the recognition
2. Best practices are shared in engaging vignettes/stories using multiple formats (training, print/digital, social media/Quillo)
 | There is an increase in the number of providers seeking TA to better ensure CLE when providing CE/CC services (need to track numbers to demonstrate an increase)The positive reinforcement furthers the commitment to ensuring meaningful CLE (track number of providers recognized and get their feedback regarding impact of recognition, possibly a focus group)Best practice resources are consistently referenced, promoted, and accessed resulting in increased CLE clarity and competency (can analytics be set up to track access to resources? DBHDS could track how often resources are shared e.g. provider roundtable, IFSP Council) | An increased number of individuals experience meaningful CLE |
| **Strategy 2.2: Understand how other services support CLE directly or indirectly** |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes - Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
| DBHDSDMASCEAG Providers Self-advocates | 2.2.1 Identify each service that can directly or indirectly impact CLE2.2.2 Provide examples of how to leverage other services for CLE2.2.3 Provide FAQ of to do’s and not to do’s related utilization of CLE practices across all services2.2.4 Create a self-evaluation tool for providers to assess their level of CLE2.2.5 Create a tool for individuals and families to assess the level of CLE they are provided | Services are identified and put into a spreadsheet Best practice examples of leveraging identified services to facilitate CLE are developed and sharedAn FAQ that includes CLE “Dos” and “Don’ts” across identified services is developed and shared | State agencies and stakeholders have increased awareness of service options that can directly or indirectly impact CLE Providers have increased clarity for integrating CLE into other servicesProviders have knowledge and tools to assess their current CLE practices | Increased awareness results in the development of useful resources and tools for providers Providers use increased clarity to improve the incorporation of CLE practices into service provision Providers modify their training and supervision of staff to incorporate “Dos” and “Don’ts” | An increased number of individuals experience meaningful CLE |
| Quarterly Update: Quarter 1: CEAG has been working on CLE Matrix to help individuals and families as well as providers to determine where they are in the progression of Community Life Involvement. Additionally, the team has been working to review how CLE can occur in all services to ensure individuals are meaningfully connected to their community. |

***Goal 3:*** Ensure Community Engagement services are being offered and provided to individuals across the state in the most integrated community settings based on the needs of the individual determined through the person centered planning process.

**Long-Term Outcome**: Providers who are successfully implementing Community Engagement in the community

*Indicators:*

* Regional Meetings held to discuss Community Engagement best practice.
* Training and Technical assistance provided as requested.

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| **Strategy 3.1: Identify areas of the state that do not currently have sufficient community life engagement providers in order identify additional providers** |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes - Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
|  | 3.1.1 CEAG to review DBHDS day service provider list and identify capacity of current providers to provide CE/CC3.1.2 Work with RQCs/Provider development to provide information to be used with providers about expanding services to include Community Engagement3.1.3 Develop a group of provider experts who are willing to support and encourage other providers to transition to CLE | Develop a plan to increase capacity in parts of the state where supports and services are under-representedFact Sheets/Training that explain successful ways other providers have implemented the services and built capacityCreate list of providers who are implementing Community Engagement according to the appropriate philosophyCreate list of providers who need additional support shifting model to more appropriately align with philosophy |  Increase provider capacity by 40%SAAHalf of providers are willing to be mentors40% of providers transition to align their practices with CLE philosophy | Increase provider capacity by 80%SAAAll Providers are willing to be mentors80% of providers transition to align their practices with CLE philosophy | There are no longer waitlists for services and individuals have access to supports they need.SAAAll providers deliver CLE according to appropriate philosophySAA |
| ***Strategy 3.2:***  Identify current barriers to delivering services  |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes - Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
|  | 3.2.1 Conduct survey of providers to identify barriers to delivering CE/CC 3.2.2 Develop plan to address barriers* Review allowable activities- guidance
* Review licensing regulations- guidance
* ISP requirements- guidance
* Risk and Liability
 | Develop a plan to reduce those barriers. | Implement the plan and accomplish at least 35% of the plan | Implement the plan and accomplish at least 75% of the plan   | Eliminate barriers to delivery of services |
| Quarterly Update: Quarter 1: DBHDS collects data on the number of providers of CE/CC through the provider data summary as well as the number of individuals currently using services through the Integrated Day Services report. DBHDS also provides grants through Jump Start Funding. CEAG should review this information and determine next steps. |

***Goal 4:*** Ensure that there is an increase in meaningful Community Life Engagement for each individual.

**Long-Term Outcome:** Determine value of collecting and utilizing data to increase meaningful CLE

*Indicators:*

* Initial data tracked, reviewed and summarized.
* Additional data collection methodologies determined and implemented.
* New data tracked, analyzed, and summarized for impact on increasing community integration

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| **Strategy 4.1: Review currently collected CLE data** |
| Inputs | Activities | Outputs | Outcomes - Initial | Outcomes - Intermediate | Outcomes – Ultimate |
| IF | THEN IF | THEN IF | THEN IF | THEN IF | THEN |
|  | 4.1.1 Discuss data we would like to collect, from what sources, and how we collect that data (SCQR, QSR, WaMS, PCR, QRT, HSAG, Licensing, etc.)4.1.2 Monitor utilization of CE/CC through authorization data/claims data | Identify data, sources and method for collecting dataIdentify specific data and request data from OISS and Data Trust | Collect data and begin reportingMonitor data and identify potential recommendations based on data | Monitor data and identify potential recommendations based on dataIncreased utilization of CE/CC throughout the Commonwealth | All individuals who want service have access to the serviceAll individuals who want service have access to service |
| Quarterly Update: Quarter 1: DBHDS collects data on the number of providers of CE/CC through the provider data summary as well as the number of individuals currently using services through the Integrated Day Services report. DBHDS also provides grants through Jump Start Funding. CEAG should review this information and determine next steps. |