Community Life Engagement Logic Model:

INPUTS, OUTPUTS, AND OUTCOMES

**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

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?)	1.1.1 Develop training for support coordinators about community life engagement and the difference between community life engagement and community presence	Training is advertised, information is disseminated and training is provided	Support Coordinators have increased knowledge and awareness regarding Community Life Engagement (pre/post training survey)	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 training	Support Coordinators and Providers (DSPs) become creative champions of community life engagement. (As evidenced through the SCQR documentation)
DBHDS Provider Development staff	1.1.2 Develop training for Providers/DSPs about community life engagement and the difference between community life engagement and community presence	Training is advertised, information is disseminated and training is provided	Providers (DSPs) have increased knowledge and awareness regarding Community Life Engagement (pre/post training survey)	86% of Providers (DSPs) trained recognize the difference between community "engagement" and "presence" and are better prepared to facilitate "engagement"	(Note: a success indicator could be QSR review findings, QMR review findings, other quality reviews?)

				per a post training survey three/six month after training.	
CEAG/DBHDS	1.1.3 Develop a plan for dissemination of trainings	A plan is developed and implemented	Support Coordinators and Providers/DSPs are aware of training opportunities and resources.	Support Coordinators and Providers/DSPs participate in Community Living Engagement training (75% of case managers are trained; 1000 DSPs are trained)	

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
DBHDS CEAG DMAS Self-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	There is a shared understanding of what a meaningful conversation is and is not	The shared understanding facilitates further discussion and increased consensus about meaningful conversations	There is a culture shift toward more meaningful conversations (a survey or focus group discussion with SC?)	Support Coordinators consistently facilitate meaningful conversations and appropriately document those conversations through SCQR
	1.2.2 Based on the result of Activity 1.2.1, develop informational materials and resources regarding meaningful conversations	Engaging and informative materials and resources that help to facilitate meaningful conversations are created and shared	Support Coordinators have increased knowledge about community life engagement and facilitating meaningful conversations	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 conversations	
1.2.3 Develop technical assistance examples for how to document a meaningful conversation	User friendly, simple "how to" resources to document a meaningful conversation are created and shared	Support Coordinators have increased knowledge and confidence in their documentation of meaningful conversations	86% 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 dissemination	
1.2.4 Develop a plan for dissemination	A plan is developed and implemented	Support Coordinators are aware of available resources to facilitate and document meaningful conversations opportunities and resources.	Support Coordinators access available resources and request technical assistance/guidance when needed (Follow up on how to calculate access and use)	

Quarterly Update:

Quarter 1: Trainings were developed for individuals and families and for case managers.

Quarter 2: Trainings are being reviewed, and scripts are being written so that these trainings can be offered in person and electronically.

Quarter 3: Trainings are in final approval stage.

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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

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
DBHDS CEAG Providers	2.1.1 Identify the allowable activities under CE/CC and how they lead to CLE	Creative examples of how CE/CC allowable activities can lead to community life engagement are developed and technical assistance is offered	Providers have concrete examples of providing CE/CC in a manner that supports CLE	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)	An increased number of individuals experience meaningful CLE
DBHDS CEAG Providers Self-advocates	2.1.2 Identify best practices in CE/CC	1. 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	1. 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,	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	

Inputs	Activities	Outputs	Outcomes - Initial	Outcomes - Intermediate	Outcomes - Ultimate
		service provision are cataloged and shared	print/digital, social media/Quillo)	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)	

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
DBHDS DMAS CEAG Providers Self-advocates	2.2.1 Identify each service that can directly or indirectly impact CLE	Services are identified and put into a spreadsheet	State agencies and stakeholders have increased awareness of service options that can directly or indirectly impact CLE	Increased awareness results in the development of useful resources and tools for providers	An increased number of individuals experience meaningful CLE
	2.2.2 Provide examples of how to leverage other services for CLE	Best practice examples of leveraging identified services to facilitate CLE are developed and shared	Providers have increased clarity for integrating CLE into other services	Providers use increased clarity to improve the incorporation of CLE practices into service provision	
	2.2.3 Provide FAQ of to do's and not to do's related utilization of CLE practices across all services	An FAQ that includes CLE "Dos" and "Don'ts"	Providers have knowledge and tools to assess their current CLE practices	Providers modify their training and supervision	

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		across identified services is developed and shared		of staff to incorporate "Dos" and "Don'ts"	
	2.2.4 Create a self-evaluation tool for providers to assess their level of CLE				
	2.2.5 Create a tool for individuals and families to assess the level of CLE they are provided				

Quarterly Update:

Quarter 1: Matrix finalized, examples in development.

Quarter 2: In addition to the matrix and examples in development, a survey was created for providers around Community Engagement. In addition, the agency launched a quality improvement initiative to increase Community Engagement and Coaching providers.

Quarter 3: A provider survey was finalized and is being sent out in quarter 4 to address barriers to CE/CC.

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/CC	Develop a plan to increase capacity in parts of the state where supports and services are under-represented	Increase provider capacity by 40%	Increase provider capacity by 80%	There are no longer waitlists for services and individuals have access to supports they need.
	3.1.2 Work with RQCs/Provider development to provide information to be used with providers about expanding services to include Community Engagement	Fact Sheets/Training that explain successful ways other providers have implemented the services and built capacity	SAA	SAA	SAA
	3.1.3 Develop a group of provider experts who are willing to support and encourage other providers to transition to CLE	Create list of providers who are implementing Community Engagement according to the appropriate philosophy	Half of providers are willing to be mentors	All Providers are willing to be mentors	All providers deliver CLE according to appropriate philosophy
		Create list of providers who need additional support shifting model to more appropriately align with philosophy	40% of providers transition to align their practices with CLE philosophy	80% of providers transition to align their practices with CLE philosophy	SAA
Strategy 3.2: Identify current barriers to delivering services					

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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: Community Engagement and Coaching survey under development

Quarter 2: DBHDS along with the CEAG is finalizing the provider survey. In addition, the agency launched a quality improvement initiative to increase Community Engagement and Coaching providers. The survey will inform next step in this QII.

Quarter 3: Survey finalized and being released in the fourth quarter.

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.

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- New data tracked, analyzed, and summarized for impact on increasing community integration

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.)		Identify data, sources and method for collecting data		Collect data and begin reporting		Monitor data and identify potential recommendations based on data		All individuals who want service have access to the service
	4.1.2 Monitor utilization of CE/CC through authorization data/claims data		Identify specific data and request data from OISS and Data Trust		Monitor data and identify potential recommendations based on data		Increased utilization of CE/CC throughout the Commonwealth		All individuals who want service have access to service

Quarterly Update:

Quarter 1: Quality Improvement Initiative meetings have been occurring.

Quarter 2, DBHDS has reviewed the various data collected related to CE/CC. A new subcommittee structure was formed and data is one that will be launched to review and report on what is currently collected and determine if additional data collection and reporting is needed.

Quarter 3: DBHDS data is showing an increase in individuals accessing CE/CC and starting to rebound from the pandemic. We are still finalizing additional data items and determining if any additional reporting of data is needed.