

Community of Practice for Supporting Families of Individuals with Intellectual & Developmental Disabilities



Building a National Agenda for Supporting Families with a Member with Intellectual and Developmental Disabilities



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About the Community of Practice

The National Community of Practice for Supporting Families of Individuals with Intellectual and Developmental Disabilities will help five states develop systems of support for families throughout the lifespan of their family member with intellectual and developmental disabilities. The objective of the grant is to develop systems of supports for families throughout the lifespan of their family member.

Facilitating the Community of Practice Grant partners include

- National Association of State Directors for Developmental Disability Services (NASDDDS)
- University of Missouri-Kansas City Institute for Human Development (UMKC-IHD)
- Human Services Research Institute (HSRI)
- National Association of Councils on Developmental Disabilities (NACDD)

Goals of the CoP

The goals of the Community of Practice are:

- to create a model framework for supporting families that addresses the needs of families with a family member with I/DD across the lifespan and supports states to develop and sustain exemplary family support practices.
- to develop and facilitate a multi-level Community of Practice designed to build capacity within states and the nation to create policies, practices, and systems to better assist and support families that include a member with I/DD across the lifespan.
- to capture and share lessons learned and products to develop, implement and sustain exemplary practices to support families and systems

The Goal of Supporting Families

The overall goal of supporting families, with all of their complexity, strengths and unique abilities is so they can best support, nurture, love and facilitate opportunities for the achievement of self-determination, interdependence, productivity, integration, and inclusion in all facets of community life for their family members.

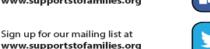


from Building a National Agenda for Supporting Families with Member with VDD 2011

Learn about policies and practices for supporting families, find resources connect with the Community of Practice, and share your ideas about supporting families:



Visit our website at www.supportstofamilies.org





Like us on Facebook at facebook.com/supportstofamilies



Follow us on Twitter at twitter.com/familieswithidd

The Community of Practice (CoP) Supporting Families throughout the Lifespan is operated under a five year grant awarded to NASDDDS by the Administration on Intellectual and Developmental Disabilities (AIDD) beginning October 2012. Goal: To create a model framework for supporting families that addresses the needs of families with a family member with ID/DD across the lifespan.

Wingspread Report
http://www.ct.gov/dds/cwp/v
iew.asp?a=2042&Q=537862

GRANT STATES*
CONNECTICUT
DISTRICT OF COLUMBIA
*MISSOURI
OKLAHOMA
TENNESSEE
WASHINGTON

CHARTING the life course











What is Charting the Life Course?



Framework for Supporting Individuals and Families throughout the Life Course

Charting the Life Course is a framework that was developed to help individuals with disabilities and families at any age or stage of life think about what they need to know, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families can focus on their current situation and stage of life but may also find it helpful to look ahead to start thinking about what they can do or learn now that will help build an inclusive, productive life in the future.



Life is a journey - Our lives are not static, they change every day.



It's all about vision - Anything is possible, with the right vision.



Everything is connected - What you do today affects your life in the future.



Our overall compass for people with disabilities and their families is "quality of life."

Supporting Families Community of Practice



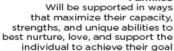
http://supportstofamilies. org/cop/

GOAL



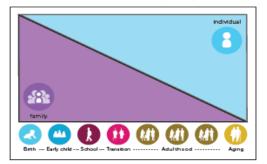
Individual Will achieve self-determination, interdependence, productivity, integration, and inclusion in all facets of community life

Families





Recognizing that individuals exist within a family system



	Affection & Self-Esteem	
Caring About	Repository of knowledge	
	Lifetime commitment	
	Provider of day-to-day care	
	Material/Financial	
Caring For	Facilitator of inclusion, recreation, spirituality and meaningful activities	
	Advocate for support	

10 Committees

Family-to-Family Connections **Employment Healthy Living** Housing/Home Supports Information Navigation Person-Centered Planning **Positive Behavior Support** Respite/Social Opportunities Self-Directed/In-Home Supports **Technology**

Re-evaluating current services – How many could we serve?

Type of Service	Cost per Person	Cost to Serve the Waiting List 122,870	People Served with \$5 M
ICF/MR	\$128,275 CT \$383,316	\$15,761,114,925	39 CT 13
Non-family HCBS	\$70,133 CT \$140,199	\$8,617,241,710	71 CT 36
Host Family	\$44,122 CT \$51,687	\$5,421,270,140	113 CT 97
Own Family	\$25,072 CT \$30, 390	\$3,080,596,640	200 165
Data Source: Lakin,	Individuals)		

LEARNING	BARRIERS	What we hope will change
System Change	We are moving into a	Partnerships: Stakeholders move
Learning takes time	new generation of	from fear-based responses to
	services. It is hard to let go of the familiar.	hope-based action planning



LEARNING	BARRIERS	What we hope will change
Family Engagement	Isolated families result in	Funding for family networking,
Families benefit from	increased needs	mentoring, training and care-giving
collaborations with	over-time	supports are available to assist families
other families		to be resilient and to support new ideas



LEARNING	BARRIERS	What we hope will change		
Community	Stakeholders often ask	Training: Stakeholders learn the		
Engagement &	for help from the	art & science of "crossing		
Reciprocal	community without	thresholds" and develop		
Contribution showing how reciproca		community partnerships based		
	contributions will occur.	upon equality & mutual reward		

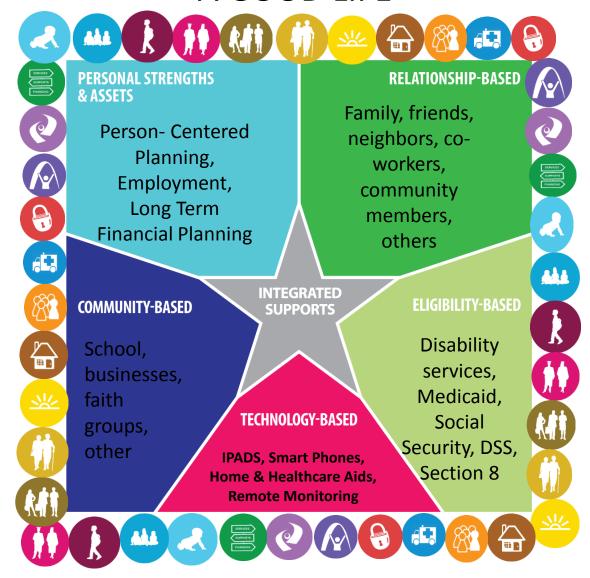


LEARNING	BARRIERS	What we hope will change
Life Course Principles	IDD services are not as	Staffing: Partnering with practitioners
Helping families build	effective or efficient as	from each life stage reduces duplication
upon life stages is more	they can be when	of services & helps lead to better
effective then waiting for	provided in a silo, or	outcomes for people with IDD.
people to arrive at the	when services are	Appropriate support is available at each
door of adult services	separated from previous	life stage.
	developmental stages	



Lifespan Areas of Change	Accomplishments	Future Next Steps	
Messaging	Posters, Displays, DDS Family Website, Bookmark	COP Website, Videos, Success Stories, DDS 101 updates	
Positions	Youth Coordinator, Transition & Education Advisors, Case Managers, Family Resource Team Members	Helpline, Case Managers, Employment and Technology Positions	
Partnerships	DD Council, B3, SDE Lifespan Committee, SDE presentations, Transition Community of Practice, Aging Livable Communities Partnership, Assistive Technology Projects, Employment Partnerships	Continued expansion with groups across the lifespan, especially local-based community groups	
Funding	Respite, Family Grants	*New providers, system improvements, new funding where possible	
Policies & Procedures	PWCL Waiver Service	*CoP Committees Sustainability Goals	
Training	Academy Project	Trainings for Families	
Quality	LEAN, ADP/Compass Project- Navigating Across the Lifespan	NCI, QSR	

A GOOD LIFE



LEARNING	BARRIERS	What we hope will change
Caring For and Caring About "Caring about" people with	Separating "caring about" and "caring for" increases the probability of abuse &	Our communities become caring places for all. We care for ourselves and we care for one another.
ID/DD is the responsibility of all. It is not just a family concern.	neglect	



As you look at the work of the committees consider:

- GOALS: What are the goals of this committee for the next two years? What are the planned activities of this committee? Can you -contribute to the implementation of these goals and activities?
- LEARNING MOMENTS: What did the committee learn in the first year? Did any of the learning moments provide ideas on how you can live your life/or do you work differently?

As you look at the work of the committees consider:

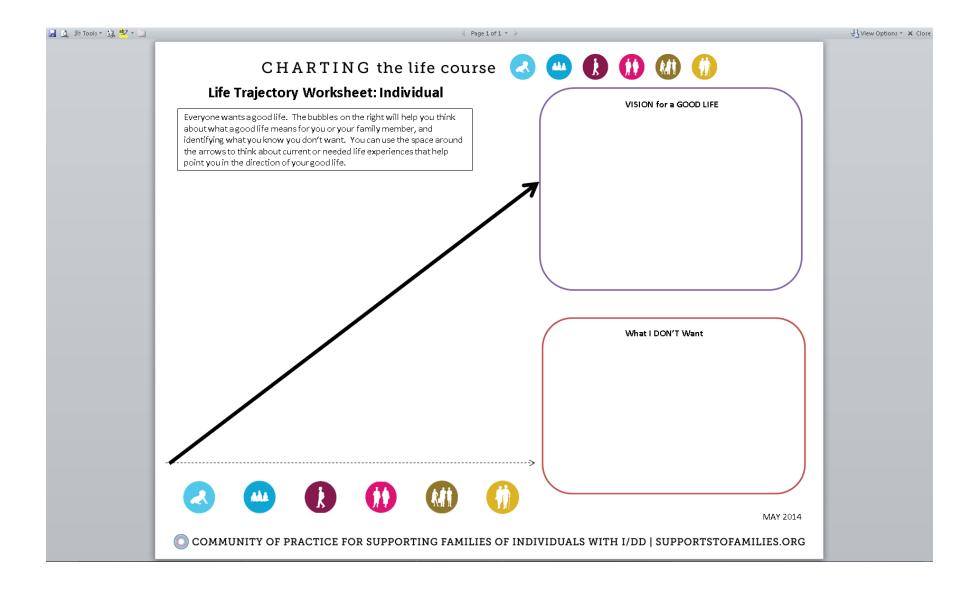
- BEST PRACTICES: What did the committee learn about best practices that they now want to share with others? How can you help share this information?
- POLICY CHANGES: What are the critical policy changes that this committee may have identified? Can you help with this?



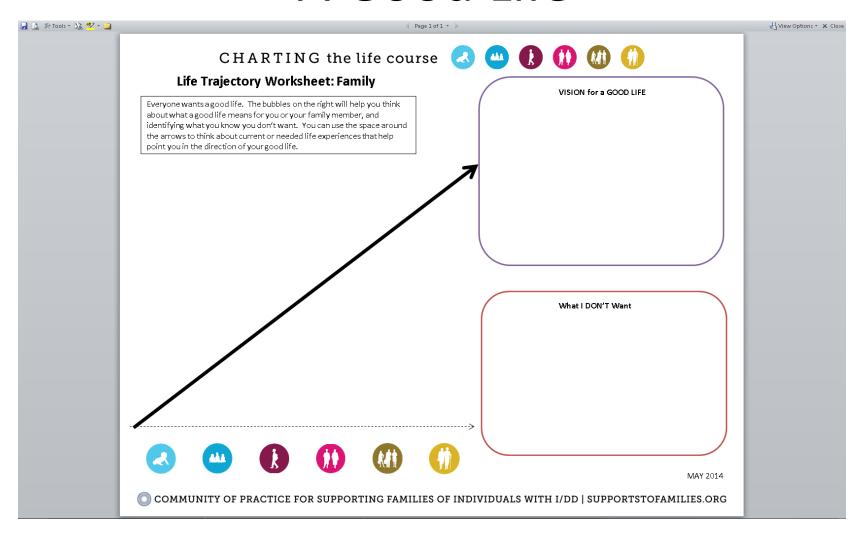
Sharon Lewis is the Principal Deputy Administrator at the Administration for Community Living (ACL)

From March 2010 to April 2012, Ms Lewis served as the Commissioner of the Administration on Developmental Disabilities. Prior to her appointment as Commissioner, she served as the Senior Disability Policy Advisor to U.S. House Committee on Education & Labor, advising members of the Committee on legislative strategy and disability-related policy issues in education, employment and healthcare, and as a Kennedy Public Policy Fellow for U.S. Senate Subcommittee on Children & Families.

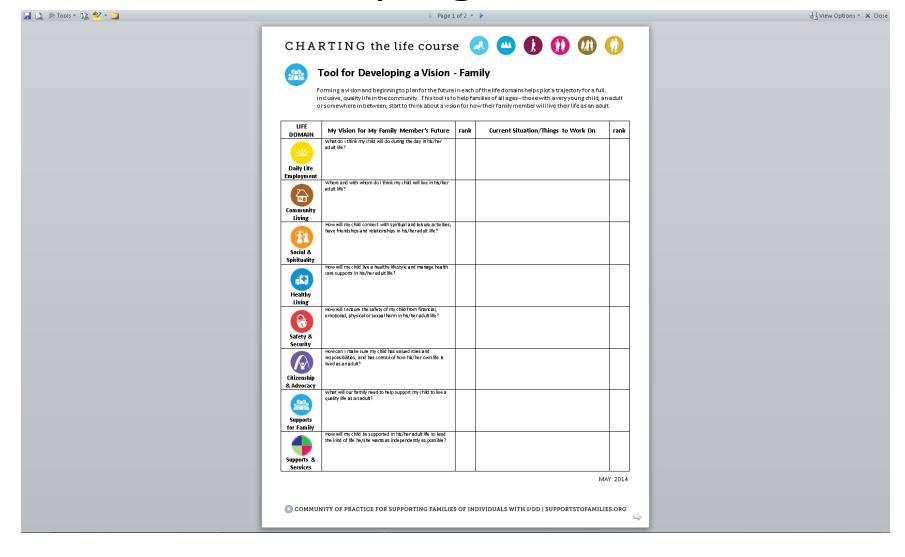
Sharon is the recipient of numerous awards, including the 2010 Distinguished Leadership in National Disability Policy Award and the Consortium for Citizens with Disabilities Chairman's Award. In Oregon, Sharon worked on public policy for the Oregon Developmental Disabilities Coalition and for The ARC. She served as co-chair of the Oregon Family Action Coalition Team, founded DisabilityCompass.org and managed the Oregon Partners in Policymaking Program. Sharon is a parent to three daughters, including one with a disability.



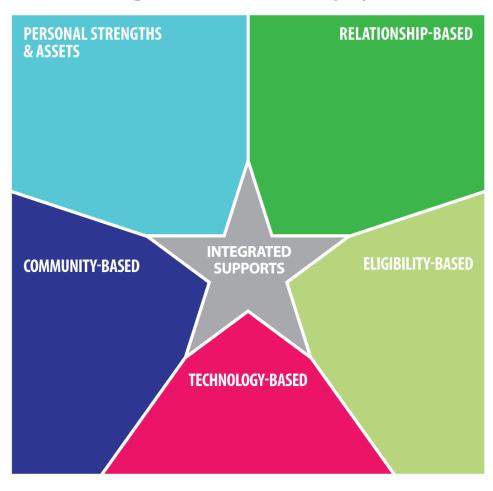
A Good Life

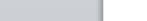


Developing A Vision



CT DDS NEW MODEL SERVICES Integrated Supports





CHARTING the life course 🕗 🌰 🚺 🚺 🐠













Tool for Planning Supports and Services: Life Domains

Once you have determined specifics for your good life vision in the life domains, this tool will help you think about the integrated supports and services that will help you get there. This might include things that are already in place as well as things that you would like to work on putting into place.

LIFE DOMAIN	Relationship Based Supports	Technology	Community Resources	Eligibility Based Supports
Daily Life Employment				
Community Living				
Social & Spirituality				
Healthy Living				















Uncharted Possibilities

Services and supports have been around for a long time. What might have been great 30 years ago, may not work for today's vision of a quality life in the community. This tool is to help individuals and families look at a variety of kinds of supports, some of which are traditional or historic and no longer preferred by many (charted), some that are known and tried, but not necessarily the norm (slightly charted), and others that are new or unfamiliar to individuals, families and professionals, but that are more likely to lead to inclusive lives (uncharted).

INNOVATIVE	Daily Life Employment	Community Living	Social & Spirituality	Healthy Living	Safety & Security	Citizenship & Advocacy	Supports for Family Unit	Supports & Services
SUPPORT UN-CHARTED SERVICES AND SUPPORT	New ide Micro- enterprises Careers Competitive employment Inclusive college	Co-op Adapted living space Environmental technology Shared living	one has tried, and your price of the price o	Individual gym membership Community Health Centers Family practice providers	Limited/joint bank account, automatic bill pay, personal contract or agency agreement,	Voting Neighborhood group or organization Salf-Advocacy Visiting your legislator	et been thought of your special Media Technology Blogs Family & friends	et or tried. Exchange networks Time banks Human service co-ops General education
SLIGHTLY CHARTED SERVICES AND SUPPORT	Supported employment Work crews or enclaves Job coaches Volunteering Special college programs	Independent Supported Living (ISL) Home of Your Own (program) Independent Living Center	Service/social club/groups Special Olympics Special passes Social skills classes	In-home or community based therapies Family member or school staff implement therapy Special Olympics Healthy	Personal safety devices Limited guardianship Remote monitoring Special Needs Trust Power of Attorney	People First/SABE Disability Rights Day at the Capitol Project STIR	Peer Support/P2P Face-to-face local support groups Online Support Groups Sib-shops	Supports Sipports Sipports Sipports Sipports Technology/remote monitoring
CHARTED SERVICES AND SUPPORT	 Sheltered workshops Day habilitation 	Institutions Intermediate Care Facility (ICF) Group Homes	Separate or special church service Special group outings & activities	Communities Center-based therapies (PT, OT, Speech, etc) Special or institutional medical care	• Full guardianship • 24 hour supervision	Paid advocate or having someone else advocate on your behalf	Institution or center based support group Intensive all-day parent training Disability specific groups	Systems supports Provider and agency staff MAY 20

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Guiding Questions for Case Studies

- 1. How can you use the Life Course materials to help create a positive vision of the future for this family?
- 2. What ideas do you have to help this family develop an integrated plan of supports?
 - ☐ Building on Their Strengths and Assets
 - ☐ Developing Relationship Based Supports
 - ☐ Using Technology
 - ☐ Creating Community- Based Supports
 - ☐ Finding Eligibility- Based Supports
- 3. What other unchartered possibilities may this family want to explore?
- 4. Did the Life Course materials change the way you thought about how to provide supports for this family? In what ways?

B3 Case Study - Matiu

Matiu was born Deaf. At the time of his birth, his parents didn't know anyone who was Deaf and had few experiences being around people who had a disability. His parents, both of whom use Spanish as their primary language, knew that they needed to get more information, but were reluctant to talk to others about their son's disability. Matiu's parents also have concerns that he may be developmentally delayed and are unsure of where to get help. They hope that someday their son will be an accepted and valued part of their community.

Early Childhood (age 3-8) Case Study - Anne

(Anne is a 4 year old who lives with her mother and father and big sister Jane in a typical suburban community.) One April morning, after eight months of assessment, observations and countless appointments we were told that our physically perfect, attractive four-year-old daughter was 'handicapped'; she was diagnosed as having autism. The grief was almost all consuming and our lives changed forever. Our daughter's inability to understand people and language causes her constant stress. She copes by organizing her life into structured routines that only she understands. Just coping is difficult for our family and for her. This has been compounded by the difficulties of the 'system' and an unaccepting community. All we hope for is that our daughter will be an accepted, valued member of our community who has the opportunity to contribute and participate.

Middle School Case Study Kevin

Kevin is a 14 year old young man with significant intellectual disabilities who is attending his neighborhood middle school. He receives daily instruction in Literacy (reading, writing, and communication), Math, and Science. Kevin also is involved in vocational and daily living skill training. His coursework is delivered in individual and small group settings in the special education classroom except for Digital Communications (a general education Career Technical Course) which he has taken (using a modified curriculum) with the assistance of a one-on-one instructional assistant. Kevin also participates in a school-based enterprise through the Occupational Course of Study (a state endorsed curriculum for students with special needs leading to a high school diploma) and an on-campus work placement in the school library. Kevin and his family plan for him to stay in the public schools until he ages out at age 21. Kevin lives at home with mother, step-father, 11 year old sister, and a great aunt that helps with his care. Kevin also has one older brother who is in college.

High School Case Study Paul

Paul is a sixteen year African American male who has an intellectual disability and who experiences mood swings and hears voices that other people don't understand.

Paul's family lives in a small town, where gossip spreads like wildfire. He often stays home alone playing video games and has little confidence about his future. Paul really wants to work. He would like to start his own business someday. Paul lives with his mother and with his younger sister, who has a learning disability. His family is very involved in their church and they get a lot of natural support from this community.

Adult Case Study Janie

Jane is 23 years old and has Down Syndrome. She attended public high school, where she met her live-in boyfriend Sam. She lives in a large metropolitan area in a neighborhood that used to be considered respectable. However, recently there has been a lot of crime reported in the neighborhood.

Jane's Voice: "After having my baby and returning to the ward, people reacted to me really differently. Some people were very supportive. Others assumed that I was just a visitor from another ward or were amazed that I had actually been able to have my own baby. Some mothers I talked to even overheard comments like, 'I think it's disgusting, letting "them" have babies. The nurse told me they have to give me a test to see if I can keep my baby. I want to bring my baby home and take care of her. I know I will need some help, but I am going to try and be the best mom I can be."

Aging Case Study Margaret

Margaret is 60 years old. She lives in a group home with four other people who are younger than her. She has lived in the home for the last twenty years. She wants to remain in the home with people who know and care about her. She has very little contact with her family and no friends outside of the people with whom she lives.

Four months ago Margaret fell and was knocked out. From that day onward she has been a different person. She is often disoriented and has difficulty caring for herself. She is often in pain so is not in the best of moods. Her health is declining and the agency is not sure what to do next.

Thankyou