

#### Table of Contents Building Full Lives Model

- 1. Building Full Lives Service Model and Best Practices
- 2. Connecting to a Building Full Lives Service Provider
- 3. Essential Elements for the Building Full Lives Service Model
- 4. Service Model Self-Assessment Tool

# BUILDING<br/>FULL<br/>LIVESService Model and<br/>Best Practices

The Wisconsin Board for People with Developmental Disabilities (BPDD) has been collaborating with organizations in Wisconsin to expand community-based services to support people to safely explore, connect, and contribute to their communities while developing specific life skills.

These "Building Full Life" services meet the new requirements of the Home and Community-Based Services (HCBS) Settings Rule and Workforce Innovation and Opportunity Act (WIOA) by providing a pathway to greater independence, meaningful connections and relationships, and employment. For people who are already employed in the community, Building Full Life services can provide people with opportunities to continue to learn and grow by building skills necessary to maintain healthy lives and relationships, and be involved in their communities.



Key C	Key Components of the Building Full Lives Service Model			
Intake and Initial Discovery: To validate information provided, explore and learn about the person to establish purposeful goals	<ul> <li>Initial meeting in person's home or community location</li> <li>Gather information for Skills Assessment and Positive Personal Profile through observations in the community and interviews with family and team members</li> <li>30-day meeting to review initial discovery findings, establish 2-3 meaningful goals for skill building, and develop new schedule based on the goals</li> </ul>			
Skill Building & Connecting: To build skills, find interests and potential, raise expectations, teach and fade	<ul> <li>Regularly track data on goals</li> <li>Update Positive Personal Profile as new information is discovered and skills are learned</li> <li>Use Skills Assessment tool every 3-6 months to assess progress</li> <li>Maximize natural supports and independence</li> </ul>			
Customized Job Development: To use what has been learned through community- based services to find a successful job match in the community	<ul> <li>Brainstorm ideas for work with team and job developer</li> <li>Up-to-date Positive Personal Profile, Skills Assessment and transferable skills list for the job developer</li> <li>Coordinate with Division of Vocational Rehabilitation (DVR) services</li> <li>Continue skill building &amp; connecting while job seeking with DVR</li> <li>On-the-job skills instruction to increase independence (also called Systematic Instruction), maximize natural supports at work, fade paid supports</li> </ul>			
Long Term Support: To maintain employment and continue to learn, connect and contribute in personally meaningful ways	<ul> <li>Determine service needs and goals for "the rest of the week" once employed</li> <li>Update Skills Assessment form, goals, schedule and Positive Personal Profile</li> <li>Team review meetings every 6 months</li> </ul>			

#### "

Community CONNECT is a great way to get out and enjoy my free time. Gives me ideas of whereto hang out with my friends. *Demarlous Foster* 



#### Best Practices Used in Building Full Lives with Community-Based Services

- Services occur in integrated settings in typical places other community members without disabilities use to learn, exercise, volunteer, socialize, recreate, and contribute to the community.
- Services are based on participant goals. Not program "offerings."
- Services increase a person's independence and participation in community life.
- Services are instructional and focused on skill development in a variety of areas including: routine daily activities, skills needed to access and use of community resources, money management, home care maintenance, food preparation, mobility training, and self-care skills.
- Services support informed decision making and create a pathway to employment through discovery and the development of a positive personal profile.
- Goals are individualized and specific to the member. Progress is tracked regularly and reported to the team every 6 months.
- Services are designed to support independence and are "built to fade" as much as possible.
- Resources are maximized through collaboration and braiding with other services and programs (i.e. schools, DVR, Work Incentives, etc.).

#### **Best Practices Used in Community-Based Employment Services**

- Work experiences and employment occur in integrated settings and are paid at least minimum wage.
- Strengths-based assessment methods are utilized.
- People are supported to engage in community-based employment exploration to make informed choices.
- Employment goals are based on individuals' interests, strengths and skills.
- Assistance is provided for the person to apply for and engage with services from the Division of Vocational Rehabilitation (DVR).
- DVR, school, and other available resources are braided into the person's employment plan.
- The person and their support team receive Work Incentives Benefits Counseling.
- Job matches and customization are based on the person's skills and ideal conditions for employment.
- Job opportunities are developed with sustainable transportation and support options in mind.
- Supported employees receive the same training and supervision that is typical for their coworkers without disabilities.
- Natural supports in the workplace are intentionally cultivated and maximized.
- Systematic Instruction techniques are used to foster success and fade job coaching support to the greatest extent possible.





#### **Connecting to Service Providers to Build a BUILDING Full Life in the Community**

The Wisconsin Board for People with Developmental Disabilities (BPDD) has been collaborating with organizations in Wisconsin to expand communitybased services to support people to safely explore, connect, and contribute to their communities while developing specific life skills. These "Building Full Life" services provide a pathway to greater independence, meaningful connections and relationships, and employment. For people who are already employed in the community, Building Full Life services can provide them with opportunities to continue to learn and grow by building skills necessary to maintain healthy lives and relationships, and be involved in their communities.

Building Full Lives provides individualized supports and services for:



- Generating interest in and familiarity with being in the community, rather than in a facility-based program, through supported exposure and engagement
- Targeted skill development

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- Meaningful community involvement and contribution
- Safely considering employment through exposure and exploration in the community

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Customized Job Development: To use what has been learned through community- based services to find a successful job match in the community	<ul> <li>Brainstorm ideas for work with team and job developer</li> <li>Up-to-date Positive Personal Profile, Skills Assessment and transferable skills list for the job developer</li> <li>Coordinate with Division of Vocational Rehabilitation (DVR) services</li> <li>Continue skill building &amp; connecting while job seeking with DVR</li> <li>On-the-job skills instruction to increase independence (also called Systematic Instruction), maximize natural supports at work, fade paid supports</li> </ul>		
Long Term Support: To maintain employment and continue to learn, connect and contribute in personally meaningful ways	<ul> <li>Determine service needs and goals for "the rest of the week" once employed</li> <li>Update Skills Assessment form, goals, schedule and Positive Personal Profile</li> <li>Team review meetings every 6 months</li> </ul>		



Building Full Life services are called different names by different service providers and can be added to a Family Care or IRIS service plan on an hourly basis at different staffing ratios using Day Services or Daily Living Skills training:

- Service codes will vary by service provider and are unique to each person.
- The hourly rates may also vary, depending on the staffing ratio.
- Daily Living Skills Training is used for time-limited, focused skill training.
- Day Services are used for longer-term/maintenance of skill services.

Regardless of service type, all Building Full Life services are designed to increase independence and eventually reduce or eliminate paid supports when possible. Examples of Building Full Life outcomes include:

- I would like to have more friends and relationships, besides my supports staff.
- I want to learn how to take the bus and walk around my community on my own.
- I would like to learn how to shop for and cook healthy meals.
- I would like to be more independent in keeping myself healthy and clean.
- I want to learn how to manage my money.
- I want to be more involved in choosing how I spend my day.
- I want to learn what my community has to offer and find more activities to do that I enjoy.
- I want to meet more people by volunteering and being involved in community activities.
- I want to volunteer so that I can learn things that will help me get a job in the future.

Agencies Collaborating with BPDD to Provide Building Full Life Services				
Agency	Location	Contact(s)		
Ascend	Manitowoc	Deanna Genske at (920) 682-4663 or <u>dgenske@ascendservicesinc.org</u>		
ASPIRO	Green Bay	Katie Doble at (920) 498-2599 or kdoble@aspiroinc.org		
Bethesda Lutheran Communities	Watertown	Kristine Leonard at (920) 262-6529 or kristine.leonard@bethesdalc.org		
East Shore Industries	Algoma	Amber Krokstrom at (920) 487-3541 or <a href="mailto:akrokstrom@eastshoreindustries.com">akrokstrom@eastshoreindustries.com</a>		
Goodwill Industries of SE WI	Milwaukee	Jeanine Fohl at (414) 847-4829 or Jeanine.Fohl@goodwillsew.com		
Green Valley Enterprises	Beaver Dam	David Bigelow at (920) 887-4282 or <u>dbigelow@gveinc.org</u>		
Headwaters, Inc	Rhinelander	Katherine Garrison at (715) 369-1337 or kgarrison@headwatersinc.org		
Opportunity Development Centers (ODC)	WI Rapids, Marshfield, Stevens Point	Mindy Reiman at (715) 424-2712 or mreiman@odcinc.com		
Opportunity Center of Crawford County	Crawford County	Pam Ritchie at (608) 326-6486 or pritchie@opcntr.org		
RCS Empowers	Sheboygan	Angie Buechel at (920) 694-1233 or <u>abuechel@rcsempowers.com</u>		
Threshold	West Bend	Jami Sickler at 262-685-8275 or jsickler@thresholdinc.org		
Ventures Unlimited	Hayward, Rice Lake, Shell Lake	Kristin Frane at (715) 558-1745 or <a href="mailto:kristin@venturesunlimited.org">kristin@venturesunlimited.org</a>		
VIP Services	Elkhorn	Dana Kelnhofer at (262) 723-4043 or <u>danakelnhofer@vipservices-inc.org</u>		





#### **BUILDING FULL Essential Elements for the Building Full Lives Service Model**

Building Full Lives (BFL) is an individualized community-based day service model that creates pathways to competitive integrated employment (CIE) by supporting people in small group activities, usually involving 3-4 people and one staff, to explore their communities, identify their preferences and goals, develop life skills and contribute to/be involved in their communities in meaningful ways. BFL services can also be a wraparound option that expands social lives and well-being and helps sustain employment for people already working in CIE. Additionally, it can be an HCBS compliant service option for people who do not want to work in CIE.

BFL services embrace an Employment First philosophy by supporting working-age people to consider, learn about, and make progress toward CIE – not forcing them to work in CIE but keeping CIE 'on the table' as an option, should they so choose at some point in their lives. The types, length, and frequency of exploration/exposure and skill building activities are based on individualized goals and preferences.



BFL supports are very different than traditional day and prevocational services models. Staff providing BFL supports have had to shift their paradigm about people with disabilities and learn new approaches for supporting people to become genuinely involved in what their communities have to offer. These service providers take on a high level of accountability and strive to see people gain independence and succeed in every way possible.

Α.	A. BFL services happen in the community.		
	1. All supports occur in typical/natural places in the community.		
	2. The agency has "meet up" and "drop off" locations in the community, so people do not have to be transported to a facility-based program to access services.		
	3. Staff engage in initial and ongoing Community Mapping – both broadly/generally and on an individualized basis.		
	4. Staff are given initial and regular opportunities to learn how to provide person-centered, meaningful supports in the community.		
	5. Schedules focus on a mix of volunteerism and community contribution, cultural and enrichment activities, health and wellness, and activities of daily life.		
	6. People are taught to learn how to safely navigate and use transportation to get around the community.		

# B. People are engaged in discovery and exploration opportunities to learn about themselves and the community. 1. Staff get to know people in both familiar and novel community environments. 2. Staff actively look for and highlight people's strengths and skills. 3. People are supported to explore and learn about resources and opportunities in their communities (e.g. library, police/fire department, post office, chamber of commerce, job center, community center, fitness clubs, hospital, Kiwanis/Rotary, events, community groups and learning opportunities, businesses, museums, etc.). 4. People are supported to learn about current events and community happenings. 5. Staff take time to reflect with people on their current and emerging interests, skills, preferences and goals.





<b>C.</b>	Staff provide active, purposeful support.
	1. Staff are aware of and focus daily supports on achievement of people's individualized goals.
	2. Intentional teaching techniques and systematic instruction are used to teach people a mix of community life skills (hard skills and soft skills).
	3. Staff understand their role as "connector" and use strategies to build relationships, natural supports, and genuine inclusion.
	4. People are taught how to initiate and engage in social activities and hang out with friends without staff around.
	5. Fading plans that lead to increased independence in the community are regularly established and implemented.
	6. Staff support people to acquire self-advocacy skills.
	7. Staff support people to understand their personal budgets and how to responsibly spend money.
	8. People are treated with respect, in age-appropriate ways, and are engaged in age-appropriate activities.

## D. The agency demonstrates accountability and progress through routine, strategic documentation.

1. The community resources and opportunities gleaned through Community Mapping are stored and updated regularly in a database or living document of some kind.
2. Each person has a Positive Personal Profile, which is routinely updated.
3. The service provider uses the Assessment of Skills for Independence or Assessment of Skills for Self-Reliance during initial discovery.
4. The service provider updates the Assessment of Skills for Independence or Assessment of Skills for Self-Reliance every 3-6 months.
5. 2-3 individualized, measurable skill-related goals are established based on the results of the skills assessment and the individual's preferences/priorities.
<ul> <li>6. Direct service staff routinely document:</li> <li>Data on progress toward skill acquisition</li> <li>Emerging skills</li> <li>Nature of supports required</li> <li>Environmental reactions</li> <li>New interest areas and preferences</li> <li>Connections people are making</li> </ul>
7. Pictures and videos of people demonstrating competence in the community are kept in the person's file, shared with team members, or incorporated into personal profiles and resumes.
8. The agency routinely engages people, family and other stakeholders in measuring and improving the quality of their services.

<ul> <li>1. The agency works to establish, educate and engage a person-centered planning team for the people they support.</li> <li>2. The agency gets input from team members and other important people/key informants in the person's life to complete the skills assessment and Positive Personal Profile (PPP).</li> <li>3. The skills assessment and PPP drive individualized goal setting and schedule of activities.</li> <li>4. Goals are reviewed and updated every three to six months.</li> <li>5. The service provider supports the individual to take a lead role in their planning meanings.</li> <li>6. A case coordinator/manager/service team lead is designated to review and give feedback on documentation completed by direct service providers.</li> <li>7. The agency has a process in place to identify and prioritize people for CIE services.</li> </ul>	Ε.	E. Planning is highly person-centered.		
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8. The agency has a process for transferring information about people to job developers who will be looking for CIE opportunities.				
9. Job developers are competent with Customized Employment strategies.		9. Job developers are competent with Customized Employment strategies.		

## BUILDING<br/>FULL<br/>LIVESService Model<br/>Self-Assessment Tool



A. BFL services happen in the community.		
Indicator	Score	Notes
1. All supports occur in typical/natural places in the community.	☐ To a great extent ☐ Sometimes ☐ Not at all	
<b>2.</b> The agency has "meet up" and "drop off" locations in the community, so people do not have to be transported to a facility-based program to access services.	☐ To a great extent ☐ Sometimes ☐ Not at all	
3. Staff engage in initial and ongoing Community Mapping – both broadly/ generally and on an individualized basis.	☐ To a great extent ☐ Sometimes ☐ Not at all	
<b>4.</b> Staff are given initial and regular opportunities to learn how to provide person-centered, meaningful supports in the community.	☐ To a great extent ☐ Sometimes ☐ Not at all	
5. Schedules focus on a mix of volunteerism and community contribution, cultural and enrichment activities, health and wellness, and activities of daily life.	☐ To a great extent ☐ Sometimes ☐ Not at all	
6. People are taught to learn how to safely navigate and use transportation to get around the community.	☐ To a great extent ☐ Sometimes ☐ Not at all	

### B. People are engaged in discovery and exploration opportunities to learn about themselves and the community.

Indicator	Score	Notes
anvironments	☐ To a great extent ☐ Sometimes ☐ Not at all	
	☐ To a great extent ☐ Sometimes ☐ Not at all	

<b>3.</b> People are supported to explore and learn about resources and opportunities in their communities (e.g. library, police/fire department, post office, chamber of commerce, job center, community center, fitness clubs, hospital, Kiwanis/Rotary, events, community groups and learning opportunities, businesses, museums, etc.).	☐ To a great extent ☐ Sometimes ☐ Not at all	
4. People are supported to learn about current events and community happenings.	☐ To a great extent ☐ Sometimes ☐ Not at all	
5. Staff take time to reflect with people on their current and emerging interests, skills, preferences and goals.	☐ To a great extent ☐ Sometimes ☐ Not at all	

C. Staff provide active, purposeful support.			
Indicator	Score	Notes	
1. Staff are aware of and focus daily supports on achievement of people's individualized goals.	☐ To a great extent ☐ Sometimes ☐ Not at all		
2. Intentional teaching techniques and systematic instruction are used to teach people a mix of community life skills (hard skills and soft skills).	☐ To a great extent ☐ Sometimes ☐ Not at all		
<b>3.</b> Staff understand their role as "connector" and use strategies to build relationships, natural supports, and genuine inclusion.	☐ To a great extent ☐ Sometimes ☐ Not at all		
<b>4.</b> People are taught how to initiate and engage in social activities and hang out with friends without staff around.	☐ To a great extent ☐ Sometimes ☐ Not at all		
5. Fading plans that lead to increased independence in the community are regularly established and implemented.	☐ To a great extent ☐ Sometimes ☐ Not at all		
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8. People are treated with respect, in age-appropriate ways, and are engaged in age-appropriate activities.	☐ To a great extent ☐ Sometimes ☐ Not at all		

#### D. The agency demonstrates accountability and progress through routine, strategic documentation. Notes Indicator Score **1.** The community resources and opportunities gleaned through To a great extent Community Mapping are stored and updated regularly in a database or □ Sometimes living document of some kind. □ Not at all To a great extent 2. Each person has a Positive Personal Profile, which is routinely updated. ☐ Sometimes Not at all To a great extent 3. The service provider uses the Assessment of Skills for Independence Sometimes or Assessment of Skills for Self-Reliance during initial discovery. Not at all To a great extent 4. The service provider updates the Assessment of Skills for Independence or Assessment of Skills for Self-Reliance every Sometimes 3-6 months. Not at all 5. 2-3 individualized, measurable skill-related goals are established To a great extent based on the results of the skills assessment and the individual's □ Sometimes preferences/priorities. Not at all 6. Direct service staff routinely document: Data on progress toward skill acquisition Emerging skills To a great extent Nature of supports required □ Sometimes Not at all Environmental reactions New interest areas and preferences Connections people are making $\Box$ To a great extent 7. Pictures and videos of people demonstrating competence in the community are kept in the person's file, shared with team members, or Sometimes incorporated into personal profiles and resumes. □ Not at all To a great extent 8. The agency routinely engages people, family and other stakeholders in ☐ Sometimes measuring and improving the quality of their services. Not at all



D. Planning is highly person-centered.		
Indicator	Score	Notes
<b>1</b> . The agency works to establish, educate and engage a person-centered planning team for the people they support.	☐ To a great extent ☐ Sometimes ☐ Not at all	
2. The agency gets input from team members and other important people/key informants in the person's life to complete the skills assessment and Positive Personal Profile (PPP).	☐ To a great extent ☐ Sometimes ☐ Not at all	
3. The skills assessment and PPP drive individualized goal setting and schedule of activities.	☐ To a great extent ☐ Sometimes ☐ Not at all	
4. Goals are reviewed and updated every three to six months.	☐ To a great extent ☐ Sometimes ☐ Not at all	
5. The service provider supports the individual to take a lead role in their planning meanings.	☐ To a great extent ☐ Sometimes ☐ Not at all	
<b>6.</b> A case coordinator/manager/service team lead is designated to review and give feedback on documentation completed by direct service providers.	☐ To a great extent ☐ Sometimes ☐ Not at all	
7. The agency has a process in place to identify and prioritize people for CIE services.	☐ To a great extent ☐ Sometimes ☐ Not at all	
8. The agency has a process for transferring information about people to job developers who will be looking for CIE opportunities.	☐ To a great extent ☐ Sometimes ☐ Not at all	
9. Job developers are competent with Customized Employment strategies.	☐ To a great extent ☐ Sometimes ☐ Not at all	

