Virtual Services Evaluation Report

October 2020

Developed by the Wisconsin Board for People with Developmental Disabilities

Overview and Purpose of the Virtual Services Evaluation

From May 2020 through August 2020, the Wisconsin Board for People with Developmental Disabilities (WI-BPDD) and the Living Well project partners invited fifteen (15) service providers to collaborate on an evaluation of their virtual services. These fifteen agencies were selected because they have been involved in WI-BPDD's projects, including Living Well and the Building Full Lives service transformation initiative. Of the fifteen service providers, nine (9) completed the evaluation of their virtual Day and Prevocational services. The nine agencies involved were Opportunity Development Centers (ODC), Opportunity, Inc., Aptiv, the Down Syndrome Association of Wisconsin (DSAW), Living Our Visions (LOV), Inc., SOAR Fox Cities, The Threshold, Barron County Developmental Services (BDSI), Inc., and Ventures Unlimited. The other six agencies discontinued their involvement because they were unable to get their virtual services off the ground due to funding or low enrollment in virtual services with the reintroduction of in-person services.

The purpose of the collaboration was to evaluate the best practices and outcomes of providing virtual services, specifically Day Habilitation, Daily Living Skills and Prevocational services, for people with intellectual and developmental disabilities (IDD) in order to formulate policy recommendations and guidance for service providers on the essential elements of providing high quality virtual Home and Community Based Services. Each organization was asked to sign a memorandum of understanding outlining commitments for the evaluation, submit a summary of their virtual services offerings, join Community of Practice meetings twice per month during the evaluation period, and submit evaluation materials for a subset of their virtual services.

Virtual service topics included:			
Travel, world, and cultures	Friendships and relationships	Technology and social media	Self-Advocacy
Exercise and healthy eating	Mindfulness, meditation, relaxation, and coping skills	Mental health/peer support group	Exploring employment
Learning about the community	Learning about volunteering in the community	Safety at home and in the community	Social skills and communication

Virtual service topics included:

Workplace skills development	Book club	Current events	Games and mind strengthening
Arts and crafts	Cooking and baking	Music appreciation	Talent sharing
		Financial literacy	Life skills

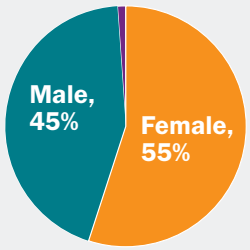
Evaluation

In order to focus this project, key stakeholders including BPDD staff, Living Well mentor and pilot site agencies and funders were asked what was most important to learn during the virtual services evaluation. Evaluation questions were both process and outcome oriented. Stakeholders wanted to know things such as what types of services were offered, what platforms were used, if services were economically and logistically feasible, who was accessing virtual services and their engagement levels, and if the services were effective. Participating agencies were asked to provide information and feedback from staff delivering the services as well as the service participants. A total of 769 participant surveys were included in this evaluation summary. Note that this number includes duplicate respondents as they were asked to provide feedback at multiple time points during service delivery. The evaluation also included staff debrief forms that cover 45 unique service series, which is a subset of those offered by participating agencies. Additional debrief forms were submitted for series that lasted longer than a month during the reporting period.

Virtual Service Participation:

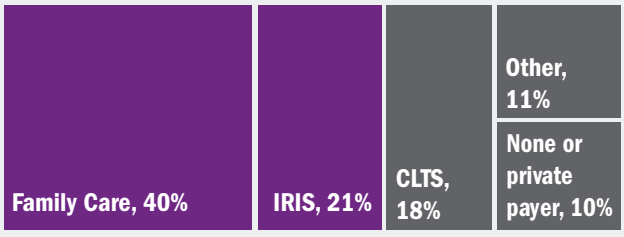
Agencies reported that **349** individuals participated in the various service topics, while an additional **95** registered but did not participate.

Gender Breakdown



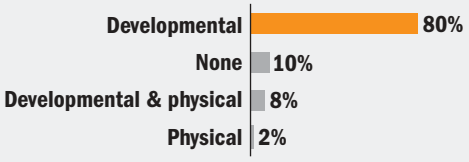
Nonbinary or other gender, 1%

Most participant services were funded by Family Care and IRIS

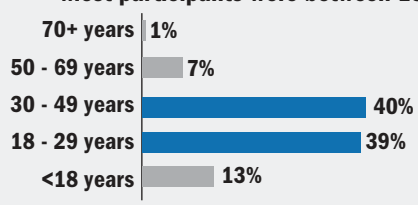


10% new members (may be inside or outside of traditional service area)

Most participants had developmental disabilities



Most participants were between 18-49 years



Level of Satisfaction and Enjoyment in Services:

Participants were asked why they wanted to join services. The majority of respondents indicated that they wanted to learn about the service topic, wanted to talk to others or because they wanted to benefit from the service (such is the case with an exercise service). Very few participants reported that someone else told them to do it indicating a high level of choice. Satisfaction was very high across all services with 93% indicating that "yes" they liked the session, and another 6% indicating that they liked the session "some". When asked what they liked the most, participants indicated being able to see their friends, learning new things and experiencing new activities. When asked what they liked the least, most participants could not offer a response. Of these limited responses, the most common were problems getting or staying connected, or finding a specific task too challenging (such as a body stretch or difficult riddle).

Learning and Application of Services:

More than 80% of responses indicated that the person participating in services learned something new about the topic in each session. When asked if the participant was excited about what they learned, only 1% indicated they were not excited which suggests that agencies are providing content that is of interest to their members. Agency staff indicated that just more than one-third of case managers reported a service meets care plan goals. It's important to note that not all participating agencies are in contact with case managers on the applicability of virtual services to the member's care plan goals so this is a very low estimate.

> **"I REALLY appreciate the fact that [agency] has stepped up and offered all of these virtual sessions and events both to keep us busy and to keep us connected to each other through all of this"**

Access to Technology:

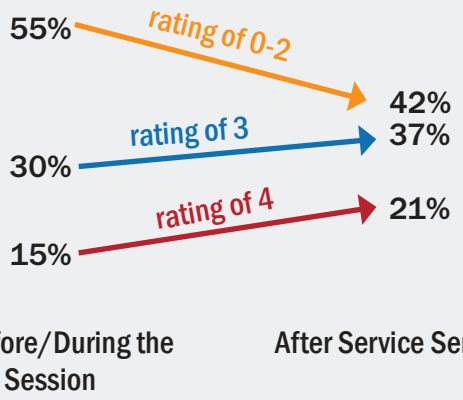
As mentioned above, technology can be a challenge when accessing virtual services. Nearly all agencies reported only offering virtual services to those individuals that had existing technology and internet services. One agency did work with private funders to purchase tablets and a few agencies provided hot spots to offer services more broadly. Provider agencies offered virtual services through a variety of platforms including Zoom, Webex, Google hangouts, or Facebook with a variety of engagement options including audio only, video, nonverbal reactions, and chat boxes.

Staff indicated high levels of participant engagement with more than 60% of participants engaging 4 or more times during a session, and only 5% not engaging at all during a session.

All agencies reported offering support to participants in learning how to use technology to connect to their services including tip sheets, videos and one-on-one support from agency staff to participants and their supports. This evaluation wanted to measure the potential benefit in participants learning how to use the technology over time. At the beginning of a service, staff were asked to rate participant ability to use the technology to connect to and participate in the service, and they were asked again at the end of the service or after about a month for longer service cycles. Staff reported that 55% of participants could not participate without either substantial or limited supports at the beginning of services. This decreased to 42% still needing some type of support to connect at the end of a service cycle. This increase is important as technological independence opens up new opportunities for individuals with disabilities. Approximately three-fourths of participants reported being able to connect with others that do not live with them using the service technology outside of service sessions.

Member Skills to Access Technology Improved Over Time, May – August 2020

n=52 service topics attended by ~350 members



Rating Scale:

0= Unable to use the technology even with support,

1= Ability to use the technology with substantial supports,

2= Ability to use the technology with limited supports,

3 = Ability to use the technology without supports,

4= High technological ability (they could teach others)

Economic feasibility:

The reported economic feasibility of providing virtual services varied by agency, and in some cases by service series. Cost savings when offering virtual versus in person services for all agencies included reduced travel time and mileage reimbursements, and for some agencies, higher participant to staff ratios and fewer purchases for activities and snacks. Additional costs incurred when providing services virtually instead of in person included device, technology platform and IT support costs, staff training time on how to design and deliver services virtually, staff time to create service visual aids or interactive games to use virtually, online game app fees, staff home internet upgrade fees, costs to deliver or mail service materials. Some agencies reported that staff providing services virtually were more experienced and higher paid staff due to the technological and engagement skills needed, or that they had a higher staff to participant ratio to troubleshoot technology issues for participants or to step in if the primary facilitator got disconnected from the group. In order to increase accessibility, some agencies offered one-on-one support on how to connect to virtual services virtually or in person, and covered the costs of data plans on loaned devices. Agencies reported anywhere from 25% to 100% cost recovery after considering these additional costs and savings, and the extent to which they were able to bill for their virtual services. Agencies that began providing services earlier in the

> **"I am thankful what I learned from all of you but I am really proud of myself. I was independent and got to know someone that I did not already know but I getting along with them and I really love this class."**

reporting period generally reported lower initial cost recovery estimates. These cost recovery estimates increased over time for some, but not all, agencies.

Limitations: There were a few limitations to acknowledge in this evaluation. First, the report relies on self-report of members with disabilities. Response bias is a concern with this population especially when members may have needed staff support in completing the surveys. Second, while self-advocates did provide feedback on the response scales and question wording for the participant survey, it can be expected that some respondents did not fully understand the question being asked.

Outcomes and Challenges

Over the course of the four months, the service providers reported many positive participant experiences and outcomes. The three most prominent were:

1. **Increased participant engagement and the development of peer partnerships and relationships** - Service providers reported that while many people were reluctant to talk and share in the beginning, many achieved high levels of engagement over time. Many participants became empowered to talk to their peers through technology for the first time in their lives. Participants stayed in touch with people they were no longer able to see in person due to the pandemic and met new people, including people from different parts of the state. Some began connecting outside of virtual sessions. Staff observed a lot of conversations about self-advocacy, as well as substantial development of peer partnerships and peers mentoring one another.

> **"I think you do an excellent job and you give me something to look forward to every week"**

2. **Participants trying new things and acquiring new skills** – Several participants learned how to use email and video conferencing platforms for the very first time. Agencies reported some people needing high levels of assistance when first starting virtual services, with the vast majority learning how to manage the technology on their own in a short time - sometimes to the surprise of their family members. Staff observed some participants develop a new willingness to learn and accept change. Participants gained confidence to try new things. Many participated in activities they had not previously tried.

3. **Participants maintaining and improving their health and wellness** - Virtual services provided people with a daily schedule and routine to follow. Many people who did not exercise before started joining virtual fitness sessions. Staff observed people increasing their self-care and have deep, meaningful conversations with their peers about how they were feeling and coping. Several service providers felt they were reaching participants who they had not been able to in the past because of anxiety or reluctance to take part in in-person, direct services.

The service providers also reported their biggest challenges and barriers to providing virtual services, which were:

1. **Lack of funding to develop and deliver virtual services** – When the Governor's shelter-in-place orders were issued, service providers acted quickly and invested a substantial amount of their own resources to acquire technology and develop content for their virtual services offerings. Unfortunately, "buy-in" from specific MCO's to authorize virtual services has been challenging. Even when MCO leadership approves of virtual services, service providers would encounter inconsistencies or resistance to authorizing virtual services across care managers or regional teams, despite participants' former involvement in daily in-person services and their requests to participate in virtual services with the same service provider. Additionally, inconsistencies between and within MCOs and ICAs to add technology to member plans forced many service providers to absorb the cost of getting people the technology and Internet service they need to connect to virtual services.

2. **Insufficient access to internet services and technology** - Service providers reported that many participants were not able to engage due to the lack of internet, poor internet connection, or lack of technology. One service provider estimated only 20% of the people they support have the technology needed to tap into virtual services. Service providers also reported that many of their staff did not have adequate technology themselves, either, and like many of the participants, also lacked skills and experience using virtual/video meeting technology.

> **"I want you to know this session Is helping me to continue to learn even more wise decisions until my parents will want me to choose what I want to do."**

3. **Lack of education and support for participants to connect** - Service providers reported that many people to whom they offered virtual services could not connect to or attend virtual services due to a lack of or unwillingness to support the participant within the home. This included participant's family homes, Adult Family Homes and Group Homes.

Recommendations for Virtual Services:

Virtual Service delivery has proven to be an effective way to provide services to people with disabilities using HCBS services. Participants have been able to build new skills, increase their understanding of technology, and develop their self-advocacy skills. Furthermore, they have been able to stay connected during this period of extreme social isolation.

The following recommendations are based on the challenges and best practices we learned about from the participants and organizations involved in this evaluation. By enacting these recommendations, many of the challenges that participants and service providers have encountered thus far can be mitigated.

1) **Make virtual services a permanent option** by including criteria for virtual services in Day Services/ Habilitation, Daily Living Skills and Prevocational service definitions in the upcoming Family Care and IRIS waiver renewals. Virtual services are not for everyone and should not be seen as a replacement for in-person services, however, they have been highly effective for a number of people and should be available as an option or enhancement during individualized service planning.

2) **Develop policy and procedure guidance for authorizing services.** This guidance should take into consideration barriers members face to in-person services including health and safety emergencies, mental health issues, lack of transportation, or changes in conditions that keep them from being able to attend services outside their home in the community or at a facility.

3) **Provide training for care managers and IRIS consultants on adding virtual services to a person's plan.** If this includes initiating a RAD or a Budget Amendment, the policies should also include the steps to take and how to communicate this information to the participant.

4) **Establish adequate rates for service providers to build capacity to:**
   a. Acquire technology to provide virtual services and to loan devices and Internet hot spots for people to participate in virtual services;
   b. Provide education, skill instruction, or support to people or their family member or residential staff so they can attend virtual services; and
   c. Increase the competencies of staff to develop and deliver high-quality virtual service content, as well as troubleshoot and maintain technology.

5) **Develop a policy that clearly defines when HCBS funds can be used to purchase technology for people to access virtual services.** Currently, the Family Care and IRIS waivers allow technology and equipment purchases for people to meet health and safety goals (e.g. personal monitoring systems, home modifications, augmentative communication devices, etc.). If a virtual service meets a person's health and safety outcomes, technology should be made available through HCBS waivers and should also include support and skill instruction for the person to use the technology, if needed.

6) **Develop guidance for corporate and individual guardians on accessing technology and virtual services.** This should include why arbitrarily denying access to technology may be guardian-overreach and violate the person's rights.

7) **Conduct multiple listening sessions,** similar to the Telehealth listening sessions, to gather input from stakeholders, including service providers and participants, on proposed policies related to virtual services.

Wisconsin BPDD
Wisconsin Board for People with Developmental Disabilities

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