**Measuring CIL Outcomes:**

**A Training Manual for the 2011 Field Test**

NCIL Outcome Measures Task Force

Bob Michaels, chair

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We wrote this training manual to help you gather outcome data during our 2011 field test. The specific instructions start on page 5, but we want you to understand the background for your work, so we’re including these questions and answers. If you’re unclear about anything at all, please let us know right away.

During the field test, there are three ways you can ask questions, share observations, or make suggestions. First, we will have conference calls before, during, and after the data collection. Second, we will have regular discussions over our electronic group that we’ve created for just that purpose; you’re already on this list, so don’t worry. Third, Project Coordinator Bob Michaels is at RMichaels1@cox.net if you prefer to email him privately.

**What are the basics of the “outcomes movement”?**

The outcomes movement is really pretty simple. In the past, it was enough for us to have good intentions and to work hard -- *motives* and *efforts* were what counted. More recently, our *outputs* became important; that is, we counted how many people we worked with.

Now, though, it’s not enough to have good intentions, work hard, or even work with a lot of people. We need to achieve *positive benefits* in lives or communities – we need to achieve successful *outcomes*. Good nonprofit agencies define success, find a way to measure it, analyze progress, review how they’re doing, then take steps to improve. This is the outcomes movement, or what some people call “managing for results” or “results-based management”.

**How important is the outcomes movement?**

The short answer is “very important”, but you know that already. Governments, foundations, nonprofit associations, certifying agencies, and other groups now require us to focus on outcomes. CIL staff, CIL clients, and their families are starting to demand it, too.

**Is this just a fad or another flavor-of-the-month?**

This is definitely not a passing fad. It began in the 1990s, and the movement is still going strong. In fact, the outcomes movement is steadily becoming more important than ever, and affecting more types of programs.

**Is measuring outcomes important for the IL field?**

Absolutely. Outcomes are as important for us as for anyone else. Over the past few years, several CILs and SILCs have begun on their own to work on outcomes. They know how important this is for their work.

**What progress has the IL field made so far?**

Actually, quite a lot. Two different NCIL task forces have been working hard for the past few years. Working closely with the field at every step, they established 16 desired outcomes for the CIL program, then developed a “logic model” to visually display how those 16 outcomes relate to each other. You can see this logic model at: [www.ilru.org/html/publications/outcome\_measures/index.html](http://www.ilru.org/html/publications/outcome_measures/index.html).

Next, the task forces chose the eight (8) most important outcomes and developed indicators, methods, procedures, and data-collection forms so a CIL can measure its performance on each outcome.

**What’s our next step?**

Now we need to field test those plans to see how they work. Do they let us gather honest, accurate outcome data? There’s a saying that “There’s many a slip ‘tween the cup and the lip”, and maybe our plans make great sense in theory but don’t work so well in reality? Or maybe everything works fine? This field test is to see how well (or how poorly) our plans actually work in the real world. This is obviously an important step, so we need to do it right. We did a first field test in 2010, and this is our final chance.

**What’s your personal role in the field test?**

Without wanting to sound too Pollyanna-ish, you’re the key to the entire field test. You actually play two different roles, and each role is vitally important.

First, you’ll *collect the outcome data*. You’ll review documents and files at your CIL, call people on the phone, ask them a few questions, listen carefully to their answers, write those answers on paper questionnaires, and then transfer those answers to a special computer program. In other words, you’re the source of every bit of our outcome data. Without you, we’ll end up with nothing. But with you, we’ll end up with honest, accurate outcome data from 32 CILs and 1,600 persons with disabilities.

Second, you’ll also *evaluate the field test,* and this is just as important as collecting outcome data. Remember -- we need to find out if our plans work as well as we hope, and you’re the only person who can tell us. Only *you* can say whether our plans for reviewing documents and files work or not. Only *you* can say if the persons you call agree to speak with us on the phone. Only *you* can say if these persons seem to understand our questions, or if we need to change something. Only *you* can say if they seem to give honest, accurate answers, or whether they give the answers they think we want to hear. Only *you* can say if our paper questionnaires and our computer program let you record the answers you heard. In other words, only you can conduct this field test and evaluate our current plans. Whether or not we need to change anything, and what we need to change -- only you can tell us.

**Who else is involved in this field test?**

The progress we’ve made up to now is because of many people across the IL field. It certainly has *not* been a private, isolated effort by a small group of people on the task forces. For example:

* NCIL initiated the project and guided the work of the two task forces.
* NCIL, IL Net, and the University of Kansas RTC/IL financially supported the efforts
* The first task force included 11 people.
* The second, current task force includes 10 other people.
* At each step, we’ve posted materials to the ILNet website, and many persons around the country have made excellent suggestions
* Bob Michaels has presented our progress at two SILC Congresses, two NCIL Conferences, an APRIL Conference, and six regional/state workshops.
* Representatives from the Independent Living Branch of Rehabilitation Services Administration, the U.S. Department of Education, and the U.S. Office of Management and Budget were involved from the beginning of our efforts and have been apprised of our progress throughout.

In 2011, 32 different CILs are doing the field test, and they represent a good cross-section of all the CILs in the country. At each CIL, 2-4 people will be working on the field test, meaning that at least 64 people will be collecting outcome data. All the more reason we need to work closely together during the field test.

**To what ethical principles are we committed?**

During the field test, we need to show respect to all persons with disabilities. Our main reason for measuring outcomes is to serve them better, so we certainly can’t harm them in any way. Some key points to remember are:

* Always respect the person you’re interviewing, including his or her right to respond in any way at all, even choosing not to participate. “Informed consent” means that the person must understand what you’re asking her/him to do, know how his/her information will be used, realize that s/he has the right to refuse to participate without suffering any harm, and freely give her/his permission to proceed.
* Treat the person with respect during the interview. There are no “right” or “wrong” answers – however the person answers is automatically correct, by definition.
* Don’t “skew” the person’s answers in any direction. We don’t want *flattering* answers, we want *honest* answers. Otherwise, we’re wasting their time and ours, too.
* Keep confidential all information you learn from personal files and from interviews. Don’t let others in the office hear or see what you’re learning during an interview.

**What exactly will you do during the field test?**

To fulfill both your roles (outcome data collector, field test evaluator), you’ll do several specific tasks. The rest of this manual provides the details, but here’s an overview:

* In order to *collect outcome data*, you’ll need to call 25 CIL consumers and ask them a few questions, call 25 I&R callers and ask them a few questions, review some documents and files at your CIL’s office, and enter all this into a computer.
* In order to *evaluate the field test*, you’ll need to keep track of your questions and suggestions, share them on our electronic discussion list, share them on our regular conference calls, share them with Bob Michaels if you prefer, and help us de-brief at the end of the field test.

This may seem like different pieces, but they fit together nicely. Let’s take them one at a time:

**Task #1 -- Call 25 CIL Consumers**

*Pick which 25 people to call.* A “CIL consumer” is anyone with a CSR, so your first step is to make an overall list of everyone who meets *three* separate criteria: (a) they have a CSR , (b) your CIL served them sometime between January 1, 2010 and September 30, 2010, **and** (3) they have a telephone number. This list will **NOT** include *everyone* your CIL served this past year. Some people didn’t have a CSR, for example, and other people didn’t receive services from you during the right time period -- you may have served them *before* January 1, 2010 or *after* September 30, 2010. Also, some people don’t have a phone. *Your overall list must include* ***only*** *those people who meet* ***all three*** *of these criteria.*

Next you pick from this overall list the 25 people you’re going to call. If your overall list has only 25 names (or fewer), it’s easy -- you simply call everyone on the list. You have no choice.

But if your overall list has more than 25 names, you need to decide which 25 to call, and you need to pick them *randomly* – without any bias of any kind. For example, you can’t pick 25 men and no women, and you can’t pick the first 25 people you worked with during the year. And you *certainly* can’t pick the 25 you know who made the greatest progress! That would bias your results and waste everyone’s time.

Instead, there are two easy ways you can pick 25 people randomly. One way is to number everyone on your overall list (for example, from 1-137), then go to the website [www.random.org/sequences](http://www.random.org/sequences) and enter the smallest and largest number on your list. Obviously your smallest number will be “1”, and your largest number will be however many names are on your overall list – maybe 137, maybe 63, maybe 246, maybe 1,912.

After you enter those two numbers, click “Get Sequence” and the computer randomly shuffles your numbers. Then telephone the first 25 numbers from the computer. If you can’t reach someone after several tries, or if someone doesn’t want to talk, move on to the next number.

If you’d rather not use a computer, there’s a second way to randomly pick 25 consumers to call. Start by making the same overall list of all people who meets the three criteria described above, then count how many names are on the list. If you have 50 names or so, simply pick every other name (1, 3, 5, etc.). If you have about 75 names, pick every third name (1, 4, 7, etc.). If you have about 500 names, pick every 20th name (1, 21, 41, etc.). If you have fewer than 50 names (45, say), pick two out of every three names – skip the third one (1, 2, 4, 5, 7, etc.) until you get 25 names.

These are two, easy ways to randomly pick 25 people, but this is so important to the field test, please let us know if you have any questions at all. Don’t hesitate to ask for advice for your own situation. And please write down exactly how you picked your 25 people, so we’ll have that information afterwards.

After picking the 25 people, you may know one of them personally. If so, please be careful not to influence their answers or assume in advance that you know what they’ll say. If you feel uncomfortable calling any one, ask one of the others who was trained to participate in this project to make that particular call.

*Making contact.* Find a private spot, call the consumer, introduce yourself, and ask if you can ask a few questions. Part A of the *Questionnaire for CIL CONSUMERS* has some language to help. Try to be someone the consumer would enjoy chatting with for a few minutes. If the consumer agrees, begin the questions immediately. If the consumer prefers not to participate, politely thank her/him and end the call courteously.

Some consumers may have questions about your call. Please answer these questions honestly, but briefly. For example, you can answer “Who are you?” by saying “My name is \_\_\_\_\_\_\_, and I work here at XYZ CIL, where you’ve been getting some help”. You can answer “What do you want from me?” with “We need to learn how we’ve been doing, and only people like you can tell us”. You can answer “Why are you calling me in particular?” by saying “We’re calling 25 people, and your name was selected at random”. You can answer “Will my answers be kept confidential?” with “Absolutely. I’m the only person who will ever know what you tell me.”

Again, answer every question honestly, but be careful not to bias the consumer one way or another. For example, if you say “We’re calling to see if we’ve been helping you or not”, it’s likely the consumer will reply “*Of course* you’ve been helping me”, whether the consumer feels that way or not. So please *do* answer any questions, but please *don’t* bias the answers.

*Asking questions.* You’ll be asking consumers only four (4) questions, although each question has a possible follow-up question, too. You might be tempted to re-word these questions, but *please ask each question exactly as it’s written*, at least the first time. If a consumer doesn’t understand the question, then you may need to tweak the wording to help her/him understand, but please use the original wording first. The reason for this is simple -- there are 32 different CILs asking these same questions, and if each CIL asks them a little differently, have we really field tested the same procedures? No, not really. Each CIL needs to ask questions the same way in order to have a valid field test.

Notice that the *first part* of each question (questions 5, 7, 9, and 11) asks for a very simple answer. These are easy, and you just mark the correct line on the questionnaire.

But the follow-up questions (questions 6, 8, 10, and 12) are open-ended, and these are trickier. Your job is to capture the *important parts* of what the consumer says. You won’t have time or room to write down everything word-for-word. You’ll need to capture the essence of what s/he says, so if you don’t understand something, ask her/him to clarify. Of course, if the consumer can’t remember or can’t give examples, please write that down, too.

*Ending the call.* After asking all the questions, thank the consumer for her/his time and politely end the call. The questionnaire suggests some language you might use.

After you hang up, you need to record some background information about the consumer. Part B has spaces for the consumer’s *age*, *racial/ethnic* background, and *disability (or disabilities)*. Your CIL files will have this information about each consumer, so write it at the appropriate places on the questionnaire.

To maintain confidentiality, store the completed questionnaires in a safe place. A locked drawer would be ideal. Even though the consumer will never know if another person looks at her/his answers, a promise of confidentiality is just that – a promise – and it must be kept.

**Task #2 -- Call 25 I&R Callers**

In addition to calling 25 consumers, you also need to call 25 different persons whose only contact with your CIL was when they called or emailed asking for I&R. These 25 people will NOT have a CSR, and we refer to them as “I&R callers” to distinguish them from consumers. The process for making these calls is practically identical to calling consumers, and since you only need to ask these I&R callers two simple questions, these calls are shorter.

However, the *logistics* of making these calls might sometimes be harder. Your first step is to create an overall list of everyone who’s called or emailed your CIL for I&R help between January 1, 2010 and September 30, 2010. But what if your CIL doesn’t record the names and phone numbers of I&R callers? Some CILs record this information, but some don’t. If you can’t create this overall list, how can you randomly pick which 25 people to call?

Obviously you can’t, and if your CIL ever wants to measure outcomes in the future, you’ll need to start asking for each I&R caller’s name and phone number. CILs who currently ask for this information report that it’s no problem to get. It helps to explain to each I&R caller that you’re asking for this information so you can contact them later on to see how things are going.

Or maybe some of the I&R callers can’t even remember talking with your CIL weeks or months ago, much less remember what happened as a result. What do you do then?

You might try to jog their memory, by recreating their call (*“Our phone number is such-and-such. When you called, someone would have said ‘Thank you for calling \_\_\_\_\_\_\_\_\_\_\_’. They would have given you names and phone numbers of other groups you could call”*, etc.). But if the I&R caller still can’t remember, that’s important information for us to know, so write on the questionnaire that they couldn’t remember.

When you call these 25 I&R callers, do it the same way you called consumers. Find a private place, use the paper *Questionnaire for I&R CALLERS*, ask each question exactly as it’s written (at least the first time), capture their answers as faithfully as possible, politely end the call, and store the questionnaires in a safe and confidential place.

**Task #3 -- Review documents and files at your CIL**

In addition to calling consumers and I&R callers, you’ll also gather information about the work of your CIL. In fact, you’ll gather about half your outcome data this way, so this is every bit as important as making the phone calls. But it’s different from making phone calls, and you’ll need to do some analysis and interpretation in order to learn what we need to measure.

Because this work is different, let’s look at each of the five (5) CIL-related questions on the *Questionnaire for CIL DATA:*

5. “Please record the number of separate activities (surveys, public meetings, focus groups, polls, etc.) your CIL conducted during calendar year 2010 (January 1, 2010 – December 31, 2010) to **identify or confirm the primary barriers/problems** in the community that prevent persons with disabilities from leading more independent lives”

This question is very specific. It asks for the number of separate activities that are focused on one very precise task – to *identify or confirm* the primary barriers or problems in your community. For this question, it doesn’t matter if your CIL’s activities were popular and effective or unpopular and useless. It also doesn’t matter exactly what barriers or problems were identified, whether any of those barriers or problems has been reduced, whether anyone has benefited, or anything else. This question is simpler: How many activities did your CIL conduct in an effort to identify or confirm these barriers?

To answer this question, you’ll count each separate activity your CIL conducted for this specific reason during 2010. If your CIL conducted one survey, two public meetings, and three focus groups, then your answer will be “six”, because each activity counts by itself (1+2+3 = 6). Even if you sent your survey to 100 people, your answer will still be six (not 105), since doing the survey counts as a “1”, no matter how many people received it. It’s the number of activities we want, not the number of people involved in them.

To answer this question, you may need to look in different places (minutes of Board or staff meetings, newsletters, etc.). Your CIL Director will probably be able to help you create a list of these activities.

6. “Does your CIL have an **explicit and currently-active systems advocacy workplan** that addresses the barriers and problems identified in the community (see #5 above) and meets the requirements specified in the Training Manual? That is, do you have a workplan that contains (a) at least one advocacy goal identified by the community, (b) one or more objectives that address the advocacy goal, (c) a date when work on each objective is expected to begin, and (d) room to write the date when each objective is met?”

This question is also very specific – it asks if your CIL has a *very specific type of workplan*. This “systems advocacy workplan” might be part of a larger strategic plan for your CIL, part of your 704 report, a free-standing document, or somewhere else. Where it’s located isn’t as important as what it contains. It must have *all four parts* described in the question. Having three of the four parts isn’t good enough – all four parts must be there before you can answer “Yes.” Appendix A shows a systems advocacy workplan that has all four parts.

7. “Please record the *total* number of **positive changes achieved and negative changes prevented** by your CIL’s systems advocacy work (see #6 above) during calendar year 2010 (January 1, 2010 –December 31, 2010) in legislation, policies, practices, or services at the local (city or county), state, or federal level that address the barriers/problems identified in your systems advocacy workplan. (See the Training Manual for examples of positive and negative changes.)”

This question is trickier than the first two, and you’ll need to do some work in order to provide an accurate answer that captures the reality at your CIL and in your community. Once again you need to *count* the number of something, but this time you need to count *changes achieved or prevented* in your community.

Start by looking at Appendix B. Down the left side, we can see that changes can occur at the local (city or county), state, or federal level, so think about each of those levels of government when you do your counting. Across the top, we can see that changes can affect legislation, policies, practices, or services, so think about each of those four types of changes as you count.

Inside this table, the words in the upper half of each of the 12 boxes are in regular font, while the words in the lower half are in italics. This difference in font shows you can do good in two different ways: you can *achieve positive changes* (regular font), or you can *prevent negative changes* (italics). To answer question #7, you’ll count *both* types of changes – the positive ones achieved and the negative ones prevented – and add them together.

Looking at two examples from Appendix B, maybe your CIL encouraged the State legislature to pass a Medicaid Buy-In act (a positive change achieved in legislation at the state level). If so, that counts as one change. Or maybe your CIL encouraged the City to change its mind about eliminating housing inspection regulations (a negative change prevented in policies at the local level). If so, that counts as a second change, making a total of two changes so far. In this same way, add up all the positive changes achieved and the negative changes prevented in each of these 12 boxes of Appendix B.

By the way, your CIL didn’t have to *definitely cause* each of the changes you count. You only need to be honestly convinced that your CIL was *involved* – that is, that it *worked toward* achieving or preventing the changes you’ve counted.

9. “Please record the number of consumers served by your CIL during calendar year 2010 (January 1, 2010 – December 31, 2010) who **moved out of an institution** during this past year and into a **self-directed community-based setting** (see the Training Manual for the definitions of “institution” and “self-directed community-based setting”):

This question sounds complicated, but it’s easy if you take it one step at a time. First, count how many of your CIL’s total number of consumers (NOT just the 25 consumers you called earlier, but ALL consumers your CIL served in 2010) were living in an institution *anytime* during 2010. By “institution”, we mean a residence where individual residents *do not* control and direct one or more aspects of their lives. Institutions may include, but are not limited to, group homes, nursing homes, ICF-MR/DDs, boarding homes, some assisted living alternatives, or other small or large congregate living situations.

Write this on the first line. This information should be readily available in your CIL’s files or documents. Remember, too, that we define a “consumer” as anyone with a CSR.

Next, count how many of these same consumers (that is, those consumers who lived in an institution anytime during 2010) moved *out of* their institution and *into* a self-directed community-based setting. By “self-directed community-based setting”, we mean a residence where individual residents *do* control and direct every aspect of their lives. Self-directed community-based settings may include, but are not limited to, privately owned or rented apartments or homes, some assisted living alternatives, or living with family or friends.

Again, this information should be readily available in your CIL’s files or documents, so write it on the second line. We’ll do the math from there.

10. “Please record the number of consumers served by your CIL during calendar year 2010 (January 1, 2010 – December 31, 2010) who **remained in a self-directed community-based setting** on December 31, 2010 **despite having been at risk of moving into an institution** (see the Training Manual for the definition of being “at risk of moving into an institution”)”

This question might be tricky to answer precisely. It won’t be hard to count your consumers who were living in a self-directed community-based setting on December 31, 2010. That information should be readily available in your CIL’s files. The tricky part will be to determine how many of those consumers are what we call “at risk of moving into an institution”. Even the top experts in the IL field are struggling with how to do this.

For the field test, you can use one of two possible approaches, whichever works better for you. First, there may be someone in your community (maybe in your CIL, but maybe not) who has the job of applying the local criteria for admission into a nursing home. That is, maybe someone is paid to review the cases of CIL consumers and decide if each person is “at risk” of moving into an institution. If so, you can simply use what this person has already decided about each of your consumers.

A second approach is more technical, but it comes from an important legal case, so use it if you need to. You can decide that a person is “at risk” if he or she (a) meets the level of care criteria needed for nursing home admission in your community, **and also** (b) faces *any one* of three other situations: is likely to require admission to a nursing facility within the next 120 days, has a primary caregiver who has a disability or is over the age of 70, OR faces a substantial possibility of deterioration in mental and physical condition or functioning if either home and community-based services or nursing facility services are not provided in less than 120 days. If a consumer fits these criteria, then you yourself can decide that s/he is “at risk”.

Whichever approach you use, the basic steps to answer this question are the same. Start with a list of *every* consumer your CIL served during 2010 (NOT just the 25 consumers you called earlier, but EVERY consumer you served) and eliminate those who lived in an institution on January 1, 2010. In other words, count *only* those consumers who were living in the community when the year began. (This is because question #10 asks about consumers who “remained” in the community, so they had to be in the community in the first place to count.)

For example, if your CIL served a total of 100 consumers during 2010, and if 30 of them were living in an institution on January 1, 2010, then eliminate those 30 and count only the 70 consumers who were living in the community when the year began. These 70 consumers are the ones we care about for this question.

Next, count how many of these 70 consumers entered an institution during 2010. By definition these consumers were *highly* “at-risk” of entering an institution, since they actually *did* enter an institution. For example, maybe 10 of these 70 consumers entered an institution during the year.

This leaves 60 consumers (70-10 = 60) who were living in the community at the *beginning* of 2010 and also at the *end* of 2010. Now comes the trickiest part: You have to decide which of these 60 consumers were *at risk* of moving into an institution, even though they didn’t *actually* move into an institution. That’s the really tricky part. Use one of the two methods we described above to decide if each consumer is at risk or not, but count all the ones you honestly decide *were* at risk. For example, you may decide that 15 of these 60 consumers were legitimately at risk of moving into an institution.

You now have the numbers you need to answer this question. On the first line, add together those consumers who entered an institution during the year (10 in our example) **and** those who were at risk but didn’t enter an institution (15 in our example). The total (25) is the number of at-risk consumers.

On the second line, write the number of at-risk consumers who remained living in the community all year long – in our example, this would be 15 consumers.

**Task #4: Enter the information you learn into a computer**

Because 32 different CILs are gathering outcome data, and because we want to analyze the combined information from all 32, you’ll enter the data you gather into a computer. This will be an easy task, for two reasons. First, you already have all the data on the paper forms, so everything is available. And second, we’ve created a special Survey Monkey computer program for you to use. When you start to gather data, we’ll give you special instructions for using this program. The people who used it last year said it was very easy, so not to worry.

**Task #5: Keep track of your concerns, insights, and suggestions**

The first four tasks all related to your role of *collecting outcome data*, but the next five tasks all relate to your role of *evaluating the field test*. As we said earlier, you and your colleagues at the 31 other CILs are the keys to this field test, and we need to hear your questions, problems, concerns, insights, and suggestions. Without in-depth feedback from you, we won’t learn very much from the field test.

So please record your ideas as you go along, beginning now and continuing throughout. Make notes in this manual or on the questionnaires, or keep a small notebook. Get together with colleagues at your CIL and brainstorm ideas. Do anything that works -- but please make notes about what’s working, what isn’t, what might be the problem, how we might do things better, etc. YOU truly are the key to this field test, and we need *all* your ideas.

**Task #6: Share your ideas on our electronic discussion list**

By now you’re enrolled on our electronic discussion list. This is a special place for the 80 or so of us involved in the field test to ask questions, tell our concerns, suggest ideas, and discuss things among ourselves. Please don’t feel you would be a burden or take up too much time by posting your thoughts. That’s what the discussion list is for! It’s a place to write your thoughts, any time you have something you want to share. Please use it.

To post something on this discussion list, go to the “Outcome Measures Field Test Group” at <http://groups.google.com/group/outcome-measures?hl=en>

**Task #7: Share your ideas on our regular conference calls**

In addition to the electronic discussion list, we’ll also have regular conference calls for everyone involved in the field test. This lets everyone hear the discussion at the same time, so all of us can stay on the same wavelength. In addition to our training calls on January 5 and 6 before you start gathering outcome data, we’ll schedule some calls while you’re gathering data.

It’s important to be on each call and participate actively –both by actively listening and by actively sharing your own ideas. These calls are important to our field test.

**Task #8: Share your ideas with Bob Michaels anytime you like**

Each person’s ideas are valuable and important, but not everyone is comfortable writing for an electronic discussion group or speaking on a conference call. Some people prefer to make their points less publicly. If so, feel free to email your thoughts directly to Bob Michaels, chair of NCIL’s Outcome Measures Task Force, at RMichaels1@cox.net. Bob will make sure your ideas are fed into our process as we move forward.

**Task #9: Share your concerns, insights, and suggestions at the end**

We’re doing this field test to see how well our plans work for measuring outcomes at the CIL level. We’ll hear your reactions as we go along, but we also need to systematically de-brief afterwards to learn exactly what you think and what we should do next. We’ll give you instructions on this when the time comes.

**Conclusion**

That’s the end of the training manual. Thanks for studying it so carefully, and we look forward to working closely during our field test. Together we will learn how to be even more effective at helping persons with disabilities and how to tell our CIL story to the world.

**Appendix A**

**Sample Advocacy Work Plan**

**XYZ CIL – Federal Fiscal Year 2011**

Consumer Barriers/Problems Identified:

1. Lack of transportation throughout community
2. No accessible housing
3. High rate of unemployment

Background: There are almost no transportation services for people with disabilities who use motorized/power wheelchairs in the three counties served by XYZ CIL. There is no public transportation system other than taxi cabs.

|  |
| --- |
| Goal I: To increase transportation options for people with disabilities who use motorized/power wheelchairs in the three counties served by XYZ CIL. |
| Objectives: | 1. To pass S. 71, the federal legislation to grant funds to start bus service in rural communities | Date set:4/15/11 | Date met: |
|  | 2. To amend State DOT regulations to require accessible airport transportation services | 4/15/11 |  |
|  | 3. To secure Title IXX funds to purchase an accessible van for the center | 6/1/11 |  |
|  | 4. To reverse Hobbs County Hospital’s decision to discontinue the Patient Transport Program | 6/15/11 |  |
|  | 5. |  |  |

Background: While there is plenty of housing (including low-income housing) in our community, there is no accessible housing for people with disabilities who need apartments or are seeking to purchase a home.

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| Goal I: To increase adaptable and accessible housing in the three counties served by XYZ CIL. |
| Objectives: | 1. To pass Federal HR. 4113, Adaptable Housing for People with Disabilities | Date set:4/15/11 | Date met: |
|  | 2. To secure CDBG funds to train 30 architects regarding the Fair Housing law | 4/15/11 |  |
|  | 3. To block New Bridgeville’s attempt to downgrade the number of housing inspections during this recession. | 4/15/11 |  |
|  | 4. To pass new accessible housing legislation being proposed in the State Capital | 6/17/11 |  |
|  | 5.  |  |  |

**Appendix B**

“Please record the *total* number of **positive changes achieved and negative changes prevented** by your CIL’s systems advocacy work during calendar year 2010 (January 1, 2010 – December 31, 2010) in legislation, policies, practices, or services at the local (city or county), state, or federal level that address the barriers/problems identified in your systems advocacy workplan”

Here are examples of positive changes achieved and *negative changes prevented (italics)*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Legislation** | **Policies** | **Practices** | **Services** |
| **Local** | City council passed accessible housing ordinance - - - - - - - - - *County council defeated legislation to cut services to persons with disabilities* | County implemented accessible parking regulations- - - - - - - - - *City reversed decision to eliminate housing inspection regulations* | City department re-interpreted building codes/inspections- - - - - - - - - *Mayor directed fire chief to start emergency alert system for PWDs* | County began new home modernization program- - - - - - - - - *County made new recreation area 100% accessible* |
| **State** | State legislature passed a Medicaid Buy-In act- - - - - - - - - *State legislature restored funding for continuation of Medicaid Buy-In act* | State agency expanded regulations on PCA activities- - - - - - - - - *State delayed implementation of harmful Medicaid regulations until further study* | State told nursing homes to share names of residents wanting to move- - - - - - - - - *State redefined “medical review” to include family physicians* | Funds redirected to start PCA programs in rural county- - - - - - - - - *State resumed interpreter services to county* |
| **Federal** | Congress passed key federal housing legislation- - - - - - - - - *Congress reauthorized Rehab Act and added fifth core service* | DOE published independent living regulations- - - - - - - - - *CMS regulations modified to include transportation services* | CMS directed states to put at least 75% of Medicaid funds into community - - - - - - - - - *RSA IL Unit provided direction on distribution of Part B funds* | CMS contracted with CILs to start Money-Follows-the-Person projects- - - - - - - - - *RSA restored planned cuts IL funds* |