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"Generosity
is not so much
THE GIVING
of things
as it is
THE GIVING
of one's self."

*In Appreciation*

*To You*

ilru

Lex - this is preliminary report. We are having changes made to include some publications not shown in the Reports. - Richard

Richard wants you to see the advance copy

Dawn

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# The IL NET Project:
# Equipping CILs and SILCs for Success

External Evaluation Report
Year 3
October 1, 2001 to September 30, 2002

A. Rose Shaw, Ph.D.

# The IL NET Project
# Equipping CILs and SILCs for Success

## External Evaluation Report

**October 1, 2001 to September 30, 2002**

This report was prepared by:

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1-9-03.

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## Annual External Evaluation Report

# INTRODUCTION

This evaluation report is keyed to the project's goals, objectives and the proposed activities for attaining the goals and objectives. The focus of the evaluation was on the overlying mission of the IL NET project, which is to realize fully the intent of the Rehabilitation Act requirement to "provide training and technical assistance to CILs and SILCs with respect to planning, developing, conducting, administering and evaluating centers."

IL NET, a collaborative project of the Independent Living Research Utilization (ILRU) of Houston, TX and the National Council on Independent Living (NCIL) of Arlington, VA worked to strengthen the IL movement by supporting the growth of organizations nationwide that provide systems change, promote consumer empowerment, and maximize the independence of people with disabilities.

The objectives of the IL NET project were to assist CILs and SILCs...

...in managing effective organizations by providing a continuum of information, training, and technical assistance.

...to become strong community advocates/change agents by providing a continuum of information, training, and technical assistance.

...to develop strong, consumer-responsive services by providing a continuum of information, training, and technical assistance.

# IMPLEMENTATION EVALUATION

## Targeted Populations

IL NET had two primary target populations: Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs). CILs were accessed through their staff, managers, directors, and board members. SILCs were accessed through their staff, executives, and members.

## Proposed Activities

The proposed annual activities for accomplishing the project's goals and objectives were:

Seven seminar training conferences with follow-up online discussion groups
Ten teleconferences
Seven on-line courses
Publication of new manuals, fact sheets, articles, newsletters, and other materials
Technical assistance via telephone, e-mail, and on location

The remainder of this section includes documentation and general discussion pertaining to IL NET's October 1, 2001 to September 30, 2002 implementation.

## Seminar Training Conferences

There were eight seminar (traditional setting) training conferences (Table 1) during the project year. The objective was to hold seven seminar training conferences.

Table 1.
IL NET project year #3 on-site seminar training conferences

| Training Topic | Dates 2002 | Location | Trainers |
|---|---|---|---|
| SILC Congress | January 6-10 | SILC Congress | Michaels, Parmerter, Smith, Warner, Williams, French, Buckland, Male, Sheehan, Ryan Durren, Dwyer, McDonald, Rowley, Jones, Weber, Eckert, Perez |
| Grant Writing Tools | March 4-6 | San Francisco, CA | Quentin Smith<br>Darrell Jones |
| The 704 Report | April 15-16 | Philadelphia, PA | James Billy<br>Paula Margeson<br>Anne-Marie Hughey |
| Nothing About Youth Without Youth | May 16-17 | Salt Lake City, UT | Marissa Johnson<br>Curtis Richards<br>Dellon Lewis<br>Sarah Triano |
| Designing Your Organization to Support Your IL Mission | July 15-17 | Milwaukee, WI | Shari Coatney<br>Maria Dibble |
| Mobilizing Resources for Independent Living | August 5-7 | New Orleans, LA | Richard Male<br>Lee Schulz |
| Sound Financial Management | August 26-28 | Dallas, TX | John Heverson<br>Frank Shible |
| Strengthening IL Boards | September 9-11 | Buffalo, NY | Anne-Marie Hughey<br>Fred Newdom |

Online discussion groups are available on the project website where participants can continue their learning and interaction with others.

## Teleconference Training Sessions

Nine teleconferences (Table 2) were held during the third project year. Ten teleconferences were proposed to address topics "in brief" and to offer question-answer opportunities.

Table 2.
IL NET project year #3 teleconference training sessions

| Teleconference Topic | Date | Trainers |
|---|---|---|
| Mental Health Peer Project | 1/23/02 | Mary Ann Jones, Judith Holtz, Penny Mehra, Andrea Pulciiw |
| Terms and Leaders in IL | 2/13/02 | Julia Sain and Eileen Teachout-Smith |
| Multiple Chemical Sensitivity | 2/20/02 | Mary Lamielle and Pam Gibson |
| Housing Resources: Section 8 | 3/20/02 | Stephen Gold, Becca Vaughn, Dan Kessler |
| The Next Generation of IL Leadership | 4/24/02 | Kristin Berg, Julia Washenberger, David Hancox, John Smith, Dellon Lewis, Marketoe Day |
| SILCs and 501 (c)(3) | 5/29/02 | Shannon Jones, Ann Meadows, Pat Puckett, Sandi Weber |
| History and Philosophy of the IL Movement | 8/8/02 | Julia Sain |
| Coalition Building | 8/21/02 | Corey Rowley and Courtland Townes III |
| Full Participation in the IL Movement: What Does it Mean? | 9/25/02 | Dot Nary and Glen White |

All the teleconferences and seminars provided opportunities for participants to ask questions.

## Online Courses

Seven online courses were proposed and seven courses were delivered (Table 3) during the third

project year of IL NET.

Table 3.
IL NET project year #3 online courses

| Online Training Course | Dates 2002 | Trainers |
|---|---|---|
| Independent Living Philosophy | January 21-February 8 | June Isaacson Kailes |
| Heroic Leadership | March 18-April 5 | Karen Ballard |
| Orientation I for New IL Personnel | April 15-May 3 | Robert Michaels |
| IL Board Development | June 17-July 5 | Robert Michaels |
| Orientation II for New IL Living Personnel | May 20-June 7 | Robert Michaels |
| Financial Management for IL Centers | June 17-July 5 | Melissa Hall |
| Ethics and Values | June 27-August 9 | Richard Oestreich |

## Publications – Hard Copy and Electronic

New manuals, fact sheets, articles, newsletters, and other materials addressing all areas of CIL and SILC planning, operation, and evaluation were published. It is possible that the presentation in this evaluation report is not a complete list.

Manuals were published and are posted on the ILRU website for maximum access. The titles are:

Grant Writing Tools to Further Your Mission
Nothing About Youth, Without Youth
Mobilizing Resources for Independent Living
How to Survive the 704 Report
Innovative IL Programs: Mental Health Peer Project
Terms and Leaders in the IL Movement
Understanding & Accommodating Multiple Chemical Sensitivity
Housing Resources: Making Section 8 Work for You
Generation D: The Next generation of IL Leadership
Should SILCs Become 501(c )(3)s?
History and Philosophy of the IL Movement
Coalition Building for Systems Advocacy

*Understanding and Accommodating People with Multiple Chemical Sensitivity in Independent Living*, ILRU bookshelf series publication for Independent Living, by Pamela Reed Gibson, Ph.D. was published in 2002. Two other bookshelf series developed and published during the third project year are:

*How to Influence Policy-Makers and the Policy-Making Process* by Bobby Silverstein, posted July 29, 2002

*Issues in Rural Independence: Revisited* by Bonnie O' Day, posted November 9, 2001.

*Who's Who at the U.S. Department of Education*, posted on June 19, 2002, is an important resource available through ILRU's IL NET. This resource document summarizes the Who's Who at the Department of Education and on the ILRU website, it provides a link to an organizational chart. The entire document with the organizational chart was also published in hard copy. Other resource files developed by ILRU in 2001 but still available on the ILRU website are Board Development and Personnel Policy Development.

January and May 2002 issues of the ILRU Network were published. *Issues in Rural Independence – Revisited* by Bonnie O' Day was published in 2001.

Hard copies of *Readings in Independent Living* were published in January, April, May and June of 2002.

- Brown, Steven (June 2002). **Improving Health Care Choices for Women with Disabilities: WAGON**
- Brown, Steven (June 2002). **Intergenerational Skills Training: Teaching Young People to Make Lie Choices.**
- Brown, Steven (April 2002). **Center for Independent Living of South Florida is "On a Roll"**
- Brown, Steven (April 2002). **Innovative Rural Transportation: Leasing Vans to Cab Companies**
- Brown, Steven (January 2002). **New Directions in Living Well**

*Readings in Independent Living* are also posted on the ILRU website's ILNET link. The list of readings is reported here in descending order of web posting during this project year.

- Brown, Steven. **Improving Health Care Choices for Women with Disabilities: WAGON**.
- Brown, Steven. **Intergenerational Skills Training: Teaching Young People to Make Life Choices**
- Brown, Steven. **Florida Victims of Crime Act Grants**
- Brown, Steven. **Innovative Rural Transportation: Leasing Vans to Cab Companies**
- Brown, Steven. **Center for Independent Living of South Florida is "On a Roll"**
- Brown, Steven. **Challenging Everyone's Assumptions: The PETBIA Chart**
- Brown, Steven. **New Directions in Living Well**

- O'Keefe, Joan H. **ORCA: Outdoor Recreation and Community Access**

Unsolicited messages were received during this project year praising the newsletters. The following excerpts are representative of the comments made by e-mail and written notes.

> "WOW...what an amazing newsletter! Congratulations. This should help to give some insight and direction to our colleagues."
>
> "I just read your article on the ILRU website, found your comments refreshing and insightful and decided I just needed to write. I am still digesting the more cogent points made in your article about defining disabilities, particularly the PETBIA model."
>
> "I just finished reading *Challenging Everyone's Assumptions: The PETBIA Chart* in your January 2002 issue. The article has me thinking about categories of ability and disability, youth and age and the seeming social necessity for these categories. Your article helped put this in perspective."
>
> "Just had a chance to read your crisis newsletter, while on the road. It was excellent, it is great to see the ILC network pulling together and that New York had an emergency plan in its SPIL. Great job."

## Technical Assistance

Technical assistance was provided on an ongoing basis. Copies of unsolicited comments from individuals who were served (1998-2002) through IL NET's technical assistance were forwarded to the External Evaluator during the third project year. Excerpts from representative comments were selected by the External Evaluator and are presented here, including a sample of the ones received by IL NET staff during previous years.

(September 1998) This is from an email message in which a staff attorney asked for information. He ended the message: "By the way, your FAQ on this subject is excellent, and we are going to distribute it to our Board of Directors."

(October 1998) This is from an email sent by an Executive Director. "I am extremely grateful for the articles and technical support you continue to give centers, especially mine. It is great to know there is somebody watching over us and keeping us current and professional, but most of all for keeping us effective for the consumers that depend on our support.

(March 2000) This is from an email message to ILRU: "Thank you so much for helping us with our invention. Thank you so much for taking time to help us. It means a lot to us."

(April 2000) This is from an email message: "Thank you for prompt answers to my question."

(June 2000) This individual thanked ILRU for their assistance in helping this organization get an important contract: "I doubt we would have been successful without the opportunities you gave us. Sometimes we do not know how our efforts develop or pay off in the long run. Your efforts now have a concrete result."

(November 2000) An individual asked assistance from ILRU on a presentation for the Kansas City Bar Association on domestic violence among people with disabilities. The IL NET Publications Coordinator referred him to a reading on the IL NET website. (Other assistance may have occurred but this is all that was recorded in the photocopied emails made available to the Evaluator.) The speaker wrote about a month later: "My presentation went very well. THANKS SO MUCH FOR YOUR HELP!"

(January 2001) From a message entered on the ILRU website: "I just looked in on the IL Coach Online today. It is GREAT! I found some very useful information. Good job in putting this together. I plan on looking in on it often."

(January 2001) From an email sent by an Executive Director of a CIL: "Keep the information coming!...and never ever take us off your mailing list."

(January 2001) Text of an email: "Thanks so much for responding with such a great amount of information on these subjects. I will follow up on both ideas."

(February 2001) Text of an email message: "Thank you for your most timely response. The information will help me to reach my goal of establishing a living home – not nursing home – for my son and a few others like him. The shared attendant concept is exactly what I had in mind as part of my project. "

## Implementation Evaluation Summary

IL NET successfully implemented multi-media training to SILCs and CILs. The numbers of organizations and trainees participating in the project's training opportunities are summarized in Table 4. Information about participants from organizations non- CILs/ SILCs is not included.

Table 4
Participant breakdown for project year #3 trainings

| Training | Type of Training | | | Demographic Participant Breakdown | | | |
|---|---|---|---|---|---|---|---|
| | Seminar | Tele-conference | Online | States represented | CILs | SILCs | Trainees |
| SILC Congress | X | | | 44 | n/r | n/r | 120 |
| Grant Writing | X | | | 14 | 27 | 3 | 43 |
| Surviving the 704 | X | | | 21 | 30 | 5 | 70 |
| Nothing about Youth | X | | | 10 | 7 | 2 | 29 |
| Designing Your Org. | X | | | 14 | 20 | - | 51 |
| Mobilizing Resources | X | | | 29 | 40 | 6 | 96 |
| Financial Mgmt. | X | | | 14 | 16 | 4 | 29 |
| Strengthening Centers | X | | | 9 | 10 | 1 | 31 |
| IL Philosophy | | | X | 10 | 12 | - | 35 |
| Heroic Leadership | | | X | 9 | 7 | - | 15 |
| Orientation I | | | X | 11 | 10 | 2 | 19 |
| Orientation II | | | X | 15 | 13 | 3 | 28 |
| Board Development | | | X | 9 | 8 | 2 | 16 |
| Financial Mgmt. | | | X | 14 | 19 | - | 25 |
| Ethics & Values | | | X | 8 | 9 | - | 15 |
| Innovate IL | | X | | 24 | 36 | 2 | 271 |
| IL 101 | | X | | 25 | 40 | 5 | 444 |
| Chemical Sensitivity | | X | | 21 | 28 | 2 | 428 |
| Housing Resources | | X | | 29 | 55 | 5 | 628 |
| Next Generation | | X | | 18 | 22 | 2 | 242 |
| 501 c(3) | | X | | 16 | 19 | 3 | 132 |
| IL201 | | X | | 21 | 40 | 3 | 400 |
| Coalition Building | | X | | 14 | 28 | - | 246 |
| Full Participation | | X | | 11 | 14 | 1 | 131 |

The mean numbers of trainees for each type of training opportunity are displayed in Table 5.

Table 5
Mean numbers of trainees (participants)

| Training Type | Mean Number of Trainees Per Session |
|---|---|
| Teleconference | 325 |
| Seminar | 59 |
| Online | 22 |

Although the teleconferences had the greatest number of participants on average, the seminars and online trainings engage participants for many more hours than the teleconferences do.

# PROCESS EVALUATION

Process evaluation data were collected using written forms. The IL NET project team collected the forms and compiled the recorded responses in a computer file that was sent to the External Evaluator for processing, summarizing, and reporting. Short-loop process evaluation results were reported to IL NET in reports and in e-mail messages. After the first three teleconferences, a revised evaluation form was used to evaluate the remaining six teleconferences and all the seminar trainings. Three teleconference trainings were evaluated using the non-revised form. The process evaluation results are presented in six main sections:

1) The first three teleconferences
2) The content of six teleconferences and seven seminars
3) The teleconference and seminar trainers' knowledge and delivery, the relevancy of their examples, and their overall ratings
4) The overall evaluation of the teleconferences and seminars
5) The seven online trainings
6) The Fifth Annual SILC Congress 2002.

## Process Evaluation of Three Teleconferences

Participants of the three teleconferences recorded an overall rating (1 to 4, 4 highest) of each teleconference. The three conferences along with their corresponding mean overall ratings are displayed here:

| Teleconference Name | Mean Overall Rating |
|---|---|
| *Multiple Chemical Sensitivity (MCS)* | 3.16 |
| *Innovative IL: Mental Health Peer Project* | 3.04 |
| *IL 101: Terms and Leaders in IL* | 2.97 |

### Explanation of Analysis

Participants' recorded ratings (1 to 4, 4 highest) of particular components and facets of the teleconferences were compared several ways.

- The percentages of high ratings (i.e., ratings of "3" or "4") helped assess the percentages of participants who were generally pleased with each teleconference.

- The means of ratings recorded by participants because the mean accurately describes the "center" of the ratings. Means were used to summarize ratings of facilitators.

- The percentages of participants who rated each teleconference a "4" (best rating). These results indicate the "amount of room" for improvement to an ideal "4" rating.

- The percentages of participants who rated each teleconference a "1" (lowest rating). Knowing the percentage of participants who were very dissatisfied also provides important information for future teleconference refinements.

Qualitative remarks made by participants provide additional information that can be used to "flesh out" the quantitative results.

## Comparisons of Quantitative Ratings

Ratings for individual evaluation questions were recorded by 89-95 Innovative IL teleconference participants, 158-167 IL 101 teleconference participants, and 112-120 MCS teleconference participants. Comparisons of these ratings are displayed in Tables 6 and 7.

Table 6
Percentages of high ("3" or "4") ratings for each of three teleconferences

| Evaluation Questions | Innovative IL: Mental Health Project | IL 101: Terms and Leaders in IL Movement | Multiple Chemical Sensitivity | **Largest Percentage of High Ratings** |
|---|---|---|---|---|
| How helpful were the materials in conjunction with the training? | 80% | 85% | 71% | **IL 101** |
| Was the program content well organized and up-to-date? | 92% | 88% | 83% | **Innovative IL** |
| Please rate the degree to which your objectives were met. | 79% | 76% | 70% | **Innovative IL** |
| Was sufficient opportunity provided to address your questions and concerns? | 76% | 81% | 82% | **MCS** |
| Please rate the training overall. | 87% | 81% | 77% | **Innovative IL** |

Table 7
Means of recorded ratings (1 to 4, 4 highest) for each of three teleconferences

| Evaluation Questions | Innovative IL: Mental Health Project | IL 101: Terms and Leaders in IL Movement | Multiple Chemical Sensitivity | **Highest Mean Rating** |
|---|---|---|---|---|
| How helpful were the materials in conjunction with the training? | 3.02 | 2.97 | 3.27 | **MCS** |
| Was the program content well organized and up-to-date? | 3.20 | 3.13 | 2.41 | **Innovative IL** |
| Please rate the degree to which your objectives were met. | 2.95 | 2.81 | 3.09 | **MCS** |
| Was sufficient opportunity provided to address your questions and concerns? | 2.92 | 3.21 | 3.10 | **IL 101** |
| Please rate the training overall. | 3.04 | 2.97 | 3.16 | **MCS** |

Based on the means displayed in the previous two tables:

• The strength of the *Innovative IL: Mental Health Peer Project* teleconference was "the organization and current relevancy of the content".

• The strengths of the *IL 101: Terms and Leaders in Independent Living* teleconference were "the organization and current relevancy of the content" and "sufficient opportunity provided to address participants questions and concerns".

• The strength of the *Understanding and Accommodating Medical Chemical Sensitivity* (MCS) teleconference was the "helpfulness of the materials in conjunction with the training".

The largest percentages of highest possible ratings are displayed in Table 8.

Table 8
The highest percentage of "4" ratings

| Evaluation Questions | Mental Health Peer Project | IL 101: Terms and Leaders | Multiple Chemical Sensitivity | **Largest Percentage of Highest Ratings "4"** |
|---|---|---|---|---|
| How helpful were the materials in conjunction with the training? | 26% | 33% | 48% | **MCS** |
| Was the program content well organized and up-to-date? | 31% | 35% | 45% | **MCS** |
| Please rate the degree to which your objectives were met. | 23% | 22% | 38% | **MCS** |
| Was sufficient opportunity provided to address your questions and concerns? | 27% | 44% | 34% | **IL 101** |
| Please rate the training overall. | 24% | 28% | 38% | **MCS** |

It is apparent from the information in Table 8, that these three teleconferences would have been benefited from more helpful materials, better organization, and the meeting of clearly stated objectives.

It is interesting (see the second row in Tables 7 and 8) that although the mean rating for the program content being well organized and up-to-date was highest for Innovative IL (mean 3.20 for Innovative IL and 2.41 for MCS), the highest percentage of "4" ratings for organization and being up-to-date was for Multiple Chemical Sensitivity (45% for MCS and 31% for Innovative IL).

The percentages of lowest ratings for these same evaluation questions are displayed in Table 9. Overall, IL 101 had the highest percentages of lowest ratings except for providing sufficient opportunity to address participants' questions and concerns.

Table 9
Percentages of "1" (lowest) ratings

| Evaluation Questions | Mental Health Peer Project | IL 101: Terms and Leaders | Multiple Chemical Sensitivity | **Largest Percentage of Lowest Ratings "1"** |
|---|---|---|---|---|
| How helpful were the materials in conjunction with the training? | 4% | 7% | 5% | **IL 101** |
| Was the program content well organized and up-to-date? | 4% | 6% | 2% | **IL 101** |
| Please rate the degree to which your objectives were met. | 6% | 10% | 5% | **IL 101** |
| Was sufficient opportunity provided to address your questions and concerns? | 11% | 5% | 5% | **Innovative IL** |
| Please rate the training overall. | 6% | 8% | 3% | **IL 101** |

The mean ratings recorded for the trainers of each of the teleconferences are displayed here. For confidentiality reasons, the names of the trainers are not displayed.

Table 10
Means of participant ratings (1 to 4, 4 highest) of trainers

| Mental Health Peer Project<br>4 Trainers: Mean Ratings | IL 101: Terms and Leaders in IL<br>2 Trainers: Mean Ratings | Multiple Chemical Sensitivity<br>2 Trainers: Mean Ratings |
|---|---|---|
| **TRAINERS' LEVEL OF KNOWLEDGE ON THIS TOPIC** | | |
| 3.36 3.29 3.31 3.47 | 3.61 3.54 | 3.33 3.23 |
| **TRAINERS' ABILITY TO HOLD YOUR INTEREST** | | |
| 3.06 2.98 3.14 3.44 | 3.09 3.11 | 2.77 2.74 |
| **HOW EFFECTIVE, PREPARED, AND ORGANIZED WERE THE TRAINERS?** | | |
| 3.30 3.27 3.26 3.41 | 3.49 3.47 | 3.18 3.12 |

## Comparisons of Qualitative Feedback

Space was provided for respondents to comment on the things they liked most about the training. This qualitative feedback is summarized in Table 11.

Table 11
A summary of the things participants liked most about each of three teleconferences

| Mental Health Peer Project | IL 101: Terms and Leaders | Multiple Chemical Sensitivity |
|---|---|---|
| Informative | Informative | Informative |
| Stories about success, personal experiences, and case studies | Substantive overview in understandable language | Real life anecdotes and personal experiences |
| Shared ideas with others from all over the country | Included basic and "extended" information | Well organized |
| Interactive questioning engaged participants | Good questioning format | Reaching wide audience (spreading the word about MCS) |
| Well organized | | Learning MCS is recognized as illness and disability |
| Useful materials | | Presenters "connected" with the participants |
| The outcomes | | Useful materials |

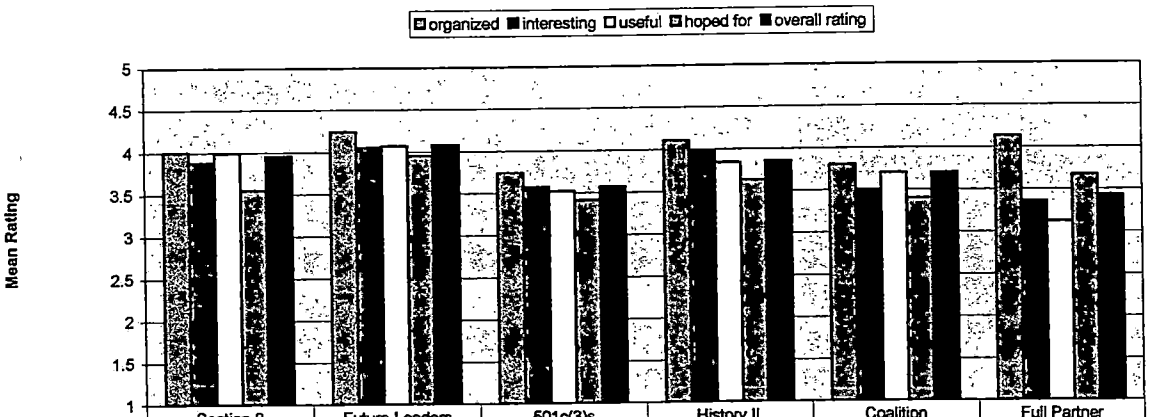
## Process Evaluation of the Content of Six Teleconferences and All Seminars

The first five questions on the form used to evaluate the six teleconferences and seven seminars were about the training content:

How well was the content organized?
How interesting was the content?
How useful was the content?
Was the content what "you had hoped it would be"?
What was the overall content rating?

The responses ranged from "not at all" to "excellent" with a midpoint rating "average". For analysis purposes, the five possible responses were assigned integral weights with "excellent" equal to 5 and "not at all" equal to 1. In this way, the integral weight for "average" was 3. Bar graphs on the next page display the means of the recorded ratings for each of these five questions for the six teleconferences and seven seminars.

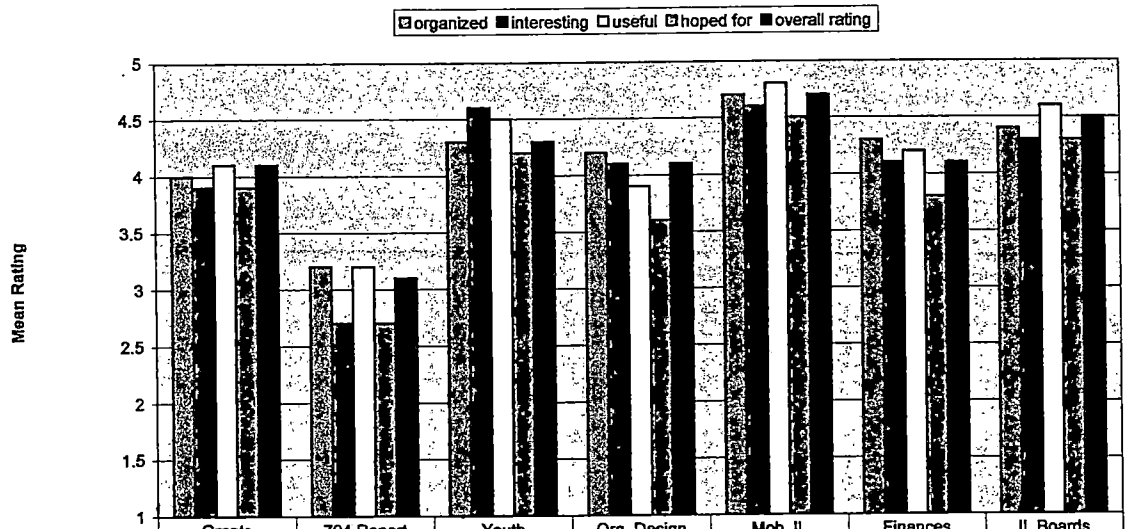
**Mean Ratings of Teleconferences' Content**




| | Section 8 | Future Leaders | 501c(3)s | History IL | Coalition | Full Partner |
|---|---|---|---|---|---|---|
| organized | 4 | 4.24 | 3.74 | 4.1 | 3.8 | 4.13 |
| interesting | 3.88 | 4.05 | 3.57 | 3.97 | 3.5 | 3.36 |
| useful | 3.99 | 4.07 | 3.52 | 3.84 | 3.7 | 3.12 |
| hoped for | 3.55 | 3.95 | 3.41 | 3.63 | 3.4 | 3.67 |
| overall rating | 3.95 | 4.08 | 3.57 | 3.85 | 3.7 | 3.43 |

Teleconference

**Mean Ratings of Seminars' Content**




| | Grants | 704 Report | Youth | Org. Design | Mob. IL | Finances | IL Boards |
|---|---|---|---|---|---|---|---|
| organized | 4 | 3.2 | 4.3 | 4.2 | 4.7 | 4.3 | 4.4 |
| interesting | 3.9 | 2.7 | 4.6 | 4.1 | 4.6 | 4.1 | 4.3 |
| useful | 4.1 | 3.2 | 4.5 | 3.9 | 4.8 | 4.2 | 4.6 |
| hoped for | 3.9 | 2.7 | 4.2 | 3.6 | 4.5 | 3.8 | 4.3 |
| overall rating | 4.1 | 3.1 | 4.3 | 4.1 | 4.7 | 4.1 | 4.5 |

Seminars

Based on the mean content ratings of "4" or higher reported on the previous page for the teleconferences and seminars:

The trainings with the **most organized content** were:

| Teleconferences | Seminars |
|---|---|
| Future Leaders | Mobilizing IL |
| Full Partner | IL Boards |
| History of IL | Financial Mmgt. |
| Section 8 | Youth for Youth |

The trainings with the **most interesting content** were:

| Teleconferences | Seminars |
|---|---|
| Future Leaders | Youth for Youth |
| History of IL | Mobilizing IL |
| Section 8 | IL Boards |

The trainings with the **most useful content** were:

| Teleconferences | Seminars |
|---|---|
| Future Leaders | Mobilizing IL |
| Section 8 | IL Boards |
| History of IL | Youth for Youth |

The trainings that most effectively met participants' **expectations about the content** were:

| Teleconferences | Seminars |
|---|---|
| Future Leaders | Mobilizing IL |
| Full Partners | IL Boards |
| History of IL | Youth for Youth |

In this analysis, a mean rating of 4.5 or higher is equivalent to the overall content rating being "excellent". None of the teleconferences had an overall content rating of "excellent" while two seminars did have **overall content ratings equivalent to "excellent:** *Mobilizing Resources for Independent Living* and *Strengthening IL Boards.*

All the teleconferences and seminars had overall content ratings of "average" or above (i.e., mean numerical ratings of "3" or above). All but one of the seminars had overall mean ratings of "4" or higher. The exception was the training on the 704 Report. Training on the 704 Report appears to be difficult to deliver effectively, efficiently, and in a way that satisfies the participants' needs.

## Process Evaluation of the Trainers

The standardized teleconference and seminar evaluation form asked three questions related to the trainers:

How well did the trainers know the subject?
How well did the trainers hold your attention?
How relevant were the trainers' examples?

After participants responded to these three questions they were asked to rate each trainer overall.

Trainers were rarely rated below average. Frequency distributions of ratings for trainers were presented to the project PI/PD in the evaluation quarterly reports. For this analysis, ratings for all the trainers of a teleconference or seminar were combined. Using this approach enabled evaluating trainers of a particular teleconference or seminar as a group, not as individuals. Combined ratings were then categorized as "below average", "average", or "above average" for each of the three questions pertaining to the trainers. Therefore, in this presentation, the process evaluation is of all the trainers of a particular training conference, not of individual trainers.

Table 12
Distribution of ratings for how well **teleconference trainers** knew the subject

| Teleconference | For All of a Teleconference's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Housing Resources: Section 8 | 2% | 11% | 87% | 3 |
| The Next Generation of IL Leadership | 3% | 13% | 84% | 6 |
| SILCs and 501c(3) | - | 19% | 81% | 3 |
| History and Philosophy of the IL Movement | 1% | 7% | 92% | 1 |
| Coalition Building | 4% | 13% | 83% | 2 |
| Full Participation in the IL Movement | 1% | 21% | 78% | 2 |

It is apparent that trainers were generally perceived as having above average knowledge of the training subject.

Table 13
Distribution of ratings for how well **teleconference trainers** held participants' attention

| Teleconference | For All of a Teleconference's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Housing Resources: Section 8 | 5% | 28% | 67% | 3 |
| The Next Generation of IL Leadership | 10% | 22% | 67% | 6 |
| SILCs and 501c(3) | 5% | 31% | 64% | 3 |
| History and Philosophy of the IL Movement | 14% | 14% | 72% | 1 |
| Coalition Building | 9% | 41% | 50% | 2 |
| Full Participation in the IL Movement | 12% | 29% | 59% | 2 |

It appears to be somewhat difficult to hold participants' attention during teleconferences.

Table 14
Distribution of **teleconference** ratings for the relevancy of the trainers' examples

| Teleconference | For All of a Teleconference's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Housing Resources: Section 8 | 5% | 33% | 62% | 3 |
| The Next Generation of IL Leadership | 5% | 25% | 70% | 6 |
| SILCs and 501c(3) | 4% | 35% | 61% | 3 |
| History and Philosophy of the IL Movement | 7% | 13% | 79% | 1 |
| Coalition Building | 1% | 39% | 59% | 2 |
| Full Participation in the IL Movement | 11% | 31% | 58% | 2 |

The teleconferences would benefit from the trainers providing more relevant examples. It is important for teleconference trainers to keep the training focused. Participants rated the examples provided during the *Full Participation in the IL Movement* seminar lower than the examples provided in the other teleconferences.

Table 15
Distribution of overall ratings for **teleconference** trainers

| Teleconference | For All of a Teleconference's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Housing Resources: Section 8 | 2% | 23% | 75% | 3 |
| The Next Generation of IL Leadership | 7% | 24% | 69% | 6 |
| SILCs and 501c(3) | - | 29% | 71% | 3 |
| History and Philosophy of the IL Movement | 8% | 11% | 80% | 1 |
| Coalition Building | 4% | 32% | 64% | 2 |
| Full Participation in the IL Movement | 6% | 33% | 61% | 2 |

Distributions of ratings for the seminar trainers are presented in the next four tables.

Table 16
Distribution of ratings for how well **seminar trainers** knew the subject

| Seminar | For All of a Seminar's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Grant Writing Tools | - | 9% | 91% | 2 |
| The 704 Report | 7% | 27% | 66% | 3 |
| Nothing About Youth Without Youth | 2% | 2% | 96% | 4 |
| Designing Organization to Support IL | - | 4% | 96% | 2 |
| Mobilizing Resources for IL | - | 6% | 94% | 2 |
| Sound Financial Management | - | 2% | 98% | 2 |
| Strengthening IL Boards | - | - | 100% | 2 |

All but *The 704 Report* trainers were perceived as being very knowledgeable about the training subject. Table 12 is the teleconference trainers' ratings for knowing the subject. Generally, seminar trainers were perceived as more knowledgeable than teleconference trainers.

Table 17
Distribution of ratings for how well seminar trainers held participants' attention

| Seminar | For All of a Seminar's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Grant Writing Tools | 9% | 20% | 71% | 2 |
| The 704 Report | 9% | 34% | 57% | 3 |
| Nothing About Youth Without Youth | 2% | 6% | 92% | 4 |
| Designing Organization to Support IL | 1% | 15% | 84% | 2 |
| Mobilizing Resources for IL | 3% | 11% | 86% | 2 |
| Sound Financial Management | 4% | 16% | 80% | 2 |
| Strengthening IL Boards | - | 4% | 96% | 2 |

In comparing the data in Tables 13 and 17, it is apparent that generally teleconference trainers do not hold participants' attention as effectively as do seminar trainers. There are two exceptions to this. The ratings for *Grant Writing Tools* and *The 704 Report* seminars are more like the ratings for the teleconference trainers than the other seminar ratings. This may likely be because grant writing and the 704 Report are more technical than the subjects of the other seminars.

Table 18
Distribution of ratings for the relevancy of **seminar** trainers' examples

| Seminar | For All of a Seminar's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Grant Writing Tools | 8% | 11% | 81% | 2 |
| The 704 Report | 16% | 29% | 55% | 3 |
| Nothing About Youth Without Youth | 2% | 8% | 90% | 4 |
| Designing Organization to Support IL | - | 10% | 90% | 2 |
| Mobilizing Resources for IL | - | 7% | 93% | 2 |
| Sound Financial Management | - | 4% | 96% | 2 |
| Strengthening IL Boards | - | 7% | 93% | 2 |

Except for *The 704 Report* seminar (see Table 18), seminar trainers provided very relevant examples during the trainings. It was not clear from the evaluations exactly why the examples provided by teleconference trainers (see Table 14) were not as highly relevant as the examples provided by the seminar trainers.

Table 19
Distribution of overall ratings for seminar trainers

| Seminar | For All of a Seminar's Trainers (Pooled) Percentages of Ratings | | | Number of Trainers |
|---|---|---|---|---|
| | Below Average | Average | Above Average | |
| Grant Writing Tools | 4% | 17% | 80% | 2 |
| The 704 Report | 19% | 31% | 50% | 3 |
| Nothing About Youth Without Youth | 2% | 7% | 91% | 4 |
| Designing Organization to Support IL | 2% | 5% | 94% | 2 |
| Mobilizing Resources for IL | - | 8% | 92% | 2 |
| Sound Financial Management | - | 4% | 96% | 2 |
| Strengthening IL Boards | - | 7% | 93% | 2 |

It is obvious that the trainers for *The 704 Report* training were not as successful as the trainers of all the other teleconferences and seminars. The greatest percentage (i.e., 19%) of "below average" overall trainer ratings were recorded for *The 704 Report* trainers. It appears that this seminar's trainers should restructure their delivery. Participants indicated that they wished there would have been more concrete examples on compiling and reporting data, and that it would have been helpful to have gone through the 704, hearing RSA's expectations. They also wished they had learned more about uniform definitions of 704 terms, more about measurement and outcome evaluation, more details about preparing a work plan, and methods for gathering data. It appeared from participants' comments that at the end of the seminar they did not feel confident about completing the 704.

## Overall Process Evaluation of the Six Teleconferences and the Seminars

Participants recorded (1 to 5, 5 highest) ratings of the teleconference "overall". The mean ratings are displayed in Table 20 for both the teleconferences and the seminars. Following this table, the comments participants made that help understand the strengths and areas needing improvement for each of the seminars and teleconferences are presented.

Table 20
Mean overall training ratings for teleconferences and seminars

| Teleconferences | Mean Overall Ratings | Seminars | Mean Overall Ratings |
|---|---|---|---|
| Section 8 | 4.23 | Mobilizing Resources for IL | 4.70 |
| Future Leaders of IL | 4.17 | Strengthening IL Boards | 4.64 |
| History of the IL Movement | 3.97 | Including Youth | 4.39 |
| Full Participation in IL | 3.62 | Designing IL Organizations | 4.23 |
| SILCs and 501(c)(3) | 3.61 | Grant Writing Tools | 4.23 |
| Coalition Building | 3.60 | Sound Financial Management | 4.15 |
| | | The 704 Report | 3.15 |

**Suggestions for Improving the Seminar Trainings**

It was apparent from participants' comments that they appreciated the inclusion in seminar trainings of "hands-on" experiences such as role-playing and opportunities to practice a new skill. Overall, seminar trainings would benefit from less lecturing and more hands-on experiences. Short, focused anecdotes and stories are very useful, but long, rambling anecdotes and stories are not as useful. Hands-on experiences enhance trainings.

These are some of the hands-on involvement participants expressed a need for in the various seminar trainings:

*Grant Writing Seminar*

Role-playing funding visits; practice and group exercises for writing objectives; actual work on parts of a grant proposal.

*How to Survive the 704 Report*

Specific, hands-on work with the 704 Report, especially details in the various sections.

*Nothing About Youth Without Youth*

Role-playing how to get administrative support for involving youth.

*Designing Your Organization to Support Your IL Mission*

Participant involvement with brainstorming solutions to problems related to Boards, fund-raising, manual development and use, outreach, and implementing the IL philosophy.

*Mobilizing Resources for Independent Living*

Role-playing activities such as asking for funding and getting a Board committed to taking on fundraising.

*Strengthening IL Board Leadership*

Brainstorming solutions to specific types of problems related to Boards, and role-playing specific activities related to Boards (e.g., recruitment of Board members).

*Sound Financial Management*

Time to practice the ideas learned in the training to their own situations.

Other suggestions for improving the seminar trainings included:

- It is important that discussions remain focused.
- Facilitators' answers to questions should be focused.
- Conferences locations must be handicapped and disabled accessible.
- Participants find it helpful to leave the training with concrete, specific, in-depth and useful information.

**Suggestions for Improving the Teleconferences**

Suggestions for improving the teleconference trainings were expressed by participants on the evaluation forms.

- Participants find it especially useful for the training to include a wrap-up closure portion during which the session is summarized in a way that includes specific information (e.g., what can be done to apply the training content/subject).
- Trainers need to be careful to answer questions succinctly.
- Teleconferences appear to be less effective if they are longer than one-hour. It appears that 90-minutes is probably the longest a teleconference should be.

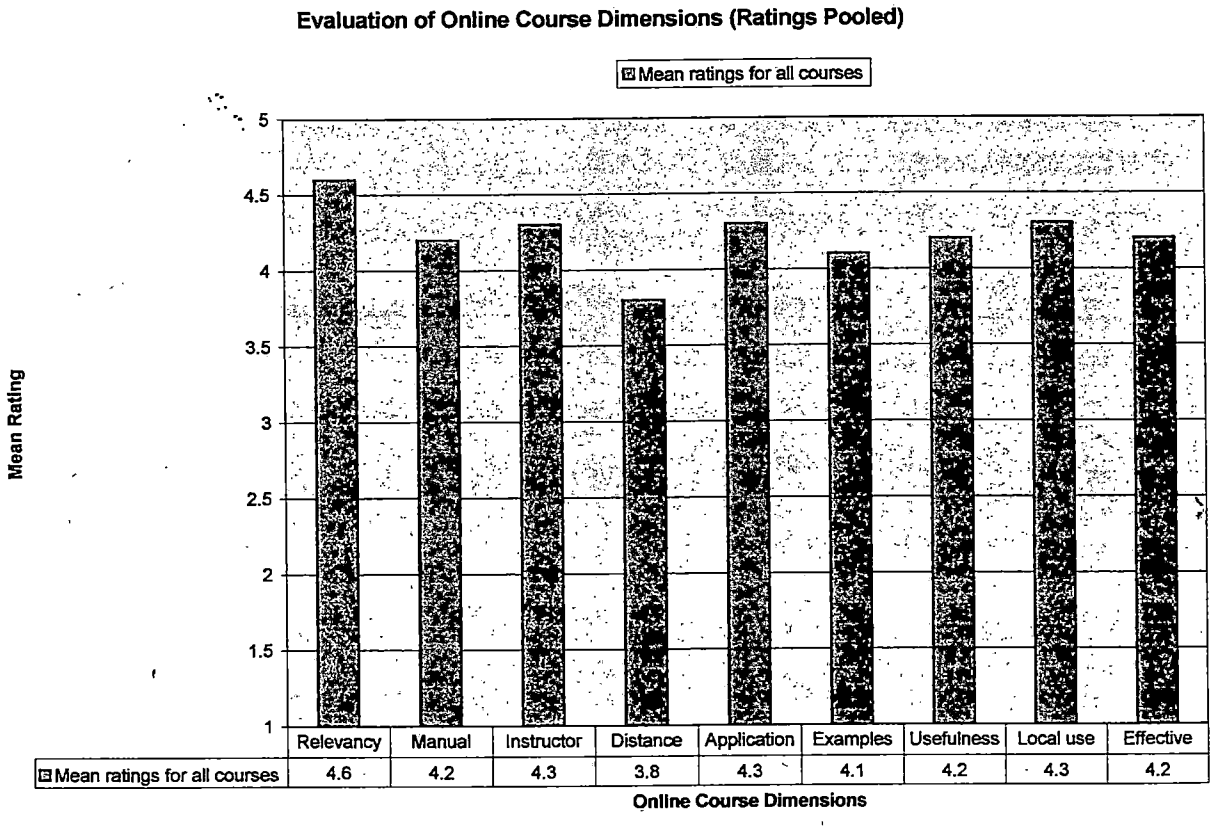
**Process Evaluation of the Online Courses**

There were 153 trainees in the seven online courses, and 72 (47%) of the 153 trainees completed evaluation forms when they completed the course. It has been well documented in previous evaluation reports that many individuals who enroll in an online course are not highly motivated to complete the course.

The quantitative section of the online evaluation form asked respondents to rate nine online

course dimensions from 1 to 5 (5 highest). The ratings of the 72 respondents were pooled to determine the overall satisfaction of participants with the online course formats, activities, and facilitators. All but one of the mean (pooled) ratings for the seven online courses were greater than "4". The dimensions along with the pooled mean ratings are displayed in the following bar graph. The actual evaluation form statements are abbreviated on the graph as follows:

| | |
|---|---|
| Relevancy: | Relevancy of the course content |
| Manual: | Helpfulness of the manual |
| Instructor: | Usefulness of the instructor's experience, ideas, and insights |
| Distance: | Effectiveness of the distance learning techniques |
| Application: | Practical applications of the course to my job |
| Examples: | Appropriateness of examples to my job |
| Usefulness: | Usefulness of ideas from other participants |
| Local use: | Content stimulation for discussing ideas with local colleagues |
| Effective: | Benefits of this course in relationship to my time and effort |




The mean ratings of the course dimensions for each of the seven online courses are presented in Table 21. Means for several courses are based on an especially small number of respondents.

Table 21
Mean ratings of online course dimensions with number of respondents, N

| **Course Dimension** | IL Philosophy N=9 | Heroic Leaders N=7 | Orientation I N=21 | IL Board N=3 | Orientation II N=14 | IL Finances N=8 | Ethics Values N=10 |
|---|---|---|---|---|---|---|---|
| Relevancy | 4.4 | 4.5 | 4.3 | 5.0 | 4.5 | 4.9 | 5.0 |
| Manual | 3.7 | 4.2 | 4.3 | 5.0 | 4.3 | 4.7 | 3.8 |
| Instructor | 3.7 | 4.3 | 4.2 | 4.5 | 4.5 | 4.6 | 4.5 |
| Distance | 3.7 | 3.7 | 3.6 | 4.5 | 4.1 | 4.4 | 3.5 |
| Application | 4.3 | 3.8 | 4.0 | 5.0 | 4.6 | 4.9 | 4.5 |
| Examples | 3.3 | 3.7 | 3.8 | 5.0 | 4.5 | 4.7 | 4.5 |
| Usefulness | 4.1 | 3.8 | 4.3 | 5.0 | 4.3 | 4.0 | 4.5 |
| Local use | 4.0 | 3.7 | 4.1 | 5.0 | 4.5 | 4.6 | 4.7 |
| Effective | 3.5 | 4.3 | 4.0 | 5.0 | 4.3 | 5.0 | 4.2 |

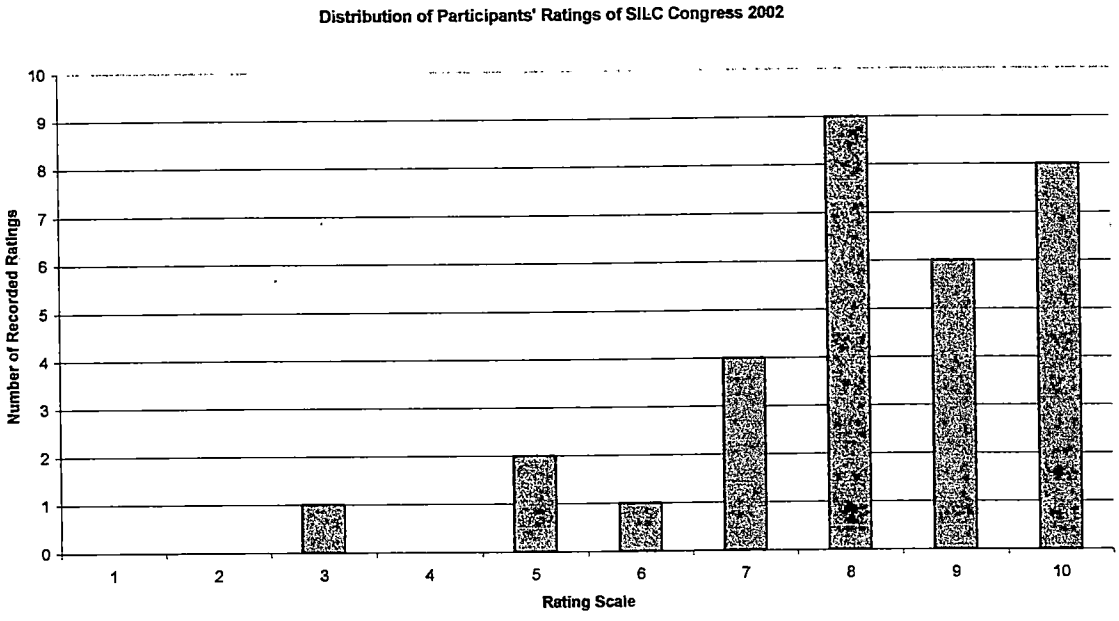
It was apparent from respondents' comments that:

- It is important for online instructors to provide appropriate feedback in a timely manner during the entire course.
- The manuals for *IL Philosophy* and *Ethics and Values* would benefit from editing.

The online course format might be considered as a way to deliver *The 704 Report* training.

## The Fifth Annual SILC Congress 2002

Forty-one participants recorded overall ratings (1 to 10, 10 great-exceeded expectations and 1 poor-waste of our SILC's money) for the Congress. According to the participant list, 120 individuals attended, hence 34% of the participants recorded overall ratings for the Congress.




Participants also wrote comments about the SILC Congress 2002. Many were very complimentary and included:

"It was my first SILC Congress and I loved it."

"The Congress improves each year."

"Everyone goes out of their way to introduce themselves, speak, and share information."

"Very rejuvenating."

"The Congress always renews my enthusiasm for my job and the subject."

Other complimentary remarks were:

- The Congress was operated in a very professional manner.
- The Congress had good topic representation.
- The materials were well organized.
- Networking was helpful and educational.
- The Congress was enlightening.

- The Congress was a great opportunity to learn and empower.
- Liked the breakout sessions addressing specialized topics

Comments regarding ways the Congress could be improved ranged from the need for hotel accommodations for the disabled to concerns about the cost of the Congress. This is a summary of ideas participants had for improving the Congress:

- Print the agenda as a separate document.
- Include participants' states in bold ink.
- Shorten the Congress – too long.
- Have more depth in the agenda.
- Strengthen the Olmstead discussion; it was too weak.
- Provide wheelchair lodgings and assistance for alternative lodging.
- Have more on working with the federal government.
- Include training material on computers
- Make all overheads available to the participants.
- Workshops need to be more substantive and relevant to the challenges SILCs face.
- It was too similar to a mini-NICL conference.
- Concerned that the Congress cost a lot, especially the opening reception.
- Include more sessions on SILCs and CILs.

Participants rated each of the sessions using the 1 to 10 scale (10 highest). The means of the ratings and numbers of ratings (N) are displayed in the table that follows. The means were all high.

Table 22
Mean ratings of general and breakout sessions Fifth Annual SILC Congress

| Session | Mean Rating | N |
|---|---|---|
| Sunday – Registration and Pickup Delegate Handbooks | 9.24 | 33 |
| Sunday – Welcome Newcomers (Bob Michaels) | 7.82 | 22 |
| Sunday – Opening Remarks and Reception | 8.47 | 32 |
| | | |
| Monday – General Session | 7.57 | 37 |
| Monday – How to Write a Resolution | 8.22 | 9 |
| Monday – Lab B | 8.00 | 2 |
| Monday – Strategies for Inclusion Native American | 8.61 | 13 |
| Monday – Crisis Management | 8.87 | 15 |
| Monday – Open Space | 10.00 | 1 |
| Monday – General Session Rehab Act | 7.59 | 32 |
| Monday – General Session continued | 7.78 | 32 |
| | | |
| Tuesday – General Session State of States | 7.95 | 37 |
| Tuesday – Unrestricted Funds | 8.48 | 21 |
| Tuesday – Lab B laptops | 8.80 | 5 |
| Tuesday - Peer Review Model | 7.60 | 5 |
| Tuesday - VR/SILC Best Practices | 8.67 | 3 |
| Tuesday - Open Space | 8.67 | 3 |
| Tuesday - Luncheon Speaker | 8.83 | 36 |
| Tuesday – Regional Teambuilding | 8.03 | 34 |
| | | |
| Wednesday – Legislative Process | 8.27 | 11 |
| Wednesday – Disability Caucus | 9.00 | 10 |
| Wednesday – Passage to Action | 8.00 | 3 |
| Wednesday – Open Space | 8.64 | 11 |
| Wednesday – Coalition Building | 8.22 | 9 |
| Wednesday – Lobbying vs. Education | 8.89 | 9 |
| Wednesday - VR/IL/CIL/SILC Survey (Interactive discussion) | 7.20 | 5 |
| Wednesday – Open Space | 8.33 | 6 |
| | | |
| Thursday – General Session | 8.34 | 29 |

Some participants wrote comments about the sessions. Short summaries of the comments including evaluative interpretations and remarks are presented next.

- The registration process went smoothly and several participants complimented the individuals who were in charge.

- The newcomer session on Sunday was "contaminated" by some old-timers. Bob Michaels is knowledgeable and interacts very well with a group so he is an excellent presenter for newcomers. Perhaps at the next Congress there can be a separate session for "old timers" so that if they do attend the newcomer session, they can be cordially steered to a session designed for their needs and interests. A session for the experienced (versus the newcomers) could draw on their experience in a substantive way that would benefit the professional needs of participants (e.g., brainstorming teleconference training needs).

- Several participants thought that the room where the reception was held might have benefited from more space and more tables and chairs. This is something to consider but receptions in too big a room frequently don't have the right "chemistry".

- Some state presentations were not well prepared at the general session on Monday, but the networking this session provided is important. It is a challenge to facilitate this kind of session. The 2-minute time limit is a practical interval.

- How to Write a Resolution was informative, helpful and the presenters did a good job.

- The Strategies for Inclusion session was excellent and educational for many of the respondents who wrote comments. One person wrote: Good information but the women on the panel seemed totally ignored. If they were ignored, it would be disturbing, especially in a session emphasizing inclusion.

- The Crisis Management session was described as "excellent", "enlightening", and "fantastic". It's hard to get better comments than the ones made about this session.

- Charting Our Own Course was inspirational, motivational, challenging, and informative. Two comments that appeared to be written by (so-called) old timers were more negative about the speaker. One wrote: Need new speakers.

- The reactions to the general session on the Rehabilitation Act were mixed. Some wrote, "good facilitators" and one wrote, "could have been provided as reading material." It seems like this session was relevant to some but not to others, but the reasons are not clear.

- It appears that the 3:00-4:00 PM Rehabilitation Session (continued) did not go particularly well. If this session is included at the next Congress, this session should be re-conceptualized.

- The Tuesday general session was well received except one person questioned having states speak a second time.

- The session, Unrestricted Funds, was well-organized and provided useful information.

- Gina McDonald was appreciated for her emotional, impassioned, and motivational speech. She was a hit with most (but not all – 3 people rated her "3" or "4"). You can't please everyone all the time!

- The Regional Teambuilding meeting would have benefited from more structure and direction.

- The breakout sessions on Wednesday were all praised for their high quality. Comments emphasized that they were interesting and beneficial. The presenters were all highly effective.

- People leaving the Congress early diminished the quality of the general session on Thursday. Perhaps the next Congress should begin on Sunday (for newcomers) and continued Monday-Wednesday, ending on Wednesday night. A four-day conference is too long a time for many busy people especially with airline travel taking more time than it previously did.

# SUMMATIVE EVALUATION

## Likelihood Training Will Be Used

Four of the teleconferences and seven seminar conferences used the same evaluation form general protocol. Training participants were asked:

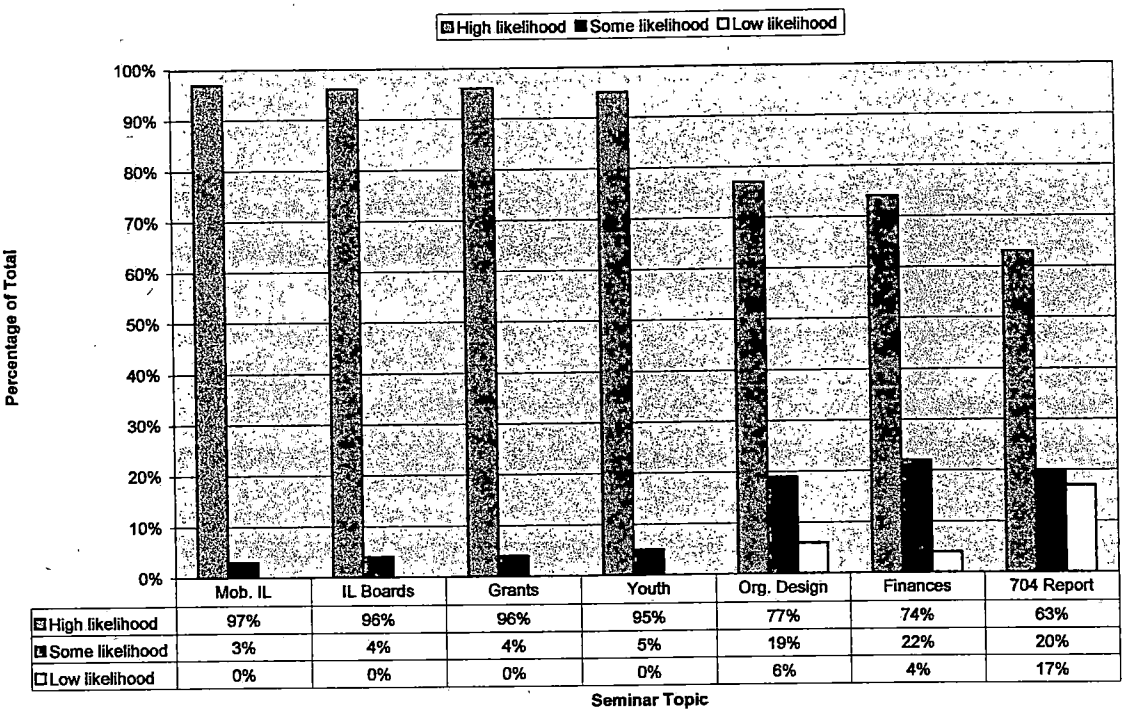
**How likely is it that you will use what you learned at this training?**

Participants recorded ratings 1 to 5 (5 highest) for the likelihood that the teleconference training would be used. For analysis purposes, the ratings were collapsed into three groups: "low likelihood" (recorded ratings "1" and "2"), "some likelihood" (recorded ratings "3"), and "high likelihood" (recorded ratings "4" and "5"). Bar graphs of these ratings are displayed on the following page for comparison purposes. Generally, what was learned during the seminars was more useful than what was learned during the teleconferences. Means of the recorded ratings for the likelihood training would be used were computed and are displayed below for the six teleconferences and the seven seminars that used the same evaluation protocol. The trainings are displayed in descending order of mean rating with the highest mean rating displayed first and the lowest mean rating displayed last. Teleconferences are displayed in blue ink.

Table 23
Means of the usefulness ratings (1 to 5, 5 highest) recorded for 6 teleconferences and 7 seminars

| Name and Type of Training | Mean |
|---|---|
| Seminar: Mobilizing Resources of Independent Living | 4.78 |
| Seminar: Strengthening Independent Living Boards | 4.67 |
| Seminar: Grant Writing Tools | 4.65 |
| Seminar: Nothing About Youth Without Youth | 4.45 |
| Seminar: Designing Your Organization to Support Your IL Mission | 4.26 |
| Seminar: Sound Financial Management | 4.18 |
| Teleconference: Housing Resources – Section 8 | 4.02 |
| Teleconference: History and Philosophy of the IL Movement | 4.01 |
| Teleconference: The Next Generation of IL Leadership | 3.94 |
| Teleconference: SILCs and 501c(3) | 3.75 |
| Teleconference: Coalition Building | 3.72 |
| Seminar: The 704 Report | 3.60 |
| Teleconference: Full Participation in Independent Living – What Does it Mean? | 3.12 |

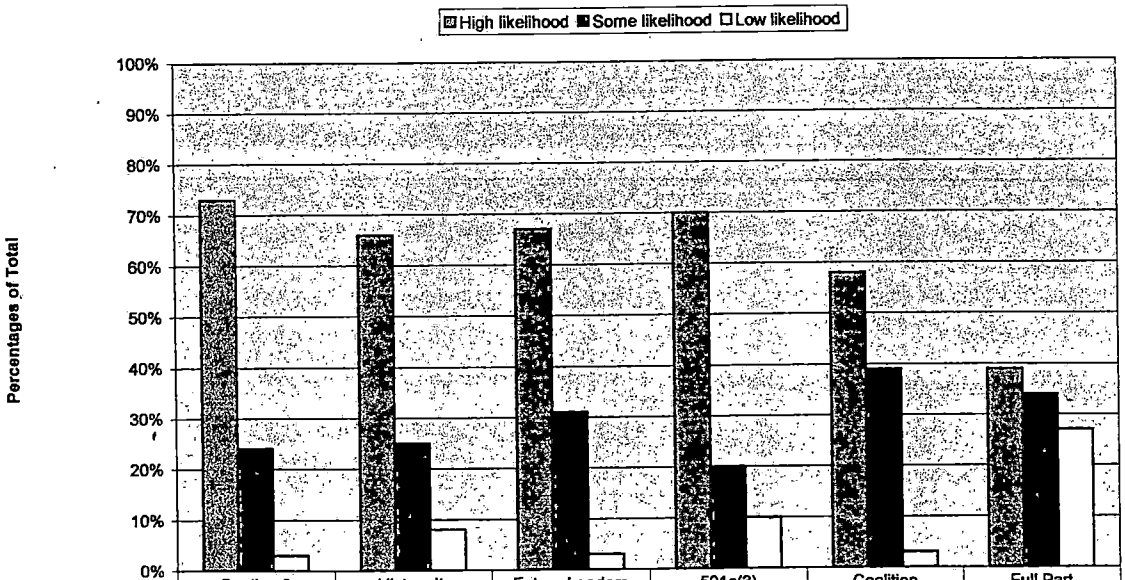
## Likelihood That Seminar Training Will Be Used




| | Mob. IL | IL Boards | Grants | Youth | Org. Design | Finances | 704 Report |
|---|---|---|---|---|---|---|---|
| High likelihood | 97% | 96% | 96% | 95% | 77% | 74% | 63% |
| Some likelihood | 3% | 4% | 4% | 5% | 19% | 22% | 20% |
| Low likelihood | 0% | 0% | 0% | 0% | 6% | 4% | 17% |

Seminar Topic

## Likelihood That Teleconference Training Will be Used




| | Section 8 | History IL | Future Leaders | 501c(3) | Coalition | Full Part |
|---|---|---|---|---|---|---|
| High likelihood | 73% | 66% | 67% | 70% | 58% | 39% |
| Some likelihood | 24% | 25% | 31% | 20% | 39% | 34% |
| Low likelihood | 3% | 8% | 3% | 10% | 3% | 27% |

Teleconference Topic

## Obstacles to Participants Using Training Information

Participants of the six teleconference and the seminars were asked what might prevent them from using the information they learned in the training on the job? The most frequently mentioned obstacles:

- Not enough knowledge and skills to know how to use the training effectively.
- Resistance and/or lack of motivation of key players (e.g., staff, directors, Board members).
- Time constraints
- Organizational resistance
- Lack of organizational commitment and support

## Summative Evaluation of Three Teleconferences

Based on information provided by participants in their comments, it appeared that the teleconference training, *Understanding and Accommodating Multiple Chemical Sensitivity*, "hit home" with many of the participants who had experiences related to many of the issues and information presented during the training. The materials were useful and the training was well organized.

It appeared important for trainers to involve participants emotionally whenever it makes sense to do so during a teleconference. Participants appreciated real-life anecdotes, personal experiences, and case studies that were professionally presented. This meant that trainers were most successful using narratives if they were highly discretionary about the length of the narratives and if they didn't let discussions resulting from the narratives to digress. Likewise, it is important for teleconference trainers to respond to questions in a clear, concise manner.

## Skills and Knowledge Developed by the Trainings

Some training sessions were more effective than others at developing participants' skills and knowledge. At the end of the training sessions, participants rated (from low to high) the effectiveness of the training at developing specific skills and knowledge. In Table 24, the percentages of respondents recording "low", "medium", and "high" effectiveness ratings are displayed.

Table 24
Participants' ratings of the effectiveness of trainings to develop skills and knowledge

| How well the training developed skills and knowledge for... | Low Effectiveness | Medium Effectiveness | High Effectiveness |
|---|---|---|---|
| ***Grant Writing Tools* Seminar Training** | | | |
| Relating the independent living mission to fund-raising efforts? | 11% | 19% | 70% |
| Documenting the need and rationale for the project for which you are seeking funding? | 7% | 11% | 81% |
| Identifying measurable objectives to serve as the basis for proposed activities? | 8% | 23% | 69% |
| Developing and describing a rational plan for achieving the objectives identified? | 11% | 22% | 67% |
| Characterizing project outcomes in ways that make clear the importance of the project? | 11% | 29% | 61% |
| Devising an evaluation plan that clearly indicates how process will be measured and results documented? | 8% | 19% | 73% |
| Identifying public and private sources of appropriate funding? | 0 | 28% | 72% |
| ***The 704 Report* Seminar Training** | | | |
| Understanding the 704 Report and what it means? | 20% | 30% | 50% |
| How to meet RSA's expectations? | 24% | 29% | 48% |
| Uses of the 704 Report to support your organizational goals and resource development? | 22% | 32% | 46% |
| Identifying ways the 704 Report can facilitate consumer control? | 28% | 51% | 21% |
| Writing program objectives and outcome statements that give staff a meaningful work plan? | 23% | 33% | 45% |
| How the 704 Report is used to support legislative initiatives? | 15% | 33% | 53% |
| How to assess an organization and programs and the impact on people's lives? | 13% | 35% | 51% |
| ***Nothing About Youth Without Youth* Seminar Training** | | | |
| An historical perspective and national context for youth leadership development? | - | 35% | 65% |
| Incorporating IL philosophy into youth programs? | 5% | 5% | 90% |
| Model youth leadership programs? | 7% | 22% | 70% |
| Integrating the best from mainstream youth leadership programs with those designed specifically for youth with disabilities? | 4% | 26% | 70% |

| How well the training developed skills and knowledge for... | Low Effectiveness | Medium Effectiveness | High Effectiveness |
|---|---|---|---|
| Tools and strategies to create and operate local and/or statewide programs? | 4% | 9% | 87% |
| ***Designing Your Organization to Support IL* Seminar Training** | | | |
| Building and maintaining a Board of Directors and staff that understand and practice the IL philosophy? | - | 29% | 71% |
| Designing your organizational documents to provide the philosophical framework that will guide your activities? | 3% | 26% | 71% |
| Marketing your organization in a way that makes clear and preserves the integrity of your mission? | - | 12% | 88% |
| Devising and delivering programs and services that are genuinely consumer-directed, empowering, and inclusive? | - | 22% | 78% |
| ***Mobilizing Resources for Independent Living* Seminar Training** | | | |
| Capitalizing on current funding trends among private foundations, corporations, government, religious funders, philanthropic trust and individuals. | - | 12% | 88% |
| Identifying fundraising approaches compatible with your organization and local situation? | - | 10% | 90% |
| Establishing relationships with funders before asking for money? | - | - | 100% |
| Asking for money in ways that make clear who you are and what you would use the funding for? | 2% | - | 98% |
| Staying true to the IL mission and philosophy while fostering growth? | 7% | 5% | 89% |
| ***Sound Financial Management* Seminar Training** | | | |
| Determining what is financially proper and appropriate? | - | 18% | 82% |
| Controlling and safeguarding your organization's assets and resources? | 4% | 22% | 74% |
| Tracking, interpreting and reporting your organization's financial status? | - | 30% | 70% |
| Building a better budget? | 12% | 23% | 65% |
| Defining Board and staff roles in financial management? | 4% | 8% | 88% |
| Identifying outcomes and why they are important? | - | 23% | 77% |
| ***Strengthening IL Boards* Seminar Training** | | | |
| Integrating IL mission and philosophy with Board functioning? | - | 18% | 82% |
| Clarifying Board and staff roles and responsibilities? | - | 11% | 89% |

| How well the training developed skills and knowledge for... | Low Effectiveness | Medium Effectiveness | High Effectiveness |
|---|---|---|---|
| Identifying, recruiting, and developing potential leaders? | 4% | 21% | 75% |
| Avoiding fiscal disasters? | 14% | 17% | 69% |
| Creating and maintaining an effective working relationship between the Executive Director and Board? | - | 14% | 86% |
| ***Housing Resources: Section 8*** **Teleconference Training** | | | |
| What Section 8 is and how it can be accessed? | 5% | 37% | 57% |
| How to work with low income tax credits? | 14% | 40% | 46% |
| How to get on waiting lists? | 17% | 40% | 43% |
| What legal remedies are available? | 9% | 40% | 52% |
| Other funding options and resources? | 9% | 36% | 55% |
| What action steps you can take to make a difference? | 4% | 33% | 63% |
| ***Generation D: The Next Generation of IL Leadership*** **Teleconference Training** | | | |
| The Leadership in Transition, 5-part Module of Education and Training for Young Adults with Disabilities at the metropolitan Center for IL in St. Paul, MN? | 2% | 7% | 91% |
| The National Center on Secondary Education & Transition at the Institute on Community Integration, University of MN in Minneapolis? | 10% | 31% | 59% |
| YIELD the Power Project at Access Living of Metropolitan Chicago? | 7% | 15% | 78% |
| ***Should Your SILC Become a 501c(3)?*** **Teleconference Training** | | | |
| The advantages and disadvantages there might be for filing for not-for-profit status? | 9% | 41% | 50% |
| Effective strategies for dealing with some of the barriers to becoming a separate entity? | - | 60% | 40% |
| The administrative and management issues to consider and to plan for? | 5% | 55% | 40% |
| Ways to prepare and support your Council to make the decision? | 5% | 40% | 55% |
| How to file for incorporation and make the transition to being a 501c(3) organization? | 5% | 35% | 60% |
| ***History and Philosophy of the IL Movement*** **Teleconference Training** | | | |
| The IL philosophy of consumer control and peer relationships as it was taught by IL founding fathers and mothers? | 9% | 22% | 70% |

| How well the training developed skills and knowledge for... | Low Effectiveness | Medium Effectiveness | High Effectiveness |
|---|---|---|---|
| Some of the major characters and the defining moments of their lives? | 9% | 19% | 72% |
| How the first Center for Independent Living was established and how its design shaped the future of the Rehabilitation Act? | 7% | 14% | 78% |
| Having insight into the evolution of the "system" that now governs the nature of CILs and SILCs? | 12% | 28% | 60% |
| ***Coalition Building for Systems Advocacy* Teleconference Training** | | | |
| Why coalitions are so necessary for gaining civil and human rights? | 3% | 26% | 71% |
| How to choose partners to coalesce with? | 3% | 29% | 68% |
| How to find common ground while remaining true to your mission and philosophy? | 7% | 33% | 60% |
| The nuts and bolts of developing and managing a coalition? | 8% | 39% | 53% |
| The difference in formal and informal coalitions and how to structure and finance both? | 16% | 39% | 45% |
| ***Full Participation in IL: What Does It Mean?* Teleconference Training** | | | |
| Designing and using consumer-oriented data collection? | 33% | 31% | 36% |
| Understanding some of the unmet and emerging needs of people with disabilities? | 15% | 46% | 39% |
| How you and your consumers can participate in giving feedback on the survey results? | 17% | 45% | 38% |
| The implications of the survey results and how you can participate in problem solving about needs identified? | 22% | 51% | 27% |

Some of the many additional skills and knowledge developed by the trainings are listed here along with the name of the training that developed the skills and knowledge.

***Full Participation in IL: What Does It Mean?***

- Using websites to get information (e.g., advocacy letters).
- The importance of a fluid IL paradigm model because of emerging disabilities (e.g., chronic illnesses that are now considered disabilities) and cultural factors.

***History and Philosophy of the IL Movement***

- How the CIL movement began, historically progressed, how core services and relevant objectives in services of the philosophy of independent living evolved.
- How CILs, SILCs, and NCIL as organizations are related.
- How CILs impact the future of persons with disabilities.
- The four core services of CILs and the significance of "equal, not special".

***Coalition Building for Systems Advocacy***

- The meaning of and the importance of building, maintaining and focusing coalitions.

***Designing Your Organization to Support Your IL Mission***

- Skills that support well-run organizations (e.g., mission statements, Board recruitment, function and evaluation, collaborative models, and staff development).

***Mobilizing Resources for Independent Living***

- Where to seek funding (resources), building relationships with funders, creative ways to ask for money, the importance of strategic planning and using the Board to take on fundraising.

***Strengthening IL Board Leadership***

- Board roles (e.g., role in lobbying), member roles, the importance of job descriptions, use of by-laws, and importance of networking.

***Sound Financial Management***

- Issues and activities related to lobbying, budgets, accounting, and financial reporting.

**Online Course Objectives**

Each online course had specific objectives that participants rated from 0 to 10 (0 unsatisfactory; 1-2 poor; 3-4 below average; 5 average; 6 above average; 7 good; 8 very good; 9-10 excellent). A summary of the objectives for each course along with the mean ratings is displayed in Table 25.

Table 25
Mean ratings for objective attainment in the online courses

| Course Objectives<br>**Participants will be able to...** | Mean Rating |
|---|---|
| ***Ethics and Values*** | |
| Define and identify their organization's culture and core values | 8.9 |
| Create an ethical code based on those values | 7.9 |
| Assess values and value systems and relate them to formulating plans and actions in order to accomplish goals. | 7.8 |
| ***Independent Living Philosophy*** | |
| Identify key elements of the IL definition. | 9.2 |
| Articulate values of the IL movement. | 8.2 |
| Apply the values and philosophy of IL to real situations. | 8.6 |
| Apply the values and philosophy of IL to communicating with language, images, and writing. | 7.8 |
| Apply IL values and philosophy to a vision for a preferred future for people with disabilities. | 8.0 |
| ***Heroic Leadership*** | |
| Identify basic behavioral leadership theories and be able to assess their own dominant style. | 6.9 |
| Identify the needs and motivators of different segments of the current workforce. | 6.3 |
| Apply course content to develop an individual professional development plan for their personal leadership skill enhancement. | 7.1 |
| ***Financial Management for IL Centers*** | |
| Identify the key component of sound fiscal management. | 8.6 |
| Develop effective fiscal reports. | 7.5 |
| Prepare and deliver agency and program budgets. | 7.4 |
| Identify fiscal risk management controls. | 8.8 |
| Define appropriate roles for Board and staff financial oversight. | 9.4 |
| ***Orientation I for New Independent Living Personnel*** | |
| Apply IL principles and philosophy to day-to-day situations encountered in CILs and SILCs | 8.4 |
| Discuss what actions the participant can take when personal values do not match the consumer's values. | 7.9 |
| Analyze the impact of the federal requirements on day-to-day activities in the center. | 8.0 |

| Course Objectives<br>**Participants will be able to...** | Mean Rating |
|---|---|
| *IL Board Development* | |
| Define the roles and responsibilities of Boards of Directors. | 9.3 |
| Resolve conflicts that may arise between IL philosophy and services. | 8.0 |
| Analyze the impact of fund sources on day-to-day activities in the center. | 8.0 |
| *Orientation for New IL Personnel II* | |
| Apply two or more of the Standards related to documentation, advocacy projects, IL core services, and resource development activities in the work setting. | 8.9 |

Online course participants indicated the knowledge and skills they would be implementing immediately. These included, but were not limited to, the following:

- Participants who took the ***Independent Living Philosophy*** course developed increased awareness of the importance of independent living, better understanding of IL from a historical perspective, better understanding of the meaning of IL, and the need to be an advocate of IL. Five participants in the course said they learned the importance of using meaningful language in working with customers and in systems advocacy. Two participants said they would serve consumers better by having greater empathy and understanding in providing services and meeting consumers' needs.

- The impact of the ***Heroic Leadership*** course was broad-based. One participant's CIL implemented quality control as a result of the course. Two participants said they were going to use the information on leadership qualities to more effectively work with staff and Board members. One participant planned to develop a professional plan.

- Ideas that participants of the ***Orientation I for New IL Personnel*** course said they would implement immediately included: 1) being more aware that things are not black-and-white in IL; 2) forming consumer councils in every county served; 3) promoting self-help and self-advocacy; 4) using scenarios to generate discussion; 5) Involving the Board more actively in strategic planning; 6) scrutinizing their CIL's transportation policy; 7) being more respectful of consumer choices; 8) setting up a more effective program for customers; 9) changing their attitude toward nursing homes; 10) communicating and collaborating better; and 11) working on heightening awareness of IL philosophies in all their work.

- Ideas that participants of the ***Orientation II for New IL Personnel*** course said they would implement immediately included: 1) administration of a consumer satisfaction survey; 2) coalition building with the private sector; 3) development of IL plans; and 4) encouraging consumer control.

- Two ideas that participants of the ***IL Board Development*** course indicated they would implement immediately were 1) focusing on fiscal oversight and internal controls and 2) keeping Board meetings focused.

- At the end of the ***Financial Management for IL Centers*** course, participants were ready to develop a financial manual, develop and provide staff financial training, put daily cash disbursement procedures in writing, develop and refine fiscal policies, and share financial information with the Board.

- The ***Ethics and Values*** course helped participants 1) work toward clarifying an existing organizational code of ethics; 2) establish an organizational code of ethics; and 3) temper their actions and reactions with an increased awareness that there are no absolutes in IL.

**Conclusion**

During the third project year, there was a preponderance of evaluation data confirming that the IL NET Project effectively met its five goals:

- IL NET provided CILs with training and technical assistance that helped equip them to operate effective, stable, fiscally sound, consumer-directed organizations.

- IL NET provided CILs with training and technical assistance that equipped them to become more effective change agents and to help consumers understand and use their own personal power.

- IL NET provided CILs with training and technical assistance that equipped them to offer services that better meet consumer needs.

- IL NET provided CILs with training and technical assistance that equipped them to reach different races or cultures, disability populations not closely connected to the IL movement, people with disabilities in rural areas, and age groups (younger or older) not typically served.

- IL NET provided SILCs with training and technical assistance that equipped them to fulfill their role of developing and implementing the state independent living plan.

Strategies in Post-Acute Care

NOVEMBER / DECEMBER 2002

# Post-acute Care Predictions — Past and Future

by Harriet S. Gill,
*Executive Editor*


Three years ago we published an article (Post-acute Care Strategy Report, December 1999) entitled "Predictions for the Future." It had been only two years since the enactment of the Balanced Budget Act (BBA). The implementation of the BBA posed fear in the hearts of providers who were scrambling to understand the future and to make the changes, if possible, to meet the demands of a multitude of new payment methodologies. We saw a significant impact to the long term care industry as many major players in that industry declared Chapter 11 bankruptcy citing the loss of Medicare payments as the sole reason for their misfortunes. On the heels of the nursing home woes came word that thousands of home care agencies were being forced to close due to lack of funding from the Medicare system. Inpatient rehabilitation and long term acute care hospital providers were actively lobbying for their position with little assurance that they too would experience payment cuts that might threaten their existence.

In the article we offered a number of predictions for the future and thought that it would be interesting to both review the relevancy of those predictions as well as to try to move the predictive powers of our crystal ball out a few more years. It is now five years

*continued on page 2*

**ALSO IN THIS ISSUE:**

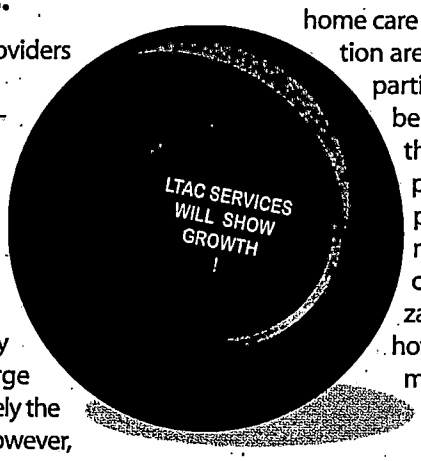
# Predictions...

*continued from page 1*

since the Congress enacted the BBA and all of the levels of the post-acute care payment system have been completed or are in the process of being implemented. The final rules for prospective payment for inpatient rehabilitation began implementation in January of 2002 and for long term acute hospitals, implementation began on October 1, of 2002. Both payment methodologies were of little surprise to providers, most of whom followed lobbying efforts and were well on their way to making the changes necessary to financial success.

So what did we say three years ago and what do we think the future holds? Here goes.....

## In 1999 we said - For acute care providers, there will be a fear of action regarding post-acute care development and utilization strategies.




Most acute care providers did, indeed, take a "wait and see" posture when it came to post-acute care. Some closed their skilled units for fear of staggering losses. For those who had community options for discharge placement it was likely the right thing to do. However, many more opted to keep their units taking great pains to cut cost while assuring that the units continued to serve those hard to place patients that could not be moved out to the community. Many other providers used the units as a substitute for inpatient rehabilitation beds given the uncertainty surrounding where rehabilitation payment was headed. Systems remained fragmented as a do nothing posture was safer than launching into the unknown. Only long term acute care hospitals (LTAC) showed significant growth. This is because the "hospital within a hospital" strategy kept the risk with the proprietary owner while the acute care hospital benefited from the ability to move high cost patients while benefiting from lease payments and improved ancillary utilization.

## In 2003, acute care systems will actively review their post-acute care strategies and make significant developmental changes.

Armed with full knowledge of payment systems, acute care systems are already beginning to rethink their post-acute care strategies. Having identified a fragmentation of structure and patient flow, managers are beginning to identify the potential of a robust post-acute care system and are rethinking how they deploy their resources. For acute care providers the benefit of the post-acute care system remains with their ability to manage patients efficiently. While in some markets there remains the opportunity to capture significant numbers of patients from other hospitals, for most, and particularly the smaller bedded units (15 to 25 beds) the goal remains to serve the needs of the acute care hospital patients.

Exceptions to such internal needs based development are potentially long term acute care beds, and clearly in the home care and outpatient rehabilitation arenas. But regardless of the particular strategy in play, it will be the efficient organizations that do well on both the patient care and financial performance fronts. This will necessitate a change in how care is provided, how organizations are configured, and how information is provided to managers to best meet the needs of their systems.

## Post-acute care will continue to reshape itself for the next few years and into the future.

Three years ago we said that the change in reimbursement at all levels of care will mandate a change in the way each of these businesses operates and the kind of clinical care they provide. Since 1999 this has proven to be true. The home care industry has reconfigured into larger more profitable agencies capable of producing a profit. Successful agencies provide supplies in a "real time" basis delivered to patient's home to eliminate the high cost of maintaining inventories. Satellite offices have closed, nurses work from home and agencies have become very lean in their operations. This trend toward more efficient operations will continue and successful agencies will find even better ways to improve efficiencies.

Nursing homes have become particularly thoughtful in their screening procedures. By implementing sophisticated screening systems that foretell the cost of a patient's care prior to admission they are able to keep their costs in line relative to reimbursement. However, for acute care providers, this now means that there are some patients that while easy to place in the past, have become problem placements now. This is predominantly true of patients on high cost antibiotic care, wound care, and other procedures that require more cost than payment allows.

In 1999, only a few levels of care were under PPS and we predicted change only after all of the levels were under new payment methodologies. We said that the final reshaping will take place beginning in 2002 or 2003.

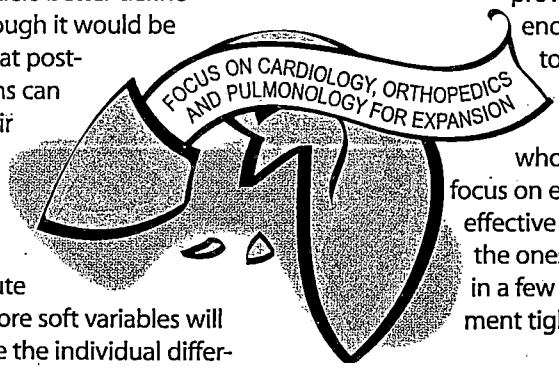
## We believe that 2003 is the year and predict today that post-acute care into the future will play out as follows.

**1.** New payment methodologies for each of the post-acute levels of care will better define that level of care relative to its associated Medicare benefit (e.g., skilled care, home care, etc) and the patient acuity most appropriate to that service. With no financial pressure valve remaining with any level of care, acuity levels will increase at each level of care, but it is likely that patients will use more levels of care prior to completing a treatment plan.

**2.** Although care managers exist in most levels of post-acute care, a more centralized and organized effort will emerge as each level of care learns to better match patient needs with available resources. For those organizations with multiple levels of care, centralized intake systems will triage patients to the most appropriate levels of care and will then continue to manage them through the system.

**3.** LTAC services will continue to show growth. For hospitals with skilled care units that care for high cost, hard to place patients the LTAC options will provide a more financially viable option for much of this population.

**4.** Geographic availability and associated practice patterns will continue to impact how patients flow within different regions of the country. There will continue to be some confusion regarding the "right" level of care for each patient's placement, but this will improve as providers better define themselves. Although it would be nice to believe that post-acute care systems can clearly define their admission criteria, physician practice patterns and preferences, distance from acute care and other more soft variables will continue to shape the individual differences among system.

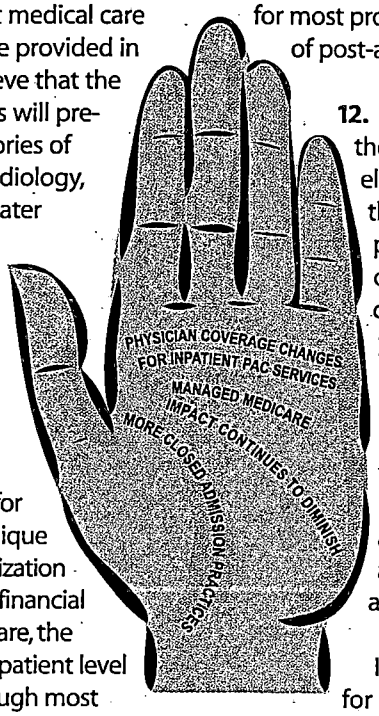



**5.** With the aging of the population, acute care admissions will continue their increasing trend line with a greater percentage of patients being over the age of 65. This will result in a bed capacity problem for many hospitals resulting in a significant increase in facility expansion projects. Cardiology, orthopedics and pulmonology will be among the fastest growing service lines. As hospitals look for better mechanisms to improve throughput of acute care beds, the development of post-acute care services capable of meeting the specific needs of the acute care service lines will likely be developed.

**6.** In the coming year, a significant number of hospitals and hospital systems will put post-acute care strategic planning on their priority list. Having been dormant on the planning horizon for a number of years, the increasing need to more effectively use acute care beds is fueling interest in options that effectively keep patients in the system, provide quality care and remain financially viable.

**7.** Hospitals with acute rehabilitation units will significantly change both operations and patient focus. By October 2002, all rehabilitation units will be paid under prospective payment. Based on anecdotal data as well as the financial performance of a small sample of rehabilitation units, these providers are doing extremely well financially. This is particularly true for units that operated under low TEFRA target rates and were able to stay below these rates. However, just doing well will not be enough to sustain these units into the future. Just as the Centers for Medicare and Medicaid Services (CMS) continues to decrease reimbursement on the diagnostic related groups (DRG) system, it will also reduce payment for rehabilitation providers once enough data is in to show what we all believe to be true. Providers who continue to focus on efficient and effective delivery will be the ones that do the best in a few years when payment tightens.

**8.** The 75 percent rule that applies to inpatient rehabilitation will be changed or eliminated. The prospective payment system for inpatient rehabilitation identifies categories of patients that do not fall within the 75 percent rule (75 percent of all patients admitted to a rehabilitation unit or hospital must fall within certain diagnostic categories – predominantly orthopedic and neurological in nature). The categories listed in the rule do not reflect medical care today but rather the care provided in the early 1980s. We believe that the industry lobbying efforts will prevail and that new categories of patients (pulmonary, cardiology, etc.) will be afforded greater access to inpatient rehabilitation programs.




**9.** We continue to believe that there will be a change in physician coverage for inpatient post-acute care services. Because the regulations for each level of care is so unique and because resource utilization plays a critical part of the financial viability of each level of care, the physician's role in each inpatient level of care will change. Although most hospital based skilled units maintain an open admission policy, financial pressures are likely to result in a more closed, or hospitalist model of admission practice. That is, one physician or group will be responsible for the patients admitted to hospital based skilled units which are common among community providers today. Assuming a change in the 75 percent rule for rehabilitation providers, significant internal medicine coverage, including subspecialties, will be required on the rehabilitation units and hospitals of the future. These changes will allow for more aggressive management of admissions and will decrease the amount of "bounce back" to the acute care hospital resulting in better patient quality of care and a greater strategic fit between the hospital and the rehabilitation program.

**10.** Because of all of the anticipated changes noted above, there will be an increase in the number of acute rehabilitation providers. Additionally, as acute care hospitals rethink the use of their acute rehabilitation units, many will desire to increase the number of beds allocated to this level of care.

**11.** Managed Medicare and its impact on post-acute care providers will continue to diminish. In most markets, managed Medicare has declined eliminating strategies specific to this sector. To date there is little to indicate a reversal of this trend. Medicare fee-for-service will continue to dominate the strategic direction for most providers regardless of level of post-acute care.

**12.** Quality indicators will be in the public domain for all levels of post acute care within the next few years. This coupled with an increase in consumer choice will act to change the nature of competition among providers. With the recent announcement on the part of CMS regarding quality indicators for skilled care, it is reasonable to believe that all levels of care will follow as soon as data are available for publication.

In summary, the time for integrated post acute care development is now. No certainty of payment provides the foundation for sound planning and decision making. Those acute care providers who begin the planning process now will be well positioned to effectively develop their service lines across the total continuum.

# Long-Term Acute Care Hospitals: *Does This Make Sense For Your System?*

by Daniel B. Walter
*Associate Editor*

Michael J. Soisson
*Senior Consultant*

Of all of the levels of post-acute care, none have received more attention in recent months than long-term acute care hospitals (LTCHs). Providers (and potential providers), however, are at a critical juncture. At a time when LTCH development remains strong and acute care hospitals are pursued as potential LTCH partners, payment is also changing, with the implementation of the LTCH Prospective Payment System (PPS) reimbursement methodology October 1, 2002.

Given this environment, the question becomes "is LTCH a strategy that my hospital/healthcare system should pursue?" And, if so, "should this be done solo, or with an LTCH partner?" The answer comes in understanding both the clinical and strategic role that LTCHs perform within a healthcare system, as well as the potential financial impact (both direct and indirect) to an organization's financial performance.

By their nature, LTCHs have the potential to significantly *and positively* impact an acute care provider's case management/clinical care process, as well as the organizational financial performance. Utilized effectively, an LTCH can provide multiple benefits to the hospital system, including the ability to:

- *Reduce the acute care length of stay and operational costs of very long-stay patients;*
- *Free up general acute care beds with reduced lengths of stay, allowing the opportunity to increase both patient turnover and marginal revenue with additional admissions;*
- *Reduce the intensive care unit (ICU) length of stay and free up these beds for post-surgical, emergency room, or other patients, "unclogging" the ICU bottleneck that exists from many providers;*
- *Create an additional revenue stream, either through operating an LTCH within the health system, or by leasing space and selling ancillary and support services to an unrelated provider.*

Given these benefits, an LTCH may be a perfect strategy for many acute care hospitals and hospital systems. But, although these benefits are appealing, how do you determine if there is a strategic and financial fit for *your* organization with an LTCH development initiative? A needs assessment and a financial analysis will be the driving elements of this process. The LTCH licensure and certification requirements, however, must be the foundation of this analysis. (See Figure 1)

Clearly, when estimating demand for LTCH referrals, the most important criteria for patient identification is that the target patients must require an acute level of inpatient care, and the overall length of stay for all admissions must be 25 days or more. In general, if a hospital or health system has a large volume of long-stay, high acuity patients, then an LTCH may be a viable strategy. A needs analysis, however, should be completed on a patient-level basis, and should evaluate not only acute care length of stay, but also discharge disposition, patient diagnosis, financial class and other variables. Each of these variable are important, because not all patients may be appropriate for an LTCH, even if there is a long acute care stay involved. Further, if a hospital is part of a larger multi-hospital system sharing a similar

**FIGURE 1 - LTCH REQUIREMENTS**

- LTCHs are licensed as acute care hospitals (several states license LTCHs as specialty or chronic hospitals, as a subset of an acute care licensure).
- LTCHs must meet all federal and state requirements for acute care hospitals.
- LTCHs are certified by Medicare as Long-term Care Hospitals.
- Medicare requires that LTCHs maintain a total facility ALOS of 25 days or longer.
- LTCHs can be developed as freestanding hospitals, or as a "hospital within a hospital."
- A "hospital within a hospital" means that there is a separately licensed acute care hospital that is Medicare certified as an LTCH, and that is located in the facility or on the campus of another acute care provider.
- If an LTCH is a "hospital within a hospital," Medicare requires that the LTCH and the "host" hospital remain "separate and distinct providers." The "separate and distinct criteria" requires that the two hospitals maintain separate governing bodies (that are not under the control of the same third entity), separate medical staffs, and separate CEOs and medical directors.

**FIGURE 2 - LONG-TERM CARE HOSPITAL PROSPECTIVE PAYMENT SYSTEM**

- Effective for all providers with Medicare cost reports beginning on or after October 1, 2002.
- Existing providers have the option of a five-year transition; new providers do not have this option.
- The basis of payment is per discharge, and the classification system is the long-term care diagnosis-related groups (LTC-DRGs).
- The federal base rate is $34,956. This is wage adjusted based upon location.
- The individual case weights range from .4055 to 3.2319.
- There is a provision for outlier payments for high-cost outliers.
- There are special payments for "interrupted stays," where a patient may be transferred back to acute care and return to the LTCH, and also for short-stay patients that have an LOS less than 5/6 the geometric mean for that particular LTC-DRG.

geographic market, the LTCH analysis should evaluate all hospitals, because multiple referral sources could support the same LTCH provider.

The financial component of the assessment must be three-fold because the financial advantages for potential LTCH development are multi-tiered. First, if a healthcare system intends to develop an LTCH internally, it must prepare financial projections for this entity. This should be based upon the new Medicare LTCH PPS (see Figure 2), and expected payment rates from other providers. If, however, an LTCH will be developed by an unrelated third party provider, this component of the analysis should reflect the value of space leased to that LTCH and the ancillary services that will be contracted to the LTCH.

Second, the acute care analysis should estimate the potential financial benefit of reducing the current length of stay on these long-stay "outlier" patients. It is important that the analysis include, however, not only the reduced operational costs if the length of stay (LOS) were shortened, but also the potential reduced revenue resulting from an earlier discharge. For some patients and/or payors, an acute care hospital may be financially disadvantaged by reducing the acute length of stay on "outlier" patients. Finally, if the acute care hospital is facing capacity constraints, the LTCH financial analysis should consider the potential marginal revenue that would be achieved by freeing up acute care beds through a discharge to an LTCH. For many hospitals that face capacity constraints and potential loss of admissions, this may be the single greatest financial benefit that can be achieved.

A LTCH development strategy is one that many medium to large acute care hospitals and systems should potentially consider. There are multiple operational and financial benefits that can be achieved, and a critical community need may also be served. LTCHs are specialized programs, however, and not every provider should pursue this strategy. The initiative should be driven by potential referrals and financial impact, organizational priorities, physician support, and community need. Ultimately, the success of an LTCH must reflect all of these elements, but if these indicators appear favorable, then an LTCH development strategy may be desired. ●

# The IL NET Project:
# Equipping CILs and SILCs for Success

External Evaluation Report
Yr 3 Qt 4 Extended

A. Rose Shaw, Ph.D.

# External Evaluation Report
## *Full Participation in Independent Living: What Does It Mean?*

### Introduction

This teleconference training was held September 25, 2002. The evaluation results for this teleconference were not included in the previous quarterly reports. The Teleconference Evaluation Form was completed by 43 participants. Ratings were 1 to 5 (5 excellent, 3 average, 1 not at all), except for overall 1 to 5 ratings which were described as 1=poor, 3=average, and 5=excellent. There were between 37 and 43 responses to the evaluation questions. The overall conference mean rating was 3.62

### Means of Recorded Ratings of Trainers

Table: Means of Participant Ratings of Trainers

| Evaluation Question | Trainer DN | Trainer GW |
|---|---|---|
| How well did the trainers know the subject? | 3.97 | 4.00 |
| How well did the trainers hold your attention? | 3.72 | 3.74 |
| How relevant were the trainers' examples? | 3.65 | 3.65 |
| Overall rating | 3.79 | 3.75 |

### Means of Ratings of Training Session Content

Table: Means of Participant Ratings of Training Session Content

| Content | Mean Rating |
|---|---|
| Organized? | 4.13 |
| Interesting? | 3.36 |
| Useful? | 3.12 |
| What you hoped for? | 3.67 |
| Overall content rating | 3.43 |

## Usefulness of Training to Participants

Participants were asked to respond to the question:

**How likely is it that you will use what you learned at this training?**

They recorded ratings low to high (1 to 5). The percentages of these ratings are displayed here grouped for "low likelihood" (ratings of "1" and "2"), "some likelihood" ("3" rating), and "high likelihood" (ratings of "4" or "5").

High likelihood: 27 %

Some likelihood: 34 %

Low likelihood: 39%

## Effectiveness of the Training

Participants recorded ratings from "low" to "high" (1 to 5, 5 high) for the development of their skills and knowledge pertaining to *Full Participation in Independent Living*. The responses were grouped for presentation as "low" (ratings "1" and "2"), "medium" (rating "3") and "high" (ratings "4" and "5").

Table: Training Effectiveness Based on Participant Ratings
Percentages of "Low", "Medium" and "High" Effectiveness

| How well the training developed skills and knowledge for... | Low Effectiveness | Medium Effectiveness | High Effectiveness |
|---|---|---|---|
| 1. Designing and using consumer-oriented data collection | 33% | 31% | 36% |
| 2. Understanding some of the unmet and emerging needs of people with disabilities? | 15% | 46% | 39% |
| 3. How you and your consumers can participate in giving feedback on the survey results? | 17% | 45% | 38% |
| 4. The implications of the survey results and how you can participate in problem solving about needs identified? | 22% | 51% | 27% |

## Things Participants Learned from this Training

Participants learned the importance of a well-constructed survey and some of the things to consider when developing a survey (clear statements, inclusion of demographic information,

having clear objectives in mind). They also learned how to use websites to collect data. The need to maintain a flexible "disability paradigm" was a surprise to many of them. The notion that what is a disability can change because of medical findings or cultural influences was important.

**What Else Do You Wish You Would Have Learned?**

Participants would have benefited from more specifics on designing a survey.

EVALUATOR SUGGESTION: **It's almost like the teleconference model should be two-day, one hour for the introductory phase (this teleconference), a short hands-on work assignment followed by a second hour in one week (follow up teleconference) in which participants "come back to the table" having gone through a systematic process for developing a survey (in this case). Having some hands-on experience would help create a depth of understanding that a "one-shot" teleconference cannot accomplish.**

**What Do You Wish The Training had Spent More Time On?**

Participants wished the training had spent more time on how the survey results can be used effectively within an organization.

EVALUATION QUESTION: **Does IL NET have a process in place for reviewing manuals before they are finalized for a teleconference? Or is this totally impractical?**

**What Do You Wish The Training Had Spent Less Time On?**

"Explaining the survey" was something participants said they wished there had been less time on.

EVALUATOR COMMENT: **This seems like a strange criticism in light of the comments on what they wish the training had spent more time on. Looking at the usefulness of the content helps shed light here. Fifteen people found "above average" content usefulness, 14 found it of "average" usefulness and 12 found it of "below average" usefulness. Perhaps a clear need for using consumer-oriented surveys with ideas for then using the survey results should have been established first.**

**What Might Prevent Use of Training Information on the Job?**

Most of the respondents did not feel that surveying consumers would be especially meaningful in light of the populations they serve.

**Suggested On-site Trainings**

Ideas on how to make CILs more effective at serving their consumers.

**EVALUATOR COMMENT: A statement made by one respondent "When the survey totals are complete and what changes it had made since 9/25/02" made me wonder if participants of trainings wonder if evaluation surveys they fill out are used.**

**Suggested Teleconference Trainings**

There were five suggestions: 1) effective IL service models and practices; 2) anything and everything on ADA and 504; 3) more with employment-BPAO projects nationwide-strategies successes; 4) effects of the Ticket to Work legislation on employment; 5) information on resource development and program funding resources.

**General Comments**

It is important to make IL NET surveys available to non-English speaking consumers.

The manual did not match the trainers' presentation.

"Good work overall"

"Once again, you've done a superb job! Thank you!"

"I think you do an outstanding job. I can't wait for the final results of this project."

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