Jump Starting Community Inclusion
Webinar Script
June 25, 2015

Slide 1: Welcome - Bill

Good afternoon and welcome to today's webinar on *Jump Starting Community Inclusion: Building a New Organizational Capacity*. This webinar is being delivered today by the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities

Slide 2: Introductions

The presenters are all affiliated with the Collaborative and with us today we have:

- Dr. Mark Salzer, Center Director and Professor and Chair of Rehabilitation Sciences at Temple University College of Public Health
- Richard Baron, Co-Director of Knowledge Translation for the Temple University RRTC on Community Living and Participation of Individuals with Psychiatric Disabilities
- Dr. Gretchen Snethen, Center Assistant Director and Assistant Professor of Rehabilitation Sciences at Temple University College of Public Health … **and**
- Bill Burns-Lynch, Director of the Temple University Collaborative Consultation Services

Before we begin I have just a couple of quick house-keeping details.

First, the webinar is being recorded today and will be available for viewing within the next week. We will be forwarding you the link along with an evaluation survey next week and would appreciate your taking the time to respond to the survey with your feedback. After that, the webinar will be available on our website – tucollaborative.org

Second, as attendees today, your audio will be muted throughout the entirety of the webinar. If you are having any technical problems you can send us a message through the 'chat' function or send our technical coordinator – Jared Pryor - an email at jaredp@temple.edu.

And finally, we are scheduled to go till 3:00pm and we will adhere closely to that time frame. To that end we hope to have time available before the hour is up to answer some questions. When we get to the Q&A portion of the webinar, you will be invited to share your questions via the chat function in WebEx.

OK … next slide – here is what our agenda looks like today

Slide 3: Agenda

- First we'll provide a quick overview of the Temple University Collaborative
- Followed by a brief look at our Research Activities
- We'll spend some time defining Community Inclusion

- And then review 10 Key Strategies for Building Organizational Capacity
- And hopefully we'll have time to follow all that up with some questions and answers

With that, I want to introduce our first speaker today, Dr. Mark Salzer.

Thank you Bill, next slide please.

Slide 4: TU Collaborative
It's great to have all of you join us today to talk about some of the work we've been doing for more than 12 years now. We are, as Bill mentioned, the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities. We have two key missions, one is to advance knowledge through rigorous research aimed at developing practical technologies for maximizing community living and participation of individuals with psychiatric disabilities. Over the years we've published more than 200 research studies pertaining to Community Inclusion and Participation, and we're very excited to share that information with you at some point including mentioning some of that research in today's presentation. We also work very closely with consumers and other key stakeholders to make sure that our research findings don't just sit in academic journals and actually make their way into national, regional, and local policies, programs, and practices. This is a key function of what our center is all about, and we're really excited to work with any of you in the future in any of the areas we talk about today.

Our center, our collaborative, does receive funding for a rehabilitation research and training center, from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDLRR; formerly NIDRR within the department of Education, now it's within the Federal Department of Health and Human Services). We've been doing this type of work since 2003 so we have a significant amount of experience both with research and making this research become applied in policies, programs, and practices.

Slide 5: More People Residing in the Community
Our research is really focused on promoting community inclusion and participation and the rationale for this really comes from some research that has been conducted, or really census tracking of people with serious mental illnesses who have historically been institutionalized and more recently have moved into the community. This table actually presents some data showing that in 1969 there were approximately 370,000 people who were institutionalized in state and county hospitals, psychiatric hospitals, and in 2011 which is the last year that we're presenting here, there were approximately 41,000 people who were institutionalized. So there's been a significant decrease in the number of people being hospitalized in state and county institutions which is a good thing, but…

Slide 6: Not Fully Participating
But our research has shown that people are not fully participating in the community, like everyone else. Our center over the last 12 years has conducted ample research in these areas, we've demonstrated that people are living in segregated parts of the community where they're exposed to high levels of crime, substance use, high levels of unemployment in the neighborhoods where they're living, significant breakdown in the types of housing

Slide 7: Definitions

Slide 8: ICF Framework

Slide 9: Evidence for the Promotion of Participation

Slide 10: Webinar Goals

Slide 11: Jump Starting Community Inclusion

Thanks Mark. I'm Richard Baron, here at the Temple Collaborative, and I'm going to start us off on the process of exploring some of the ways in which county and state mental health authorities, community mental health centers and psychosocial rehabilitation programs, as well as peer-run services can jump start their active promotion of community inclusion for individuals with mental health conditions.

Let me begin, however, with a quick acknowledgement that jump starting community inclusion is not an easy process: there are a number of challenges to moving from a system that prioritizes the safety and stability of service recipients to one that helps consumers also reach for and attain a 'life like everyone else' that responds to their unique notions of a meaningful like in the community.
Among those challenges are: attitudinal challenges among those service recipients who have grown accustomed to community mental health services that sustain them in welcoming but also segregated settings; skill and competency challenges among those direct service staff who are more comfortable offering group outings and in-house programming rather than the supports individuals need to connect to community life; and fiscal challenges within a system of care that makes it difficult to focus consumer goals and staff roles on community inclusion. Yet, we believe these are challenges that can and must be met if we are to meet the needs of the next generation of service recipients.
While we have not yet developed a formal roadmap to community inclusion which would spell out that agencies should do this and then that, recommend particular forms and processes, or specify fidelity measures to insure community inclusion programming goals, we have defined an array of possibilities that agencies can use to jump start the process, possibilities that we know work because we have been involved with agencies across the country as they have taken the initiative to move in new directions. Today, we're going to talk about ten of these possibilities to jump start community inclusion programming: I'm going to talk a bit about the first three of these, and my colleagues will pick up the ball from there.

Slide 12: Develop a CI-related Mission Statement

First, then, let's talk a bit about the importance and usefulness of developing a new mission statement for your agency, one that emphasizes community inclusion outcomes. Mission statements have proven to be effective vehicles for change in a number of areas: psychosocial rehabilitation programs used mission statements to emphasize the importance of community mental health supports in the early years of deinstitutionalization; almost every county and state mental health system and community mental health provider has made the principles associated with recovery central to their mission statements – with greater or lesser accuracy; and increasing numbers of providers now

emphasize competitive employment goals as part of their mission to address the needs of people with mental health conditions.

Slide 13: Develop a CI-related Mission Statement

What we're suggesting today is that your mission statements might be re-examined and revised to include community inclusion outcomes as a central concern. A revised mission statement can quickly lead in a number of productive directions: you might want to take a thoughtful look at which of your policies are either supportive of community inclusion or are likely to serve as barriers, you might want to begin thinking about the kinds of training programs needed by staff to help them implement community inclusion at the direct service level, or you might want to begin talking with funders about the ways in which to insure adequate financial support for your new directions. For example:

. The Temple Collaborative is currently working with Mental Health America and the Association of Managed Behavioral Healthcare Organizations to help managed behavioral healthcare entities revise their mission statements, potentially leading to changes in both their contracts with state and county mental health authorities and their contracts with mental health provider agencies in community settings; and

. We have been working for a couple of years with the Pioneer Center for Human Services (in McHenry, Illinois) where a revised mission statement focusing on community inclusion has led to extensive staff training throughout the agency to insure top-to-bottom commitment to these new goals, the use of a philanthropic grant to both hire 'community inclusion specialists' and fund small grants to service recipients to further their community inclusion goals, and an upcoming initiative to work more closely with community groups to generate their support for these new directions.

Slide 14: Strengthen Stakeholder Commitment

Second, however, you probably already realize that a revised mission statement emphasizing community inclusion goals is only as strong as the commitment of a broad coalition of stakeholders who both understand the basic concepts of community inclusion and its implications for agency operations.

Slide 15: Strengthen Stakeholder Commitment

One way to jump start community inclusion is to build a strong coalition of stakeholders: of Board members who may be a little wary, of consumers – and their family members – who are wary of leaving the warm embrace of the mental health systems supports for the challenges of life in the community; of direct service staff who need to shift their attention from field trips and weekly classes to community engagement; and their supervisory staff. It also means bringing public and philanthropic donors into the process, as well as representatives of community organizations – the recreation

centers and gyms, the community colleges and career colleges, the religious organizations and civic groups.
You can do this through an educational program with representatives of each stakeholder constituency, by developing pilot projects to experiment with new approaches, and by developing champions of the new approach to community mental health care. For example:

. The Temple Collaborative worked with a multi-faceted stakeholder group in a suburban community just north of Philadelphia, where one of the first requests from the group was for a survey of current service recipients in community settings with regard to their level of engagement in community activities. One of the things we found was that while the great majority of service recipients reported that they went to church most Sunday mornings, that was all they did – they did not participate in the life of the congregation – joining Bible study groups, participating in charity drives, planning social events – that is, the kind of mixture of both faith and fellowship that makes engagement in a religious congregation so important for so many Americans. One of the outcomes of this was a decision by the group to jump start community inclusion by dealing more directly with local religious leaders.

Slide 16: Developing Welcoming Communities

Third, we also recommend focusing – as in the examples above – on developing 'welcoming communities' – that is, making sure that local community groups outside the world of mental health are both aware of your community inclusion initiatives and open to examining their own way of relating to people with mental health conditions that make them a more welcoming environment.

Slide 17: Developing Welcoming Communities

There are two challenges here, of course: on the one hand, mental health agencies have to be willing to provide the supports that individuals with mental health conditions need to consider joining community groups – going to a knitting club, joining a local baseball team, signing up for a book club, joining a congregation or taking classes at a local community college. All of these seemingly simple tasks require a bit more courage and persistence and support than at first seems obvious – and the support that individual service recipients need can come from case managers or community inclusion workers, peer specialists or family members, and other program participants.
But, at the same time, mental health agencies can also be more effective at working with community groups to help them develop a more welcoming environment. For examples:

. In Greenville, Pennsylvania, we worked with a broad coalition of mental health agencies that wanted to broaden the educational opportunities available to those service recipients interested in returning to the competitive labor market – who wanted to get a job. Rather than ramp up their own training programs within mental health agencies, we encouraged them to explore what was already available in the community – in the end they identified more than 60 job training opportunities - and then developed an outreach to many of them to help them anticipate the needs of a new set of learners. Programs that offered preparation for taking GED exams, community colleges and four year programs, vocational-technical programs in local high schools, specialized computer training and nurse

training programs, and more were all approached about their capacity to welcome new students and offer appropriate accommodations and supports.

. The Temple Collaborative has also been active in developing materials – for consumers themselves and for mental health staff with a community inclusion focus – that can help individuals identify and successfully use community resources: you can look on our website – under resources – at tucollaborative.org – for materials that help service recipients develop social skills, that help service recipients return to school or to work; or that help everyone identify and prepare for the risks of community inclusion.

And I'm going to stop there. These first steps – a mission statement, a coalition of champions, and a focus on welcoming communities – offer wonderful ways to jump start the process. But there are more.

Bill?

Slide 18: Redefining Staff Roles

Great, thanks Rick. First, I'll talk some about redefining staff roles … and you can advance the slide now.

Slide 19: Redefining Staff Roles

When we look at jump starting community inclusion, one of two things has to happen. The first is that existing staff need to have their roles and job descriptions redefined. Existing staff time needs to be redirected from a focus on in-house activities, for example - groups, classes and individual meetings in the program office to more time spent in the community focused on supporting individuals to connect with the non-mental health community organizations and activities that interest them.

Or – we need to **create** specialized positions – Community Inclusion Specialists – whose job it is to work one-on-one with individuals in the community connecting participants with the non-mental health community organizations and activities that interest them. **And** a critical part of this is to provide the necessary training and supervision for staff as they shift their responsibilities and to hold them accountable for delivering community inclusion activities versus agency and program based individual or group activities.

Example Six: we are working with a supported housing program in Philadelphia where we are helping them to more actively build community inclusion into the role of their Certified Peer Support staff. The housing program uses a team approach that employs mobile psychiatric rehabilitation workers and certified peer specialists to deliver services. So the task is two-fold – clearly define the distinction in support roles between mobile psych rehab and peer support, and then clearly define the CPS role as a Community Inclusion Specialist. As we pay attention to that transition, we are working work with supervisory staff and trying to develop fidelity instruments to support the community inclusion work and hold everyone involved accountable to the paradigm shift.

Next Slide

Slide 20: Use of Peer Specialists

OK, next I want to talk about the use of peer specialists - and you can move the slide for us …

Slide 21: Use of Peer Specialists

Another strategy to jump start community inclusion initiatives is to increase peer specialist involvement in community inclusion work. In Pennsylvania and in many other states, CPS services are supported via Medicaid billing. As we work with other states and providers around developing peer specialist positions we still hear and see a good bit of confusion about the role peer specialists can play in the community mental health system. We think community inclusion work is a great natural fit for peer specialists. Peers involved in this work can uniquely draw upon:

- their lived experience …
- their participation in the real world …
- their understanding of the importance of community participation in recovery …
- their passion and knowledge about resources in the community…
- their own developed strategies to accomplish their community participation interests and goals.

But we find too that peers need to be trained and supervised to do this work and to deliver effective community inclusion supports so as not to simply replicate what others in the system do, or what others have done with them while they received services in the system.

Example Seven: we have been involved with a number of projects that have focused on increasing the use of peer specialists and also clearly defining their roles and the tasks associated with their support services. We've worked here in Pennsylvania to identify the ways in which peer specialists can support individuals pursuing employment goals. It is important to note here that **competitive employment** goals **ARE** a central aspect of community inclusion for individuals with mental health conditions. There is a 'white paper' available on our website that explores the types of activities that peers can support that are reimbursable through Medicaid dollars. Additionally, that work supported the development of two nationally available training programs for peer specialists focused on supporting employment goals.

We are currently working with the Commonwealth of Pennsylvania and a leading peer organization on increasing the use of peer specialists in the delivery of crisis services across the state. That work includes identifying and developing the roles that peers can play working in programs delivering traditional and alternative crisis and emergency diversion services; as well as the development of a training curriculum to support the development of the knowledge and skills necessary to do this important work. The focus of our work has been to help insure that more people receive crisis services that are community-based and focused on keeping them within the community settings in which they live and participate.

Next Slide please …

Slide 22: Funding

My last strategy will focus some on funding … so next slide please.

Slide 23: Funding

Funding always comes up as an issue when we consult with organizations and providers – we hear a variety of concerns like, "we don't have the financial resources" or "our funders won't pay for that" or "there is no new money in the system for that." But this work is being done in a number of places around the country and states, counties, and individual service providers have found ways to move forward and shift funding in this direction. I'll talk briefly about philanthropic funding, Medicaid funding, and behavioral health managed care reinvestment dollars.

Example Eight: Rick has already talked some about our work out in McHenry, Illinois with the Pioneer Center for Human Services. A couple of years back they received a phone call from the mother of a long-term program participant thanking them for the provision of 20 years of services to her son – but she was left with two important questions – "Why is he still going to program there and what can be done to help him and others live in and participate more fully in the life of the community?" She then offered a substantial financial donation to the organization to develop something different.

After some consultation with us here at the Collaborative, we helped them shape a new community inclusion program that hired and trained 8 Community Inclusion Specialists to work with individuals to identify and pursue their community participation goals. Initially these positions were funded through this philanthropic donation but soon the Center realized they were able to bill for these community inclusion services through Medicaid and now that is how these positions are maintained financially. Additionally, the generous donation was utilized to set up a scholarship fund to which program participants could apply to support their community participation goals. They could receive funds to join a gym, access transportation, to take a college course, or to start a business, etc.

Example Nine: a second example of creative funding is a self-directed care project that we have been working with for a number of years now. The program looked at how much money had been spent on average over the past two years for participants' mental health care. Individuals then worked with Certified Peer Specialists to identify community participation goals and how they wanted to spend that money in the upcoming year to support those goals. So participants could spend their money on traditional mental health services, like case management or medication consultation – or on non-traditional things like a gym membership in the community, a personal trainer, or tuition to take a class. As we mentioned earlier, CPS services are billable through Medicaid in Pennsylvania and that is how staff time was paid. Additionally, the traditional mental health services that individuals wanted to access were paid for through the behavioral health managed care organization who held the contract in that county and the non-traditional activities (that supported their community participation goals) were paid for by the county mental health authority through the use of their re-investment dollars.

So you can see that there are a number of ways to creatively use and blend funding to move programs in this direction of community inclusion and increase the delivery of services that support individuals' self-directed community participation interests.

OK, now I'm going to hand things off to Gretchen who will continue with the next two strategies … Gretchen?

Slide 24: Training and Supervision of Staff (Gretchen) 56:10

Hello everyone. Some of the things that I'm going to talk about, particularly as they relate to training, you may here that some of the themes that we talked on or touched on throughout the presentation are going to be brought up again, and that I think is a very natural flow because we've set these things in place, but if you don't train individuals to implement those ideas that you have or those mission statements that you've developed, then it doesn't really go anywhere.

Slide 25: Training and Supervision of Staff 56:43

One of the things that you really want to do is within your mission statement and within that defined role of community inclusion is to operationalize what community inclusion looks like. Train staff on a common definition and really integrate that definition across the agency. Often times when we talk with providers they may site instances where they are supporting individuals in the community to participate with the mental health centers. So often the example I use is the community outing or the bowling trip where everyone goes together, but it's not really truly community inclusion or participation. The goal really should be independent participation and not chaperoned trips. Which means that everyone working with consumers should develop strategies to support independent participation. And that may mean that if there are those specialized roles, those community inclusion specialists, then clearly they have a distinct training that says this is how I do those things. But it shouldn't be just that one person's job, it's really everyone's job to integrate and promote community inclusion. So, there needs to be training that applies that definition and that training to each of those roles and each of those job descriptions so that everyone really knows how to do it, and then provide the opportunity for people to practice it. Within the trainings or within staff meetings, provide opportunities for role playing or peer-to-peer mentoring so people can talk through some of the struggles that they have, because this really is a shift in how services are delivered and how people have traditionally seen their roles. Then once staff is beyond this training, it's really important to just follow it up and not just have this one and done training, but beyond that training and staff, community inclusion needs to really be integrated into all of the treatment team meetings. So, there needs to be a full plan and training doesn't just happen once, it's something that comes up consistently. So, have opportunities for staff to bring in case studies where they're sharing success stories, where they've seen consumers move from lower levels of participation to higher levels where they can talk about what it was that helped them get to that point. Or, talk about things where they might be struggling and they've observed specific barriers, which could be an opportunity for treatment team members to really talk about the different strategies that they might use to really increase community participation. That way, the team remains focused on the goal of independent participation and, it's not that, community participation is not just something they learned about during a staff in-service. Jared, if you can go to the next slide, I can talk about some of the examples that we've been involved with.

Slide 26: Training and Supervision of Staff (59:51)

You've heard, I'm sure, about the Pioneer center which is actually what I'm going to talk about again, but this is really an example of some of the trainings that we've done with other agencies across the country as well. Really we've been able to go in and look at what are the services that you're currently offering and are there ways that you either need to create a new road that's specifically to community inclusion, or how can you integrate this into the trainings of all of your staff, from the high level management to the person who sits at the front desk and greets people. Everyone really needs an idea of what this community inclusion is about and how they can help support it, and really have the dedication and the time to do this intensive on-site training where everyone is trained on the same definition, they're given strategies to really think through what their role looks like in terms of supporting community inclusion. And then not just stopping at that, but providing opportunities for ongoing case review. Rick and I have done a number of these, where we're actually working with a group in Wisconsin where they will send up de-identified case studies where we will look at that and be able to talk through some of the successes and provide some ongoing support about what it looks like they're doing really well, and maybe brainstorm some strategies where people can better develop their supports to really help those consumers move from isolated participation or staying strictly within the mental health center, to really engaging independently in the community. And this strategy, by addressing the training consistently and across all staff members, really helps to create a unity and helps people define their own staff roles in terms of community participation as well.

Slide 27: Program Design and Identifying and Accessing Mainstream Resources (101.53)

The next thing that I wanted to talk about is looking at your program design and identifying those mainstream resources.

Slide 28: Program Design and Identifying and Accessing Mainstream Resources (102:07)

This seems fairly obvious when we talk about community inclusion and participation, but it's important to really know what resources are available within the community that you live in, but also in the community where your participants are residing, because sometimes those might not be exactly the same. And so it's not just… well, I know that we have a library… but understanding the full level of resources that are offered by that resource. Do they have computer classes for adults? Do they have yoga classes? What are the transportation resources that exist that consumers can access so that they can independently get to the library or get to the YMCA? And really having a good and broad understanding of the breadth of resources that are available.

This is really important for a couple different reasons. First, and obviously, you know what's out there and can help refer individuals to those resources. And second, you may also be able to identify gaps that exist so that you can begin to be an advocate for the development of those resources within the community. You can also start to think about "Well you know, we offer these activities in the mental health center, we provide computer training, so why do we need to understand what's available within the community?" But, the goal in understanding what resources are out there is so you can stop offering those things in-house and really look to support individuals to access them independently.

The truth of the matter is, you're not going to find everything that's out there. But what you can do is as consumers identify those unique community participation goals, you now have a better understanding of where things exist in the community and you can support the people you're that working with to help find where those resources might be.

Slide 29: Program Design and Identifying and Accessing Mainstream Resources (104:12)

One of the examples is an ongoing intervention study that I have right now is Independence through Community Access and Navigation, and one of the key things that we did within that study is that we developed the Play Manual, or the Philadelphia Leisure Activities and You, which is also available on our website. And this manual lists a number of domains of recreation and leisure activities that are accessible in the Philadelphia area. It looks at cost, or free or affordable activities, they're broken down by whether or not they're on our local transportation route, so that we're able to talk with participants and integrate it into the assessment where participants can say that they're interested in playing a sport and we can refer them to the manual and to say "Hey, there's these resource that are available". It also allows us to understand where those things are, so that if the level of support to facilitate that independent participation is that they need someone to initially co-participate with them, we know where those resources are and what it takes for us at staff to support them as well.

One of the things that we found, and we didn't find everything, there's an example where a consumer was interested in hip hop dance and we didn't either think of it or didn't identify those resources beforehand, but because we had a pretty good understanding of how to find some of the things that existed in the community, we were able to work with him and to identify where those resources might be, learn how to use the computer at the library so he can start to look up some of those resources in the community as well.

I am going to turn it back over to Mark Salzer.

Slide 30: Identifying and Utilizing CI Technology (Mark) (106.10)

Great, thank you Gretchen, I'm going to cover the last two areas fairly briefly and then turn it back over to Bill in a second.

Slide 31: Identifying and Utilizing CI Technology (106.18)

So, I'm covering the identifying and utilizing community inclusion technology, and one of the things that our center has really done a lot of work in is to identify the technologies that already exist to promote community participation of individuals who experience significant mental health issues. The first are a set of steps or technologies that have really been taken out of supported housing, employment, and education interventions. These are a set of technologies that include things like helping the person engage in whatever area of participation that they want to participate in, right away, not going through necessarily specific training programs or technology programs or pre-employment or pre-education programs, but really getting people right into it right away, that the participation is a choice. We want people to participate in normalized settings, and I think we talked about that before in this webinar. So, there are a whole set of technologies that already exist and to really expand them or generalize them outside of just housing, employment, and education, and to

leisure and recreation, like Gretchen has done, promoting religion and spirituality, promoting family and parenting relationships, all of these kinds of things are technologies that exist. Peer support is a technology that exists. Promotion of natural supports and natural social supports like friends and family members, really integrating them as a technology for promoting community inclusion. Accessing mainstream resources is a technology that we discussed earlier. Circles of support, which is a notion of pulling people together that are important to an individual to support that person in going back to school, in dating relationships, in going a church, synagogue, or a mosque, that's a technology. And finally we have strategies for addressing poverty and discrimination and transportation issues that are really critical for promoting community participation.

Slide 32: Identifying and Utilizing CI Technology (108.32)

Some of the examples of this, we mentioned our website before, here is the link to our website where we list a number of resources that are available that really describe some of these technologies and strategies that can be used for promoting community participation, they provide a lot of details and examples. We are definitely available to speak with you further about how to utilize these. We have a number of manuals and materials that are in development, as well. We also wanted to briefly mention that we also describe technologies, especially knowledge, in the College of Recovery and Community Inclusion, which is an online curriculum that we've developed in partnership with Elsevier the publisher and the University of Minnesota that really provides some knowledge and additional information about these technologies, and we'd be happy to talk with you somewhere down the line about what this college of recovery and community inclusion is all about.

Slide 33: Gathering Data on Community Participation (109.37)

The last thing I'll briefly mention is gathering data on community participation.

Slide 34: Gathering Data on Community Participation (109.45)

Why gather data? We've worked with a number of organizations around gathering data for needs assessment, where agencies or programs want to know to what extent people are doing what they want to do in their lives, how much are they participating, what's important to them, are they doing as much as they'd like. We've worked with agencies and programs to use these types of data to design new programs or alter current programs. We've worked with organizations to use these data around outcomes monitoring. And lastly, people gather data for marketing purposes, really communicating to funders and policy makers these types of impacts that you're having in promoting community participation and community inclusion.

Slide 35: Gathering Data on Community Participation (110.32)

Some examples of this is we've worked in Bucks county where a program called Voice and Vision has used our Temple University community participation measure to really raise awareness about the extent to which people in Bucks county are currently doing what they want to do, and this has really had an impact on policies and programs that are offered in Bucks county.

The next example, Seventeen, we've used it with the Veterans Empowerment Center of the Philadelphia VA, this is a program I helped get started a number of years ago. And the Temple University Community Participation measure is used to identify Veteran goals, for around community inclusion, and really support that veteran in achieving community inclusion.

And the last example, and we've talked about the Pioneer center a number of times, they're just a wonderful partner with us, they've used the Temple University Community Participation measure to assess outcomes and how they are doing in terms of promoting community participation.

Slide 36: Summary Slide (111.40)

So I'm going to turn it over to Bill Burns Lynch to bring us home.

Great, thanks Mark …

OK, that concludes what we have prepared for today **but** it looks like we don't have time for questions at this point. Before we wrap up, I just want to take a second to say that we are happy to continue this conversation with you and contact information is available on the last slide of the presentation. You can also connect with us through our website at – tucollaborative.org
If you have a question that you wanted to ask today, feel free to send us an email and we'll do our best to get back to you quickly with a response.
OK … if we could advance two slides to the final slide please …

Slide 38: Conclusion

I'd like to thank all of you for participating in today's webinar and encourage you to identify even just one or two strategies that were presented here today and begin to develop action plans to move community inclusion forward at your agencies and organizations. Again, we are here to help, we would love to hear from you, and we invite you to reach out to us at the Collaborative! Be on the look-out for an email next week with a link to the webinar recording and a link to the evaluation survey … Thanks again and take good care!