**Updated October, 2016**

Guidance for Completing the Annual DD Council Program Performance Report (PPR)

This document summarizes the Annual PPR report requirements for a Council on Developmental Disabilities. Included in the document are: a quick list of character limitations for each section, descriptions of elements to include in each section and sample narrative descriptions.

A special feature of this guidance document is the inclusion of guiding questions that simulate the question(s) a reviewer may use when reading specific sections of a Council’s report.





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This document is not a substitute for knowing the federal reporting requirements set forth by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and any additional requirements from the Administration on Intellectual and Developmental Disabilities. If you have specific content questions, please contact a DD Council Program Specialist at the Administration on Intellectual and Developmental Disabilities.

Information and Technical Assistance Center for Councils (ITACC) on Developmental Disabilities Contract #HHSP233201600068C

Guidance for Completing the Annual DD Council Program Performance Report

## Quick List of character limitations within DD Suite fields

Note: # of characters reflects maximum limitations within the “fields” not an expectation that entire fields will be used.

| Section description | # of characters |
| --- | --- |
| Comprehensive Review Update |  4,000 |
| Goal Statement |  500 |
| Intermediaries/Collaborators - Planned |  1,024 |
| Intermediaries/Collaborators - Actual |  1,024 |
| Objective description |  2,500 |
| Timeline |  2,500 |
| Annual progress report (for each objective) | 12,000 |
| Satisfaction  | 2,500\* |
| Measures of Collaboration | 2,500\*  |
| Dissemination | 2,500 |

\*sections have multiple fields that allow 2,500 characters each

## Section I – Identification

Enter any new information as necessary.

If the Designated State Agency has changed, the Council should obtain and submit new assurances to sara.newell-perez@acl.hhs.gov and attach to the Council State Plan or Amendments (Attachments tab in Section V) within DD Suite.

## Section II – Comprehensive Review and Analysis (CRA) Update

The purpose of this section is to provide an update on the comprehensive review and analysis included in the State plan, and on waiting list numbers as required in the Act. Indicate any significant changes in political, social, legislative, and economic arenas since the last State plan submittal.

[**Detailed GUIDANCE can be found in Appendix A**](#_Appendix_A:__1)

It is not necessary to reiterate the exact information from the State plan but only those factors which changed and had an effect on programs and services for individuals with developmental disabilities and/or an effect on the Council’s goals and objectives.

***Guiding Question: Does the Comprehensive Review and Analysis update indicate changes were needed to State Plan Goals and Objectives? If so, did the Council consider necessary amendments to the 5-year State plan?***

Update any waiting list numbers.

4,000 characters available

## Section III – Progress Report – Goals and Objectives

Councils must provide an annual progress report for each objective that was addressed or scheduled to be addressed during the fiscal year. Councils will provide a narrative progress report that clearly shows AIDD the activities that were implemented toward achieving the objective. The narrative report should include the following:

* A description of the activities implemented, including how the activity was implemented.
* Information on whether the target dates in the State plan timeline have been met.
* Information about specific deliverables/products.
* Evaluation Plan/Logic Model outcomes progress report that includes a summary of data collected during the year, data sources, and data collection methods.
* Stories of people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community).
* Stories of policy or legislative changes that happened as a result of Council work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created, deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).

In 2014, additional tools were developed to assist DD Council staff with the development and review of the annual progress report narrative. The first tool was developed as a self-evaluation tool and includes quality indicators as well as prompts for DD Council staff to use when reviewing the developed progress report narrative. The second tool was developed as a rubric (see [Appendix B](#_Appendix_B:_)). The rubric divides work into component parts and provides clear descriptions of the characteristics of the work associated with each component. Although the rubric criteria are subjective, the tool can assist DD Council with understanding the expectations of the work being reviewed (see [Appendix C](#_Appendix_C:_)).

### Timeline:

The timeline will be imported from the State plan/state plan amendment document. Councils must include an assessment of progress related to the activities being reported and note whether the timeline for their implementation was met. If the Council is reporting “partially met” or “not met”, the narrative should include information about what impeded the Council’s ability to meet the objective timeline as planned.

### Narrative

A separate “Annual Progress Report on Objective” box exists for each objective listed under the goal. Each objective field allows for a 12,000 character narrative. The objective field should contain a description of all activities undertaken for that objective during the applicable fiscal year. This should include a description of the activity or activities; information to explain what was achieved and how the achievement was assessed; a description of evaluation methods; enough information to clearly explain which activities or projects achieved the outcomes and how this was done; and, information to further describe any additional data submitted.

### Guidelines for drafting a robust narrative

*Note: These will not all be pertinent to every objective. If there are numerous activities under an objective and a lot that could be reported, choose the combination of information that best describes the Council’s work and related progress.*

* Describe each activity that that the timeline shows would be conducted that year. Some Councils plan multiple activities to accomplish an objective. If this is the case, clearly identify each activity and the planned timeline for the activity and provide quantitative data within the narrative for the specific activity so reviewers have a clear picture of actual impact of each activity.
* Clarify if the activity began in the fiscal year being reported or was a continuation activity from previous fiscal year(s).
* Indicate geographic area (statewide, regional, and local) or number of cities/counties covered.
* Describe how the performance measures for each objective were achieved. State which measures correspond to which activity or project and include a written description explaining the numbers reported. For example, if three activities resulted in people receiving training in an area related to the goal/objective, provide enough detail to ensure that the reader understands what the three activities were and how many people were trained through each activity. Describe dollars leveraged similarly.
* Describe deliverables (# of workshops/training events, products created and disseminated, training curriculum developed, policies changed/created/improved, etc.)
* Review how the results and outcomes fit into the evaluation plan submitted with the 5-year State plan in the narrative. The submitted evaluation plan should serve as guidance for the Council. If the Council needs to make adjustments to the evaluation plan, it should be submitted with the State plan amendments as an attachment. When relevant for specific activities, describe the evaluation method used for the activity (survey, focus group, follow-up survey, tracking, etc.). Include:
	+ Data sources - (people, documents, products, activities, events and records from which data are obtained).
	+ Results of the evaluation (Example: 57% of people surveyed reported they were more comfortable in public places as a result of the activity).
	+ Any barriers or concerns noted
* If possible, include stories to demonstrate the impact of the activity/activities.

Sample narratives are provided in [Appendix D](#_Appendix_D:_) and [Appendix E](#_Appendix_E:_)

## How the logic model and evaluation plan “fit” into the narrative

*Note: Logic models may not be pertinent to all Councils. Councils were required to submit an evaluation plan and strongly encouraged to develop a logic model as part of their 5-year State plan.*

Each Council goal is a 5-year goal and represents what the Council is striving for through the implementation of objectives for each goal. Councils annually review information provided from evaluation of individual projects, outcomes measures, consumer and stakeholder satisfaction surveys, and any other indicators that may inform the Council about progress made towards the objective (note: an indicator is something that lets the Council know they have achieved, or made progress towards achieving, the objective).

Evaluating progress towards the 5-year goals starts with reviewing the evaluation plan and/or logic model submitted with the Council 5-year State plan. These provide the framework for analysis of the annual results and outcomes and how they contribute to achieving the Council’s 5-year goal. Councils should use their logic model or evaluation plan to monitor their progress and judge whether goals and objectives need amending in response to information gained from the evaluation process.

The APPR narratives should reference the evaluation plan and/or logic model as appropriate to show progress towards the long-term goals. When doing so, the Council must include information about the evaluation plan or the logic model to allow the reader to understand how the information is relevant to the long-term goals.

The Council should evaluate the activities (if appropriate) and document the impact of the activity with information that demonstrates outcomes (things that happen as a result of the activity). See [Appendix F](#_Appendix_F_–) for additional information.

**Guiding questions to review the narrative description for activities reported:**

* Are the activities clearly described, including how they were implemented?
* Does the narrative support the Council’s assessment of the objective being met, unmet, partially met?
* Are numbers reported supported by the narrative description?
* Does the narrative provide a clear explanation of what the Council did and how it related to what was accomplished?
* Is there evaluation information provided? If so, does it give a sense of outcomes achieved?
* If applicable to the objective, is information on how the Council is addressing the self-advocacy requirement present?

#

## Section IV – Satisfaction with Council Supported or Conducted Activities

The DD Act of 2000 requires Councils to report the satisfaction of individuals with developmental disabilities with the advocacy, capacity building and systemic change activities provided by a Council.

Utilizing the Consumer Satisfaction Toolkit, Councils must report numbers and percentages for individual survey responses and include any noteworthy comments gathered from individual survey responses. There is a 2,500 character limitation for providing comments. In addition, Councils must report Stakeholder Satisfaction responses and noteworthy comments gathered from stakeholder survey responses.

*Note: The Consumer Satisfaction Toolkit is located at* [*www.itacchelp.org*](http://www.itacchelp.org)*, click on the Resources tab, select Annual Program Performance Reports (APPR), scroll down and select the link titled “Consumer Satisfaction Toolkit”.*

## Section V – Measures of Collaboration

Collaboration information reported on the prior year PPR will be pre-populated for the current reporting year. Add, edit or delete as appropriate. Include a description of the collaborative issue/barrier or expected outcome; Check the appropriate “life areas” boxes (all that apply); provide a description of the Council’s role(s) and responsibilities in the collaboration; describe problems encountered as a result of collaboration and describe any unexpected benefits of the collaboration.

## Section VI – Dissemination

Provide a description of how the Council will share the results of the annual report to the citizens of your State/Territory.

## Appendix A: Comprehensive Review and Analysis (CRA) UPDATE Guidance

**What does the DD Act say?**

…the Council shall annually prepare a report that shall contain….as appropriate, an update on the results of the CRA and…

Updates on the description of the adequacy of health care and other services, supports, and assistance that people with developmental disabilities receive in ICF’s and through home and community based waivers **are required** (see PL 106-402; Section 125 (c) (7) (F)(I – ii)).

**Technical Assistance Guidance:**

1. In the Comprehensive Review and Analysis section, DD Councils should provide a descriptive updated comprehensive review and analysis to set up the context for the state plan amendment. This section should NOT contain duplicative information as in the original state plan, but updates to the original information including:
* an annual description of the adequacy\* of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities receive;
* an annual description of the adequacy\* of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers receive;
* as appropriate, other sections that apply (e.g.: state information, portrait of state services, analysis of state issues and challenges, rational for goal selection, collaboration).

Note: (\*) Adequacy may be described in terms of quality and/or populations served versus need.

1. If there are no other updates to the CRA, provide an explanation of the methods undertaken to determine updates were not necessary.

**Where are the Comprehensive Review and Analysis Updates reported?**

In the DD Council Annual Program performance report; Section II; 4000 characters are available (4,000 characters is approximately 1 page, single spaced).

**Is there a good way to “go about” developing updates to the DD Council CRA?**

Step 1: Read the CRA originally submitted with the 5-year plan and subsequent updates;

Step 2: Identify reports or information the Council can use to inform the update to the CRA;

Step 3: Describe the change(s) to the CRA in the form of an update.

Note: The update would only include information on ICF and Waiver’s as it relates to changes in the State/Territory. It is not necessary to include information about federal policy changes if it did not impact the State/Territory.

**CRA Updates - ICF examples taken from approved FY 2013 APPR’s**

**Example 1:** WV Olmstead Program estimates 600 PWDD reside in state or private nursing facilities. WV DHHR, Office of Health Facility Licensure and Certification, support, oversee and manage ICF/ID programs and services throughout the state. 517 people with DD live in 67 ICF/ID facilities (most 6- 8 bed group homes). WV's ICF/ID program history dates to 1981. At that time, the facility based program was believed to be a necessary long term care option and alternative to larger institutional facilities for people with DD. Following rapid growth of the ICF/ID industry in the State, a 1989 court order placed a moratorium on construction or development of new ICF/ID facilities. The Council and WV Olmstead Council are collaborating on a study to examine the ICF/ID program's current and future role as a long term service option for people with DD (West Virginia).

**Example 2:** A total of 983 ICF/DD deficiency reports were reviewed; issues related to program plans, implementation, monitoring/change (228); staff treatment of clients (128); physician/nursing services (96); and drug reviews, administration, recordkeeping, and labeling (92) were most frequently cited; two incidents of physical restraints were reported (Minnesota).

**Example 3:** The census from large ICF/MR's has continued to decrease at a steady pace. The Department of Justice has been very active in the state in the past several years and has been instrumental in encouraging the state to become more aggressive in moving individuals into community settings. Community infra-structure continues to create barriers for some individuals whose medical and behavioral needs require more intense support. The needed systems are slowly becoming available. While the number of new providers has increased at the same time the number leaving the system, mostly involuntarily. The state is increasing efforts to end contracts with providers who do not maintain the health, safety and well-being of those they support. Direct Support Professional shortage and inadequate transportation all contribute to the slow progress of reduction in the IFC/MR population and overall community expansion. These issues are prevalent in both rural and urban area of Kentucky. Consumer Directed Option (CDO) numbers have increased as more individual is choosing to direct their own services without the support of a provider. The state appropriated several million dollars to build a group of small cluster homes on the grounds of an existing ICF/MR. These home were designed to support 24 individuals who had been residing in a substandard facility located on the grounds of a psychiatric hospital. While advocates were opposed to this endeavor, believing true community options were more appropriate, the funds were allocated and the 'homes' were opened at the end of September. The Kentucky legislature also appropriated funds to build a medical facility on the grounds of the same ICF/MR. The facility will complement the current specialized dental clinic at this facility (Kentucky).

**Example 4:** The state is embarking on a new public/private partnership for smaller ICFs, with several new facilities being owned and operated by private providers, but with state control of admissions and discharges. The state is also providing an add-on to waiver rates for individuals who move from a state-run developmental center or a privately run ICF and continues to plan for a reduction in the number of individuals who live in state-run developmental centers. Due to restrictions placed on Ohio by CMS, the add-on is only available for one year (Ohio).

**Example 5:** During FFY13, an Office of Community Living was established within the Division of Developmental Disabilities. There are two staff assigned with one staff focusing on people transitioning from a higher level of care to community supports, employment and the Money Follows the Person grant activities; the second staff focuses on community capacity and infrastructure including support for people with complex needs, crisis intervention, chemical dependency, community behavioral health and healthcare needs.

South Dakota’s Money Follows the Person (MFP) Rebalancing Demonstration Grant is aimed at helping people transition into home and community-based settings from such institutions as nursing homes and intermediate care facilities. The South Dakota MFP Demonstration Program was approved through year 2016 and is projected to help 136 people transition from institutions to the community (South Dakota)

**CRA Updates - Waiver examples**

**Example 1:** The Developmental Disabilities’ Home and Community Based Services Waiver system was threatened this past year with managed care. Legislative efforts were not successful but the potential for the waiver system to be moved into managed care is very real, particularly since every other Medicaid service system is moving to managed care except for Developmental Disabilities (Florida).

**Example 2:** Eligibility procedures for community based programs such as I/DD & Aged & Disabled Waiver programs are lengthy, restrictive, & complicated compared to the facility based ICF/ID & nursing home programs. The HCB (1915c) I/DD Waiver remain the most critical public support resource for people with DD in WV. It does contain a relatively rich service array and can be used to support people well in a variety of home and community settings. However, through a survey of all other states, it was determined that WV may have the most restrictive medical eligibility standard in the country. There are no incentives within WV's I/DD Waiver structure to enhance productivity, independence and self-direction (e.g. no differential rates for day habilitation v. community employment supports) (West Virginia).

**Example 3:** The Office for People with Developmental Disabilities (OPWDD) is in the process of reconfiguring its HCBS Waiver as a 1915 (b)-(c) waiver for a managed care platform for LTC services. The intent is for people to get what they need-but no more than what they need– w/more self-directed options, increased community-based housing & employment. Self-direction is the 1st option offered to new recipients entering the service system through the new Front Door. The HCBS waiver application is being restructured based on 20+ case studies having elements for consideration (personal outcomes focus for quality improvement, capitation, special populations). Pilot managed LTC projects are anticipated in the coming year in several regions. This is a major shift in the way that LTC services are provided (New York)

**Example 4:** On 4/1/14, a 1% increase in rates for employment and residential programs will go into effect. An additional one percent increase is effective 1/1/15, effective July 1, 2015 and will be tied to the quality of provider services. A planned funding cut of 1.67% was eliminated.

A new Disability Waiver Rate System will be effective 1/1/14. In 2007, CMS determined that Minnesota’s 4 waivers were out of compliance with federal requirements for uniform rate determination standards. A new statute, Section 245D, provides a consistent approach to standards across all waivers. Parental fees were rolled back to 2010 levels as of 7/1/13. Parental fees were eliminated for families under 275% of Federal Poverty Guidelines effective January 1, 2014.

The CMS approved a Section 1115 demonstration project for the Alternative Care program and Community First Services and Supports (CFSS). CFSS expands self-directed options for people to maintain and increase independence; and may affect up to 20,000 people with disabilities (Minnesota).

**Example 6:** IRIS (self-direction) enrollments has increased from 7200 participants a year ago to more than 9000 now, with a disproportionate number of young adults with I/DD. After a huge advocacy effort by BPDD and the disability coalition, the Legislature asked for a report on Family Care/IRIS this summer that is a segue to expanding the program to 7 more counties next year. The LTC population living in the community with supports, rather than institutions, has gone from 38% in 1995 to 72% today. Consumer satisfaction with the LTC system remains high, with an MCO consumer survey showing 93% are satisfied with their services. A BPDD survey of 70 self-advocates statewide found 53% report making more decisions about their own supports in the past year, and 53% being more involved in their communities in the past year. Based on consumer and advocate (including BPDD) concerns, the IRIS program has hired additional staff to build an infra-structure for self-direction and put out a bid for a vendor that is setting up an electronic portal to allow participants to manage their budgets and communicate with the program more effectively. BPDD was invited and participated in the review panel to choose the vendor. In addition, the state has taken steps to pilot a new functional screen, which BPDD reviewed, that more accurately allows rates to be set considering factors like intermittent health crises and challenging behavior. But there are also challenges. Projected MCO rates from the state are slated for further cuts in the coming year, meaning providers are considering closing their doors and quality is impacted, including the ability of individuals to make authentic choices. In the Children's LTC System, one child is on a wait list for every two who are being served (wait list of more than 3,000). Funding has increased only twice in 20 years. While DHS has hired an integrated employment staffer and built an employment team, the integrated rates are still only 8% in Family care and 4% in IRIS, despite clear messages from individuals that they want to work in the community (Wisconsin).

**What does AIDD do with the information reported in the CRA Updates?**

AIDD looks for trends emerging from the CRA Updates.

## Appendix B: Annual Progress Report on Objective - Self-Evaluation Tool

Section III of the DD Council Annual Program Performance Report (APPR) is designed to capture progress towards each objective that was addressed or planned to be addressed during a reporting period.

**Section III of the APPR Template Outline (as it appears in DD Suite)**

* + **Goal (imported from State plan)**
	+ **Objective (imported from State plan)**
	+ **Objective description (imported from State plan)**
	+ **Implementation activities (imported from State plan)**
	+ **Activities undertaken were: all met, partially met, and not met (APPR requires DD Council to assess the status of activities for the objective)**
	+ **Timeline (imported from State plan)**
	+ **Timelines established were: all met, partially met, and not met (APPR requires the DD Council to assess the status of ability to meet timelines for the reporting period)**
	+ **Annual Progress Report on Objective – Narrative**
	+ **Performance Measures for this Objective (numbers are requested for the reporting period)**

Within Section III, DD Councils are required to provide an annual progress report narrative for each objective in their 5 year State plan. This document is designed as a tool to help DD Council staff develop a robust narrative (for each objective) that clearly and thoroughly describes the DD Council’s work and related progress for the activity/activities for the reporting period.

**The following tool can be used to self-evaluate a DD Council annual progress report narrative written for objectives with related activities for a reporting period (within Section III, Annual Progress Report Narrative of the APPR).**

| **Introduce and Provide background for each activity (as applicable)**  |
| --- |
| **QUALITY INDICATOR** | **Comment** |
| A description that provides introduction/background information for each activity/activities.  | **Note: If there are numerous activities under an objective, and a lot that could be reported, choose the combination of info that best describes the Council’s work and related progress.** |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the description provide a framework for the activity/activities?
 | □ yes  | □ no |  |
| 1. Does the description indicate whether the activity is new or a continuation activity?
 | □ yes  | □ no |  |
| 1. Does the description indicate where the activity took place? (Statewide, county/city specific?)
 | □ yes  | □ no |  |

| **Implementation of Activities**  |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: If there are numerous activities under an objective, and a lot that could be reported, choose the combination of info that best describes the Council’s work and related progress.** |
| A description of the activities implemented, including how the activity was implemented.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Are the implementation activities clearly described?
 | □ yes  | □ no |  |  |
| 1. Does the description include an overview of how the activity was implemented?
 | □ yes  | □ no |  |  |
| 1. Does the description indicate who implemented the activity? (Was it in-house, with DD Council staff? was it out-sourced through a grant or contract? other?)
 | □ yes  | □ no |  |  |
| 1. Does the description include information that demonstrates results and accomplishments?
 | □ yes  | □ no |  |  |
| 1. Does the information provided correlate to the objective? (Can the reader make a connection to the written information provided and the objective statement?)
 | □ yes  | □ no |  |  |
| 1. Were there any barriers to implementation of the activity noted?
 | □ yes  | □ no | □ n/a |  |
| 1. If there were barriers, is there a need to adjust the timelines or plan?
 | □ yes  | □ no | □ n/a |  |

| **Performance Measures/Outputs** |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: Numbers for identified measures associated with the activities for the objective are reported; select the category the data best fits; do not duplicate numbers.**  |
| Performance measures (numbers) are supported by the narrative description. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the narrative include an explanation of how the performance measures (numbers) were achieved?
 | □ yes  | □ no |  |  |
| 1. Does the information on performance measure numbers clearly relate to an activity or project? (if more than one is included) If so, do the numbers calculate to the performance measure number?
 | □ yes  | □ no |  |  |
| 1. Is the performance measure number reported in the category the Council determined to best fit the data?
 | □ yes  | □ no |  |  |
| 1. Is the number reported only once?
 | □ yes  | □ no |  |  |
| 1. Is there a number reported for dollars leveraged?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there a description of how dollars were leveraged?
 | □ yes  | □ no | □ n/a |  |
| 1. If the objective includes a numerical measure, does the narrative reflect progress towards the measure? (for example: if the objective is to reach 500 people by 2016, Is there an indication of status toward the number?)
 | □ yes  | □ no | □ n/a |  |

| **Deliverables and/or Products** |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: A deliverable is something that is completed or delivered under the terms of an agreement or contract.** **Examples of deliverables and products are: training modules, reports, booklets, brochures, web-sites.**  |
| Deliverables and/or products associated with objectives are described.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Is information about deliverables and/or products included?
 | □ yes  | □ no | □ n/a |  |
| 1. Do the deliverables and/or products clearly correlate to the activity?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information about how the deliverable and/or product impacted the activity?
 | □ yes  | □ no | □ n/a |  |

| **Evaluation/Outcomes** |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: Logic models or other tools (if applicable) should be reviewed to assist with monitoring progress towards objective.**  |
| Evaluation of activities, including a summary of data collection methods, data sources and data results, which offer an understanding of how outcomes were achieved. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Is there a description of the outcome(s) achieved?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information on the methods used to evaluate the activity/activities related to the objective? (Survey, focus group, interview, observation, etc.)
 |  |  |  |  |
| 1. Is there information about the results of the evaluation? (level of satisfaction for activity? measure of what happened as a result of implementing the activity?)
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation information reflect the framework of the Council’s logic model or other evaluation tool?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information about whom or what was evaluated? (people or activity)
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation information correlate to the outcomes achieved?
 | □ yes  | □ no | □ n/a |  |
| 1. Does the information support the assessment of activities undertaken were “met, partially met, or not met?”
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation assessment indicate changes need to be made to the state plan?
 | □ yes  | □ no | □ n/a |  |

| **Project or Initiative Success Stories (if applicable)**  |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: Stories of people with developmental disabilities, family members, and others impacted by council work can be included**  |
| Stories of people with developmental disabilities whose lives are better because of Council work.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the success story demonstrate the impact of the activity? | □ yes  | □ no | □ n/a  |  |

| **Policy/Legislative Success Stories (if applicable)**  |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: If possible, correlate the success story/stories to the related policy/program created or improved performance measure(s).** |
| Stories of policy or legislative changes that happened as a result of Council work likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative public policy impact. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the success story demonstrate the impact of the activity? | □ yes  | □ no | □ n/a  |  |

| **Timeline(s) (for each objective)** |
| --- |
| **QUALITY INDICATOR** | **Comment****Note: Timeline assessment appears as a check-off box in Section III of the APPR template (above the narrative field).** |
| Assessment of timeline(s) and target date(s) is supported in the narrative description. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the assessment of timeline(s) established (all met, partially met, not met) correlate to the information in the description?
 | □ yes  | □ no |  |
| 1. Do timeline(s) need to be adjusted in the state plan amendment?
 | □ yes  | □ no |  |

## Appendix C: APPR Annual Progress Report Narrative Review Tool Rubric

| **Introduce and Provide background for each activity (as applicable)** |
| --- |
| **QUALITY INDICATOR** | **EXEMPLARY****Smiling and clapping** | **ACCEPTABLE** **Smiling.** | **NEEDS IMPROVEMENT** **Sad, fretful looking.** | **MISSING****Crying and frowning.** |
| A description that provides introduction/background information for each activity/activities.  | Provides a clear and thorough introduction and background information for each activity/activities.  | Provides introduction and background information that only somewhat describes the activity/activities.  | Provides an introduction and background information that marginally describes the activity/activities. | Introduction and background not provided. |
| **Implementation of Activities** |
| A description of the activities implemented, including how the activity was implemented.  | The information is clear, thorough, specific, cohesive, and comprehensive; detailed, complete, clearly articulated information correlates to objective(s) and goal(s). | The information is reasonably comprehensive and includes sufficient detail of how it correlates to goal/objective. | The information is non-specific and lacks focus and detail about how it correlates to goal/objective.  | Information not provided.  |
| **Performance Measures/Outputs** |
| Performance measures (numbers) are supported by the narrative description. | Performance measures (numbers) are clearly and thoroughly supported by the narrative description.  | Performance measures (numbers) are only sufficiently supported by the narrative description. | Performance measures (numbers) are marginally supported by the narrative description. | Performance measures (numbers) are not explained in the narrative description. |
| **Deliverables and/or Products** |
| Deliverables and/or products associated with objectives are described.  | Information about deliverables and/or products is clearly and thoroughly supported by the narrative description. | Information on deliverables and/or products is sufficiently supported by the narrative description. | Information on deliverables and/or products are marginally (or unclear) supported by the narrative description. | Information on deliverables and/or products is not explained in the narrative description. |
| **Evaluation/Outcomes** |
| Evaluation of activities, including a summary of data collection methods, data sources and data results, which offer an understanding of how outcomes were achieved. | Evaluation efforts are clearly and thoroughly described providing a full understanding of outcomes achieved; clearly described how evaluation results influenced changes to the State plan (if applicable).  | Evaluation efforts are sufficiently described providing a general understanding of outcomes achieved; sufficiently described how evaluation results influenced changes to the State plan (if applicable). | Evaluation efforts are minimally described making it difficult to get a sense of outcomes achieved; limited information on how evaluation results influenced changes to the State plan (if applicable).  | Information on evaluation efforts is not provided.  |
| **QUALITY INDICATOR** | **EXEMPLARY****Smiling and clapping.** | **ACCEPTABLE** **Smiling.** | **NEEDS IMPROVEMENT** **Frowing and fretful.** | **MISSING****Crying and frowning.** |
| **Project or Initiative Success Stories (if applicable)** |
| Stories of people with developmental disabilities whose lives are better because of Council work.  | Stories are clearly and thoroughly described giving evidence of the impact of Council work.  | Stories are sufficiently described giving some evidence of the impact of Council work. | Stories are marginally described giving little evidence of the impact of Council work. | Stories are not included. |
| **Project or Initiative Success Stories (if applicable)** |
| Stories of policy or legislative changes that happened as a result of Council work likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative public policy impact. | Stories are clearly and thoroughly described giving evidence of the impact of Council work.  | Stories are sufficiently described giving some evidence of the impact of Council work. | Stories are marginally described giving little evidence of the impact of Council work. | Stories are not provided. |
| **Timeline(s) (for each objective)** |
| Assessment of timeline(s) and target date(s) is supported in the narrative description. | Provides clear and thorough information about timelines; information about assessment of timeline(s) is justified. | Provides some information about timeline(s); there is some indication of timeline(s) being met, not met, or partially met with some justification. | Provides marginal information on activities timeline(s); minimal indication of timelines being met, not met, or partially met without justification. | Information on timeline(s) not provided. |

## Appendix D: Sample of Narrative Description of a Grant Activity

**5-year Goal Statement:**

In partnership with individuals with developmental disabilities, families and other community partners, the Council will provide training, technical assistance and support to increase the capacity of individuals with developmental disabilities for self-determination, independence and meaningful participation with their communities.

**Objective 1: Provide technical assistance and training in two (2) community organizations to increase participation of individuals with developmental disabilities to engage in meaningful activities with their peers in their communities.**

Note: The annual progress report field for each objective is 12,000 characters (including spaces). The example below represents 5,318/12,000 characters.

The Council developed a partnership with [grantee named] to implement the Next Chapter Book Club model in two separate locations in the state. The Next Chapter Book Club (NCBC) project is an innovative approach to actively addressing and promoting community inclusion for individuals with disabilities. The primary purpose of this project was to promote meaningful and authentic opportunities for individuals with developmental disabilities to be included in their communities.

The information presented represents the second and final year of this initiative. During the first year, two locations were chosen by the Council for implementation of NCBC - City 1 and City 2. The Council partnered with Grantee 1 and Grantee 2 to implement the project at the local level.

The grantee provided training to 2 local sites and technical assistance 15 times during the year. Grantee staff developed and implemented a program expansion and sustainability training which was held 1 time. Topics included: planning for long term sustainability, recruiting and retaining volunteers, and strategies for building collaborative community partnerships. As a result of the training, representatives from each pilot site developed draft sustainability plans.

*Description of activity; how the activity was implemented; geographic location;*

The first new book club began with 5 members and increased to 15 members and met 12 times during the reporting period. The second book club began with 4 members and grew to 8; the third book club began with 6 members and grew to 10. The book clubs met 12 times each.

Deliverables/Products (completed by September 30, 2012)

• Program expansion and sustainability training conducted.

• Formed three (3) new book clubs

*Information about deliverables and products*

• Maintained 2 existing book clubs

• 3 sustainability plans developed

• List of book club volunteers

• Technical assistance provided to book clubs

Evaluation/Outcomes

Outcome 1: At least eight (8) book club models will successfully be implemented in the state.

**Progress: Partially Achieved:** The project concluded with five (5) active book clubs.

Outcome 2: At least four (4) NCBS book clubs will begin efforts to sustain the operations of the

NCBC book club models beyond Council funding.

**Progress: Achieved:** The five (5) NCBS book clubs began efforts to sustain operations beyond the Council funding. The results for Location 1 Sustainability Survey suggest that over the course of the contract year, there was some progress made towards addressing the transportation barrier, which was identified as a barrier for long term sustainability (lack of transportation makes it difficult for some people to consistently participate out in the community). Council, grantee and stakeholders in the community will continue to seek solutions to the transportation barrier.

*Include information about the progress achieved as related to the expected outcomes; this information can be useful to make amendments to the State plan*

The Location 2 project staff pre and post training survey showed an increase in confidence in their ability to sustain the book club project over the next one to three years, as well as an increase in confidence in locating appropriate and receptive host sites, however their confidence in maintaining community partnerships declined. A sustainability barrier identified by the staff was their internal volunteer screening process and the fact that volunteers did not receive stipends. They also noted that a lack of financial resources to pay for staff time towards the NCBC project would make it difficult to sustain the program.

Outcome 3: Individuals with developmental disabilities will participate in meaningful activities with their peers in their local communities.

**Progress: Achieved**: The Location 1 pilot site had a total of five (5) clubs that met on a regular basis in mostly integrated settings in their communities. During the course of the contract year, the provider recruited and trained 5 volunteers (volunteer time leveraged $4,524.00). These volunteers assisted staff in facilitating weekly book club meetings. The Location 1 site served approximately thirty-five (35) individuals during this contract year.

*Describe data in the narrative and make sure it correlates to the performance measure section*

The Location 2 pilot site had a total of five (5) book clubs in the [community/geographic] area that met on a regular basis in integrated settings in their communities. During the course of the contract year, the provider recruited and trained approximately ten (10) volunteers (volunteer time leveraged $9,048). These volunteers assisted staff in facilitating weekly book club meetings. The project served approximately twenty-five (25) individuals during this contract year.

Information indicates that NCBCs assisted participants to develop relationships, self-advocacy skills and increase their skills. Volunteer facilitators reported members are ordering their own refreshments; improvement in members reading/writing and other literacy skills; engage in relationship and skill building member to member conversations, increased interactions with host site staff and fellow customers; and that customers are generally delighted to engage with book club members.

Survey results: 75% indicated they like the book club and 94% were positive about the volunteer facilitator. 94% liked the book title selection. 67% indicated their reading had improved. 85% said they have more friends since joining the book club and 57% (34) said they were more comfortable in public places and more confident to say what they want as a result of their experiences in the book club.

**Performance Measures**

**Performance Measure 1.1 (self-advocacy/advocacy):**

SA01 People trained in area related to goal/objective:

SA02 People trained in leadership, self-advocacy, and self-determination:

*Numbers should be reflected in the narrative; dollars leveraged should indicate what was leveraged – in this example, volunteer time was identified (used information found at* [*www.independentsector.com*](http://www.independentsector.com) *(volunteer time report) to value the hourly rate*

SA03 People trained in systems advocacy:

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:

SA05 People attained membership on public/private bodies and leadership coalitions:

SA06a Number of self-advocates who report increasing their own self-advocacy: 34

SA06b Other self-advocacy measure: 0

SA06c Other self-advocacy measure: 0

**Performance Measure 2.1 (systems change):**

SC01 Programs/policies created or improved: 3

SC02 Number of organizations involved coalitions/networks/partnerships: 2

SC03 Organizations engaged in systems change efforts:

SC04 Number of public policymakers educated:

SC05 Members of the general public reached:

SC06a Other systems change measure:

SC06b Other systems change measure:

SC06c Other systems change measure:

**Performance Measure 3 (resource leveraging):**

RL01 Dollars Leveraged: $13,272.00

## Appendix E: Sample of Narrative Describing a Systems Change Initiative

**5-year Goal Statement:** The [State] service systems are rebalanced so that people with developmental disabilities have the supports they need to lead full lives in their communities.

Objective 1.2:

Systemic/funding changes facilitate an additional 1500 people with developmental disabilities obtaining supports needed for community living.

Note: 5,886/12,000 characters were utilized to report annual progress.

Annual Progress Report:

The Council’s work in this area has been a process of systems change that includes strategies both identified in the plan as well as the more important strategy of looking for and seizing opportunities.

Systemic Change 1: What began in 2009 as a project (the first of its kind in the country) to provide group training and certification of Certified Quality Analysts (CQA), including self-advocates through the Council on Quality and Leadership has transitioned to a systems analysis of quality (including data management systems), development of a framework for change in quality management and the initiation of major change in the case management system to improve the quality of services in [State].

The systems analysis and development of a framework were achieved during this State Plan year. The initial phase of developing a plan for the case management system began during August and will continue into the new State Plan year.

Strategic decision making was instrumental to the sequence of Council initiated activities that have developed throughout the year. The CQA project developed skills and capacity among self-advocates, Division of Developmental Disabilities staff and service providers to analyze data in decision making related to services. It also brought to light the deficiencies in data management systems and inadequate systems to collect information to measure quality.

As a result, the Council funded an analysis of the Quality Management system with a product titled “Roadmap to Developing an Incident Management System in [State]”. Key stakeholders from the Governor’s Office and all state agencies involved in monitoring/managing quality assurance systems for people with developmental disabilities were involved in the analysis of the system (16 total). The report was unveiled to the stakeholders in February (359 reports were distributed to public policymakers). Recommendations were made in the following broad areas: service planning and monitoring; instruments to hold providers accountable; critical incident management; complaint management; mortality review.

The Council then convened a group called the “Big Thinkers” to do further analysis of potential next steps for [State]. Included in this group were representatives of the Governor’s Office, the Secretary of the Department of Human Services, Division of Developmental Disabilities leadership as well as key national consultants who have been involved with Council funded initiatives and were familiar with [State] systems. The top priorities identified were the need for [State] to create a true case management system and for a re-evaluation of the system being used for establishing the waiting list for services. Both of these are in the initial implementation stages through Council funding. (See Goal 1.3 related to collaboration with the Division of Developmental Disabilities) Specific policy changes and organizational systems changes are expected to occur over the next several years based upon these Council initiatives.

In addition, the Council continues its support of improving the data management system for quality improvement. Again, the outcomes from this work are expected to become evident over the next few years.

Systemic Change 2: In 2008 the Council released the “Blueprint for System Redesign in [State]” and in March 2012 an update titled “[State] at the Tipping Point” was released. These reports have been recognized throughout [State] as a major work that has influenced a number of policy changes, specifically the current “Rebalancing Initiative” announced at the Governor’s budget address on February 22, 2012. The Governor stated that two state institutions would be closed and he reiterated a commitment to building community capacity. Given the [State] history (see State Plan Comprehensive Review and Analysis), this announcement resulted in significant advocacy against closure. The Governor’s office requested that the Council coordinate advocacy efforts to ensure the successful transition of individuals from state institutions into the community. Through collaboration with statewide organizations, a work group was formed and a coordinated plan was developed (16 organizations total). The first of the two institutions closed on November 29, 2012 and one hundred and eighty three people with developmental disabilities are living in the community.

As part of the plan for transition, the Council funded an initiative of peer-to-peer mentoring (through the Council funded self-advocacy organization) for individuals transitioning. A curriculum was developed and self-advocates from the self-advocacy organization worked alongside staff to provide support for individuals as they thought about and dreamed of a life beyond the institution. (Note: Individual performance measures related to the peer-to-peer mentoring are reported under Goal 6: Objective 3). For one hour each week for four weeks, individuals had the opportunity to learn about and talk with self-advocates about a variety of topics. The time spent in class was time that each was validated for who they are and what they want in life. Many self-advocates had dreams about doing and having very “normal” things in the community. Some talked about fishing, camping, and going out to eat while others dreamed of riding tractors/farming, having lots of clothing/jewelry, going to concerts/music activities, and traveling. For David his dream of going fishing has been realized. He now is fishing whenever he wants – a first for him and an experience that brings a smile to his face. He has plans to teach his friends how to fish!

The Council reach 5,000 members of the general public through public education efforts on both systems change activities via web-site; electronic downloads of reports, electronic newsletters, public awareness information flyers and hard copies of reports.

Performance Measures

**Performance Measure 1.1 (self-advocacy/advocacy):**

SA01 People trained in area related to goal/objective: 0

SA02 People trained in leadership, self-advocacy, and self-determination: 0

SA03 People trained in systems advocacy: 0

**Performance Measure 1.2 (self-advocacy/advocacy):**

SA04 People active in systems advocacy: 0

SA05 People attained membership on public/private bodies and leadership coalitions: 0

SA06a Other self-advocacy measure: 0

SA06b Other self-advocacy measure: 0

SA06c Other self-advocacy measure: 0

**Performance Measure 2.1 (systems change):**

SC01 Programs/policies created or improved: 1

SC02 Number of organizations involved coalitions/networks/partnerships: 32

SC03 Organizations engaged in systems change efforts: 2

SC04 Number of public policymakers educated: 359

SC05 Members of the general public reached: 5,000

SC06a People moved from institutional to community living: 183

SC06b Other systems change measure: 0

SC06c Other systems change measure: 0

**Performance Measure 3 (resource leveraging):**

RL01 Dollars Leveraged: $0

## Appendix F – Sample how a Logic Model “fits” into evaluation

Example Activity: A council desires to hold a training session about the benefits of competitive employment.

**Outputs (things you can count) could include (but are not limited to):**

* Number of training sessions held
* Number of people who attended training sessions (people with DD; family members of people with DD, other stakeholders)
* Number of training materials developed
* Number of training materials disseminated (or downloaded/accessed via electronic means)

**Short-term outcomes (immediate results from the event) could include (but are not limited to):**

* Number of people who indicated they learned new information as a result of attending the event (example: 12/25 people indicated they learned new information as a result of attending the workshop);
* Number of people who indicated they will use the information gained as a result of attending the event;
* Number of people who indicated they have a better understanding of the system in order to access services, supports, etc.

Note: Reporting short term outcomes means the council or entity implementing the workshop would need to do an evaluation after the training event.

**Intermediate term outcomes could include (but are not limited to):**

* Number of people who reported they used the information gained/learned at the workshop to access better services, supports, etc.

Note: Additional information would need to be collected a few months after the workshop to find out what results people who attended the workshop achieved.

The Council should assess whether or not the outcomes achieved moved the Council closer to the 5 year goal. If the Council finds they are not making progress towards a particular objective, as needed to help achieve a goal, the Council may want to consider an amendment to the 5-year State plan.

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