Independent Living Program Evaluation for
Rebuilding All Goals Efficiently

Summary

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Rebuilding All Goals Efficiently (RAGE) is a local 501(c) 3 nonprofit agency committed to improving the quality of life for individuals residing in Southern Nevada who experience physical, developmental, and mental challenges. Its philosophy is to “educate individuals about being self-reliant and facilitate their efforts to achieve self-sufficiency and independence” (RAGE, 2011). In accordance with this philosophy, RAGE uses a client-driven approach to assess and develop an appropriate service plan. The agency has a broad service array to assist challenged individuals to self-advocate and gain self-sufficiency as a “last resort” source of funding (RAGE, 2010).

University of Nevada Las Vegas (UNLV) Masters of Public Administration (MPA) students consulted with the RAGE agency and determined that the focus of the evaluation would be the Independent Living (IL) program. RAGE Executive Director Reggie Bennett and Director of Program Development Celeste Graham suggested that the students perform an evaluation of outcomes for a subset of IL clients. The subset selected were spinal cord injury (SCI) clients who were provided services in FY10. It was agreed that SCI clients would represent a diverse group and the case closure data was readily available.

IL program services and related funding are designed to maximize independence, add productivity, and community integration (R.A.G.E, 2011). Services include home and vehicle modifications, as well as other assistive technology services to improve mobility and maximize independence. The primary goal of the IL program is to improve the quality of life for clients and maintain them in the least restrictive environment. The IL program operates under both federal and state mandates. Title VII of the Rehabilitation Act of 1973 delegates independent living funding and fiscal monitoring to state agencies. These mandates identify standards for IL
service delivery including qualifying conditions, monitoring requirements, delivery guidelines, operations, and funding.

In Nevada the agency monitoring IL programs is the State Aging and Disability Services Division (ADSD). ADSD in turn funds RAGE for IL programming, performs annual grant monitoring, and completes a final written report of its findings each fiscal year. The audit report from FY10 reveals client satisfaction with the IL program was rated as excellent to very good by 91.3 percent of the clients surveyed. This exceeded the State performance standard of 90 percent.

RAGE’s internal data collected from FY10 for 36 SCI clients was utilized in evaluating outcomes. The data was then filtered to assessment of 22 clients whose cases were closed during FY10. The remaining 14 clients were removed from the dataset as they did not receive services. The following data indicators were selected for evaluation of the client subset:

- Ability to maintain or attain the least restrictive environment. There was a comparison of the living arrangement at the start of the program and at case closure.
- The impact of the services on the client’s life. The mean percent decrease in the functional limitation rating was calculated from the start of provision of services to case closure.
- Cost effectiveness of services rendered. Evaluated using descriptive statistics for the actual cost of services provided, years post disability onset and mean percent decrease in functional limitation rating.

The ability to attain or maintain the least restrictive living environment was identified for each of the 22 SCI clients. The clients were grouped into three categories based on their reported
living arrangement at case closure. Evaluation of the data revealed that 91 percent (20/22) of the clients reported no change in living arrangement or a change from dependent to independent following provision of services.

The impact of services on the client’s life was measured by the change in functional limitation rating. At the start of provision of the services, the client rated their current functional limitation on a scale of 1 (not limited) to 10 (very limited). Following provision of services, each client again rated their limitation. The percent difference between pre and post limitation rating was calculated. The frequency of the percent difference was grouped into four categories (0-25%, 26-50%, 51-75%, 76-100%) for each client. For 100 percent of the SCI clients, a >25% decrease in severity of limitation was reported.

The actual cost of services was compared for two different groups of clients. The mean percent decrease in limitation was grouped into 10% intervals and the frequency of clients within each group was tabulated. The mean actual cost of services within each group shows that the highest costs resulted in a 50-60% decrease in limitation severity. The years post disability was grouped into categories based on a model used by the National Spinal Cord Injury Statistical Center (NSCISC). According to the Center, the highest service costs are in the first year following onset of disability. The frequency data for the FY10 SCI clients shows a higher cost of services ($11,907) within 0-1 years. Seventeen out of twenty-two (77%) clients received services within the 0-14 years post disability onset.

Based on analysis of the data provided by RAGE for the SCI clients, the agency’s services have resulted in successful outcomes. The identified clients reported a decrease in their functional limitation, allowing them to maintain or attain the least restrictive environment. Additionally, the costs of services were higher for clients who were 0-14 years post onset,
indicating that services were provided to clients with the most need (i.e., newly disabled or those requiring upgraded services).

Limitations to this evaluation included: small sample size, subjective limitation ratings, subjective data collection, and time constraints. Recommendations for future studies include:

- Improvement of data quality and accuracy.
- Performance of annual data analysis to identify trends and measure program outcomes.
- Utilization of a more refined assessment tool or standardization of their present limitation rating scale from 1-10 to 1-5.
- Examination of other factors that could impact program outcomes.
- Re-evaluation of subject SCI clients to ascertain long-term program outcomes.
- Performance of longitudinal study with an expanded client database.