**Building a Collaborative Community of Practice to Improve Information and Referral Services with**

**Persons with Intellectual and Developmental Disabilities and Community Stakeholders**

# **A Procedures Manual for**

# **State and Local Disability Organizations,**

# ***Including Special Olympics Programs***

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Contents

[A Procedures Manual for 1](#_Toc13796180)

[State and Local Disability Organizations, 1](#_Toc13796181)

[*Including Special Olympics Programs* 1](#_Toc13796182)

[Acknowledgements 2](#_Toc13796183)

[Supplemental Materials available at: 4](#_Toc13796184)

[http://mtdh.ruralinstitute.umt.edu/?page\_id=7692 4](#_Toc13796185)

[Background 4](#_Toc13796186)

[What We Found 6](#_Toc13796187)

[Building a collaborative community of practice to improve I/R services for persons with intellectual and developmental disabilities (IDD) and community stakeholders 6](#_Toc13796188)

[Introduction 6](#_Toc13796189)

[Orientation 7](#_Toc13796190)

[Project Overview 9](#_Toc13796191)

[First Steps 10](#_Toc13796192)

[Forming a Steering Committee 10](#_Toc13796193)

[Members of the steering committee 12](#_Toc13796194)

[Implement Meeting #1 and Related Follow-up Activities 13](#_Toc13796195)

[Planning 14](#_Toc13796196)

[Implementation 14](#_Toc13796197)

[Follow-up Communications to Steering Committee 14](#_Toc13796198)

[Follow-up Activity for Project Team: Resource Cross Reference 15](#_Toc13796199)

[The 211 Database Cross Reference process 15](#_Toc13796200)

[Review: What you can do 17](#_Toc13796201)

[Note 17](#_Toc13796202)

[Implementing Meeting #2 and Related Follow-up Activities 18](#_Toc13796203)

[Planning 18](#_Toc13796204)

[Suggestions for planning Meeting #2 18](#_Toc13796205)

[Implementation 18](#_Toc13796206)

[Follow-up Activity for Project Team and Committee Workgroups: Creating Tutorials 19](#_Toc13796207)

[Video Creation Strategies 19](#_Toc13796208)

[Topics of videos included: 20](#_Toc13796209)

[What you can do 20](#_Toc13796210)

[Implement Meeting #3 and Related Follow-up Activities 20](#_Toc13796211)

[Planning 20](#_Toc13796212)

[Implementation 20](#_Toc13796213)

[Follow-up Communications with the Steering Committee 21](#_Toc13796214)

[Final Considerations and Opportunities 21](#_Toc13796215)

[Steering Committee Member Project Feedback 21](#_Toc13796216)

[Questions for 211 23](#_Toc13796217)

[General Questions / statements 23](#_Toc13796218)

[A long view on realizing opportunities 23](#_Toc13796219)

[Appendices 25](#_Toc13796220)

[Steering Committee Meeting #1 Agenda 26](#_Toc13796221)

[Meeting #1: Steering Committee Assets Mapping Activity 27](#_Toc13796222)

[Meeting #1 Follow Up Notes 29](#_Toc13796223)

[Meeting #2 29](#_Toc13796224)

[Improv Activity: Developing Clear Instructions 31](#_Toc13796225)

[Rise of Online Tutorials and the Development of Missoula’s 211 Video Tutorials 32](#_Toc13796226)

[211 Video Tutorials 32](#_Toc13796227)

[Meeting # 3 Agenda 35](#_Toc13796228)

[Meeting overview: 35](#_Toc13796229)

[Part 1. Advocate member activities in the morning 35](#_Toc13796230)

[Part 2. Steering committee (all) activities in the afternoon 35](#_Toc13796231)

[Email Template #1 37](#_Toc13796232)

[Email Template #2 38](#_Toc13796233)

[Email Template #3 39](#_Toc13796234)

[Outreach 40](#_Toc13796235)

[Phone script 40](#_Toc13796236)

## **Supplemental Materials available at:**

## <http://mtdh.ruralinstitute.umt.edu/?page_id=7692>

* Two slideshow templates for two presentations at Meeting #2 of the Steering Committee.
* One slideshow template for presentation at Meeting #3.
* Tutorial videos on how to use 211, developed with the Pilot Project’s steering committee.

## **Background**

This procedures manual is an outcome of a pilot project conducted in Missoula, Montana with the University of Montana Rural Institute for Inclusive Communities, Special Olympics Montana, Missoula 211, and other partners. This project was funded by Special Olympics International.

*Missoula 211/First Call for Help* to is a part of [Montana 211](file:///\\siberia.gs.umt.edu\rtc$\MTDH\Special%20Olympics\211%20Project\Toolkit\montana211.org). The goal of Montana 211 is “…to present accurate, well-organized, and easy-to-find information from state and local health and human services across the state.” Special Olympics Montana partnered on this pilot project led by the University of Montana Rural Institute for Inclusive Communities (RIIC) and Missoula 211 to increase access to Long-Term Services and Supports Programs (LTSS) to live healthy and self-determined lives in the community.

This project aimed to:

* Improve information and referral (I/R) services by expanding disability agencies and services represented in the 211 database through coordinated communications with state and regional Home and Community-Based Services offices.
* Increase knowledge within 211 of assistance and service agencies that support persons with IDD to access other community resources.
* Enhance awareness of 211 call center services by people with IDD and explore user friendliness of these I/R services by people with IDD.

The “[proof of concept](https://www.ncbi.nlm.nih.gov/pubmed/26009258) ” project research team worked with a steering committee comprised of stakeholders including Special Olympics Montana athletes, family members, and staff; [People First](https://www.peoplefirst.org/usa/) representatives; local centers for independent living staff and peer advocates; and health and local human services agency staff. Through a participatory approach, a broad agenda for improving I/R services with persons with IDD emerged.

This manual is based on pilot project and was structured around three activity-based stakeholder meetings that took place between October 2018 and March 2019. Meeting agendas, activities and lessons learned will be discussed in detail in the manual. These meetings were structured to strengthen:

1. Awareness of I/R as a social function in everyday life and how it is formally provided through programs like 211.
2. Identify ways to improve and promote I/R services with input from the consumer-driven steering committee and workgroups.
3. Identify how knowledge about the use of 211 could be effectively integrated into disability service systems and practices.

## What We Found

Increased awareness and familiarity of community organizations that provide health care, transportation, housing, educational, healthy food access, and physical activity opportunities and how we can better refer people to these community resources by referrals.

The steering committee meetings were structured so community representatives could better understand how individuals in need of social services first discover these services. Committee members shared their initial impressions of I/R and then went on to become well informed advocates able to teach others. After learning about 211 and navigating the website, the steering committee improved their understanding of 211 and made recommendations for improving access to 211 including: sharing skills in the form of tutorials to navigate the website, sharing rules for inclusive website design and use of [plain language](file:///\\siberia.gs.umt.edu\rtc$\MTDH\Special%20Olympics\211%20Project\Toolkit\plainlanguage.gov) in public communications, and committing to sharing lessons learned with their staff and other community agencies.

As mentioned, the steering committee consisted of people with IDD, family members, advocates and agency partners, and afforded an example of a partners in practice coalition. 211 I/R is a tool potentially beneficial to people with IDD, case workers, agency representatives and self- and family advocates. Practice use of the local 211 resources web site by stakeholder group emphasized how knowledge is understood and shared within a community. Understanding the intent of 211 is the first step to its use by people with IDD, advocates and agencies. Moving forward, we will outline steps and resources to allow for replication in other communities creating a similar successful project.

## Building a collaborative [community of practice](https://www.cdc.gov/phcommunities/index.html) to improve I/R services for persons with intellectual and developmental disabilities (IDD) and community stakeholders

This manual describes a process and includes materials to support a consumer-driven, participatory approach to making I/R services more inclusive of persons with IDD. We know that many Special Olympics Health programs will take a lead on using this manual. However, if some may need help from another disability organization. If this is you and your organization, please include your local Special Olympics programs and stakeholders in your efforts.

### Introduction

This tool kit provides background information from the pilot project, and the resources used by its key partners. The manual is provided to support similar collaborative efforts in other communities that may be led by a local Special Olympics affiliate or by another disability organization representing community living and health priorities with persons with intellectual and developmental disabilities (IDD). The manual includes supports to implement activities that reflect lessons learned from the pilot project.

### Orientation

Before beginning an organized effort to set an agenda for increasing the inclusivity of local I/R services, learn about the 211 program in your community and state. Find the website for your state or local 211 program to answer to these questions. Explore the website or talk with participants who attended your inclusive healthy community workshop about:

* What is the 211 program’s goal in your community or state?
* How does it align with your organization’s goals? What are the differences?
* Is or could your local or state 211 program become a member of your Healthy Community stakeholder coalition?
* Where and how is the local and state 211 program organized? For example, are they organized under a United Way agency? Within a Human Resource Council or a Health Department, or somewhere else? What are the regional service areas covered by 211 in your state? How do they align with your Special Olympics program regions? Does the state 211 database include resources from the entire state?
* Is your local or state 211 program accredited under the [Alliance of Information and Referral Services](https://www.airs.org/) Or do the staff hold certification under AIRS?
* Does your local or state 211 program work with partners on major grants and activities related to community needs such as emergency responses, suicide prevention, opioid abuse initiatives or homelessness? Will they have more capacity to partner with you at a certain point in the year, if not at the initial meeting with your organization?

Use this information to develop your project work plan as well as in other communication materials for the project. If you have regular staff meetings, share this information with your staff.

Next, review how your organization and/or Special Olympics programs are represented on the local or state 211 resources website. Consider the following:

* Is your organizational and/or the Special Olympics program information up to date with contact information and web addresses?
* Is your organizational and/or the Special Olympics Program represented in the 211-website data base?
  + For example, are sub Special Olympics programs such as Healthy Athletes, Unified Champion Schools, Healthy Communities, Sports events and volunteer opportunities easy to find on the 211 websites? Do people need to go to the local Special Olympics website to find out about the programs?
* Are the resource descriptions written in [plain language](file:///\\siberia.gs.umt.edu\rtc$\MTDH\Special%20Olympics\211%20Project\Toolkit\plainlanguage.gov) so clients, customers, advocates, Special Olympics athletes and potential athletes can understand the information?
* Are your organization’s and/or Special Olympics programs represented under disabilities when you use that key word on the 211 websites?
* Are there other disability support programs and services that are missing when you enter “disability” in the search area?

After your local 211 Website Review:

Upon reviewing your local 211 website, you may learn that: 1) you represent an organization that is not yet on the 211 website; 2) your organization’s program information is incomplete or outdated or is not written in plain language; 3) your organization is not listed with an expected category on the website; or 4) your contact information and web addresses are out-of-date or are incorrect or not working. In these or similar circumstances, you can:

* Request a form from 211 to update the information.
* Complete the form at a staff meeting to garner awareness and input across programs in your organization.
* Edit program descriptions using plain language guidelines.
* Review program descriptions with members of the community who participate in your organization’s programs. Make any other needed changes based on stakeholders’ input.
* Submit completed forms to 211. Keep copies of your forms on file for regular and needed updates.
* Be sure to review the website for your recommended updates to assure the needed changes are reflected. If the changes are not complete, contact 211. Many 211 programs have staff who are answering answer phones 24/7 hours a day, seven days a week, and whereas others respond to messages within a day. 211 staff will appreciate your help and patience as they work with you to make updates to on-line profiles.
* Thank your 211 program staff, your staff, and stakeholders with a note that includes a link or links to your organization’s information on the 211 website.

Inclusion Tips.

* Accessible electronic fillable forms: Many 211 programs use accessible, electronic fillable forms that provide access to people who use screen reader technology or other assistive technologies. Ask your local 211 agency for these accessible versions of the forms for your organization to complete and submit its information. If your 211 program does not have this option, you could share contact information with [your National Federation for the Blind state affiliate](https://nfb.org/about-us/state-affiliates) for technical assistance on developing such forms.
* For information on plain language and for resources on who to use it when completing your forms, this website, [plainlanguage.gov](https://www.plainlanguage.gov/about/definitions/) is a good place to start.
* Most 211 programs request updates to services listed in their inventory semi-annually. Embed this activity in your work plan with time dedicated to working with stakeholders who represent different disabilities, cultures, and backgrounds who can help you with your organization’s descriptions and updates.
* Orient your staff to 211 and the tasks involved in maintaining up-to-date and inclusive information (e.g., at a staff meeting, as a part of new employee orientation training).

Once a current and complete description of your agency or organization’s profile for 211, you are ready to promote the process to partners as described below. Your on-line profile doesn’t need to be perfect to begin the project. It can be a work-in-progress that demonstrates your organization is at the table wanting to be included in 211 in a user-friendly format.

Figure 1. Orienting your disability organization’s staff to this project:

Learn and describe basics of 211 in your community.

Review your program information as it exists on the local 211- website.

Update and revise your program information with staff input and submit to 211 forms.

Review changes made on the 211- website. Elicit reviews from multiple stakeholders.

Promote awareness of 211-website descriptions for your organization’s programs among your staff and partners.

### Project Overview

With appropriate support, people with IDD, including SO athletes, can learn about, choose, and access organizations, programs and services that address the [environmental and social determinants of health](https://www.cdc.gov/socialdeterminants/index.htm). Knowing what options exist, is essential to self-determination and choice, and this is where I/R services and 211 can help. As a core program of community-based I/R systems, 211 can empower people to know what their choices are for program and services and how to contact related organizations. This project supports an inclusive approach to achieving this outcome with persons with IDD. Through greater input from community members with IDD, this project aims:

1. Develop a consumer-driven agenda to improve information available through 211 on community organizations, programs, and services that provide and promote access to health determinants (e.g., employment, education, healthy foods, safe housing, transportation, and health care).
2. Assure that available and eligible [community-based, long-term services and support (LTSS)](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ltss-overview.html) are represented within 211, a core program of community based I/R) systems.

Currently, most 211 programs lack comprehensive information on local disability support services for persons with IDD. Likewise, disability providers may need education on 211 and the population-wide community-based resources (e.g., housing, transportation, emergency preparedness, health care, healthy food access, mental health services) that 211 systematically organizes into their database.

Also absent in many 211 databases, is information on federally and state funded health care and wellness programs—including Special Olympics, Indian Health Services, Urban Indian Health Centers, Migrant and Tribal Health Departments; services that people with IDD and others vulnerable populations may need.

The proposed project builds on existing SOMT programming to improve athlete, guardian, disability service provider, and case manager access to this information. With guidance, entities can partner with local 211 I/R systems and services to organize, inform and maintain a guide to local resources, targeted to the needs of SO athletes and people with IDD. Our pilot project processes, outcomes and replication manual for individual communities, will be shared with SOI program managers for dissemination to state and provincial SOI health programs as appropriate. The project results will be shared with members of national organizations such as United Way Worldwide, AIRS, APHA, PHAB, AUCD and other participants in our inclusive health community.

This project identifies, evaluates, and documents a process to strengthen opportunities for people with IDD including SO athletes to attain and maintain health, as well as to more fully integrate their lives and activities into their communities.

### First Steps

The first step to this process is developing a sustainable partnership between 211 and Special Olympics or your disability organization. For your organization to engage with 211 productively, both parties should establish mutually agreed upon goals for engagement in this project. It is mutually beneficial for both partners to work together in gathering information about local disability support services. This will be best achieved through a conversation. You can do this by:

* Meeting with local 211 executive staff to explain the [Special Olympics International’s inclusive health initiative](https://www.specialolympics.org/our-work/inclusive-health), and/or the [CDC’s Disability and Health initiatives](https://www.cdc.gov/ncbddd/disabilityandhealth/index.html), and/or health and wellness initiatives of other disability organizations such as [the Arc](https://www.thearc.org/), [Centers for Independent Living](https://www.ilru.org/projects/cil-net/cil-center-and-association-directory), your local [member of AUCD](https://www.ilru.org/projects/cil-net/cil-center-and-association-directory), your [state’s Developmental Disabilities Council,](https://acl.gov/programs/aging-and-disability-networks/state-councils-developmental-disabilities) and others.
* Explain your position in promoting 211 as tool for people with IDD.
  + Discuss the goals and criteria to ensure that your local 211 programs includes disability support services in the inventory and ensure that people with IDD, including SO athletes, are able to successfully access information to needed services through the 211-call center and/or website.

### Forming a Steering Committee

While forming the project steering committee, the planning group worked to balance representation between advocates and agency partners. The stakeholders invited to join our steering committee were suggested by core partners ([RIIC](http://ruralinstitute.umt.edu/), [Special Olympics Montana](https://www.somt.org/), and [Montana 211](https://www.montana211.org/index.php)). Our goal was to have 15-25 representatives from organizations representing core health determinants— public health, healthy eating and food security, affordable and accessible housing, affordable recreational and health clubs, employment and volunteerism opportunities, working alongside advocates and people with IDD to understand 211 and make recommendations for improved access.

The purpose of building an inclusive and diverse steering committee was to gain insight about community-based services used by people with IDD, what services were needed, but not accessible, and the potential role 211 can play in linking the target population with needed and available community services. This was to be achieved through three steering committee meetings with a variety of discussion-based activities.

To form a steering committee in your local community:

* Host a meeting with key partners preceded by a phone call or personal visit to discuss the project goal.
* Prompt key partners to bring suggestions for representatives who would contribute to the conversation and explore solutions to improved I/R services for people with IDD. and plan
* Form a list of people to invite
* Contact each person or agency personally one to two months before Meeting #1

Some considerations on who to invite include:

* Special Olympics athletes and family members
* Special Olympics coaches and staff
* People First members
* Local self-advocates
* University Centers for Excellence in Developmental Disabilities (UCEDDs) researchers, students, and program staff, A directory is available at: <https://www.aucd.org/template/page.cfm?id=24>
* Independent Living Center staff and peer advocates,A directory is available at: <https://www.ilru.org/projects/cil-net/cil-center-and-association-directory>
* Local health department Healthy Communities staff
* State Developmental Disability Program representative
* Government sponsored and emergency nutrition programs , Housing Authority, transportation services, financial support and Area Agency on Aging I/R staff
* Additional health and human service agencies
* [Federally Qualified Community Health Center](https://bphc.hrsa.gov/about/index.html) representative.
* Health insurance navigator.

Ongoing contact with the members over the course of the project improves participation. Follow-up after each meeting helps maintain interest in the project, while communicating topics and expectations for future meetings. The appendices (listed on page 3) include examples of follow-up email templates. Communities and programs interested in partnering with 211 to bring inclusion to this I/R services may consider inviting more people than you may need, knowing that some will not be able to commit.

### Members of the steering committee

It is important to make the steering committee feel comfortable and valued for their time. Healthy food and water should be provided at each meeting. Advocate members not attending as part of their job responsibilities, should be provided with a participant honorarium ($20) for each meeting.

#### Logistics for planning meetings

* Pick a venue that is easy to access and provide a map of the location.
* Choose location with opportunities for members to participate in the meeting from remote locations if needed.
* Pick a site with parking that easily connects to public transportation systems via accessible pathways and routes.
* If applicable provide committee members with the parking permit or cover their parking payment before the meeting.
* Provide opportunity for special dietary requests and accessible alternative formats of materials and accommodations.
* Consider technical needs including two microphones in your AV set up so anyone who is deaf or hard-of-hearing will have access to discussions and speaking opportunities.
* Know how to schedule ASL interpreters if requested and have budget to support them.
* Pick an accessible site with staff dedicated to supporting the meeting accessibility and ensure reliable AV services and availability of IT support.

#### Participatory Approach

A participatory approach involves the intentional engagement of system users, consumers, or primary constituents (e.g., those who may need or use 211) in the project. People who use I/R systems are the source of the project’s rationale and key questions. A participatory approach in a disability-related project grounds activity in a core principle of the disability community, [‘nothing about us, without us’](https://www.huffpost.com/entry/nothing-about-us-without-us-mantra-for-a-movement_b_59aea450e4b0c50640cd61cf) and in its values of freedom, self-determination, and choice. Public support has often been inadequate when it comes to the needs and preferences of persons with IDD. People with IDD were either not envisioned as the user of a call system or website (e.g., they have case managers to do that for them) or truly were institutionalized at the time the system was established (e.g., prior to 1980).

A participatory approach in quality improvement projects requires intention and planning. This approach in our project helped people voice their perspectives on avoiding homelessness, healthy food insecurity, inclement weather exposure, unmet health needs and unemployment. This structure provided support for individuals to organize frequently occurring or crisis experiences into an actionable plan or agenda.

#### What worked

1. Snow ball or chain reaction recruitment helped to grow the core project team to a full stakeholder steering committee with over 50% people with IDD and disability advocates matched with lead staff from community agencies partners.
2. Persons with IDD were recruited from existing disability support organizations. Staff and advocates from those organizations (self or family advocates) volunteered as organizational representatives. Committee member identified additional stakeholders.
3. The project team and advocates planned the agendas that were drafted three to four weeks in advance to elicit team and advocate input.
4. Pre-meeting sessions to review the agenda and key terms helped to improve meeting flow and effectiveness.
5. Committee members identified the need for instructional materials to promote use of 211. Budgeted funds were repurposed to engage a writer/filmmaker to develop 211 tutorial videos. Advocates served as actors for videos to be shared with agencies represented on the steering committee. These videos are available as supplemental materials to this manual (see page 3).
6. To assure project sustainability, organizations committed to collaborating on priorities for systems improvement, as set by the steering committee.
7. Each meeting was designed to be advocate driven. Advocates were coached prior to each meeting as to their roles. Agency partners may attend pre-meeting sessions, too.

#### What you can do

Since a truly participatory approach in program planning will likely be a new concept to most agency partners, we suggest you provide agency partners with a description of their role and guidelines before meetings. Doing so will reduce uncertainty and increase productive engagement with advocates and agency partners. Prompt agency partners’ involvement by:

* Explain the purpose of activities for each meeting.
* Identify their role in eliciting information and learning from IDD advocates.
* Give agency partners a series of follow-up questions that they can ask.
* Explicitly state that meeting and activities should be an equal dialog between agency partners and IDD advocates, not a dominated conversation.

The content of steering committee meetings built upon one another to support the capacity of committee members to collaborate on a shared agenda for quality improvement with 211.

**Meeting #1: Shared discovery**

Activities to develop a shared understanding within the group about the ideal 211 program that would meet needs of people with IDD and their support system.

**Meeting #2 Mutual engagement**

Activities to share information, develop new knowledge and to apply new knowledge.

**Meeting #3 Joint enterprise**

Identify opportunities and objectives, and implement actions to improve access to 211 among persons with ID.

## Implement Meeting #1 and Related Follow-up Activities

* Agenda (see rural communities’ agenda in appendix)
* Sign-in sheet (see appendix)
* Photo release form (if needed by your agency)
* Assets mapping activity
* Follow-up report

### Planning

1. Establish the stakeholder steering committee before Meeting #1
2. Determine the meeting venue.
3. Create a goal-driven meeting agenda. For example, the pilot project’s first meeting was to clarify the steering committee’s perspective on community strengths, relative to support system for people with IDD.
4. Design activities to meet meeting goals with input from self-advocates.
5. Schedule the meeting based on 211 partner availability and meet with that partner at least one week in advance of the meeting to finalize the agenda.
6. Plan to get input to meeting activities from members who cannot attend the meeting.

### Implementation

The morning of Meeting #1 will be spent setting up materials including a sign in sheet, photo release form, name tags, writing utensils and snacks and beverages for the break. Dedicate a greeter(s) to welcome the participants. As people arrive:

* Guide them towards the sign- in table.
* Welcome each member by asking for their name and the agency they represent.
* Have each write their name and agency on their name tag.
* Have each fill the sign-in sheet and photo release form (make sure you can read their handwriting) .
* Offer them an agenda for the day.
* Invite them to take a seat by someone they have not yet met.

Begin the meeting by following the agenda for meeting #1.

### Follow-up Communications to Steering Committee

Following the meeting, establish a formal email and contact list from the sign-in sheet. Reconnect with key partners to discuss observations from Meeting #1 and to select a date and location for the next meeting.

After consensus on what was learned from the steering committee:

* Via email, share a brief follow-up report with key findings with participants.
* Send an invite for Meeting #2
* Invite members to review the orientation task described above (pages 8-9 and in Figure 1).
* Provide the 211 agency and services form to members. (see appendix).

### Follow-up Activity for Project Team: Resource Cross Reference

A primary project goal was to compare the list of disability-related resources in the Montana 211- website to the disability-related resources in the community, and then to identify gaps between the two.

Before Meeting #2, project staff conducted a detailed cross-reference between known disability support services and those represented on the 211 website.

### The 211 Database Cross Reference process

#### Step 1.

Identify a staff person to complete this project. Individual must have basic Excel, internet research skills, the ability to work independently and strong phone communication skills.

Activity: Compile a list of local, regional and state disability service agencies with contact information. Use the ‘Resources Database Template FINAL’ MS Excel spreadsheet (in appendix) to guide work on related search tasks There will be duplication across lists, but these may be addressed in Step 2 below.

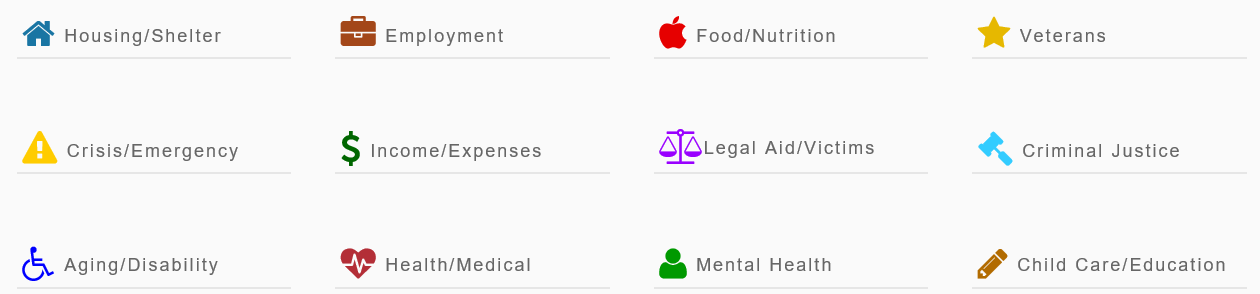
The three strategies with tasks include:

##### Strategy 1. Develop a list of identified disability service agencies and resources in the community or region served by the local 211 program.

How to Get Started: Ask persons with IDD, athletes, their family members, service providers, and advocates about agencies, organizations and programs that have been important and helpful to them. Search the internet for lists of local disability service agencies, organizations and resources for people with IDD. Most communities have organizations with resource guides including local health departments, the public library, chambers of commerce, hospital social workers, case managers, UCEDD programs, the newspaper, assisted living organizations and others. Track down contact information for disability resources mentioned in conversations and on sticky notes from the first steering committee meeting.

The list being compiled on this data sheet should include agencies that provide healthy food access, transportation services, temporary and permanent housing assistance, job training, job placement, financial assistance services, recreational opportunities, in-home and community based services, legal services and advocacy rights protection, public and non-profit health care (exclude private providers as per 211 guidelines). Lists should include small and large charitable organizations and foundations that help with assistive technology expenses, adaptive recreation equipment, home modifications, education, specialty care, and needed travel.

The project team also may learn of programs within community agencies that are inclusive but not emphasized in the agencies' 211 descriptions. For example, the local YMCA or Parks department may have adaptive fitness classes, local community health centers (FQHC’s), diabetes prevention programs, dental services, a continuing education organization may have workshops to help persons with disabilities complete their taxes.

Look at a variety of state 211 program websites for additional ideas. For example, the Texas 211 <https://www.211texas.org/guided-search/>, like most state and provincial programs, categorize services as shown below. Clicking on a category opens a menu of options. Does your community have similar services? Expanded service lists?

###### Figure 2. Screen shot of Texas 211 website search categories.

##### Strategy 2: Home and Community-Based Service Providers

Contact state agencies administering **Home and community based services** (HCBS) (e.g., waiver programs; Community First Choice, vocational rehabilitation and blind and low vision services. Ask each of contacted HCBS agencies for a list of approved providers. These relevant state agencies should also be included on this list. The lists of ‘Medicaid-approved’ providers in the state may be available on-line or in a directory (e.g., a directory maintained by the state developmental disabilities council).

*Note. As a result of this strategy, you may be asked to educate state disability agency staff on how 211 works and how to train individuals and family member to use 211 to address problems or to bring ideas to meetings with case managers. Have your script from your local 211 program’s description ready before calling.*

##### Strategy 3: Resources for families, children and youth with special health care needs

Contact agencies that support families, children and youth who are managing special health care needs and disabilities. Since each state receives Federal funding for services for children with special health care needs, all will have a resource guide listing services, state sponsored specialist clinics and specialty care organizations and services (e.g., advocacy organizations, support groups, programs, foundations), for children. In some states, this resource guide is called the Medical Home Portal; more information on the portal is available at: [www.medicalhomeportal.org/](http://www.medicalhomeportal.org/) Consider contacting and including your state’s Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs). A list of these organizations is available at: [www.parentcenterhub.org/find-your-center/](http://www.parentcenterhub.org/find-your-center/)

#### Step 2

Once the comprehensive list is complete, each agency is verified on the state or local 211-website. From each search, track on the Excel spread sheet if the agency was already included among resources on the 211-website or if it was not. If there is a discrepancy in contact information, note that as well for the 211 program to check.

#### Step 3

After each agency is searched, share the comprehensive list with your local or state 211 program. 211 staff can use that list to contact agencies that were not on the 211-website and meet criteria for inclusion.

211 can inform the project team of the agencies that didn’t respond and or didn’t meet inclusion criteria for 211 (e.g., for profit agencies; services provided outside of the 211-service area).

The project team also can ask the state disability agencies to follow up with agencies and organizations not responding to 211 outreach efforts. If a disability service provider agency operates outside of the partner 211 program’s service area, the project team can forward the agency contact list to the appropriate 211 program.

### Review: What you can do

* Inform your local 211 partner that you are interested in doing a resource cross reference.
  + Ask how to time the activity with other 211 commitments.
  + Explore whether additional funding or volunteers are needed to support 211 to provide needed outreach and support to disability agencies and organizations.
* Receive consent from the local 211 partner to move forward with the search.
* Contact the local I/R agencies in your community For example, most communities have an Area Agency on Aging who provides I/R services for the elderly and people with disabilities, military organizations, Indian health agencies, FQHC’s and others.
* Ask each agency to share their resource lists that likely include disability support services.
* Use internal information through your organization.
* Use information gathered at Meeting #1.
* Collect information and organize in the given Excel spread sheet.
* Search for each agency one on the local 211-website.
* Indicate which agencies are not represented on the 211-website.
* Provide the information you gathered to your local 211 partner.
* Review the process with 211 and plan follow-up activities.
* Project team alerts relevant state employees that they will need to provide I/R services to connect individuals to for-profit disability agencies and resource.
* Project team communicated with other 211 affiliates about disability agencies that are providing services and supports in those 211 service areas.

### Note

This process among partners and should be implemented with positive support from the steering committee to 211 to achieve the goal of making 211 a resource that is comprehensive and inclusive of disability support services and programs. This activity is most sustainable if the 211 program conducts the outreach and support to the disability service agencies and organizations. Identify with 211 a realistic timeline and needed resources for making outreach and support to these disability organizations.

## Implementing Meeting #2 and Related Follow-up Activities

* Agenda
* Sign-in sheet
* 211 search activity
* Address commonly asked questions from 211
* Brief review (PPT or written notes) review from Meeting #1
* Consider complex systems thinking [and Tom Wujic’s Ted Talk, “Got A Wicked Problem? First, Tell Me How You Make Toast,”](https://www.google.com/search?q=ted+talk+making+toast&oq=Ted+talk+making+toast&aqs=chrome.0.0l2.7583j0j8&sourceid=chrome&ie=UTF-8#kpvalbx=1)

### Planning

Meeting #1 involved understanding how people value certain resources in their community and how they initially became connected to those resources. Meeting #2 is geared to build off that shared knowledge from Meeting #1. The morning session of Meeting #2 is for IDD advocates and interested agency representatives, while the afternoon session is for all members of the steering committee. Agency partners are invited to participate in the morning session if they have interest.

The pilot project reserved a computer lab at the University of Montana Mansfield Library that sat approximately forty people. They had 18 steering committee members at the morning session. The afternoon session had an attendance of 25 steering committee members and was held in a conference room at the University Center at the University of Montana, where they provided lunch catered by campus dining. Parking on the University of Montana’s campus required a parking pass. The pilot project sent parking passes in the mail one week before Meeting #2 and had additional parking passes on hand the day of the meeting.

Meeting #2 was designed to be partially in a computer lab and partially in a conference room with access to technology for displaying a PowerPoint. The above is an example of how the pilot project organized Meeting #2. You will need to consider where you may have access to a medium to large sized computer lab and conference room where lunch can be served.

### Suggestions for planning Meeting #2

* Invite your steering committee at least three weeks before Meeting #2
* Reserve a space for the meeting at least one month before the desired date
* Ask each steering committee member them to pick from a list of lunch options to ensure accommodation for people’s dietary preference
* Provide parking passes and/ or maps for access to the meeting location

### Implementation

Dedicate one or two people to welcome the steering committee. As people arrive:

* Guide them towards the sign-in table
* Welcome each member by asking for their name and the agency they represent
* Have them write their name and agency on their name tag
* Have each fill the sign in sheet and photo release form (make sure you can read their handwriting)
* Offer them an agenda for the day
* Invite them to take a seat by someone they have not yet met

Once all steering committee members arrive begin the meeting by following the agenda for meeting #2.

The agenda is in two parts. In the morning, advocates meet in a computer lab where you will review information from the previous meeting, demonstrate how knowledge is transferred with a duet performance, and play a 211-search activity that involves finding answers to commonly asked questions for 211. Please refer to Meeting #2 resources in the appendix.

### Follow-up Activity for Project Team and Committee Workgroups: Creating Tutorials

The pilot project identified a need to make “how to” videos for using 211 for IDD persons in their community. Between Meeting #2 and Meeting #3, they met with IDD advocates and created scripts and videos on how to use 211 in various scenarios. After Meeting #2, use the sign- in sheet to indicate on your electronic version who was in attendance. Additionally, schedule a meeting to reconnect with key partners to discuss what observations were made from Meeting #2. At the same meeting with key partners, select a date and location for the third steering committee meeting. Once you have an agreed upon idea of what you learned from the second steering committee:

* Send a follow up report with key findings by email to stakeholders.
* Pick a date and reserve the location for the Meeting #3
* Meeting #3
* Send a ” save the date” invitation for Meeting #3 (email template in appendix)

### Video Creation Strategies

From the pilot project steering committee, three workgroups were formed who met several times with the project team to develop and refine the scripts and the tutorial videos:

1. Workgroup identified a topic(s) or frequently asked question(s)
2. Project team brainstormed, videographer wrote a script, and the workgroup read out loud, reviewed and improved.
3. Using script as a blueprint, the narration and other visuals and audio were recorded and usually re-recorded based on feedback.
4. A draft video was produced and edited with open captions for review by the project team and Missoula 211.
5. These videos are available on the 211 entry page of the on-line Rural Disability Resource Library, available at: http://resources.ruralinstitute.umt.edu/resource/211/

See Appendix for details on the creation of video tutorials.

The creation and sharing of tutorial videos highlighted how the 211-website can be used and that a phone call to 211 is the preferred option to find resources. The videos also show how the team identified aspects of the website are not user-friendly.

### Topics of videos included:

* *How to Get On the 211 Website*
* *How to Find a Job Using the 211- website?*
* *How to Find Housing Using the 211- website?*
* *What’s the Difference Between 211 and 911?*
* *How to Use the 211-website to Learn About Special Olympics Athletes and Volunteer Opportunities*

### What you can do

* Assess the needs of your community for having access and understanding of 211.
* Connect with a videographer to make “How To” 211 videos specific to your region.
* Use the videos created by the Rural Institute as a guide and launch pad for your own promotional purposes.
* Follow the process to develop your own tutorial videos using the guide in the Appendix.
* Determine how to disseminate information on 211 including videos to reach our target audience, e.g., Special Olympics and other disability support agency web sites.

## Implement Meeting #3 and Related Follow-up Activities

* Sign in sheet
* Agenda
* 211 Videos
* PowerPoint
* Assets map with 211 resources

### Planning

Meeting #2 involved exploring the 211-website for resources associated with what was mentioned in the first steering committee meeting. The third steering committee meeting was designed for members to share reflections on the project and suggestions for future work. Meeting #3 was also designed to share relevant products produced from the project. For the pilot project, they shared the “How to Use 211-website” videos. You may have a different output to share. Please refer to the meeting # 3 agenda for details. Be sure to:

* Reserve a space for the third and final meeting that allows for PowerPoint and video displays
* Confirm with your catering of choice that lunch is ordered and will arrive at your specified time

### Implementation

Dedicate one or two people to welcome the steering committee. As people arrive:

* Guide them towards the sign-in table
* Welcome each member by asking for their name and the agency they represent
* Have them write their name and agency on their name tag
* Have each person fill the sign in sheet and photo release form (make sure you can read their handwriting)
* Provide the agenda and the reflection and suggestion document (provided in the appendix)
* Invite them to take a seat by someone they have not yet met

While participants arrive for the final meeting, ask them to start filling out the reflection and suggestion document and be prepared to share answers with the group during introductions. Dedicate a note taker to document what participants share during introductions. Encourage participants to add to the handout throughout the meeting. Collect the completed handouts as members leave the meeting.

Follow the agenda for Meeting #3.

### Follow-up Communications with the Steering Committee

The follow up from this last meeting may be the most important. You will have a collection of reflections and suggestions from your steering committee that should be transcribed and organized into themes, to share with the local 211 and disability organizations and agency representatives. The results of Meeting #3’s reflection activity and constitute steering committee members’ priorities that can be organized into a shared agenda for inclusion and quality improvement in I/R services.

### Final Considerations and Opportunities

Steering committee members will follow up in their organizations to integrate 211 into staff and public outreach and training.

### Steering Committee Member Project Feedback

#### What Steering Committee Members learned from this project

* When and where to make phone calls, 211 vs 911.
* The more practice I have, and the more role playing, the better understanding I have of the project and the importance of I/R to persons with IDD.
* Learned about 211 and how to use the website.
* How important (it is) to include people (with IDD) in what you are doing. Any time you are serving people, make sure they are included in the planning process.
* Learned that I can participate and enjoy being included in decision making.
* The activity at Meeting #2 was helpful for people to really understand how to use the 211-website and explain how to use it to other the people. The space to practice in a fun game environment made it easy to understand and learn.
* Before this project I knew of 211’s existence but did not know how to make use of 211 as a valuable tool; now I know.
* Best practices for presentations, using a microphone, readable font, and presenting information in a variety of ways
* 211 is a hidden gem, the capacity for I/R is incredible.
* 211 is a trustworthy source with vetted suggestions .

#### Personal Action Steps after this project?

* Community organizations can have 211 as a community resource to guide for public to find additional resources
* Agencies should go back and check to see if they are represented on the website like they want to be. Each organization should make sure 211 describes all the things they do. It should be part of the organization’s quality assurance to double check and get back to 211 with updated information
* Try to make a participatory approach the new normal in the work at our agency and in our community
* Train front office and desk staff in using 211 as a tool to try an answer questions for which they do not have immediate answers (echoed by other organization representatives).
* Let more people know about 211 and how it works
* Suggest 211 to be used as a training tool for Local Program Coordinators (LPC’s) for Special Olympics
* Use the activity from Meeting #2 as a training tool for staff.
* Introduce 211 to group homes and case managers
* Suggest to Summit ILC. To use 211 as a training tool for peer advocates
* Plan to make the 211-website part of the MFB-CC resource guide

#### Suggestions for 211 to improve access to I/R services for persons with IDD

* The icons are great, but the descriptions for agencies are too wordy. Consider using more icons in the description section for agencies.
* Make the language simple; it is useful not only to people with IDD but anyone who is searching for information, e.g., use [plain language](file:///\\siberia.gs.umt.edu\rtc$\MTDH\Special%20Olympics\211%20Project\Toolkit\plainlanguage.gov).
* There is a certain font that is best for people with disabilities, and it is not on 211-website (Consult with the National Federation of the Blind for recommendations and with its local affiliates. More information is available at: <https://www.nfb.org/accessibility-policy> )
* Make one or two less clicks between the 211-website and an actual service like yoga or cooking class. (Provide support to organizations to complete agency and services forms using steps outlined on pages 8-9 above.)
* Add more options for transportation under *disability services*, like the Mountain Lion (public transportation system that includes paratransit). (During outreach, prompt organizations to highlight programs and services that are accessible and support persons with disabilities.)
* Have an audio option for text boxes or a chat box with a 211 employee.
* Continual feedback from people with IDD is critical. Include persons with IDD in accreditation activities (e.g., call quality evaluations). Listen to all users on how to best to present information in an I/R system.
* 211 can be used as a follow up tool for Special Olympics [Healthy Athlete events](https://www.specialolympics.org/our-work/inclusive-health)
* Work with People First chapters to incorporate contact information into a central website.
* After selecting a category, it would be helpful to put the findings in order from A-Z to make searches easier to navigate.
* Allow agencies to select what categories they will be represented in, on the agency and service form; prompt agencies to think through the accessibility and inclusiveness of services for people being served through disability services systems and for individuals with disabilities who are not a part of those systems.

### Questions for 211

* Where does 211’s [taxonomy](https://en.wikipedia.org/wiki/2-1-1) come from? How were the categories and terms developed?
  + What is the history of the taxonomy? Maybe it needs to be reviewed to be more consumer-driven?
* What is the best way to use the 211-website and phone service (and app) together?
* At what point is it better to pick up the phone and call?
* How often do you update the 211-website/ database?
* What disability resources are not in 211-website that should be?
* Do you provide training for agency partners in Missoula to use 211-website and phone service as a community resource?
* How could it be made easier to find volunteer opportunities in the community using the 211 system?

### General Questions / statements

* Do High School Special Education teachers know about 211? Could they use 211 as a tool to prepare students for life outside the family home or group home? Can 211 help with youth transition planning?
* Do case managers supporting person-centered planning with persons with IDD know about 211? Do case managers know how to train and support persons with IDD to use 211, on their own with a trusted support person, friend, or family member, to identify community resources to build into the person-centered planning.
* What training do 211 staff need to better support persons with IDD in information and referral services?

## A long view on realizing opportunities

There will be opportunities identified in this process to integrate awareness of and use of 211 I/R services into your disability organization’s programming. These opportunities may be addressed as a future enterprise of the newly formed collaboration community of practice—or work groups thereof.

Capture these opportunities as they surface and build them into your inclusive healthy community agenda.

After ensuring that a comprehensive list of local and state disability support services is represented in the 211 website, stakeholders are ready for the next steps.

Prior to further 211 and other health related partnership initiatives, local SO program staff are encouraged to find answers to questions below. Having this background, you’ll be more prepared to present the partnership rationale with others.

Local SO program staff should find answers to questions such the following. Knowing more about the health coverage and access of the athletes will help target your efforts.

1. Which athletes don’t have health insurance?
2. How do we access health insurance navigators throughout the state?
3. Which athletes are enrolled in Medicaid? Medicare?
4. Where is a list of medical and dental providers who accept Medicaid and/or Medicare?
5. Do you have the contact information for the state’s FQHCs?  To learn more about community health centers, visit this website: <http://www.nachc.org/about/about-our-health-centers/find-a-health-center/>
6. How will SO staff communicate with athletes and their care providers about Healthy Athlete referrals?  By phone?  By email? By USPS?
7. Do SO staff have a script to use when explaining HA and the screening results to interested parties?
8. Most athletes will have a primary care provider and dentist. State Special Olympics programs are responsible for initial medical follow-up to see that referrals are addressed by the athlete’s support individuals. Athletes without providers may not have health insurance either.
9. Who could SO partner with to staff a SDOH I/R service as part of the HA circuit?
10. What preventive and clinical services are available in each community to address the range of HA screening referrals? And are these resources identified in the 211 resources data base (211-website)?
    1. For example, FQHC’s offer diabetes education, treatment and medications for qualified individuals. To learn more about community health centers, visit this website: <http://www.nachc.org/about/about-our-health-centers/find-a-health-center/>.
    2. Community-based vision services are offered through Local Lions Clubs and offer additional vision care support.  Vocational Rehabilitation Services offers Blind and Low Vision services.
    3. Access to healthy foods, cooking classes, grocery store tours is available through a variety of service providers, for example federally funded food and nutrition programs such as WIC, SNAP, Elderly nutrition programs, Cooperative Extension, Child Care Resources, Farmer’s Markets, community gardens. Emergency food is available through local food banks.
11. An I/R station, if added to the HA circuit could help in use of the 211 website or call center, to help address unmet SDOH.
12. Could SO partner with a local agency such as the UCEDD, to tailor a SDOH interview for athletes, their family members and guardians?  After identifying gaps in and individuals SDOH, a trained advisor could help demonstrate how to research the 211 website in search of inclusive SDOH service.

### Appendices

The following materials were adapted from the pilot project for possible use in support of the process described above. There are templates for agenda, activity guides, and templates for letters and emails.

Supplemental materials, templates of slide presentations for Meeting #2 and #3, and example tutorial videos are available at: <http://mtdh.ruralinstitute.umt.edu/?page_id=7692>

### Steering Committee Meeting #1 Agenda

**Location:**

**Date:**

**Time:**

**Agenda details:**

[INSERT Your disability organization’s name with local chapter information] is excited to facilitate a new partnership in connecting community members with IDD to local resources. We invite you to partner with us as a steering committee member to gain insight on the current functionality of the many local resources for residents with IDD in insert city name and the surrounding areas. Our first formal meeting on insert date is outlined below. Lunch will be provided for all participants.

**Pre-Meeting Review Session: 8:00-9:00 A.M.**

Please join us at 8 A.M. to review the agenda and key terms before the formal meeting begins. We will have a continental breakfast for those attending the pre-meeting review session.

**Meeting Agenda**

1. **Introductions: 9:00 – 9:30**
   1. Each committee member will give a brief description of their organization or personal connection to the project
2. **Project Overview 9:30 – 10:00**
   1. Provided by: *insert key leader of this project*
3. **Stories 10:00 – 11:45**
   1. All members are asked to share a story of when they wanted to learn how to find information on a basic need, such as housing, transportation, etc. and how they became learned about the resource.
4. **Lunch: 11:45 – 12:00**
5. **Assets Mapping Activity: 12:00– 1:15**
   1. Explain how asset mapping tools are used and create community assets map
   2. Split into groups and create a map of assets in your community
   3. Groups present maps
6. **Making Connections 12:15 – 1:15**
   1. Understand how resources and people become connected
   2. Discuss the avenues of information flow
7. **Conclusions 1:15 – 2:00** 
   1. Draft topics for next meeting

### Meeting #1: Steering Committee Assets Mapping Activity

#### Materials Needed



Figure 3. Rural Communities Poster to Support Assets Mapping. C*ontact: Tracy Boehm,* [*Tracy.Boehm@mso.umt.edu*](mailto:Tracy.Boehm@mso.umt.edu)*. ©RTC:Rural2017*

-- Print assets map for each small group table

-- Display one large printed assets map on a magnetic board or project to appropriate space

-- 10 to 15 sticky note pads, regular size and small version

-- Pens, markers, pencils for writing on sticky notes

-- Camera

-- Projector or a board to hang poster.

#### Script

**What is assets mapping?**

An assets map is an inventory of the strengths and weaknesses of our community. To create an assets map, we will highlight what we have in our community and discuss how people connected to those resources or assets. We also will discuss how those assets help us live healthy and happy lives in our community. It’s important to get everyone’s input. You may know of a resource available in our community that your neighbor does not.

First, work in large group to learn the process and map assets in your community. Second, split into small groups with an equal mix of advocates and agency members and build a map that reflects what one or two advocate members identify as the resources-- for the home, in town, and out-of-town, that would be most important for a new community resident to know about or have.

#### Large Group Community Activity:

Directing focus at the assets map and magnetic symbols that represent some community assets. Notice some assets are “in town” and some are “out-of-town”. As group members suggest community assets or resources, the presenter or facilitator creates a post-it and places it in an appropriate space on the poster. (You may create stickers ahead of time with icons for common community assets.) Placing the resources on the map conveys the density of resources, prompts conversation of how one learned of the resources, how one travels from one resource to another, and of what’s missing and may exist out-of-town. This visualization helps participants step outside their routine and think like a new resident of what your community has to offer; it helps the group see what community assets people know about in relation to their location, routine, and perhaps put new organizations and opportunities on their radar.

**Can you tell me, what do you do in your community?**

Presenter offers prompts to engage conversation. (Response may be along the order of: work, hike, go to the library, eat out at restaurants, go to school, watch movies, walk in the park, fish, float the river.)

**Where do you go to get food in your community?**

* Presenter offers prompts to engage conversation. (Responses may be along the order of: Grocery store, food bank, restaurant, my parent’ house, my garden, farmers market.)
* Presenter offers prompts to engage conversation. (Responses may be along the order of: I use the bus, bike, wheelchair, transportation service, Uber, Lyft, skateboard, walk.)

**What is the landscape like in our community?**

* Presenter offers prompts to engage conversation. (Responses may be along the order of: mountains, rivers, trees.)

**How does our community change throughout the seasons?**

* Presenter offers prompts to engage conversation. (Responses may be along the order of: snow, ice, rain, sun, heat, wildfires, flooding.)

**What do you do out of town? How far do you travel?**

* Presenter offers prompts to engage conversation. (Responses may be along the order of: Visit family and friends, see music, go to the airport, visit the doctor.)

**How do you get out of town?**

* Presenter offers prompts to engage conversation. (Response may be along the order of: Bus, train, drive, fly.)

**If you could change one thing about your community, what would it be?**

* Presenter offers prompts to engage conversation. (Response may be along the order of: More diversity, greater healthy food access, better transportation, and shorter winters.)

#### Small Group Activity

Suggested script: Now let’s split into small groups and use the map on your table to talk with each other about your personal experiences in our community. While doing this, consider a person who is new to town. If they don’t know anything about our community, how would you find out what they are interested in learning about? Write or draw out what you discuss. In 20 minutes, we will regroup and each group will share its individualized map. Feel free to follow the prompts provided with your map.

**Small group questions to consider**

* What features and items in your home help you be healthier every day? (What helps you relax, what helps you work out, what helps you wake up, what helps you feel safe, what helps you feel empowered, in-control, and in the best place to help yourself and the people in your life?)
* If you could change something about your home, what would it be?
* What is something special about your community that you really enjoy?
* Where do you go to get healthy food in your community?
* Do you drive? If not, how do you get around town?
* What do you do out of town? How far do you travel?
* What don’t you like about your town?

#### Bring group back together

After fifteen minutes, give the small groups a five minute window to think about what they want to share with the larger group. As the groups share, acknowledge the uniqueness of what they are saying and mention how it contributes to our idea of our community.

### Meeting #1 Follow Up Notes

* **This template can be used for follow-up notes for all 3 meetings**
* **For a full report of the Missoula, MT pilot project, please contact Meg Ann Traci,** [**meg.traci@mso.umt.edu**](mailto:meg.traci@mso.umt.edu)**, 406-243-4956**

**Making I/R Services Inclusive for People with Intellectual Disabilities**

Brief bulleted notes from the meeting #1

**Administrative Start up:**

* Provide brief bulleted information on how you reached goals for the project so far

**Review of Steering Committee Meeting**

* Provide a bulleted review of what was discovered at Meeting #1

**Moving Forward**

Next Steering Committee meeting scheduled for the insert date

* Indicate planned agenda for Meeting #2

## Meeting #2

**211 Pilot Project Steering Committee Meeting**

**Location:**

**Date:**

**Time:**

**Meeting overview:** The morning meeting activities are intended primarily for advocate members Agency representatives will join the meeting at noon.

**Part 1.**

**Location: Somewhere with a computer lab**

9 A.M. Introductions and break into small groups

9: 15 A.M. Demonstration of how knowledge is transferred

9:30: Introduction of team game

9:45 A.M. Review resource questions

1. Where can I find a safe place to sleep tonight?
2. Where can I find an affordable home? Like an apartment to rent. Who can help me?
3. Where can I find help with home repairs or maintenance?
4. Where can I find help paying my rent?
5. Where can I find a home to buy? Who can help me?
6. Where can I find help paying my mortgage, home insurance, or property taxes?
7. Who can help me deal with landlord?
8. Where can I find people who understand what it means to live in the community with a disability?
9. Where can I find healthy and affordable food?
10. Where can I find help paying my bills for my electricity, heat, water, phone, or internet?
11. Where can I find a doctor who will take Medicaid?
12. Where can I find a dentist who will take Medicaid?
13. Where can I find help paying my healthcare bills?
14. Where can I find help with my alcohol and drug addictions?
15. Where can I find help with mental health?
16. Where can I find help getting a job?
17. Where can I find help with money problems?
18. Where can I find help getting child care?
19. Where can I find help to be a better parent or child caregiver?
20. Where can I find a lawyer to help me fight for my civil rights as a person with a disability?
21. Where can I find a government agency who helps people with intellectual and development disabilities?
22. Where can I find transportation to go where I want to go?
23. Where can I find education or classes that will help me?
24. Where can I find help with my smoke alarm?
25. Where can I find help getting clean air during wildfire smoke season?
26. Where can I find help during a disaster?
27. Where can I find a case manager or someone who will help me to stay healthy in the community?
28. Where can I find a place and the tools to garden?
29. Where can I find help buying clothing for a job?
30. Is there a place I can get a used refrigerator and bed
31. Where can I find a place to exercise?

10:00 A.M. Choose three questions to answer using the Montana 211 website

10:45 A.M. Draft a script that shows how to use the Montana 211 website to find a needed resource

**Part 2. Steering committee (all) activities in the afternoo**n

**Location: assume it’s the same place**

12:00 Lunch

12:15 Project team updates

12:30 Advocates share draft scripts with stakeholders for input and feedback

1:15 Review 211 agency and services. (This content can be found in the supplemental material PowerPoint slides for meeting #2)

1:30 P.M. Review disability resource lists for Missoula 211 area and suggest additions

1:45 P.M. Next steps

2:00 P.M. Adjourn

### Improv Activity: Developing Clear Instructions

Acknowledgement: Mike Beers, Summit Independent Living Center

Warm up activity: A presenter recruits a volunteer from the audience to follow instructions for creating an origami piano (see various diagrams for folding paper into a piano that are available on-line). The volunteer can only do what the presenter says to do. Usually, this does not result in an origami piano. The presenter then leads group discussion of what went wrong. Ideas like a lack of an imitative model (seeing what to do) and confusion with what different words meant, and that sometimes important steps are not explained. With attention to these problems, the presenter then shows and more clearly describes how to make an origami piano. The volunteer follows along with usual success. The presenter then gets input from the group about what went right that time. The presenter then transitions to the activity to develop clear instructions for using the 211 website reminding people to keep in mind the lessons just learned.



Figure 4. Photo of an origami piano.

Next, the presenter breaks the group into teams of two each with their own computer. The teams are assigned a common question to research on the 211 website. When possible create teams with a self-advocate and a family-advocate; teams can choose who will be Team member “A” or team member “B”.

Team member ‘A’ goes to separate room while team member ‘B’ accesses the 211 website by computer and tries find at least one community resource to help address the question. Multiple project team member are available for technical assistance to team member “B”. A project team member leaves the room with the team members “A” to further explain what to do upon returning to the room (i.e., follow instructions only and do not make any assumptions about what to do to navigate the website(s)).

Once each ‘B’ team member has found a community resource that addresses the question, they will be given three minutes to develop clear instructions for ‘A’ team members to find the same community resource. Teams may use the question as a part of the instructions. Each team will have a scribe to write down the instructions.

After three minutes, ‘A’ team members will return and follow the B Team members’ instructions exactly. The first team to get to the same community resource on the 211-website ‘wins’. Teams then work together to clarify instructions.

Once all team members have clear instructions, the teams that want to present their instructions are giving the opportunity. Teams that do not want to present their instructions do not have to do so; however, project team members should acknowledge the work of all teams and document the instructions in the meeting summary.

### Rise of Online Tutorials and the Development of Missoula’s 211 Video Tutorials

By Samantha Steven, University of Montana Rural Institute for Inclusive Communities

There’s a surge in online tutorials because of the privacy and immediacy of viewing them. It’s nice to get information without talking on the phone, especially when it answers sensitive questions and you’d prefer to stay private and find that information without a middle person.

Also, there’s the added benefit of being able to watch these videos as many times as needed and at an individualized pace.

“Indeed, 70% of YouTube viewers watch videos for “help with a problem” they’re having in their hobby, job, studies, or relationship. Merely using the word “video” in an email subject line boosts open rates by 19% and click-through rates by 65%“ ([Forbes, 2017](https://www.forbes.com/sites/ajagrawal/2017/02/01/lights-camera-engagement-2017-is-the-year-of-video-marketing/#400e9ba82315))!

The best way to spread awareness of your brand or services nowadays is to create a tutorial. It isn’t as agenda-driven as an advertisement because it’s offering helpful information while exposing customers to services. Further, it establishes your company/brand/ organization as an authority on the subject, which builds trust with potential audience/customers.

For people with disabilities, on-line tutorials are especially beneficial. They allow the individual to learn to navigate webpages and find “how to” information independently.

### 211 Video Tutorials

Throughout the pilot project, we heard people voice their unfamiliarity with 211 and its range of services. Even people who knew it by name, didn’t know that 211, although primarily a call center, also managed a website that listed community resources for problems as far-reaching as emergency shelters, transportation information, job searching organizations, and medical and mental health counseling referrals. In fact, the 211-website served as the source of referral information for the specialists who answer the call center phones.

Knowing that an entire archive of agencies, organizations, and community resources are listed in one place, the 211 website, empowered people who often feel overwhelmed at Google search results. Also, all the agencies listed on the 211- website must meet strict criteria before being added to the 211 resources inventory.

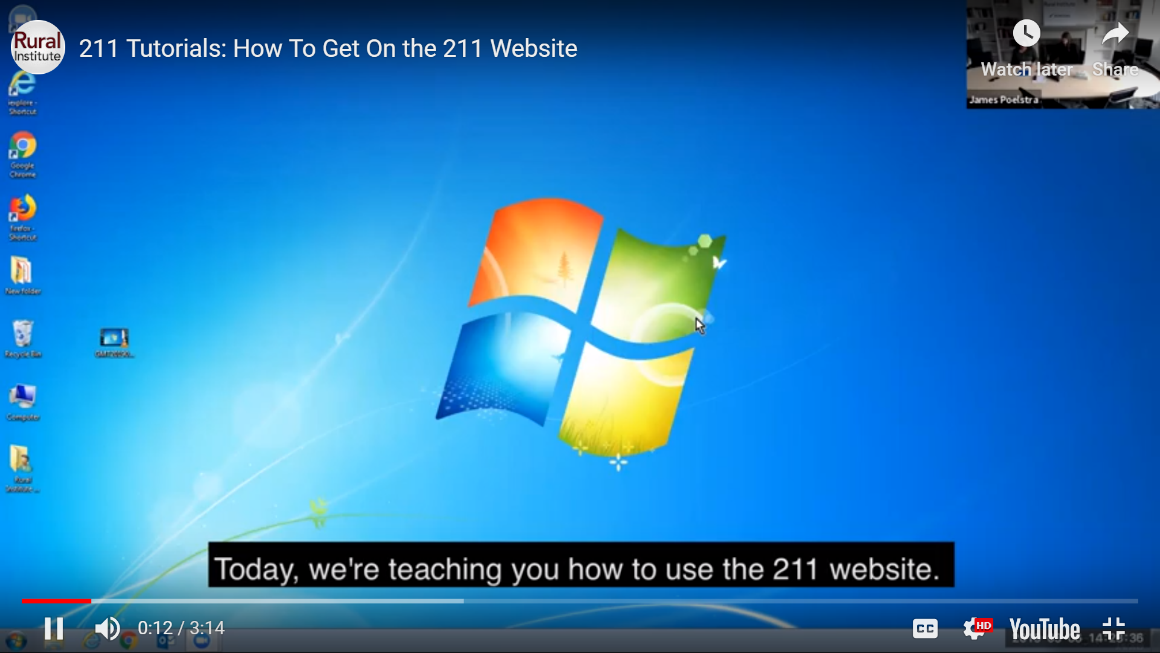
Since 211 vets the resources that they list, there are no unsavory scam brands that could take advantage of a person with disability.

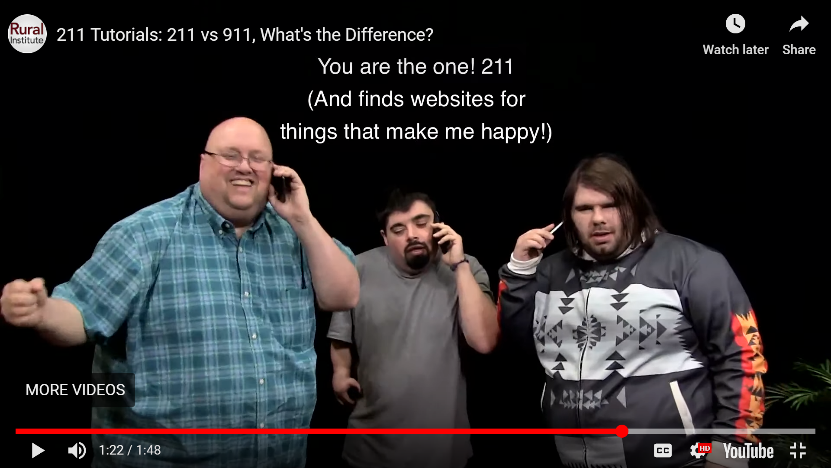
#### The Process: Pre-Production

To develop tutorial video’s, the project time hired a part-time employee with expertise in writing scripts and video production. This person developed a first script for a tutorial video detailing how to first get on the internet itself and find the 211-website. The project team and advocate workgroups spent time orienting this new team member to the project. She was told not to assume that people know how to get on the internet, and to aim to be precise in laying out what a desktop and icons and internet browsers meant, since often those key terms are thrown around with the assumption that everyone knows such jargon.

Generally, a process was refined with these steps. The team’s new script writer/videographer drafted and shared a script with a workgroup of advocates (from the steering committee) that showed how to find possible resources to address a problem or question that the workgroup had identified. The workgroup members helped pare the script down to digestible nuggets, particularly in hearing it read out loud and learning that the writing needed to stay concrete and literal. More specifically, the workgroup would identify a volunteer self-advocate to read the script aloud while other members followed along on hard copies of the script making notes for group discussion and possible editing. After the read-through, the group discussed problematic sections of the script and gave ideas for how to re-write the scripts. The project team’s new video lead was responsible for developing the next draft of the script for the next meeting. Workgroups met at least twice to review the scripts and support editing, and scripts were reviewed by at least two of the three workgroups. (Workgroups included: 1) Members of People Frist Missoula; 2) Employees of Summit Independent Living Center; and 3) Special Olympics Montana athletes and family members.)

Figure 5. Developing and producing tutorial videos: Using Screen Cam visuals. Since the first script focused on the process of getting online and navigating to the 211-website, it made sense to shoot Screen Cam visuals, emphasizing the step-by-step navigation, using Zoom. Then, the narration was delivered by Connie Lewis, who guided viewers through the process.



Figure 6. Developing and producing turorial scripts: Improv is fun! After working through the process to develop the first script, we showed this video to other workgroups who were eager to take part in creating more video content. Representatives from Summit Independent Living Center who were serving on the steering committee-- Jason, Bobby, and Mike offered other ideas for future videos and together, we brainstormed a quick script on how the 211-website can help you make friends and find ways to meet people. Jason, Bobby, and Mike conceived and then narrated this video and subsequently pitched more and more ideas. Soon, we had created several improvised videos. Their comfort in describing what 211 is and what topics the video covered led the direction for the future videos. They were able to freely improvise a video comparing and contrasting 211 to 9-1-1. Jason often emphasized that he associated 211 with 911 but understanding their differences helped him learn and then teach what 211’s services were.

#### Production

Initially, we shot videos on the phone, without thought to light and sound, and focusing more on getting the performance and narration and improvisations clear and correct. This made for good practice and rehearsals, and there was a nice rise in comfort levels all around; this in itself was a great way to learn about 211. The best way to learn something is to teach it, and Jason, Bobby, and Mike learned how to teach 211 adeptly.

Upon uploading the content on Adobe Premiere video editing service, the sound was too inconsistent (and still is in the Friends and 211 video because I am not a proficient sound engineer and audio levels are more trial-and-error for me). Seeing this problem, we found a controlled media room in which microphones, lighting, camera, and teleprompter were all set up. We shot the Housing 211 script in that room with Julian, a representative of Special Olympics Montana on the steering committee. This production space had consistent, professional sound and 1080 HD visual quality as opposed to the phone visuals, which were best played on a phone but can get pixelated and grainy when played on a projection.

#### Post-Production

I edited using the latest version of professional editing software, 2019 Adobe Premiere. I found that the footage shot in the Media Studio converted easily and quickly and required far less tune-ups, and trial-and-error, and audio/visual honing, so that was great! I’m still learning (from Adobe Premiere online tutorials) all the ins and outs beyond my basic skill set and getting better at working with audio levels.

## Meeting # 3 Agenda

### **Meeting overview:**

**12:15-12:30 Arrivals/Sign-in/Pick up lunches**

### Part 1. Advocate member activities in the morning

Location: University Center, Room 332 (south of the elevators through double doors)

Time: 12:30 P.M. to 2:30 P.M.

12:30 P.M. Introductions

* Please prepare a 1-minute introduction with reflection on the project
  + Name and agency
  + One thing you learned through this project
  + One thing you will do differently after the project
  + One recommendation for improving access to I/R services for persons with IDD

1:00 P.M. Overview of project activities

* Presentation (Meg and Danielle)
* Summary activity: revisit the assets mapping activity from Meeting #1 and to integrate use of 211

1:45 A.M. Creating a 211 tutorial videos

* Briefly overview the process and tools used
* Show examples of tutorial videos [*(available with supplemental materials to this manual)*](http://mtdh.ruralinstitute.umt.edu/?page_id=7692)
* Solicit ideas for additional videos (e.g., use questions on pages on 28-29 to prompt what questions are most important to steering committee members and could be addressed with 211 information and referrals and web searches.)

2:15 Final thoughts about improving access to information and referral services for persons with IDD or generally; final input from agency partners on the steering committee (advocates will stay for Part 2).

### Part 2. Steering committee (all) activities in the afternoon

Location: University Center, Room 332 (south of the elevators through double doors)

Time: 2:45 P.M. to 5:00 P.M.

2:45 P.M. Review steering committee members’ introductions and discuss how to develop the information shared into a final product

3:15 P.M. Discuss possible ways to tell communities what we did and support them to do any of the activities that might work for them.

* Break into small groups to develop ideas
* Report back to large group

3:45 P.M. Additional tutorial video(s)

4:15 P.M. Next steps for Missoula steering committee and advocacy groups

4:30 P.M. Final discussion

Introduction and Reflection

1. **Name and Agency:**
2. **One thing you learned through this project.**
3. **One thing you would do differently after this project.**
4. **One recommendation for improving access to I/R services for persons with IDD**

## Email Template #1

**Before first meeting**

Dear colleagues,

Thank you for agreeing to serve on a steering committee for the pilot project to Improve Information and Referral Services with Persons with IDD and community stakeholders, supported *by Insert funders or sponsors here*. This project aims to strengthen the inclusion of persons with IDD in community based I/R services such as 211 programs.

We will meet on *insert date here* at *insert location here*.  Please refer to the attached agenda. and let us know if you have questions about the meeting or how to prepare for participation..

Please note that there is an 8:00-9:00 pre-meeting session on the agenda and all are invited. This session is for anyone who to review the agenda, the project or key terms with our project team before the meeting starts. We will have breakfast items at the pre-meeting orientation session.

Some of you will recruit representatives of your agency or program to serve on the steering committee.  Please RSVP for all who will attend from your agency, by *insert date one week before Meeting #1*.  We will provide lunch. Please include dietary requests and any needed ADA accommodations with your RSVP.

With appreciation,

*Attach signature of key contact person here*

## Email Template #2

**Follow up from Meeting #1 and invite to Meeting 2**

Dear 211 Pilot Project Steering Committee Members,

Thank for agreeing to participate in this committee and for your contribution thus far.

To summarize Meeting 1, please find attached:

1. Notes from meeting #1 [insert date of meeting #1] that include updates from work conducted since that meeting with rural advocates; and
2. Slides with photos and descriptions of the meeting activities and results (provided in appendix)

On *insert date for meeting #2*, we will host Meeting #2 at *insert location*. The agenda is in two parts. In the morning, advocates and interested agency representatives will meet from *insert time frame* at the *insert location*. Advocates and others will develop messages on 211 to present to the full steering committee in the afternoon from *insert time frame* in *insert location*.

We will provide lunch. Please include dietary requests and any needed ADA accommodations

We will send a full agenda with directions and parking information next week. In the meantime, please save the date!

Thank you,

*Attach signature of key contact person here*

## Email Template #3

**Follow up for second meeting and invite to third meeting**

Greetings 211 Pilot Project Steering Committee Members,

We hope you all are staying warm and safe out there with all this snow! Thank you so much for your participation in this committee and your contribution thus far. Our last meeting demonstrated how *insert short summary of key findings from second meeting*. The feedback on how our community can better use 211 as a resource for I/R was invaluable and we look forward to sharing our summary with you at our next and final meeting.

On *insert date*, we will host our final meeting for the steering committee. Meeting #3, our final meeting at *insert location*. All steering committee members will meet to review the project manual, from *insert time frame*at the *insert location*, lunch and parking passes will be provided.

We will send a full agenda with details, directions, and parking information in the next week. In the meantime, save the date! Please RSVP by *insert date one week to 3 days before meeting* with an address to send a parking pass and your desired lunch option.  Please see lunch options below my signature.  We look forward to working with you on this final stage of our 211 project!

Sincerely,

*Attach signature of key contact person here*

## Outreach

The following is a script and letter template for 211 to reach out to disability support services.

### Phone script

Hello *name of agency or support service* my name is \_\_\_\_\_ and I am calling from 211 to invite your agency to be included as a disability support service in our list of local resources.

Are you familiar with 211?

[If ‘no’, use the following brief description. If ‘yes’, skip this description.]

211 is a free public Information and Referral resource for local services available from private, and public health and human service agencies.

211 is working to expand our current list of information on local disability support services. . We noticed that your agency is not currently in our database and we would like to add you and your services to our inventory.

To enroll your agency, all you need to do is fill out both an agency and service form. I can send these forms through email or by mail. Do you have a preference? Wonderful, I will send these to \_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is that correct?

The agency form is for the broader organization while the services form will describe specific services or programs you offer. Keep in mind what you write on these forms will be directly represented on the 211- website which is used by the call-center specialists to answer questions from the public. As you complete your agency and services form. Please review the listed disability services categories. Please indicate if a service that you provide fits into any of these listed categories.

* Advocacy/ support groups
* Disability benefits
* Disability job training and employment programs
* Disability information such as
* Disability related transportation
* Group homes
* Rehabilitative services
* Services for adults
* Services for children
* Support Services such as …..

Next, consider the generic categories within 211. Does your agency provide services or programs in any of these categories that could benefit a person with or without a disability?

* Healthy food access
* Housing or shelter
* Financial support
* Job training
* Employment
* Military service members and veterans
* Crisis or emergency services
* Aging services
* Mental Health services
* Preventive health services
* Medical clinics
* Services for children and families
* Legal services
* Transportation services
* Addiction treatment services

Finally, as you develop your agency and services descriptions, please indicate if your services are provided in an accessible location and/or if you use accessible technology. If this is the case, please include a statement on how to request accommodations.

Also, does your agency has a list of known disability support services, and if so, would they share this list with us? We want to make sure all services are included.

Thank you for taking the time to speak with me today. We will ensure that your agency and the services you offer are included in our database as soon as the forms are returned to us.

Sincerely,

*Attach signature of key contact person here*

**Letter/ Email to share as example for 211 outreach**

Hello *insert name of agency*,

211 is a free public resource for Information and Referral to resources available from private, and public health and human service agencies.

211 has information on local disability support services and are working to expand that current list. We noticed that your agency is not currently in our database and 211 would like to add your agency and services to our list of disability support services.

Insert 211 name/organization is expanding our resources list for disability support services in our community. We are writing to you to invite your agency to be included as a disability support service in our local 211 list of resources. After reviewing our database, we noticed that we do not have your disability support service in our data base. 211 is a free public service for I/R that has both a 24-hour call center and a webpage that consists of a compressive list of local public services.

We are inviting you to enroll in our lists of agencies and services specifically for individuals with disability. We have an entire section in our data base dedicated to disability services and are working to expand that current list to include all community options meeting the 211 program inclusion criteria.

To enroll your agency, you will need to fill out both an agency and services form. Please visit this web address for copies of the forms and instructions for completing and submitting the form. [Insert 211 web address for copies of agency and services forms with instructions. Or insert different language here on how to request those forms and complete and submit them.]

The agency form is for the broader organization while the services form will describe specific services or programs that your organization offers. Keep in mind that what you write on these forms will be directly represented on the 211- website which is used by the call-center specialists to answer questions from the public. As you complete your agency and services form, please review the listed disability services categories. Please include information on all services and programs that fit into any of these listed categories when completing your organization’s form. You may want to review the form at staff meeting for completeness before submitting. If you have the opportunity, you also may want to review the form with some of your organization’s clients, consumers or participants. They may be able to help with clear descriptions of those programs and services to include on the form.

* Advocacy/ support groups
* Disability benefits
* Disability job training and employment programs
* Disability information
* Disability related transportation
* Group homes
* Rehabilitative services
* Services for adults
* Services for children
* Other Support Services such as…..

Next, consider the generic categories within 211. Does your agency provide services or programs in any of these categories that could benefit a person with or without a disability?

* Healthy food access
* Housing or shelter
* Financial support
* Job training
* Employment
* Military service members and veterans
* Crisis or emergency services
* Aging services
* Mental Health services
* Preventive health services
* Medical clinics
* Services for children and families
* Legal services
* Transportation services
* Addiction treatment services

As you complete your agency and services descriptions, please consider whether any of your services are not located in an accessible location or with accessible technology. If this is the case, please include a statement on how to request accommodations.

If you know of any other disability support organizations in this region that should be included in the 211 data base, please feel free to write down their name(s), and we will reach out to them. Please send these forms back to *insert email or address of local 211.* We will get your agency and services you offer in our system as soon as the forms are returned to us.

Thank you for taking the time to enroll with 211. As a result, more people will have access and information about what your agency can offer.

Sincerely,

*Name of 211 contact person*