This report represents CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION INC's responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

Mission:
The Center for Independence is an Illinois 501 (c)(3) Non-Profit steadfastly dedicated to dramatic improvement in the motor skills of children with physical disabilities. Cerebral palsy can be physically devastating, but, if properly treated, it is not degenerative, nor does treatment progress plateau. Conductive Education is an effective, comprehensive developmental intervention for children with physical disabilities that focuses on the whole child, recognizing the physical, social, intellectual and emotional aspects of learning. The transdisciplinary team of Conductive Education Teachers, Physical and Occupational Therapists simultaneously develops the child’s movement, speech, cognitive, social and emotional abilities. Focus is on self-care skills like walking, sitting, eating, dressing and toileting independence, communication skills, and improvement in self-direction and self-esteem. The desired outcome is maximal independence called orthofunction, which refers to the ability to...
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1. What are we aiming to accomplish?

The goal of the Center is to provide much needed motor therapy services to children with physical disabilities facing significant access barriers due to income or insurance limitations. The goal is to reduce the significant access barriers children on medicaid face in obtaining PT & OT services. Children who do not receive medically necessary therapy suffer from expensive, painful lifelong secondary medical complications. Equally important, if children not taught living skills that include dressing, eating and toileting independence, they will struggle as adults in transitioning to the workplace - creating a cycle of poverty. Children with physical disabilities must be taught to be self-reliant through improved self-determination and functional skill acquisition. Short Term Goal: Children improve in motor-function, health, and ability to perform activities of daily living. Children, family and school staff learn how to successfully eliminate, or significantly reduce, the need for a constant one-on-one personal assistant by 8th grade. Long Term Goal: Children with physical disabilities grow up to be healthy, employed, fully participating adults.

2. What are our strategies for making this happen?

Physical and Occupational Therapists, along with Conductive Education Teachers work on improving the child's movement, speech, and cognitive abilities, improvements in dressing, feeding, walking, sitting, toileting, fine and gross motor skills and communication skills. The model relies on the social group as an incentive power to promote self-help, motivation and positive self-concept; rhythmic intention and task analysis to provide the child with a basis of normal movement; and an intensive setting to promote practice through repetition. What the "able-bodied" child learns through assimilation, the child with a disability must be taught as a skill. Small groups of children, with a ratio of 2-3 children to one professional, meet weekly for up to 15 hours during the school year and 30 hours during the summer. The group format is more cost effective than traditional 1-1 therapy, essential in ensuring low-income families have access. The Center collaborates with fellow nonprofits to bring much needed services to underserved children.

3. What are our organization's capabilities for doing this?

The Center's Board represents the diverse community of Chicago and is made up of varied professions including bankers, physicians, physical therapists, parent advocates, attorneys and small business owners. 66% of the Board are “Center parents” ensuring the Center's program remains family-centered and based on the unique needs of families raising children with physical disabilities. The Board of Directors meets at least 10 times per year, including once per year to update the Center's strategic plan, which includes Short Term (1-2 years) and Long Term (3-5 yrs.) Goals. Since our inception, the Center for Independence has provided more than 550 children with over $10,000,000 in charitable services. We have never turned a child away or reduced program hours due to lack of insurance or inability to pay. We are proud to report that 92% of every dollar we spend is on programs that support children with physical disabilities, with less than 8% on management and fundraising. The Center also meets all 20 Better Business Bureau of Chicago Charity standards and is rated highly by Guidestar Charity Navigator. The Center's cash flow stream is diverse, reducing the significant going-concern risks nonprofits often face if any one funding source is eliminated. Center funding sources include contracts from local School Districts, Health Insurance payments for OT & PT services, Medicaid payments, Early Intervention Fees, Parent Fees, Individual and Corporate Donations, Foundations and two significant Annual Fundraisers. Since our inception, the Center's donor base has grown to over 4,500 individuals and corporations. By incorporating U.S. trained therapists within our CE program we have been able to increase program fees and billings to 3rd party payers. While our transdisciplinary staff of PTs, OTs and Conductive Education Teachers helps ensure a diversified economic funding stream, even more importantly, diversification safeguards the Center from the significant shortage of Conductive Education Teachers in the U.S. Hiring U.S. therapists and having them trained in CE through the Governors State University CE Certificate Program ensures we have constant access to high-quality staff, effective in delivering the CE model.
4. How will we know if we're making progress?

Impact: at least 150 low-income or un/underinsured at risk children with physical disabilities will access medically necessary motor therapy and associated training and treatment to ensure full integration into their communities and schools. Outcome 1 At least 150 children with physical disabilities will participate in motor training programs and therapeutic services. At least 90% will demonstrate an improvement in daily life skills. Measure 1a Self-care goals such as walking sitting eating toileting and dressing will improve by at least one or more levels of assistance as measured by the Functional Independence Measurement Scale. Note: Children typically have 20 therapeutic goals. Measure 1b Parents will be able to identify at least one new self-care skill carried over from the program to the home/school environment.

5. What have and haven't we accomplished so far?

For the year ending December 31, 2016, the Center provided motor training services to 175 children with physical disabilities; approximately 56% live in low-income households and required financial assistance to attend. During 2016 the Center provided over $750,000 in charitable services. No child had service hours reduced or eliminated due to inability to pay. A. 100% of children attending the program received progress reports at the completion of the Summer Program. Progress Reports were completed by Occupational & Physical Therapists responsible for documenting daily progress. According to year-end progress reports, 100% of all children showed improvement in a Self-Care Goal by at least one or more levels of assistance, as measured by the Functional Independence Measurement Scale. Progress Reports were shared with the child’s family and referring physician. 100% of parents participated in a Parent/Therapist Conference to reinforce carry-over of learned skills to the home & school environment. B. The Center's Annual Parent Satisfaction Survey was completed in September 2016. According to results, 93% of responding parents reported that their child improved in their ability to perform daily life tasks; No families reported lack of improvement in their child's ability.