

REPORTING INSTRUMENT

OMB Control Number: 1820-0606
Expiration Date: June 30, 2014

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION

SECTION 704
ANNUAL PERFORMANCE REPORT
For
CENTERS FOR INDEPENDENT LIVING PROGRAM
(Title VII, Chapter 1, Part C of the Rehabilitation Act of 1973, as amended)

Part II

INSTRUMENT

(To be completed by Centers for Independent Living)

Fiscal Year: 10/01/2015 – 09/30/2016

Grant #: PO 16 IHA 79179 07/01/2015 – 06/30/2016
PO 15 IHA 88755 07/01/2016 – 06/30/2017

Name of Center: Southwest Center for Independence

Acronym for Center: SWCI

State: Colorado

Counties Served: Archuleta (CO), Dolores (CO), La Plata (CO),
Montezuma (CO), San Juan (CO)

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

Section 725(c)(8)(D) of the Act; 34 CFR 366.50(i)(4)

Indicate the amount received by the CIL as per each funding source. Enter “0” for none.

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$45,062.29
(B) Title VII, Ch. 1, Part C	\$0
(C) Title VII, Ch. 2	\$45,310.62
(D) Other Federal Funds	\$0

Item 2 - Other Government Funds

(E) State Government Funds	\$380,167.49
(F) Local Government Funds	\$4,973.33

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	\$0
(H) Donations from Individuals	\$0
(I) Membership Fees	\$0
(J) Investment Income/Endowment	\$0
(K) Fees for Service (program income, etc.)	\$0
(L) Other resources (in-kind, fundraising, etc.)	\$0

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	\$475,513.73
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Item 5 - Pass Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds)	\$0
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Item 6 - Net Operating Resources

Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$475,513.73
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SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 725(c)(8)(B) of the Act; 34 CFR 366.50(i)(2)

Section A – Number of Consumers Served During the Reporting Year

Include Consumer Service Records (CSRs) for all consumers served during the year.

	# of CSRs
(1) Enter the number of <u>active</u> CSRs carried over from September 30 of the preceding reporting year	220
(2) Enter the number of CSRs started since October 1 of the reporting Year	247
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	467

Section B – Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

	# of CSRs	Percent
(1) Moved	15	8%
(2) Withdrawn	16	9%
(3) Died	6	3%
(4) Completed all goals set	85	48%
(5) Other	51	29%
(6) Add lines (1)+(2)+(3)+(4)+(5) to get <i>total CSRs closed</i>	173	

Section C – Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30 of the reporting year.

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	289

Section D – IL Plans and Waivers

	# of Consumers
(1) Number of consumers who signed a waiver	37
(2) Number of consumers with whom an ILP was developed	399
(3) <i>Total number of consumers</i> served during the reporting year	467

Section E – Age

	# of Consumers
(1) Under 5 years old	1
(2) Ages 5 – 19	13
(3) Ages 20 – 24	11
(4) Ages 25 – 59	254
(5) Age 60 and Older	173
(6) Age unavailable	15

Section F – Sex

	# of Consumers
(1) Number of Females served	271
(2) Number of Males served	195
(3) Unknown	1

Section G – Race And Ethnicity

	# of Consumers
(1) American Indian or Alaska Native	33
(2) Asian	1
(3) Black or African American	5
(4) Native Hawaiian or Other Pacific Islander	2

(5) White	305
(6) Hispanic/Latino of any race or Hispanic/ Latino only	47
(7) Two or more races	1
(8) Race and ethnicity unknown	73

Section H – Disability

	# of Consumers
(1) Cognitive	114
(2) Mental/Emotional	73
(3) Physical	108
(4) Hearing	4
(5) Vision	119
(6) Multiple Disabilities	4
(7) Other	28

Section I – Individuals Served by County During the Reporting Year

Section 704(m)(4)(D) of the Act

County Name	Number of County Residents Served	Percent of County
Archuleta, CO	23	5%
Dolores, CO	13	3%
La Plata, CO	313	67%
Montezuma, CO	107	23%
San Juan, CO	11	2%

SUBPART III – INDIVIDUAL SERVICES & ACHEIVEMENTS

Sections 13 and 725(c)(8)(C) of the Act; 34 CFR 366.50(i)(3); Government Performance Results Act (GPRA) Performance Measures

Section A – Individual Services - For the reporting year, indicate in the table below how many consumers requested and received each of the following IL services.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	345	345
(B) Assistive Technology	32	32
(C) Children’s Services	9	9
(D) Communication Services	120	120
(E) Counseling and Related Services	50	50
(F) Family Services	45	45
(G) Housing, Home Modifications, and Shelter Services	217	217
(H) IL Skills Training and Life Skills Training	467	467
(I) Information and Referral Services	1369	1369
(J) Mental Restoration Services	19	19
(K) Mobility Training	27	27
(L) Peer Counseling Services	138	138
(M) Personal Assistance Services	37	37
(N) Physical Restoration Services	3	3
(O) Preventive Services	90	90
(P) Prostheses, Orthotics, and Other Appliances	3	3
(Q) Recreational Services	126	126
(R) Rehabilitation Technology Services	9	9
(S) Therapeutic Treatment	3	3
(T) Transportation Services	74	74
(U) Youth/Transition Services	5	5
(V) Vocational Services	173	173
(W) Other Services	106	106

Section B – Increased Independence and Community Integration

Item 1 – Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self-Advocacy/Self-Empowerment	84	21	63
(B) Communication	18	4	11
(C) Mobility/Transportation	24	9	10
(D) Community-Based Living	151	32	94
(E) Educational	22	5	16
(F) Vocational	65	9	48
(G) Self-care	87	27	51
(H) Information Access/Technology	40	5	32
(I) Personal Resource Management	76	16	49
(J) Relocation from Nursing Home to Community	17	5	9
(K) Community/Social Participation	31	14	15
(L) Other	8	3	5

Item 2 – Improved Access To Transportation, Health Care Services, and Assistive Technology

(A) Table

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	92	12	80
(B) Health Care Services	43	10	33
(C) Assistive Technology	115	15	100

(B) I&R Information

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

The service provider did **X** / did not engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

Section C – Additional Information Concerning Individual Services or Achievements

Please provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

- Youth transition services are taking off, as we partner with La Plata Youth Services and Pathways to Independence, Durango High School's transition class to encourage youth to advocate for themselves in a wide range of circumstances that varies from housing to health services.
- SWCI continues to partner with the Area Agency on Aging (AAA), the Aging and Disability Resource Center (ADRC), and other long-term care providers, but the relationship is not as healthy as we would like.
- SWCI made headway in access issues. With the help of consumers, we were able to conduct outreach to underserved populations in rural areas to increase awareness of accessibility issues. We were able to partner with local governments in both Durango and Pagosa Springs to help improve accessibility in local retail establishments. We partnered with the Durango Improvement District to recognize local businesses that are accessible, and with La Plata County to make their courtrooms accessible for people with mobility issues.
- We were able to meet regularly with Axis (mental health) to coordinate services for consumers who have a hard time navigating our mental health services.
- Strong community partnerships insure that SWCI is not only developing and maintaining a consistent and articulate voice for our constituents but moreover that we are known to as a responsive, knowledgeable and valuable resource in terms of disability service provision and education.

SUBPART IV – EXTENT OF CIL COMPLIANCE WITH THE SIX EVALUATION STANDARDS

Section 725(b) and section 725(c)(8)(A) of the Act; 34 CFR 366.63

Section A – Compliance Indicator 1: Philosophy

Item 1 - Consumer Control

34 CFR 366.63(a)(1); 34 CFR 366.50(i)(5) and (6)

(A) Board Member Composition

Enter requested governing board information in the table below:

Total Number of Board Members	Number of Board Members with Significant Disabilities
5	5

(B) Staff Composition

Enter requested staff information in the table below:

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals From Minority Populations
Decision-Makers	2.0	2.0	0
Other Staff	13.25	8.75	1

Item 2 – Self-Help and Self-Advocacy

34 CFR 366.63(a)(2)

Briefly describe how the CIL has promoted self-help and self-advocacy among individuals with significant disabilities during the reporting year.

- SWCI actively promotes the IL philosophy of “helping individuals with disabilities to achieve self empowerment as well as self-determination.” In keeping with IL philosophy, standards and indicators, each individual requesting services for SWCI signs a waiver or an ILP. All services are consumer controlled with the consumer dictating the goals and personal preferences.
- IL Skills classes focus on areas where people can learn to help themselves.
- SWCI facilitates and participates in several work groups made up of people with disabilities to work on specific architectural and attitudinal barriers on both local and statewide levels. These include the South West Education & Empowerment

Program, the Colorado Cross Disability Coalition, and the advocacy group INDIVISIBLE.

- Consumers were able to advocate for themselves by forming a political action group that follows disability rights and accessibility issues. Throughout the year, they followed legislative issues and kept track of inaccessible businesses
- SWCI works to ensure that our consumers are aware of changes at the state and federal level that may affect their services, supports and benefits.
- Consumers are encouraged to become active in local government
- SWCI consumers have participated in civil demonstrations regarding community access during the reporting period. We used a “No Access” stencil and chalk to leave statements at businesses in Durango and Cortez because of a lack of access. This has led to several discussions with the business owners and community leaders, as well as many editorials and articles in the local papers. Demonstrations like this have promoted a feeling of empowerment and moreover instilled a desire to educate the public about disability and disability rights.
- Whether meeting with an individual or group, the role of the consumer as the person in charge is consistently reiterated and reinforced.
- We provide a “resource room” with office equipment and computers for consumers to take care of their own business. We find that this is an area used often by our consumers because very few of the individuals we serve own a computer.
- Successful outcomes of support groups include people who have reported that they are more comfortable with self-advocacy and problem solving.
- The principles of self determination and consumer control are modeled by our staff and reiterated in our work with the individuals with disabilities that we serve.
- Within all center sponsored groups, self-advocacy is a common topic of discussion.
- SWCI provides opportunities for consumers to engage in activities that promote access.
- Consumers are encouraged to attend public seminars and forums, which has led to people being more aware of their rights and knowledgeable and disability law and reasonable accommodations.
- We make it clear in outreach that we are here for people who want to take the lead in making their own lives better, and we encourage consumers to give back to the community.

Item 3 - Peer Relationships and Peer Role Models

34 CFR 366.63(a)(3)

Briefly describe how, during the reporting year, the CIL has promoted the development of peer relationships and peer role models among individuals with significant disabilities.

- In keeping with IL standards and indicators the CIL fills the majority of all positions with staff who have disabilities.
- Staff receives ongoing training on IL philosophy, IL standards and indicators as well as best practices in IL service delivery.

- Peer support groups are offered for individuals with brain injury, vision loss, diabetes, MS, and mental illness. All support groups are staffed by CIL staff however, the tenor and course of each group is determined by individual participant.
- SWCI hosts a variety of activities that create opportunities for people to meet each other and make friends. Several consumers have reported participate in activities outside the center as a result of friendships they have made at the CIL. People often comment that these activities help them develop relationships and support systems.
- SWCI provides education events and groups that are facilitated by individuals with disabilities. In addition to staff with disabilities, consumers volunteer to lead activities and we also contract with people with disabilities.
- Our mission statement, on all of our materials, indicates that we are an organization composed of people with disabilities.
- Staff members with disabilities give presentations to other agencies in the community about disability related issues.
- Our employment services constantly educate the business community about peer support.
- We continue to work with the local Community Center Board and the local High School SPED Transitions groups to start doing groups or classes on peer leadership and peer mentorship.

Item 4 - Equal Access

34 CFR 366.63(a)(4)

(A) Briefly describe how, during the reporting year, the CIL has ensured equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access, for the purposes of this indicator, means that the same access is provided to any individual with a significant disability regardless of the individual's type of significant disability.

- Our building and our offices are fully accessible.
- Our Durango office is located on a bus line.
- We operate a satellite center in Cortez
- We have a Sorenson device in our resource room consumers who are deaf and/or hard of hearing.
- We allow public use of SKYPE on our guest computers
- We provide public access to a CCTV, scanner/readers, computers loaded with low vision programs, and magnifiers, Wow computers, etc.
- We "meet people on their own terms" providing services where the consumer is most comfortable.
- Our philosophy of inclusiveness has led consumers to view their lives not as isolated individuals, but rather as active and valued members of their communities.
- Our "Circuit Rider" program is a "traveling office" that serves the more isolated areas of our catchment area; allowing us to provide services to those who have little or no

access to public transportation. The Circuit Rider program is also vital to outreach efforts to our consumers with low vision.

- We assist people over the phone or via email if they are unable to travel to the office.
- We welcome people without disabilities at our activities.

(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

- SWCI consumers participate every July in civil demonstrations regarding community access.
- CIL staff participate in planning sessions with city planners and the local transportation coordinating council.
- We developed an Accessible Community Team committee which aims to create a more accessible community.
- The center has a strong partnership with local DVR offices and provided assistance to individuals with vocational and employment goals.
- Southwest Center works with the Colorado Cross Disability Coalition on issues that are statewide in nature. Our input is vital as it provides not only a rural prospective but moreover the sole perspective on service provision to the Native American population.
- Staff is committed to pointing out access issues as they see them.
- We provide TA to local business, landlords, and service providers on disability access issues.
- Our center continues to lead advocacy and education efforts regarding disability rights and moreover to insure that architectural and attitudinal barriers in our catchment areas are comprehensively addressed.
- We write editorials for local papers on disability barriers and access.
- Center staff was actively engaged in the Colorado Affordable Care Collaborative during the reporting period, providing input on Medicaid which and consumer related services. Input is gathered and relayed to Centers for Medicare/Medicaid.
- We continue to work with emergency management and disaster planning personnel to include people with disabilities.

Item 5 – Alternative Formats

34 CFR 366.63(a)(4)

Briefly describe how, during the reporting year, the CIL has ensured the availability in alternative formats of all of its written policies and materials and IL services, as appropriate.

- Low Vision brochures in Braille
- Large print business cards

- Assistive Tech Lab has Video magnifiers, a CCTV, a WOW computer, computers loaded with vision software, a Sorenson Relay, laminated pic-sym cards, ASL books & posters, a Pocket Talker, etc.
- Staff will read printed materials on request
- Large print is available on request
- One staff member in the Durango office speaks Spanish
- We have forms designed for use by individuals with brain injury using specific print and colors to assist them in reading and comprehension
- The newsletter is produced in large print format in an effort to accommodate our consumers with low vision
- We have a digital recorder to use in meetings for people who require assistance auditory assistance to absorb information presented.
- We use texting with people who can't speak or hear well.
- Website has links to full size documents.

Section B – Compliance Indicator 2: Provision of Services on a Cross-Disability Basis

Section 725(b)(2) of the Act; 34 CFR 366.63(b)

Briefly describe how, during the reporting year, the CIL has ensured that IL services are provided to eligible individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved, without restrictions based on the particular type or types of significant disability and in a manner that is neither targeted nor limited to a particular type of significant disability.

- SWCI ensures that all marketing materials indicate that we serve people with all types of disabilities
- We collaborate with other disability service agencies
- SWCI is actively engaged in discussions with the other ILCs in Colorado about how we might provide more comprehensive services to the deaf and hard of hearing communities.
- SWCI provides outreach to un-served and underserved groups in our catchment areas.
- We stress with other service providers, the press, and officials that we serve any one, any age, any disability, and that we have never drawn a line between disability and old age.

Section C – Compliance Indicator 3: Independent Living Goals

Section 725(b)(3) of the Act; 34 CFR 366.63 (c)

Item 1 – Consumer Information

Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the

consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center.

- All consumers requesting services from SWCI work with an Independent Living Specialist to determine what goals they wish to work on, the steps it will take to achieve the goals, expected time frame for goal completion and who is responsible for each step. The consumer and the ILS decide at intake whether an ILP or waiver is most appropriate. As part of the ongoing collaboration between ILS and consumer, IL staff frequently checks in with consumers to ensure that goals are still relevant.
- We explain to everyone that consumer is the “captain of their ship,” we are simply here to guide them through the choppy waters; therefore they must choose and be an active part in achievement of stated goals.
- Consumer goals are not static; they can and do change over time.
- During the initial intake process brainstorming and options counseling are used to elicit consumer input and participation. Staff receive training on motivational interviewing.
- Planning is based on consumer input and not what the IL staff perceives is needed.
- Consumers seem to feel free to complain to either the Director or the Independent Living Program Manager.
- We explain to people that even if they want to waive an ILP they still need to be working on goals.
- We have a policy to formally review the Plan at least once a year.
- Satisfaction surveys are reviewed for problems when they come in, and are tabulated and studied for trends once a year.

Item 2 – Consumer Service Record Requirements

Briefly describe how, during the reporting year, the CIL ensured that each consumer’s CSR contains all of the required information.

- Staff training
- CSR & MiCIL spot checks
- Intake packets that provide for meeting regulations
- During the reporting year staff received ongoing training on MICIL, IL Standards and Indicators and 704 data collection and compliance.
- Policies and procedures meet regulation and audit recommendations
- Asking people to update intake paperwork as they come in.

Section D – Compliance Indicator 4: Community Options and Community Capacity

Section 725(b)(4) and (6) of the Act; 34 CFR 366.63(d)

Item 1 – Community Activities Table: In the table below, summarize the community activities involving the CIL’s staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Issue Areas	Activity Type	Hours Spent	Objective(s)	Outcomes(s)
Assistive Technology	Presentations	40	Improve public knowledge of AT options.	• DME Room of Requirement
	Outreach	2		• Funding for AT for people with low vision age 60+
	Systems Advocacy	22	Help people with disabilities obtain AT.	• AT Expos in 2 communities
	Networking	3		• AT display at Durango office
	Community Education	19		Teach people to use AT.
Community Services	Presentations	79	Advocate for/help others provide better services	• Flow chart to I&R agencies
	Outreach	50		• Participate in group efforts
	Systems Advocacy	128	Education about Center & IL	• Offer employment services
	Networking	21	Learn about supports provided by others.	• Outreach to schools
	Community Education	49		• Offer transition services
	Office Hours	34	Provide rural I&R and options counseling.	• Circuit Rider IL
	Technical Assistance	3		• Provide ADRC Secretary
Health Care	Outreach	6	Teach people to manage their own health care.	• Medicaid forums
	Presentations	83		• Medicaid & HCBS classes
	Systems Advocacy	27	Get word out - we are a player	• Designing "Manage Your Own Damned Health Care"
	Technical Assistance	5	Advocate for better health care & access to health care	• Looking at providing more HCBS and DME services
	Networking	8		• Attending Linkage Lab
	Community Education	28	Research ways to provide better health care access	• Homelessness Coalition
	Materials Development	2		• Work in conjunction with mental health services
Housing	Outreach	3	Find affordable accessible housing on a bus line	• Developing classes
	Presentations	3		• HCV program referrals
	Systems Advocacy	62	Maintain housing	• Fed up with advocacy efforts. Bought a van, developing options
	Networking	6	Work with partners to develop more options	• Support City efforts
	Community Education	3		
Transportation	Systems Advocacy	20	Advocate for improved transportation options	• Support City efforts
	Outreach	4		
	Networking	5	Provide accessible transportation in the region	
	Community Education	12		

Item 2 – Description of Community Activities

For the community activities mentioned above, provide additional details such as the role of the CIL staff board members and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

Sometimes consumers contact us because they have an immediate need. In many cases, consumers have asked another agency for assistance with shelter, food or medical care and those agencies refer them to SWCI. In other cases, SWCI provides outreach to underserved populations and youth in the form of classes or groups and consumers set new goals as the result of discussions with SWCI staff.

In most circumstances, while consumers work with staff to complete goals they develop new goals that are broader in scope. After their immediate needs seem within reach, consumers tend to apply the problem solving skills they have learned to reach long term goals they have always wanted. Frequently, basic stability leads to community involvement or employment.

SWCI collaborates with innumerable of agencies in our catchment areas. Comprehensive service provision for our consumers is dependent on a strong collaborative process with our community partners. We are involved in several local coalitions developed to address architectural and attitudinal barriers. These groups include the Accessible Communities Team, to name just a few. The number of collaborations that we participate in is truly endless because comprehensive service to our consumers dictates collaboration. It is as natural as breathing!

Agencies partnered with include:

- Axis Health Systems - shared mental health consumers and referrals
- Community Connections – developmental/intellectual disability collaboration and Referrals
- County Human Services – referrals both to and from
- Colorado Legal Services
- 6 local school districts
- Social Security Administration - referrals both to SWCI and from SSA. SWCI is receiving more requests from consumers for benefits assistance and several of our staff have received benefits training.
- Division of Vocational Rehabilitation - as noted previously in the report, SWCI is receiving more requests for assistance with employment and employment related tasks i.e. resume writing, interviewing skills etc.
- Our work with San Juan Basin Health Department relates predominately to nursing home transition and brokering of services intended to assist individuals with disabilities in maintaining their desired level of independence through the HCBS Waivers.
- San Juan Basin AAA and their local contractors: Aging & Disability Resource Centers, County Senior Centers, Ombudsman, etc.
- Women’s Resource Center - referrals and collaboration.

- La Plata Family Centers - Shared referrals and collaboration.
- Local Transportation Coordinating Council
- Manna Soup Kitchen & Durango Food Bank – Referrals and collaboration
- VOA Shelters- Shared referrals and collaboration to address food, clothing and basic need insecurities.
- Piñon Project – Referrals & Collaboration
- We continue to work with Housing Solutions for the Southwest and the Regional Housing Alliance to address the abysmal housing crisis that exists for those we serve.
- We conduct workshops, consultation, fee for service and advocate with local organizations regarding disability issues and trends.

We work closest with Axis Health Systems. SWCI staff meets with Axis Case Managers twice a month to ensure consumers are receiving the level of support they want. SWCI remains in constant contact with several staff members from La Plata County Human Services to provide consumers with up to date answers and information. SWCI maintains close, effective working relationships several employees in the Durango Office of the Social Security Administration to provide targeted support through the State’s S.O.A.R. program and general advocacy. We have partnered with the local Division of Vocational Rehabilitation office to provide job coaching and employment support through SWCI’s own Employment Services program. The list is endless because disability issues are the same issues that affect everyone else.

Section E – Compliance Indicator 5: IL Core Services and Other IL Services

Section 725(b)(5) of the Act; 34 CFR 366.63€

In addition to the data provided in Subpart III, describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

- | | | |
|------------------------------------|---|--------------------------|
| • Video magnifiers | • Passing notes | • Pocket talker |
| • CCTV | • Texting | • Spanish speaking staff |
| • Scanner/Reader | • Enlarging brochures and other documents | • Skype |
| • Sorenson Video Relay | • Brailled brochure | • WOW computers |
| • Staff reading material to people | • Spanish brochure | • email |

Section F – Compliance Indicator 6: IL Resource Development Activities

Section 725(b)(7); 34 CFR 366.63(f)

Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1 of title VII of the Act.

- Grant applications to the Anschutz Family Fund, La Plata County, City of Durango, Colorado Health Foundation, City of Cortez, Alpine Bank, ACL
- Fundraising: Phantasy (life-sized) Phoosball at Snowdown, Red Ball Tickets
- Fee for service arrangements with San Juan Basin Area Agency on Aging, Colorado Healthcare Policy and Financing (Medicaid), Colorado Cross-Disability Coalition, Division of Vocational Rehabilitation, Colorado Fund for People with Disabilities, Colorado Department of Housing
- Worked with Colorado Legislature to increase allocation
- Older Individuals with Blindness (OIB) contracts
- Donations from Lions Club, Elks Club, Knights of Columbus, Ute Mountain Ute Tribe, etc
- Increasing in-kind donations and volunteer hours

SUBPART V – ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

Section 725(c)(4) of the Act

Section A – Work Plan for the Reporting Year

Item 1 – Achievements

Discuss the work plan's proposed goals and objectives and the progress made in achieving them during the reporting year.

- We now have a DSE that is interested in talking about cash flow and reimbursement.
- A substantial funding increase over the past few years has allowed us to go from 4 staff to 20 in a new office space. We now have managers for finance, development, the office, and program. We have 5 IL staff, 2 vocational staff, and a low vision staff.
- We are doing a better job with resource development. We're working with the Linkage Lab out of UCLA Anderson School of Business to develop business acumen and contract to provide non-medical services to the local medical community. We are also looking at becoming a DME provider, an Environmental Mod provider, and a Transportation provider.
- We are scheduling IL Circuit Rider office hours in communities where we do not have a large presence – Pagosa Springs, Allison, Ignacio, Bayfield, Dolores, and Silverton.
- We continue to work on improving CSRs and ILPs by providing staff training and revising forms.

Item 2 – Challenges

Describe any substantial challenges or problems encountered by the CIL, and the resolutions/attempted resolutions.

- We continue to learn how to effectively use our data base in a way that fully captures the work that our center does. Staff is receiving ongoing training on effective use of the data base.
- This year, mostly because of increased funding, we have almost completely new staff. We also went for two full months with no Independent Living Specialists.
- We continue to have difficulties with the Colorado Medicaid system and trying to bill for nursing home transitions with Colorado's Money Follows the Person grant.
- Moving the DSE to a new department has caused lags in decision making, but the new department does appear willing to discuss funding and cash flow issues.
- We wonder why Medicaid can contract with inaccessible services.
- We continue to experience frustration with the ADRCs and AAAs who were a short time ago against community living for those with significant disabilities and are now charged with doing information & referral and SNF options counseling.

Item 3 – Comparison with Prior Reporting Year

34 CFR 366.50(i)(7)

As appropriate, compare the CIL's activities in the reporting year with its activities in prior years, e.g., recent trends.

- Better training for staff
- Increased office space and accessibility
- Substantial new funding
- More focus on fee based contracts to provide services.
- Increased community presence and systems change advocacy related activity
- Better documentation with MICIL
- Better tracking of in-kind donations
- Increase in community activities
- Still working on Circuit Rider IL services

Section B – Work Plan for the Year Following the Reporting Year

Item 1 – Annual Work Plan

List the CIL's annual work plan goals, objectives and action steps planned for the year following the reporting year.

- SWCI will continue to discover more effective ways to serve all five counties of our catchment area, and outreach to individuals who are deaf, native or mobility impaired
- Continue to expand and formalize Circuit Rider office hours
- Continue to improve documentation of the services we provide
- Grow the youth programs, and get paid for nursing home transitions

- Broaden staff & consumer involvement in community and local government
- Targeted ongoing staff training
- Continue to apply for grant funding as appropriate and available
- Grow the number of classes available to consumers
- Increase contract fee for service activities
- Join Ticket to Work
- Consistently bill before the 15th of the month.
- Develop more expertise in AT and DME

Item 2 – SPIL Consistency

Explain how these work plan goals, objectives and action steps are consistent with the approved SPIL.

- Address unmet needs and underserved areas
- Participate in SILC and ACCIL
- Provide the five core services
- Provide reports and information as required
- Improve on data collection
- Increase community awareness of the CIL
- Assist consumers with housing, transportation, employment and healthcare needs
- Provide cultural competency
- Promote social change
- Participate in training opportunities

SUBPART VI - TRAINING AND TECHNICAL ASSISTANCE NEEDS

Section 721(b)(3) of the Act.

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	2
Legislative Process	
Applicable Laws	
General overview and promulgation of various disability laws	3
Americans with Disabilities Act	
Air-Carrier’s Access Act	
Fair Housing Act	

Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	6
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	
Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	10
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	
Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	
Financial: Resource Development	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	4
Specific Examples	

Management Information Systems	
Computer Skills	
Software	5
Marketing and Public Relations	
General Overview	7
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
Program Planning	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	1
Peer Mentoring	8
Program Design	
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	9
Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	

Recruiting/Increasing Involvement	
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

SUBPART VII – ADDITIONAL INFORMATION

Section 704(m)(4)(D) of the Act

Section A – Other Accomplishments, Activities and Challenges

Describe any additional significant accomplishments, activities and/or challenges not included elsewhere in the report, e.g., brief summaries of innovative practices, improved service delivery to consumers, etc.

Section B – Additional Information

Provide additional information, comments, explanations or suggestions not included elsewhere in the report.

SUBPART VIII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the CIL director and board chair.

Martha Mason, Executive Director

970-259-1672

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER

SIGNATURE OF CENTER DIRECTOR

DATE

Mariellen Walz, Board Chair

970-259-1672

NAME AND TITLE OF CENTER BOARD CHAIRPERSON

PHONE NUMBER

SIGNATURE OF CENTER BOARD CHAIRPERSON

DATE