

REPORTING INSTRUMENT

OMB Control Number: 1820-0606

Expiration Date: July 31, 2011

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

**SECTION 704
ANNUAL PERFORMANCE REPORT
For
STATE INDEPENDENT LIVING SERVICES PROGRAM
(Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended)**

**Part I
INSTRUMENT**

**(To be completed by Designated State Units
And Statewide Independent Living Councils)**

Reporting Fiscal Year: 2009

State: Oregon

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

Sections 704(c) and 704(m)(3) and (4) of the Act; 34 CFR 364.35 and 364.36

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B: *Includes ARRA of \$242,913	\$555,897
(B) Title VII, Ch. 1, Part C – For 723 states Only	N/A
(C) Title VII, Ch. 2 *Includes ARRA of \$463,792	\$885,907
(D) Other Federal Funds *Title I, I&E for SILC Resource Plan	\$336,182

Item 2 - Other Government Funds

(E) State Government Funds *Includes special project funds for IL prog.	\$1,005,928
(F) Local Government Funds	\$0

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$0
(H) Other resources	\$843 - (OCB)

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$2,784,757
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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, Medicaid funds, etc.)	\$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	\$2,784,757
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Section B – Distribution of Title VII, Chapter 1, Part B Funds*Section 713 of the Act; 34 CFR 364.22, 365.1, 365.20, and 365.21*

What Activities were conducted with Part B Funds?	Expenditures of Part B Funds for Services by DSU Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$0	\$0
(2) Provided IL services to individuals with significant disabilities (OCB expenditures)	\$29,011	\$4,780
(3) Demonstrated ways to expand and improve IL services	\$1,507	
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$10,548	\$229,721
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$1,507	
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$377	
(7) Provided training regarding the IL philosophy	\$753	
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$377	

Section C – Grants or Contracts Used to Distribute Title VII, Chapter 1, Part B Funds
Sections 704(f) and 713 of the Act; 34 CFR 364.43, and 34 CFR 365 Subpart C

Enter the requested information for all DSU grants or contracts, funded at least in part by Part B funds, in the chart below. If a column is not applicable to a particular grant or contract, enter ‘N/A.’ If there were no non-Part B funds provided to this grantee or contractor for the purpose listed, enter ‘\$0’ in that column. Add more rows as necessary.

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Subpart I, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSU or Provider	CSRs Kept With DSU or Provider
Central Oregon Resources for Independent Living	GENERAL OPERATION OF CILS	23,803	71,408	Provider	Provider
Eastern Oregon Center for Independent Living	GENERAL OPERATION OF CILS	25,000	75,000	Provider	Provider
HASL Independent Abilities Center	GENERAL OPERATION OF CILS	35,334	57,013	Provider	Provider
Lane Independent Living Alliance	GENERAL OPERATION OF CILS	34,375	40,625	Provider	Provider
South Coast Independent Living Services	GENERAL OPERATION OF CILS	34,375	25,000	Provider	Provider
SPOKES Unlimited	GENERAL OPERATION OF CILS	18,661	62,308	Provider	Provider
Umpqua Valley disAbilities Network	GENERAL OPERATION OF CILS	58,173	64,105	Provider	Provider
Vision Northwest	Provide IL services to individuals with significant disabilities (support groups)	4,780	0	Provider	N/A
Total Amount of Grants and Contracts		\$234,501	\$395,459		

Section D - Grants or Contracts for Purposes Other than Providing IL Services or for the General Operation of Centers

Section 713 of the Act; 34 CFR 365.1 and 34 CFR 365.20

Describe the objectives, activities and results for each Part B grant or contract awarded for purposes other than IL services or the general operation of centers.

N/A

Section E – Monitoring Title VII, Chapter 1, Part B Funds

34 CFR 80.40(a)

Provide a summary of the program or fiscal review, evaluation and monitoring conducted by the state of any of the grantees/contractors receiving Part B funds during the reporting year.

During FY 2008-09, the Title VII Part B funds received by the Office of Vocational Rehabilitation were utilized for base funding of Centers for Independent Living to provide Independent Living services, and for the State's administration of the Title VII Part B program. The Title VII Part B funds received by the Oregon Commission for the Blind (OCB) were primarily utilized by their staff to provide Independent Living services to individuals with vision disabilities, with a smaller contract going to Vision Northwest to provide support group services.

Evaluation and Monitoring of Centers for Independent Living:

- **Grant monitoring** – Through quarterly grant reports, OVRS monitored budget expenditures of each center funded with Title VII, Part B resources, the numbers and disability types of consumers served with CSRs, numbers served without CSRs (e.g. Information & Referral), and narratives of outcomes for all core services provided to a sampling of consumers. Additionally, 704 reports, agency financial reviews by a third party, updates on progress toward SPIL implementation, and consumer satisfaction surveys were reviewed to determine appropriateness of fund usage, quality and quantity of service provision, and to determine trends, needs, and the overall health of IL within the state. On-site reviews, to determine compliance with Section 725 Standards and Indicators. is also part of monitoring grant eligibility. Since the on-site reviews have been done on even years, some follow up on corrective action plans from 2008 reviews was done during 2009. This included:
 - Determination that South Coast Independent Living Services (SCILS) had not fulfilled their corrective action plan, and did not have the ability to become compliant with Section 725. Their Independent Living Grant and their status as part of Oregon's Network of Centers for Independent Living was withdrawn. NOTE: Since SCILS went out of business during the reporting year, final data was not available from that center for various 704 reporting sections.
 - Determination that Lane Independent Living Alliance (LILA) was compliant in most areas, though needed a corrective action plan, with the primary compliance issue being the quality of Consumer Service Records and the consistency with IL philosophy that should be demonstrated in these records. Their corrective action report was received, and an on-site follow up will be scheduled to verify corrective action.

Occasionally input or inquiries come to OVRS relating to CIL services, directly from community members, consumers, CIL staff, etc. Most often, these are referred back to the appropriate CIL's Director and/or Board of Directors, and or CAP. On occasion input has led

to initiation of further review by the State, when it is an issue of Section 725 compliance and/or grant compliance.

Evaluation and Monitoring of Vision Northwest

- Oregon Commission for the Blind completes monthly fiscal and performance reviews of its contract with Vision Northwest.

Section F – Administrative Support Services and Staffing

Section 704(c)(2) and 704 (m)(2) and (4) of the Act; CFR 364.22(a)(2) and 34 CFR 364.31

Item 1 – Administrative Support Services

Describe any administrative support services, including staffing, provided by the DSU to the Part B Program.

Under the Part B Program, OVRS supported staffing, office equipment and materials costs for .32 FTE staff, in order to:

- administer grants for the general operation of CILs;
- conduct CIL on-site reviews/follow up;
- provide technical assistance to CILs regarding their IL grants and other Part B program issues
- monitor IL program accounting data;
- provide relevant information related to RSA's review of the State's IL program
- participate on Oregon's American Recovery and Reinvestment Act Funding Committee;
- provide information on IL program budget requests for the DSA, answer information requests from legislators or the Legislative Fiscal Office;
- provide IL program funding information to CILs and the SILC;
- negotiate the SILC Resource Plan;
- respond to public and IL partner inquiries regarding the IL program;
- represent the State's IL program, as needed, in meetings or at events;
- prepare IL program federal reports;
- participate in SPIL planning and implementation.

Also under the Part B Program, OCB supported staffing, office equipment, materials and overhead costs for .35 FTE, in order to:

- participate in the development, approval, and implementation of the SPIL, along with the SILC and OVRS;
- serve as an ex-officio member of the SILC, and on at least one of its standing committees;
- provide direct consumer services to individuals seeking personalized resources;
- administer "services to groups" grants to community organizations for the purpose of substantially contributing to the maintenance, achievement, or movement toward independence of a group of individuals with disabilities;
- receive, disburse and account for OCB's share of the Federal Title VII, Part B, funds.

Item 2 – Staffing

Enter requested staff information for the DSU and service providers listed in Section C, above (excluding Part C funded CILs):

DSU – OFFICE OF VOCATIONAL REHABILITATION SERVICES (OVRs)

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	.25	N/A
Other Staff	.07	N/A

NOTE: Although some OVRs staff does experience disabilities, the Rehab Act does not indicate a disability ratio requirement for DSU staff not providing consumer services. As such, we have indicated “N/A” in the disability breakdown columns of the above table.

DSU-OREGON COMMISSION FOR THE BLIND (OCB)

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	.03	.03
Other Staff	.35	.35

EOCIL

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	3	3
Other Staff	5	4

LILA

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	4	3
Other Staff	10.75	8.55

VISION NORTHWEST

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	.03	.03
Other Staff	0	0

Section G – For Section 723 States ONLY

Section 723 of the Act, 34 CFR Part 366, Subpart D

In the chart below, please provide the following information:

- A) *name of each center within your state that received Part C funding during the reporting year;*
- B) *amount of Part C funding each center received;*
- C) *whether the Part C funding included a cost-of-living increase;*
- D) *whether the Part C funding included any excess funds remaining after cost-of-living increases were provided;*
- E) *whether any of the centers received its Part C funding pursuant to a competition for a new center in the state; and whether the center was the subject of an onsite compliance review conducted by the DSU during the reporting year. Add additional rows as necessary.*

NOT APPLICABLE - OREGON IS NOT A SECTION 723 STATE

Name of CIL	Amount of Part C Funding Received	Cost of Living Increase? (Yes/No)	Excess Funds After Cost of Living Increase? (Yes/No)	New Center? (Yes/No)	Onsite Compliance Review of Center? (Yes/No)
N/A	N/A	N/A	N/A	N/A	N/A

Item 2 – Administrative Support Services

Section 704(c)(2) of the Act; 34 CFR 364.22(a)(2)

Describe the administrative support services used by the DSU to administer the Part C program.

NOT APPLICABLE - OREGON IS NOT A SECTION 723 STATE

Item 3 – Monitoring and Onsite Compliance Reviews

Section 723(g), (h), and (i); 34 CFR 366.38, 366.40 – 46

Provide a summary of the monitoring activities involving Part C centers conducted by the state during the current reporting year, including the onsite reviews of at least 15% of centers receiving Part C funds under section 723. The summary should include, at least, the following:

- A) *centers’ level of compliance with the standards and assurances in Section 725 of the Act;*
- B) *any adverse actions taken against centers;*
- C) *any corrective action plans entered into with centers; and*
- D) *exemplary, replicable or model practices for centers.*

NOT APPLICABLE - OREGON IS NOT A SECTION 723 STATE

Item 4 – Updates or Issues

Provide any updates to the administration of the Part C program by the DSU, if any, including any significant changes in the amount of earmarked funds or any changes in the order of priorities in the distribution of Part C funds. Provide a description of any issues of concern addressed by the DSU in its administration of the Part C program.

NOT APPLICABLE - OREGON IS NOT A SECTION 723 STATE

SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 704(m)(4) of the Act; 34 CFR 364.53

In this section, provide data from all service providers (DSU, grantees, contractors) who received Part B funds and who were listed in Subpart I, Section C of this report, except for the centers that receive Part C funds. Part C centers will provide this data themselves on their annual 704 Reports, Part II.

Based on guidance provided in RSA's 704 training on 11/20/08, the following statistics include data from the Oregon Commission for the Blind (OCB) based on their receipt and expenditure of Title VII, Part B funds.. The following also includes statistics from EOCIL and LILA - two Oregon CILs that do not receive Title VII Part C funds, but do receive Title VII Part B funds.

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 active CSRs carried over from September 30 of the preceding reporting year	88
(2) Enter the number of CSRs started since October 1 of the reporting year	658
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	746

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
(1) Moved	4
(2) Withdrawn	51
(3) Died	0
(4) Completed all goals set	502
(5) Other	0
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	557

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

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

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	189

Section D – IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	310
(2) Number of consumers with whom an ILP was developed	436
(3) Total number of consumers served during the reporting year	746

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	2
(2) Ages 5 – 19	6
(3) Ages 20 – 24	36
(4) Ages 25 – 59	557
(5) Age 60 and Older	83
(6) Age unavailable	62
TOTALS	746

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	393
(2) Number of Males served	353
TOTALS	746

Section G – Race And Ethnicity

Indicate the number of consumers served in each category below. **Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).**

	# of Consumers
(1) American Indian or Alaska Native	16
(2) Asian	4

(3) Black or African American	13
(4) Native Hawaiian or Other Pacific Islander	1
(5) White	569
(6) Hispanic/Latino of any race or Hispanic/ Latino only	65
(7) Two or more races	78
(8) Race and ethnicity unknown	0
TOTALS	746

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	92
(2) Mental/Emotional	147
(3) Physical	195
(4) Hearing	32
(5) Vision	47
(6) Multiple Disabilities	122
(7) Other	111
TOTALS	746

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS FUNDED THROUGH TITLE VII, CHAPTER 1, PART B FUNDS

*Sections 13 and 704(m)(4); 34 CFR 364.53; Government Performance Results Act (GPRA)
Performance Measures*

Section A – Individual Services and Achievements

For the reporting year, indicate in the chart below how many consumers requested and received each of the following IL services. Include all consumers who were provided services during the reporting year through Part B funds, either directly by DSU staff or via grants or contracts with other providers. Do not include consumers who were served by any centers that received Part C funds during the reporting year.

Based on guidance provided in RSA's 704 training on 11/20/08, the following statistics include data from the Oregon Commission for the Blind (OCB) based on their receipt and expenditure of Title VII, Part B funds, as well as statistics from EOCIL and LILA - two Oregon CILs that do not receive Title VII Part C funds, but do receive Title VII Part B funds.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	258	258
(B) Assistive Technology	14	14
(C) Children's Services	2	2
(D) Communication Services	31	31
(E) Counseling and Related Services	65	65
(F) Family Services	30	30
(G) Housing, Home Modifications, and Shelter Services	121	121
(H) IL Skills Training and Life Skills Training	359	359
(I) Information and Referral Services	617	615
(J) Mental Restoration Services	1	1
(K) Mobility Training	20	20
(L) Peer Counseling Services	300	300
(M) Personal Assistance Services	6	6
(N) Physical Restoration Services	0	0
(O) Preventive Services	7	7

Services	Consumers Requesting Services	Consumers Receiving Services
(P) Prostheses, Orthotics, and Other Appliances	1	1
(Q) Recreational Services	15	15
(R) Rehabilitation Technology Services	0	0
(S) Therapeutic Treatment	2	2
(T) Transportation Services	155	155
(U) Youth/Transition Services	1	1
(V) Vocational Services	488	488
(W) Other Services	49	49
TOTALS	2542	2542

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	197	106	87
(B) Communication	52	42	9
(C) Mobility/Transportation	115	93	20
(D) Community-Based Living	25	17	4
(E) Educational	12	5	2
(F) Vocational	172	90	76
(G) Self-care	132	110	12
(H) Information Access/Technology	14	10	4
(I) Personal Resource Management	206	195	4
(J) Relocation from a Nursing Home or Institution to Community-Based Living	2	2	0

Significant Life Area	Goals Set	Goals Achieved	In Progress
(K) Community/Social Participation	12	12	0
(L) Other	11	5	6
TOTALS	950	687	224

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

(A) Table

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	138	138	0
(B) Health Care Services	54	54	0
(C) Assistive Technology	24	24	0

Note: For most IL services, a consumer's access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to document that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

(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 following service providers did engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology: EOCIL, LILA. OCB did not engage in follow-up contacts with I & R recipients.

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.

EOCIL Outstanding Success Stories

Information and Referral results in increased independence via transportation • SW, the spouse of a 60 year old man that recently experienced a stroke, contacted EOCIL to find out what services they offered. SW shared with the Independent Living Specialist (ILS) that her husband was employed until his stroke and now they were experiencing financial hardship. They could not afford fuel cost and she was unable to get him to his doctor appointments. The ILS coordinated and completed an intake and made a referral to the local transportation provider (RSVP) so that SW and her husband could use the public transportation system to get to his doctor appointments. SW was concerned about the cost and the ILS gave her the name of an individual at RSVP to call and discuss her concerns. SW did so and informed the ILS that RSVP will provide free transportation for her husband until they can determine him eligible for insurance reimbursement.

Peer Counseling results in healthy choices • RH is a 55 year old male that lives with a mental disability, was homeless and experiencing addiction issues. RH met with his ILS and expressed that he was struggling with thoughts that he might give in to his addiction issues. RH and his ILS discussed what was going on in his life that made him think that abusing again would be better for him. RH expressed that he was depressed about his living situation. RH and his ILS discussed the pros and cons of abusing again. They discussed the positives of where he is at mentally and physically. RH and his ILS discussed progress of his counseling sessions and the support he receives. RH agreed to discuss his feeling with his counselor at the addiction program. RH reported back to his ILS that he decided not to abuse and that he discussed his set back with his counselor and is sticking to his program and IL goals.

Peer Counseling results in maintaining independence via stable and safe housing • JM is an 80 year old female living with a cognitive disability. JM contacted her ILS and was upset because her water pipes had burst and she did not have funds to have them fixed. JM was distraught and was afraid that the city would deem her home unlivable and make her move out of her home into a care facility. JM and her ILS discussed how important it is to stay calm when situations arise that require immediate attention. JM and her ILS discussed the problem and possible solutions to the problem. JM and her ILS brainstormed the various programs in the area that may be able to assist her in replacing the water pipes. JM contacted the programs that could possibly assist her. JM contacted her ILS to let her know that her church was assisting her.

Skills Training results in financial independence • CA is a person living with blindness. He was having difficulty managing his finances and his monthly income was being held until a representative payee could be identified. CA was not able to locate a representative and was at risk of being homeless. CA approached EOCIL to participate in the Center's temporary representative payee project. EOCIL began receiving CA's benefit and CA was able to avoid eviction. CA completed a monthly budget through bringing his bills into the Center and using EOCIL's accessible computer so he could identify sender & due dates. In conjunction with the representative payee project, CA enrolled in a program that provides long term supports. In fall, CA expressed that he wanted to manage his own funds and exited the program with a balance in his savings account of \$1,000. CA arranged a meeting with his ILS & new long term support person so that as a team they could review the system in place & transition would be seamless.

<p>Skills Training results in employment • BA is a 40 year old female living with Traumatic Brain Injury, who contacted EOCIL regarding her frustration with her employment search. She expressed to the ILS that she was “ready to give up.” BA shared copies of the applications that she had turned into employers and they seemed professional and complete. BA and her ILS discussed the situation and what might be the reason she was getting calls for interviews, but was not getting called back after the interview process. BA and her ILS completed a mock interview and the ILS was able to identify some areas that BA could improve. BA and her ILS practiced until BA felt comfortable with the process and she was able to complete the mock interview more professionally. After two weeks. BA notified her ILS that she had been hired by a local convenience store.</p>
<p>Advocacy results in increased accessibility/inclusion at Ontario School District • EOCIL’s ILS met with the Ontario School District regarding the lack of curb ramps at the elementary school. The ILS and OSD official discussed the importance of the ramps since the school has students and parents that use wheelchairs. OSD agreed to add curb ramps and the curb ramp project was completed in September.</p>
<p>Advocacy results in accessibility awareness • EOCIL’s ILS completed an accessibility review of the Ontario State Park after receiving feedback from the Center’s Access Committee members about some of the facilities at the Oregon State Park not being accessible. The park had accessible parking places, but not curb ramps allowing access to the lavatory and the lavatory did not meet accessible standards. The ILS made contact with Oregon State Parks and Recreation officials regarding the lack of accessibility at the site; meetings and resolution talks are in progress.</p>
<p>Peer Mentoring results in safety and independence • JP is a 27 year old female with a physical disability who was the victim of domestic violence and contacted EOCIL for assistance to get out of the relationship. JP and the ILS discussed her situation and the reasons she wanted to terminate the relationship. They developed a step-by-step plan of what JP would need to do to stay safe while implementing the plan. JP completed her first step and contacted the local domestic violence prevention program for assistance. She entered into their program and due to the program’s policy, the ILS will not hear from her in the future.</p>
<p>Information and Referral results in ability to make informed employment choice • FG lives with a physical disability, received social security and had returned to work. She was uncertain how this would affect her benefits and her ability to live independently. FG was provided with the contact information for Social Security Administration and EOCIL WIN Project Coordinator. The WIN Coordinator completed Information and Referral providing information regarding work incentives and impact on benefits and FG continues to maintain employment, now more secure she understands her status and can make more informed decisions.</p>
<p>Information and Referral and Advocacy result in maintaining phone and power services and employment • NA has a physical disability and contacted EOCIL looking for immediate financial assistance due to phone and power disconnect. EOCIL’s ILS referred NA to the local community action center for financial assistance and an intake meeting at EOCIL was scheduled to determine if NA would benefit from further IL services. NA met with an ILS and developed an Independent Living Plan for individual advocacy services around employment. NA had requested an application for employment for an advertised position at the local library. Her request was denied and she was informed that she would not qualify because of her physical disability and not being able to climb a ladder. NA and ILS met with library officials regarding the qualifications required to perform the job and how climbing a ladder was not listed as a requirement/duty. Library officials acknowledge this and changed the requirements. NA and her</p>

<p>ILS discussed with library officials the value of hiring people with disabilities and adaptive equipment that can be used to complete many required tasks. NA was later hired by the local newspaper. The ILS has added further education and systems advocacy around employer law, specifically essential job function and reasonable accommodation to her IL work plan.</p>
<p>Peer Counseling and Skills Training result in employment • KT, a person living with a mental disability, contacted her ILS about her increasing frustration with the time it was taking to achieve her OVRS employment plan goals. KT and her ILS discussed proactive steps she might take. KT's ILS discussed with her the importance of speaking openly and discussing her frustrations with her OVRS Counselor. KT's ILS also discussed her personal experience of achieving goals and how she had to learn to be realistic when determining timeframes. KT agreed to contact her OVRS Counselor to evaluate her own expectations. KT has since obtained employment and housing.</p>
<p>Peer Mentoring results in reduced pain and employment • AP is a person living with physical disability. AP's prosthesis was broken and causing him significant pain. AP and his IL Specialist discussed possible resources for a new device. AP was reluctant and expressed that he did not want to "jump through a lot of hoops" and that he could live with the pain. AP and his IL Specialist discussed his quality of life and how living with pain was preventing him from doing the things he loved. AP's IL Specialist shared about her past experience with not wanting to have a medication review and how her medications at the time made her sleepy and she was not able to spend quality time with her grandchildren. The IL Specialist shared that now looking back, the time and pain of the lab work was well worth the effort since her medications were adjusted and her quality of life has improved. AP agreed to explore the options and received a new prosthesis. AP obtained employment with a local restaurant.</p>
<p>Peer Counseling results in maintaining utilities and water service • MH, a person living with a physical disability, received a shut off notice for her electric and water supply. MH and her IL Specialist discuss possible solutions and steps for MH to take to resolve the issues. MH contacted the electric and water companies to discuss her situation. MH inquired about medical necessity and both companies confirmed program policies. MH consulted with her physician and obtained medical documentation of need and both companies discontinued shut off process and developed workable payment plan.</p>
<p>Peer Counseling results in volunteer position with potential for employment • RN is a person living with a cognitive disability. RN was seeking employment or volunteer opportunities and was not receiving any offers. RN was referred to EOCIL by a community partner to work with RN on improving his grooming and hygiene skills. EOCIL assisted RN with developing a daily grooming and hygiene "to do" list. RN followed the list and grooming and hygiene improved significantly. RN was able to obtain a volunteer position with a local business that has significant possibility of developing into a paid position.</p>
<p>Skills Training results in transportation independence • EB is a senior living with a physical disability. She was using door-to-door transportation to travel to a local grocery store while living on a very limited monthly budget, and found it taking a heavy toll on her finances. EB and her ILS discussed options, including the new city bus transportation and its affordable cost. They developed a plan, located the bus stops near EB's residence, and identified pick up times. After several joint trips, EB now rides the city bus independently and saves money she can use for her other needs.</p>

LILA Outstanding Success Stories

Information and Referral results in increased accessibility • DW is a 71 year old male who experiences a mobility impairment from having had a stroke. He reported, due to his tendency to fall down, his doctor had prescribed a power scooter. He reported that he can use the scooter in the house, but did not have a ramp to go in and out of his home and his limited budget was a barrier to him paying for ramp construction.

LILA staff referred DW to a local nonprofit and the City of Springfield, both of which provide grants for such situations. He requested assistance needed to complete his applications. DW reported that as a former apartment manager, he had built ramps for others in the past, installed shower bars, etc. He said "I never thought I would ever be in a position that I needed help". He successfully secured the funding and a ramp was constructed from his house to the sidewalk.

Peer Counseling results in independent housing • NR, who has psychiatric disabilities, including PTSD, expressed a goal of moving into an independent housing situation. With an extensive history of self-harm and even suicide attempts, NR had experienced numerous psychiatric hospitalizations. She identified these hospitalizations as her barrier to living independently in the community and requested a LILA Peer Counselor work with her on breaking this pattern. Through their work together, they were able to focus on NR being better able to recognize and curtail much of her negative self talk, catch many thinking errors earlier and question more of her erroneous underlying beliefs. NR was able to use tools provided her to improve her inner dialogue and resulting behavioral choices. She reported that working with the Peer Counselor helped her successfully transition into her new home and avoid psychiatric hospitalization. The Peer Counselor credits NR with working hard to modify her attitudes and reactions. Because of that hard work, NR was able to stave-off psychiatric hospitalization and move into her new home.

Skills Training results in employment • JC is a 45 year old male who reported that his learning disability was a barrier to employment. He met with a LILA IL Skills Trainer stationed at the local employment one-stop center. The Skills Trainer worked with JC on filling out employment applications, answering interview questions, and filling in employment gaps in work history. JC followed up with the skills trainer in a later phone call to report that he had gained full time employment with the Eugene School District as a cook. He expressed gratitude for the skills training he received and joy that he had been able to take a major step towards greater independence.

OCB Outstanding Success Story

Dear (OCB field teacher)

I just wanted to thank you so much for your helping me to cope with my macular degeneration problems!

Just having the support and information was great, but I especially wanted to thank you for letting me use the Reader machine that had been donated to the Commission. I'm getting better and better at using it, and probably the most marvelous thing it does for me, is that I no longer have to bug my husband every minute with "what does that say?" It was driving him nuts - and me too.

Also, since I am still busy with my work with the kids, I have to keep up with neuro-developmental research. That is not the kind of literature that is made into talking books, or even large print. Again: Thank you so very much. Your help really has made life worth living again!

EOCIL Major Obstacles/Action Taken

A decrease of base funding forced EOCIL to make major reductions in personnel and other costs associated with providing services. This weakened the very core of the center. Services to current and potential clients were delayed significantly resulting in lower client satisfaction of EOCIL and its services. Personnel fortunate to maintain employment experienced significant increase in work demands with decreased efficiency, reductions in achievement of desired outcomes, and low morale. In addition, this funding calamity weakened EOCIL's credibility with community partners that rely on the center. EOCIL managed to endure the funding crisis by cutting cost, strengthening its partnerships with its funders, the Association of Oregon Centers for Independent Living, Oregon State Independent Living Council, and its state agency partners like Oregon Vocational Rehabilitation Services. EOCIL still needs stable funding to provide the security needed and deserved by consumers, community partners and dedicated staff, but has, through wonderful partnerships built on its steadfast reputation for valuable services and fiscal responsibility and integrity, survived this setback and emerged even stronger.

OCB Major Obstacles/Action Taken

OCB encountered an unexpected challenge this fiscal year, when the Governor gave a speech that included a statement that he was planning to eliminate, combine, and/or merge various boards and commissions, with specific mention of the Oregon Commission for the Blind. Historically, OCB has been a separate, stand alone agency guided by a consumer controlled board of Governor-appointed commissioners. This structure has provided quality services to Oregon's citizens that are blind and visually impaired. Since OCB's budget is comprised of less than one half of one percent state general funds, advocates found it difficult to understand the economic benefit of eliminating OCB. This situation led to collaboration with advocates and disability organizations to convey their views about the possible elimination of OCB. Consumer and agency input resulted in no action being taken on that proposal, with research that indicated no interest in the legislature to eliminate or merge OCB. The staff and management of OCB is firmly committed to maintaining the consumer controlled format that has worked so well for so long. Although the potential risk seems to have been avoided for now, partners and advocates are prepared to act again if the February 2010 or future legislative sessions reconsider elimination or merging of OCB.

SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

Section 704(i), (l), and (m)(4) of the Act; 34 CFR 364.26, 364.27, and 364.32

Section A – Community Activities**Item 1 – Community Activities Table**

In the table below, summarize the community activities involving the DSU, SILC and CILs in the Statewide Network of Centers (excluding Part C fund recipients) during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Indicate the entity(ies) primarily involved and the time spent. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Subpart IV contains new data requests. Please refer to the Instructions before completing.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Increasing access to appropriate healthcare	Collaboration/ Networking	CILs	111	<p>1) Provide mental health consumers emotional and problem-solving support and psycho-educational training for mental health issues; inform attendees of needed resources; de-stigmatize mental health issues; empower attendees to assert themselves.</p> <p>2) To build a community alliance between agencies and consumers to expand consumer choice in mental health services; reduce stigma.</p>	<p>Increased community-based supports for psychiatric recovery.</p> <p>Reduced use of costly first-responder and hospital resources for psychiatric emergencies.</p> <p>Developed partnerships and allies in the mental health community, bringing greater access to consumers, understanding of consumer needs, and knowledge of community resources.</p> <p>Increased organizational participants' knowledge of benefits and cost savings of IL partnerships, holistic strategies, and IL services and philosophy.</p>
Facility Accessibility	Community Education and Public Information	CILs	217	Recruit member businesses to maintain a disability-friendly environment and begin implementing ADA standards.	<p>Increased disability awareness, knowledge of ADA standards, and the value and benefits of accessible, inclusive environments through a Governor's proclamation of "Blue Path Day" to highlight accessibility issues. Secretary of State and local mayor participated, and 21 Charter Blue Path business members joined the effort to identify accessible businesses.</p>

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Increasing safety of individuals with disabilities	Technical Assistance	CILs	3	Resolve impact of new roundabout system for pedestrians with disabilities.	Initial step of improved awareness of disability issues and the importance of accessibility and inclusion was taken through a meeting with appropriate governmental entity.
Increasing access to resources for people with disabilities	Community/ Systems Advocacy	CILs	2	To determine CIL role in Real Choices grant.	CIL gained opportunity to consider and be considered for involvement in project bringing greater resources to individuals with disabilities, and expanding IL philosophy in systems serving individuals with disabilities.
Increasing safety of individuals with disabilities	Community/ Systems Advocacy	CILs	230	<p>1) To increase the readiness of people with disabilities and decrease the impact of disaster before an event occurs.</p> <p>To increase disability awareness in local disaster planning committees.</p> <p>2) Change culture and systems in local government around assisting employees with disabilities who are experiencing domestic violence.</p>	<p>1) 85 attendees gained knowledge, skills, and resources to prepare themselves and their homes for potential disasters.</p> <p>Increased inclusion of people with disabilities in local disaster planning committees</p> <p>2) County government systems gained awareness of need for domestic violence resources for employees with disabilities; and how to connect with consultants from various organizations, strengthening partnerships.</p>

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
				3) Provision of staff to assess need and provide 24/7 emergency backup system for people utilizing home care providers.	3) Part time staff was secured, best practices review completed; model for provision selected, and plans implemented to insure that interested individuals who employ homecare workers have 24/7 backup. Increased safety and independence of people with disabilities residing in the Lane County area.
Facility Accessibility	Technical Assistance	CILs	170	<p>1) Increase ADA awareness and implementation by providing access surveys to businesses.</p> <p>2) Ensure as much accessibility as possible in University of Oregon's new baseball stadium construction plans.</p> <p>3) To get the utility service agency support in creating wheelchair access for a water reservoir surface that is a popular public overlook.</p> <p>4) To involve CIL in city's accessibility and ADA trainings for city employees.</p>	<p>1) 20 businesses surveyed in one community and county visitor's bureau published accessibility survey results on their website.</p> <p>2) U of O agreed to exceed ADA guidelines for accessibility, even including wheelchair accessible dugouts.</p> <p>3) Accessible ramp built, with Mayor and CIL participation in ribbon cutting ceremony.</p> <p>4) Tentative agreement was reached that the CIL would be involved in trainings at some level.</p>

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
				5) To increase accessibility for individual's with disabilities utilizing homeless shelters	5) Improved accessibility and inclusion of PWDs in services to those utilizing homeless shelters.
Transition/Deinstitutionalization	Community/Systems Advocacy	CILs	117	Reduce number of Oregonians with disabilities living in institutions.	CIL mentoring services, partnered with the work of State transition specialists resulted in higher success rates of people moving from institutions to community-based living. CIL partnership with Oregon Corrections officials brought greater inclusion of disability rights in release planning services, and resulted in people making smooth transitions from Snake River Correctional Facility and Two Rivers Correctional Facility to community-based living.
General Outreach	Outreach Efforts	CILs, OCB	1,939	Increase awareness and utilization of IL services and IL philosophy, and reduction of disability stigmatization through participation in routine community partnership meetings, chamber of commerce meetings; library service meetings; presentations to local OVRs, SPD, Veterans Administration, Health	A combination of several hundred individuals and/or partners gained greater knowledge of local CILs and their services, OCB vision services, assistive technology, disability issues, changing perceptions of disability, community resources, IL services, IL philosophy, and the benefits and cost savings of IL services

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
				<p>Services, AAA's, Community Colleges, University of Oregon, service clubs, foster grandparent programs, senior centers, doctors' offices, wellness events and tribal communities.</p>	<p>and philosophy.</p> <p>In many cases, IL strategies were adopted in individuals' personal and/or professional lives as a result of the shared information, enhancing the independence and inclusion of individuals representing many types of disabilities.</p> <p>Better informed community organizations resulted in enhanced collaboration and networking, which improved the holistic services provided to consumers, and reduced duplication of services.</p>
<p>Prevention of and service to homeless population with disabilities</p>	<p>Collaboration/ Networking</p>	<p>CILs</p>	<p>37</p>	<p>1) To strengthen services to the homeless with disabilities, including preventative services.</p> <p>2) City funding of Youth Transition Program to decrease population of homeless youth related to disability.</p>	<p>1) Secured \$11,000 grant to strengthen local services to individuals with disabilities experiencing homelessness. 300 homeless individuals with disabilities received basic services and supports, including supports related to homeless prevention.</p> <p>2) Increased awareness of disability and homeless issues of young adults with disabilities, gaining agreement of City regarding need. No current funding was available, however.</p>

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Maintain and increase availability and quality of IL services	Community/ Systems Advocacy	CILs, SILC & DSU	76	<p>1) Secure additional IL CIL funding by building allies willing to help fund CILs in Oregon.</p> <p>2) Gain feedback necessary to improve CIL services in Lane Co, while informing the public regarding benefits and cost savings of IL partnerships</p> <p>3) To develop informed legislative representatives regarding the purpose and results of the IL Program, as well as the impact of various policies on people with disabilities.</p>	<p>1) Established key legislative connection, which helped to maintain \$720,000 of State IL funding for current biennium, and speak to the importance of future IL funding.</p> <p>2) 100 individuals are better informed about IL benefits and need for expanded services in Lane Co. CIL in Lane Co. gained information utilized for program improvement.</p> <p>3) 12 OVRS representatives and the Oregon Congressional Delegation are better informed about the purpose and result of the IL Program and the ways various policies have impacted people with disabilities and consumers of IL services, in particular. Decision-makers are more likely to make informed decisions, based on issues impacting people with disabilities, resulting in fewer service barriers and greater independence of IL consumers.</p>
SPIL Development	Collaboration/ Networking	SILC, CILs	64	Develop a broader range of IL community partnerships, including use of Disabilities	Developed and strengthened 15 partnerships, in preparation for

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
				MegaConference partnerships, to better glean data on IL service needs assessment	solicitation of needs assessment data, including gaining assistance with distribution of needs assessment surveys to a broader range of individuals.
Leadership Development	Collaboration/Networking	SILC, CILs	136	Develop young adult IL leaders via an IL Leadership presentation that shares leadership development information, resources, tools, strategies, and advantages.	<p>18 youth and 2 teachers gained leadership information and resources, increasing the chances that they will become integrated into CIL life, expand leadership skills, and incorporate IL philosophy and independence into personal and professional aspects of their lives.</p> <p>Two students reported that the training enabled them to make more informed and effective decisions that resulted in a volunteer position and employment.</p> <p>One teacher reported that she is incorporating aspects of IL philosophy in her current and future classes as a result of the information she gained at the leadership training.</p>

Item 2 – Description of Community Activities

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

Lane Independent Living Alliance is located in the second most populous city in our state, which is also the home of the University of Oregon. They operate the Oregon affiliate for the NW Disability and Business Technical Assistance Center (DBTAC) and have a very strong connection in the disability community related to mental health. These facts give them opportunity to take a primary role in the following community activities:

- Increasing accessibility through facility design, transportation systems, pedestrian thoroughways
- Services around homelessness, related to disability

Eastern Oregon Center for Independent Living is located in Oregon's most rural, and sizeable region, which is the home of active tribal communities, and the location of some of Oregon's larger correctional facilities. These facts give them opportunity to take a primary role in the following community activities:

- Outreach to tribal populations
- Transition of individuals with disabilities who have been in the prison population

General outreach: Both of the above Non-Part C funded CILs participated in many of the general outreach activities. Centers for Independent Living have become involved in the Oregon Disabilities MegaConference as an avenue for educating on IL philosophy, services, accessibility, and community inclusion, and are being seen by the larger disability community as the experts on accessibility. In the area of outreach, the SILC has had a strong role in providing information related to policy and its impact on people with disabilities for legislators and other State-level agencies, due to its role in State Plan development and monitoring.

Maintenance and increase of availability and quality of IL services: Oregon's two non-C funded CILs joined the Network's C Funded CILs as strong advocates with the Oregon legislature for IL service funding. In addition, Oregon's DSU/OVRS has taken on a larger role in sharing information about the IL program with legislators, through involvement in the DSA's budget process.

Increasing the availability/access to assistive technology: The DSU/OCB has had a primary role in this area, due to their expertise in serving those with low vision and blindness. However, Lane Independent Living Alliance is the primary CIL providing streaming online reading services through the Eugene Sounds.

Leadership development: Both the CILs and SILC have had an interest and a role in leadership development, with CILs focusing on local leadership, and the SILC focusing on State-level leadership development.

Increasing safety of individuals with disabilities: Both of the State’s non-Part C funded CILs have participated, along with the Part C CILs, in a partnership with Oregon Health and Science University in the provision of training for people with disabilities in the area of disaster preparedness, and have worked to have individuals with disabilities included in local disaster response planning groups. Additionally, Lane Independent Living Alliance has long been involved in grants working in the area of domestic violence and abuse prevention for people with disabilities.

Deinstitutionalization/Transition: Both of the State’s non-Part C funded CILs have participated, along with the Part C CILs, in a partnership with the DSA’s Seniors and People with Disabilities Division project, known as “On the Move,” with a mission to assist individuals in transitioning from institutions to the least restrictive living environments, which has been very successful. The Network of Oregon CILs has contracted with the State to provide peer mentor services to individuals with disabilities identified in the “On the Move” project.

SPIL development: The Oregon Disabilities MegaConference has provided a wonderful opportunity for connection with larger numbers of individuals with disabilities, family members of individuals with disabilities, service providers, and advocacy organizations. The SILC has used this event as a primary means of expanding connections that give a clearer picture of the IL service needs in Oregon. Partnership and contacts with individuals made through the MegaConference have provided a much larger base of participants for our needs assessment process, and assisted us in dissemination of survey materials.

Section B – Working Relationships Among Various Entities

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

Involvement with many committees, boards, or commissions creates a bridge to a diverse variety of partnerships for IL, allowing for outreach, education, resource development by CILs, and systems change opportunities. Through these opportunities seeds for systems change in the short and/or long term were planted. Involvement in statewide disability organizations and coalitions also resulted in a more unified and effective voice from the citizenry on legislative issues relating to disability, IL programs and their funding. Some examples of the working relationships in Oregon follow:

- **SILC & Centers for Independent Living (CILs)** – In the SILC’s SPIL development, monitoring, and evaluation role, there is an ongoing connection and communication with the CILs. However, based on input from RSA during Oregon’s Monitoring Review, conducted in February 2008, aspects of the work between the SILC and Oregon CILs underwent some transition this year to better reflect our legal roles and responsibilities.

In performing its SPIL implementation role, the SILC elicits and encourages CIL input, collaboration, and involvement in various IL activities and projects across the state. Using an

email list, opportunities and information is shared by the SILC with CILs, who then decide whether to engage further.

As part of its SPIL monitoring & evaluation role, the SILC initiated joint meetings and conversations with the CILs and DSUs, through which a review of the 2008-2010 SPIL was conducted and a SPIL amendment developed to address changes that were identified. As follow-up to the joint decisions made about the appropriate roles and responsibilities of each entity, the partners worked together to craft new and innovative tools for each to utilize to become more aware and stay attuned to the work and associated data tracking and reporting each will be held responsible for conducting. Many of these processes also include ways to keep partners informed of their status.

Outcomes:

- Clarity about the legal roles resulted in SILC, OVRS, OCB and CIL activities and associated reporting, that better reflects such.
- Conference involvement, presentations, education and fund diversification opportunities were pursued and coordinated more often by CILs, strengthening CIL partnerships, and in some cases, additional CIL revenues.
- Implementing role changes resulting in the SILC having more time available to address SPIL implementation, monitoring and coordination, as well as activities with other boards, commissions and entities involved in disabilities programs.
- SPIL partners' review of the existing SPIL and consideration of the legal roles of each agency, resulted in a 2008-2010 proposed SPIL Amendment.
- Clarity of roles resulted in CILs strengthening peer collaboration, rather than depending on the SILC.
- **CILs, OCB, OVRS, SILC** - The Oregon SILC, OCB, OVRS, and CILs have a mutually respectful and supportive relationship due largely to maintaining a collaborative approach in their common goals and activities, and their recognition that outcomes – both employment and independence, are improved when their consumers receive collaborative services.

The OVRS Administrator, as well as the IL Program/Field Services Manager for OCB, serve on the SILC as ex-officio members, providing a beneficial connection between the groups, and serving as valuable IL ambassadors and advocates through their ongoing, vocal, and active belief in IL philosophy and services.

Outcomes:

- Oregon CILs and both VR agencies commonly make referrals to each other and conduct a great deal of local cross-training and collaboration of services around individuals, as well as systems changes, education and outreach.
- VR agency involvement on the SILC, is not only an issue of compliance for Oregon, but a vital opportunity to maintain ongoing communication channels about the work, barriers, successes, and priorities of the other which is a tremendous value for consumers being served by both VR and IL.
- The positive, ongoing connection continues to enable a collaborative relationship in day to day agency activities, SPIL development and implementation, future planning, SILC committee activities, CIL mentoring, and cross referrals.
- Collaborative service provision and cross referrals result in more holistic and effective IL and VR services. This often enables more successful consumer outcomes and increased independence of IL, OVRS and OCB clients.

- Funding collaborations have resulted in more stable CIL funding levels, enabling CIL viability and consistency in staffing and service delivery levels to better serve the many clients who can benefit from those services.
- The DSU (OVRs) provided Title I Innovation and Expansion dollars to the SILC to fund its Resource Plan. This freed up Title VII, Part B funds to be used for CIL grants, a part-time SILS Program Coordinator and related expenses, and when possible a small one-time dedicated project, such as CIL training or infrastructure enhancements.
- Ongoing work to educate legislators, partners, and the public about the value and cost savings of IL services and philosophy results in increased awareness of the benefits of IL services and philosophy, and increased likelihood of federal and state IL funds being available to serve people with disabilities across the state.
- OVRs administrative supports and in-kind contributions to SILC administration costs permitted more funding to be invested in provision of services through the Network of CILs, resulting in provision of IL services to communities that would otherwise be underserved or unserved.
- OVRs and the SILC both being housed in a common location, provides ongoing opportunities for cooperation and collaboration on projects that enhance implementation, monitoring, and evaluation of the SPIL.

- **Consumers, advocates, and the general public** - The SILC coordinated a public hearing and actively solicited partner and public input on the 2008-2010 SPIL Amendment. Time for public input was made available at each quarterly SILC meeting. The SILC also utilizes an extensive contact list through which information, resources, and opportunities are shared. The SILC, CILs, OVRs, and OCB involve interested parties in many aspects of their work, which directly impacts people with disabilities and/or their families.

During this reporting year, outreach increased significantly due to new partnerships, opportunities, and proactive efforts at conferences and other events to solicit individual interest and involvement in the upcoming IL Needs Assessment survey.

Each SPIL partner also utilized the Web to provide information to the public.

Outcomes:

- Ongoing involvement of individuals with disabilities resulted in maintaining the crucial aspect of consumer direction and control so that the goals and activities of SPIL partners reflect the desires and needs of the people we serve.
 - The list of partners and contacts grew as a result of proactive outreach for an upcoming Needs Assessment. This outreach also enables more diverse and comprehensive data for SPIL development.
 - Consumers, advocates and the general public started to see the roles of each SPIL Partner and how the CILs and others fit into that alliance.
 - Consumers become more aware of the IL program and were more likely to contact a CIL or other SPIL partner for information related to their needs.
- **Client Assistance Program (CAP)** - This mandated entity is a crucial partnership for the SILC in monitoring the SPIL, the DSUs in contracting with the CILs, and the CILs themselves in program assessment and improvement. Efforts were made this year to strengthen this collaboration.

Although CAP repeatedly reports it rarely receives complaints about IL services, there was agreement that if situations arise, they'd work with the consumer and the CIL in ways that retain client confidentiality, but share general information, when possible, so that CILs have adequate information to make needed systemic improvements.

During this fiscal year, a CAP representative attended several SILC meetings and CAP reporting noted that there were no relevant CIL issues during the reporting year.

Outcomes:

- Strengthened communication between CAP, SILC, OVRS, and CILs enables potential service quality issues to be addressed on an individual CIL and statewide basis.
- **Oregon MegaConference** - The SILC partnered for the second year with the ARC, OrPTI, United Cerebral Palsy, the Oregon DD Coalition, Family and Community Together, NW Regional Education Laboratory, State Interagency Coordinating Council, Multnomah Parent Action Committee, Oregon Office on Disability and Health, Disability Rights Oregon, Oregon Cross Disability Coalition, Oregon Disabilities Commission, Oregon Department of Education, Oregon Institute on Disability, Providence Child Center, Center for Independent Living, and Oregon Council on Developmental Disabilities to implement a 2009 Disability MegaConference. The intent of the conference is to create a forum where consumers, agencies, advocates, and professionals can be educated, empowered, inspired, and connected with other resources necessary to enhance independence, choice, equal access and dignity for people with disabilities. The SILC utilized the MegaConference to forward activities around Needs Assessment for SPIL Development.

Outcomes:

- A large and diverse cross-disability group of approximately 250, consisting of agencies, professionals, consumers, and family members, learned about various disability issues, including IL philosophy and services.
- New and diverse relationships with other disability organizations were developed, and existing partnerships strengthened; increasing the possibility that other entities will either start incorporating more IL philosophy into their own service delivery and/or make referrals to CILs.
- This exposure of IL, increased the likelihood that people from a broader range of disability types and ages will consider seeking IL services as a means of connecting with peers, improving independence, addressing deinstitutionalization and other barriers.
- The IL community learned about the limited understanding of attitudinal and physical accessibility and inclusion that exists in many conference sites and disability organizations, thus identifying an outreach/education need.
- Partnerships and conference involvement resulted in groups and individuals gaining understanding of attitudinal and physical accessibility barriers and learning benefits and strategies of addressing and resolving those barriers.
- Relationship developed that will result in a more knowledgeable and unified voice among the disability community on many issues.
- There was a significant increase in conference accessibility, inclusion, and awareness of IL perspectives, benefits, and services since the first MegaConference, with continued

improvements expected next year, as the partnerships continue to develop and the conference demonstrated the value and benefits of accessibility and inclusion.

- The conference facility initiated staff diversity training and made accessibility improvements as a result of systems change advocacy at the conference planning level. The hotel is planning an addition and remodeling that will be done in ways that increase accessibility and inclusion, as a result of a contractual obligation, and systems change advocacy.

- **Northwest Senior and Disabled Services (NWSDS)** - The SILC continues its partnership with NWSDS. NWSDS involved two staff people in the SILC's Education, Outreach, Leadership Development Committee (EOLDC) - one as a committee member; one as a resource and trainer. NWSDS generously contributed staff time, expertise, and in-kind contributions of various IL mailings and outreach. NWSDS continues this partnership with a staff person serving on the SILC's new SPIL Committee, sharing his expertise in strategic planning and needs assessments.

Outcomes:

- As a result of NWSDS's involvement with the SILC, staff learned about IL services, philosophy, and the cost savings and benefits of both. NWSDS has incorporated IL philosophy into aspects of their service delivery, and have referred their clients to CILs as situations come up where IL services can meet consumer needs.
- NWSDS's trainer took a lead role in planning and facilitating the Young Adult Leadership training. Specific outcomes of that training are included in the SPIL Goal and Activity Progress section.

- **Oregon Parent Training Information Center (OrPTI)** – Partnering with OrPTI as a sponsor of their annual statewide youth transition conference, furthered the goal of sharing information, resources and training opportunities with young adults with disabilities, their parents, and teachers.

Outcomes:

- A large and diverse cross-disability group consisting of agencies, professionals, consumers, and family members, learned about IL philosophy and services.
- New connections between disability organizations were formed and existing ones were strengthened.
- The connections increase the likelihood that people from a broader range of disability types and ages will consider seeking IL services as a means to improving independence, and that other service providers will incorporate IL philosophy into their services.
- Planting of the seed about the on-going need to identify, train and mentor youth with disabilities to be involved with CILs or the SILC as consumers, board members, and volunteers, etc. to impact service delivery.

- **SILC, Home Care Commission (HCC), CIL Collaborative STEPS Training Project** In this HCC-funded project, the SILC's collaboration with the HCC resulted in an opportunity for CILs to become involved in a non-Title VII funded project whereby consumers of certain in-home services, are trained to recruit, interview, hire, manage, and provide a safe working

environment for in-home service providers. The primary objective of the program, called “STEPS”, is to increase the ability of seniors and people with disabilities, who employ eligible Home Care Workers, to understand and develop the skills necessary to be good employers. This leads to increasing their ability to maintain or increase their independence; reduces staff turnover; increases their empowerment as the “employer” to make decisions, direct and take responsibility for getting their own care needs met, and increases the likelihood they will remain in their homes for as long as possible.

In this project, the HCC provided funding for OVRS-SILC to contract with CILs to provide STEPS training to consumers. The HCC also provides funding to the SILC to hire and manage a STEPS Project Coordinator and support staff to administer the project.

As a result of state budget cuts that reduced the HCC training funds by 50%, this year’s project collaboration involved extensive work, communications, and brainstorming to identify options for continuing the valuable training in spite of the significant cuts with a priority to maintain IL philosophy and quality service to consumers. Several options were considered and pursued that would retain consistency, program continuity, and retention of IL philosophy in the curriculum and trainings. Negotiations resulted in transitioning the program administration to the HCC so that the greatest amount of funding for CIL contracts could be maintained. Extensive technical assistance was provided, transferring all program materials and assisting to design the structure the program would operate under was provided.

Outcomes:

- 2864 consumers or their representatives received STEPS training to date, resulting in increases in consumer self-advocacy skills, independence, safety, employer skills, more consistent services, and increased numbers of seniors and people with disabilities being able to remain in their homes.
- This project results in furthering IL philosophy, the spirit of the potential fifth core IL service of transition, SPIL deinstitutionalization objectives, and reflects changes at the federal level that place new emphasis on consumer control and self-direction in long-term care options.
- This project resulted in CILs conducting new marketing activities throughout their designated IL service area, impacting some of their underserved areas. With this being a state-wide project, CILs moved project specific staff work into unserved areas in the state, making people aware of and educated about IL services in general.
- A bittersweet result of this project is that it has increased awareness of the benefits of IL services and philosophy, and as such, it has resulted in a greater public demand for IL services, particularly in the underserved and unserved areas of the state. Although existing CIL capacities cannot meet the higher demand for IL services, the increase in awareness of IL benefits and needs highlights the fact that additional resources are necessary.
- Project transition resulted in CILs developing direct contract and operating connections with yet another state agency - the Home Care Commission. This is a fee for services based project that assists CILs in revenue development and expands their influence and involvement in another facet of service delivery to their consumer base.

- Homecare workers are finding more job stability, as relationships with their employers are better defined. Employers also have more tools that enhance communication, which makes for better resolution of issues that may arise.
- Many consumers reported direct and peripheral benefits – all contributing to great independence and life satisfaction. A few examples include:
 - *My name is Jody and I received STEPS training and it helped me to address several events occurring in my life that impacted my ability to act as an employer. My homecare worker was setting her own schedule around another job and often calling in to cancel her scheduled attendance less than an hour before she was to arrive. I had gone several days without a bath on more than one occasion. Six days after the STEPS training I called the homecare worker and told her that I needed a set schedule and wanted no more last minute cancellations. She agreed, but the very next day called in with an excuse not to work and using the skills I had learned in training, told her I no longer needed her services. I knew how to immediately get a list of available workers, interview, check backgrounds and references and hire a new homecare worker, which I did. I also developed a back-up plan for the first time. Now having the self-confidence and skills, I took charge of this aspect of my life.*
 - *I wasn't having much luck finding a suitable homecare worker so I completed the STEPS training. I learned how to develop a position description, screen applicants and put in place and enforce a service agreement that governs house rules and other specifics to my needs. My husband and I are very happy we did this training and now have a homecare worker who does a great job.*
 - *Two nights before I attended this training, I had to spend the whole night in my wheelchair, because my HCW didn't show up to help me get into bed and I didn't have a back-up plan. Now, after the training, I know I have choices. I don't have to just take the person sent me, and have hired a new HCW. I feel safer too, because I have a backup plan and won't have to spend another night in my wheelchair.*
- The project also had a positive impact on case managers and others in the service delivery system, who experience a decreased workload, witnessed more empowered consumers and are beginning to see less turnover and greater satisfaction with in-home services.
 - *A Program Manager reported that their office had been working with an older lady, who said she was going to have to leave her own home since she didn't think she could find and manage a HCW. She went to a STEPS training and received some additional one-to-one help. As a result, she decided she can indeed employ a HCW, has canceled plans to go into foster care, and will remain in her own home.*
 - *I relatively new senior client was using a provider agency to provide her in-home services and they announced they were terminating services in her area. Her alternatives were to independently hire and manage a homecare worker or look at services not in her own home. She was referred to the STEPS training and after taking the class, felt educated and empowered. It was definitely a positive experience for me since it went a long way in providing stability in her case. As a case manager I'm willing to help out clients, but the home care worker doesn't work for me. My client has a whole new set of tools for her to work with now.*

- *One of my clients was facing a number of tough issues, describing numerous instances of conflict with his caregiver, neighbors and friends. This was not an easy case, but when I described the program and he agreed to give it a try, everything changed. Now every time I talk to him, he sings the praises of the program instead of telling me about his latest conflict! The best part is the whole process was extremely easy. I gave the client a STEPS brochure, discussed it briefly and then offered to make a referral for him. Then the STEPS trainer called me, we discussed the client's needs and she took it from there! The client is still very happy with his new caregiver. My client and I highly recommend the program.*
- **Secretary of State Help America Vote Act (HAVA) Project** - The HAVA project advises the Oregon Secretary of State on implementation of the federal Act, which requires eligible people to be able to vote privately and independently. The HAVA Steering Committee looks broadly at issues that impact access to all people for whom that right might require an accommodation or program change, while the Disability Sub-committee focuses specifically on accessible private voting for people with disabilities. Serving on these committees has provided tremendous access to and input about the work in implementing this law. Being involved in RFP development and hands-on research/use of various voting systems, development of policies and practices to increase voter access through various changes in processes, use of technology and improved marketing and education enable us to see and have tremendous input into making Oregon's voting system one of the best and most unique in the nation. Since Oregon is a vote by mail state, there were unique challenges and yet tremendous opportunities, to meet the needs of Oregon voters with disabilities while retaining necessary audit trails, confidentiality, and overall integrity of the system and processes. The success attained so far has great potential to become an accessible voting model that other states might emulate.

Outcomes:

- Having IL partners at the table provides many opportunities to apply practice solutions to problems that unless personally encountered, would not be obvious. Insight into what people with disabilities feel is actually independent and private when voting is the issue also played a big role in determining the structure/design of the systems.
- Accomplishments of this committee are too numerous to list, but have been a very collaborative effort including disability advocates, county election officials, state election officials and HAVA specialists. A few of the results of this exceptional teamwork included: Accessible format ballots, accessible voting stations, voters Bill of Rights, large print, Braille and audio Voter's pamphlets, innovative and wise use by counties of the HHS grants for structural modifications, Voter Assistance Program, and numerous publication on Resources for Oregon Voters with Disabilities.
- **SILC, CILs, OVRS-Medicaid Infrastructure Grant (MIG) Competitive Employment Project** – A high-level Leadership Council is in place to provide ongoing advise to this federal grant project, which is administered within the DSU-OVRS. The SILC serves on this council and has collaborated on issues including establishing annual project goals, service and project priorities, resource allocation, marketing campaigns and more. This project implemented and currently operates the Work Incentives Network (WIN). In this project, benefits planners are housed in various CILs across the state with the state MIG

staff, one of which solely focuses on the WIN Project, having daily technical assistance, quality assurance and overall project integrity communication with the WIN staff at the CILs. Benefits Planners provide consumers who are considering employment with information about programs, benefits, and options to consider so that clients can make informed decisions about pursuing employment, with advance knowledge about how employment will impact existing benefits, insurance coverage, etc. and what, if any, safety net might be available to provide some stability during transition to employment.

The MIG project provides training and sets the standards that WIN staff must comply with, as well as provides continuing education to ensure quality, consistent and professional benefits planning is provided.

Currently there is support swelling in the state legislature for funding this project. Due to the current economic status, it is doubtful this funding bill will be passed in the next legislative session – February, 2010, but the cost savings, health and societal benefits this project can show have captured many legislator's attention. The SILC has close ties to this project's birth and maintains its involvement in the hope this very valuable service can be sustained. Consumers, Advocates, family members and other agency staff are all supporters of this project. Thirty five people provided written testimony at an initial hearing, and sixteen people, including Representative Gilliam, provided verbal testimony that demonstrated how finding employment with the knowledge gained through the WIN, has improved individuals' lives. More WIN information will be shared with legislators at the February session.

Outcomes:

- This project enables CILs to offer a higher quantity and quality of benefits planning information and resources to consumers, and has opened opportunities for IL outreach to a larger consumer base.
- Benefits Planning information results in consumers having the ability to make more informed employment decisions, and sometimes it can help identify a safety net plan for the transition time between unemployment and receiving full benefits to employment. This helps consumers feel more safe and empowered to pursue employment and the resulting increase in independence.
- The MIG1 first phase of this project resulted in development of a web-based benefits planning resource: www.WorkBenefits.org, that continues to be a resource for WIN staff, disability agencies, and consumers to enter various scenarios to see how employment impacts other program benefits, enabling realistic scenarios for people to make informed choices about employment.
- The project includes a database program for tracking and reporting project activities and consumer information. During FY 2008-09 the program was streamlined to be able to track and share useful data about consumers, trends, and other aspects of Benefits Planning.
- 2,000 people received WIN services through the project so far; 43 people (20%) gained employment as a result of WIN services, and 21% of WIN clients have higher pay and/or more employment hours as a result.
- Due to the extremely successful partnership between the WIN project and the Social Security Administration funded WIPA (Work Incentive Planning and Assistance) program housed at Disability Rights Oregon, Oregonians have access to an efficient,

professional staff of benefits counselors who can help them examine and make educated decisions on their employment futures with more confidence.

- This project is currently being examined as one of a few promising national models. If this project is implemented more broadly, more people with disabilities will attain and maintain employment and increase independence and inclusion.

- **State Rehabilitation Council (SRC) & SILC** – The SILC continues to have at least one representative serve on the SRC, which includes representation from special education and developmental disability entities, the state's workforce policy board, Section 121 VR projects, private businesses, past VR clients, Community Rehabilitation providers and others. With the SILC and the SRC having much in common they have arranged to share office space, which allows for ongoing collaboration.

Outcomes:

- The SILC and SRC staff are able to communicate on a daily basis to keep each organization informed of significant issues that impact joint consumers of VR and IL services, and develop joint projects, as needed.
- This relationship has allowed the SILC to be more aware of VR State Plan development processes, as well as needs assessment processes, resulting in more opportunities to partner and share information and resources that may be valuable to both agencies.

- **Medicaid Long-Term Care Quality & Reimbursement Advisory Committee** – The Council acts in an advisory capacity to Seniors and People with Disabilities on changes or modifications to the Medicaid reimbursement system, as well as the effects of proposed changes or modifications on the quality of long-term care and community-based care services. When a proposed change or modification has an estimated fiscal impact of greater than \$100,000, the Division submits the proposal (with the Council's written recommendation) to the Legislative Assembly or the Emergency Board for approval. At the beginning of each Legislative session the Council reviews the Governor's proposed Division budget. Membership includes consumers and providers of Medicaid services and advocates for seniors and people with disabilities.

Outcomes:

- Reviewed SPD Initiatives regarding Capacity, Access and Service Delivery related initiatives, including foster home levels, continued transition of individuals from nursing facilities, development of ADRCs (Aging and Disability Resource Centers), and locating community placements for individuals in the Geriatric Ward of the State Hospital, which will be closing. Developed letter to the Governor and legislature.
- Reviewed provider quality and efficiency initiatives, include defining quality measures, measuring provider quality, and updating and clarifying licensing rules.
- Reviewed initiatives related to legislative issues and state administration, including separating community and facility Adult Protective Services, stakeholder and agency responses to OPI (Oregon Project Independence), legislative budget notes, workload based staffing models, and staff succession planning.
- Reviewed the Governor's Recommended Budget prior to the start of the 2009 Legislative Session. A letter was sent to the Legislative Assembly addressing the Council's serious concerns funding reductions would have on access and quality of services for seniors and people with disabilities.

- Reviewed DHS draft proposals for 20% and 30% reduction lists by agency and department, including review of input based on stakeholder meetings, forums, and committee work sessions, some of which had IL community participation. Delivered a letter to the Legislative Assembly regarding proposed budget reductions to the Seniors and Persons with Disabilities Budget. Council members expressed concern over the impact the proposed reductions would have on clients served, the provider community and the need for greater investment in the long-term care delivery system.
 - Considered the purpose and anticipated results of proposed budget cuts. These proposed reduction exercises are being done to be ready to quickly and responsibly address worsening economic news and/or the results of an upcoming statewide vote on tax measures. The program reductions being contemplated are potentially devastating for people with disabilities that depend on services such as in-home support services, respite and adult day care, DD residential and day activity services, the Personal Care Program for both the Aging and Physically Disabled (APD) and Developmental Disabilities (DD), which provide 20 hours per month of personal care. Developed position paper to go to Office of Seniors and People with Disabilities and letter of concern and suggested for priorities to the Governor and legislature.
 - Reviewed rule changes relating to staffing requirements for Certified Nursing Assistants in Nursing Facilities. The Council supported the change to the nursing facility reimbursement structure to implement the proposed Certified Nursing Assistant staffing standards.
 - Reviewed and supported an increase to reimbursement rates for Alzheimer’s Care Units. The rate was increased with the objective of maintaining Medicaid access to ACU’s. The Council felt the increase was necessary and appropriate to support the needs of this specific population.
 - Testified before the Joint Committee on Ways and Means Human Services Subcommittee regarding Budget Reduction Options.
 - Reviewed and approved rules limiting nursing facility administrative costs and property expenses to help Oregon manage through its budget crisis.
 - Worked with partners to conduct a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis as a tool to analyze how budget cuts, stagnant or reduced provider rates, and the increasing need for, and decreasing supply of, community based care providers will affect people with disabilities during the current economic downturn.
- **State Plan on Aging Development Committee-** The Seniors and People with Disabilities agency responsible for state plans for AoA, formed a Committee that was charged with the task of developing the State Plan on Aging. SILC and other IL representatives were involved in a two day planning session to develop the framework for the plan and then 3 committees were formed to focused on priority area content development.

Outcomes:

- This was a unique and significant opportunity to provide input that ensures that the State Plan on Aging incorporates IL philosophy throughout. It was encouraging to see that IL philosophy was already evident in the planning thus far, and with IL involvement in additional planning sessions, the final draft was an exemplary model of an IL based State Plan on Aging.

- Increased collaboration with many senior groups such as the Governor’s Commission on Aging, local AAAs, long-term care provider agencies and advocates.

- **ADRC Advisory Committee** - The State Plan on Aging Development Committee transitioned into the Steering Committee on the ADRCs (Aging and Disability Resource Centers). IL representatives are now involved in the review and evaluation of the pilot ADRC and will take those lessons learned to develop a model to be replicated state-wide.

Outcomes:

- Participation in this committee will provide an IL voice in planning an ADRC model that utilizes wellness education and services as a prevention/intervention strategy, via a one stop user-friendly system. A major objective of ADRC related projects is to increase awareness of the options for home and community-based services so that individuals, who are at risk for institutionalization, may remain in their own homes with appropriate services.
- The most rewarding and exciting aspect of being involved in both the State Plan on Aging development and the ADRC Steering Committee is the strong focus on person-centered services and the IL model of people living in the least restrictive and chosen environment, which in nearly all cases is in their own homes. Steps for the committee include (1) Consumer Outreach, Marketing and Satisfaction; (2) Partnerships, Advocacy and Sustainability; and (3) IT Infrastructure and Information Management Systems.
- This level of connection increases the likelihood that CILs will become strong components in local ADRCs.

- **SPD-OPI (Oregon Project Independence) Focus Groups**- OPI, initiated in 1975 to serve seniors, was directed to expand its services to people with disabilities, as funding was secured. However, sustainable funding, through a Senior and Disabled Property Tax Deferral revolving account, has not proven to be adequate, even for the original program. A legislative budget note assigned the Seniors and People with Disabilities Division to work with its local offices and Area Agencies on Aging to review how Oregon Project Independence services, given the limited funds available, can be delivered more effectively as part of Oregon's long-term care system, with a report due to the appropriate interim policy committees before January 1, 2010. Focus groups, with stakeholders were implemented to solicit ideas and input toward this endeavor. The Oregon Disabilities Commission asked the SILC to collaborate with them on a joint response, though participation in focus groups since the SILC had played a major role, only 2 years ago, in writing the administrative rules for the expansion of OPI to persons with disabilities.

Outcomes:

- This program is very unique and serves many people who would be forced into more restrictive situations, should the program cease to exist. While a clear accomplishment was not identified, this provided opportunity for the SILC to share input with a wide variety of community stakeholders.
- Positioned IL to be one of a few stakeholders that is now working on honing the final response to the legislature’s budget note, which will likely play a major role in any redesign, enhancement or funding restructuring/realignment process.

- **Oregon Disabilities Commission (ODC)** – The Oregon Disabilities Commission(ODC) is a Governor appointed commission housed in the Department of Human Services (DHS). The commission is charged by state statute to advise the Governor, the Legislative Assembly and appropriate state agency administrators on issues related to achieving full economic, social, legal and political equity for individuals with disabilities. ODC also acts as a coordinating link between and among public and private organizations serving individuals with disabilities. The 15 member commission is composed of people who are broadly representative of major public and private agencies. Members are experienced in or have demonstrated particular interest in the needs of individuals with disabilities. A majority of members are individuals with disabilities.

Outcomes:

- The SILC maintains two representative positions on Oregon’s Disabilities Commission. As a result, the SILC has an ongoing opportunity to offer ideas, input, and concerns in the ODC’s extensive work on many disability issues, as well as opportunity to develop additional IL program partners.
 - In their role of being a systems change agency, ODC offered input on many topics including care provider payments, aspects of foster care and assisted living, cost effectiveness of in-home services, a state version of the ADA, an anti-bullying bill, and the Capitol Renovation project.
 - Priority areas addressed this past year included: Transportation, Adult Protective Services, Americans with Disabilities Act (ADA)-state changes, Long-Term Services and Supports, Health Care (including Mental Health) and Employment.
 - Development of a sub-committee to advise Senior and People with Disabilities on the state’s Medicaid Buy-in program, “Employed Persons with Disabilities. This program provides a mechanism for working people with disabilities to buy in to the Medicaid program, and thus gain access to insurance coverage for medication, personal assistant services, and other products and services not usually covered through private health insurance. This buy-in program enables people to attain and/or maintain their health and independence and attain or remain employed. Many positive outcomes have occurred under this committee’s direction including the definition of “attachment to work”, increased outreach and education about the program, enhanced training for case managers and others on how to offer and conduct eligibility processes for this program, etc. Progress continues as the issue of “asset portability” is being looked at to address the problem people on EPD have when they retire and suddenly have too much countable income to qualify for Medicaid.
 - Review and comment on any legislation that impacts people with disabilities is reviewed by ODC a position taken and testimony-written or in person, is developed and delivered when necessary.
- **Oregon Money Follows the Person (MFP)** – **“Oregon on the Move”** - “On the Move in Oregon" is a Money Follows the Person project funded by the federal Centers for Medicare and Medicaid Services. Oregon's "On the Move" project seeks to demonstrate that long-term institutionalized populations of people with complex medical and long-term care needs can be served in their communities with wrap-around packages of supports and services. Project funding will be available to Oregon from the second quarter 2008 through September 2011.

Outcomes:

- More than 100 people have been transitioned out of nursing facilities into community living situations.
- CILs have been contract with to provide IL services to project participants both prior to transitioning as well as after
- Project’s success is demonstrating that community living for persons with the most severe disabilities and who have been institutionalized for the longest periods is indeed possible, less costly and consumer preferred.

In addition to the collaborative relationships and projects listed above, the SILC and/or DSUs have connections with, and/or representation on numerous disability related councils, boards, and commissions throughout the state, via involvement of the SILC Chair, staff and/or it’s members.

Examples of some of that partnering and the outcomes of such work is listed below. The SILC has just implemented the practice of soliciting information from each of its members about their individual connections to and work with entities that impact the independence of persons with disabilities and some of that initial data is provided at the end of this section.

In many cases, the name of the group provides adequate information about the purpose of the entity and the IL connection; however, in some cases additional details are provided to share specifics about such. This list includes links to mandated SPIL partners, as well as other disability related connections.

- **Advocacy Coalition of Seniors and People with Disabilities – The SILC is an active** member of this group and through such is provided an avenue for a unified voice in reviewing, and advising on state legislative issues that affect seniors and persons with disabilities.
- **Elders in Actions (EIA)** – This is a very active and effective advisory board to the county of Multnomah and the city of Portland on issues such as elder fraud, transportation, disability, and legislative issues that impact seniors and people with disabilities.
- **HISPNET** - This group identifies and reviews issues affecting Spanish speaking clients and staff, addresses and resolves field and central office issues, and makes recommendations to change policy or practice, as appropriate.
- **Home Care Commission (HCC)** – A SILC Executive Committee member serves as a board member of the HCC. The HCC is a nine-member commission of seniors and people with disabilities, charged with providing training to in-home service providers (Homecare Workers), developing and maintaining a registry and referral service, and improving care to seniors and people with disabilities. In addition, the HCC provided funding for the development and operation of the STEPS project, administered by the SILC with services provided at the local level by CILs- *this is described in greater detail above in this section.*
- **HCC Disaster Preparedness Committee** - This Home Care Commission committee works to review existing disaster plan materials that address the needs of people with disabilities to determine what changes, if any, need to be made. Part of this group’s work is to disseminate materials widely so that people with disabilities are aware of the need for a disaster plan and how to develop one for themselves, as well as provide input on the content of other state and local disaster plans.
- **State Housing and Community Services Agency** - The SILC developed a connection and working relationship with the State Housing and Community Services Agency, which

provides financial and program support to create and preserve opportunities for quality, affordable housing and supportive services for moderate, low, and very-low income Oregonians. The coordination between housing and services creates a continuum of programs that assists and empowers lower-income individuals and families in their efforts to become self-reliant. They are close associates with the Oregon State Housing Council.

They administer numerous projects including: Housing Rehabilitation Program (HRP); HOME Investment Partnerships Program; Housing Development Grant Program (HDGA); Home Ownership Assistance Program (HOAP); Alcohol and Drug Free Housing (ADF); HELP Program; Oregon Affordable Housing Tax Credit Program (OAHTC); Low Income Housing Tax Credit Program (LIHTC), Residential Loan Program (Single Family) and Elderly and Disabled Loan Program (E&D), and in addition operate a variety of energy and weatherization assistance programs such as Low Income Weatherization Program; Low Income Energy Assistance Program (LIEAP); Oregon Energy Assistance Program (OEAP); and rental assistance programs like the Section 8 Rent Subsidy Assistance Program. They also manage most state-level homeless programs and services. As a result of the need to ensure accessibility to and usability by persons with disabilities, they have solicited SILC input, review, and support on several housing development projects, policies and procedures around fair and accessible implementation, accessibility compliance regulation interpretations.

- **Mental Health Entities** – SILC staff and/or SILC members attend Oregon Mental Health Consumer Advisory Council meetings when possible and share information about the SILC, CILs, and IL services and philosophy. Since individuals with mental health issues are seen as an underserved population in Oregon, but CILs serve a large number of consumer who disclose this as their primary disability, we are developing plans to enhance state-level connections to assure non-duplication of services and take advantage of the natural marketing opportunities to local agencies that could make referrals and partner with CILs to better serve this population. One avenue for improved connection is to involve representatives from the mental health community on the SILC, on SILC Committees or solicit involvement in special events. The SILC Collaboration Committee is targeting recruitment of committee members, who will possibly graduate to holding positions on the SILC.
- **Oregon Association of Area Agencies on Aging and Disabilities (O4AD)** - This non-profit organization represents Oregon's 18 AAAs and their collective issues at the Oregon State Capitol. The SILC and CILs partners with this group on numerous long-term care issues, local service planning, and health care.
- **Oregon Cross-Disability Coalition (ORCDC)** – This coalition has 35 agency members and works to speak with a unified voice on issues they have in common around disability issues. Members include: Veterans Administration, ARC, Disability Rights Oregon, Developmental Disabilities Council, Oregon Brain Injury Association, Multiple Sclerosis Society of Oregon, State Rehabilitation Council, Self Help for the Hard of Hearing, Human Services Coalition of Oregon (HSCO), Oregon Health Sciences University-Center on Self Determination, Vision Northwest, Advocacy Coalition for Seniors and People with Disabilities, Oregon Fair Housing Council, Oregon Assoc. for the Deaf, Parents in Action, National Alliance for the Mentally Ill, Home Care Commission, and more. The ORCDC provides a very effective common cross-disability group for legislative and advocacy issues. The SILC played a vital role in its development and serves on the Executive Committee.

- **Oregon Department of Transportation (ODOT)** - Several SILC Members and the OCB IL Program Coordinator serve on various ODOT committees and workgroups, including the State Public Transit Advisory Committee (PTAC). This involvement ensures representation of people with disabilities in statewide transportation planning and is an opportunity to share and have considered IL perspectives.
- **Oregon Developmental Disability Council (ODDC)** - The SILC has a close connection with the ODDC and collaborates on issues such as legislation, administrative rules, project-specific education and systems change activities. Maintaining this close communication provides more “coverage” of critical issues using the divide and conquer method of involvement.
- **Region X SILC Directors Committee** – The Oregon SILC Executive Director serves on this committee of Region X SILC Directors (Alaska, Oregon, Idaho and Washington). Members meet quarterly via conference call to discuss IL issues, upcoming or needed events and meetings, challenges and best practices, strategies to share resources, plan regional conferences and trainings and more.
- **Special Education Entities** - The SILC maintains an email list of special education and transition specialists and young adults with which we communicate youth opportunities, to offer IL information and resources, to identify and recruit young IL leaders, and to exchange newsworthy information to share with our partners and consumers.
- **Talking Book and Braille Services (TBABS) - Library Advisory Committee**
- **Veterans Groups** - OCB works with the Blinded Vets organization and members of the VA's VIST program to help guide veterans toward the services that will provide the best response to their needs.
- **Workforce Policy Board** - The OVRs Administrator serves on the Workforce Policy Board, which includes representation from the state government's workforce partners.

In addition to the collaborative relationships and projects listed above, the SILC recruits members who have IL and/or disability interest, experience, and/or connections. During FY 2008-2009, the SILC’s newly formed Collaboration Committee developed work plan activities that include implementation of an informal quarterly survey of SILC member affiliations as a way to identify, build, and utilize existing connections. This information is hoped to inspire collaborations and activities that result in project and partnership opportunities, potential fee-for-service projects, increased awareness and implementation of IL services and philosophy, cross-agency referrals, more holistic service provision, reductions in duplication of services, and increased knowledge about each agency, services, and resources and tools available to individuals with disabilities and their families. Initial information on SILC Member affiliations include:

- Connecting Communities Steering Committee
- Portland Parking Task Force
- Portland Bureau of Neighborhood Initiatives, Bureau Advisory Committee
- Portland State University Counseling Rehabilitation Program, Advisory Council
- Portland Sidewalk Café task Force
- Women with Disabilities Health Equity Council
- Oregon Disabilities Commission
- State Rehabilitation Council

- Project ACCESS (OVRS)
- Enhancing Employment Outcomes (OVRS)
- Disabilities Services Advisory Committee (DSAC)
- Public Transportation Advisory Committee (PTAC)
- Special Transportation Committee (STAC)
- Translink Advisory Committee
- Lifespan Respite Committee
- Association of Oregon Centers for Living (AOCIL)
- National Council of Independent Living (NCIL)
- Rogue Valley Council of Governments (RVCOG)
- Employment Services Network (ESN)
- Options for Success Planning Committee
- Josephine County Transit (JCT)
- STEPS to Success with your Homecare Worker Project
- Brain Injury Association of America
- Academy of Certified Brain Injury Specialist Trainers
- Oregon Competitive Project/Medicaid Infrastructure Grant Steering Committee
- Money Follows the Person
- Idaho Traumatic Brain Injury Advisory Board
- Oregon Traumatic Brain Injury Advisory Board
- Brain Injury Alliance of the NW
- Oregon Reintegration Team
- Washington Traumatic Brain Injury Resources Service Team
- TBI Military Federal Grant Review Panel
- Veterans of Foreign Wars Woman's Auxiliary
- Oregon State Library Grant Board
- Oregon Cross Disabilities Coalition
- Molalla Library Board
- International Association of Coaching (Life Coaching)
- International Coach Federation
- US Life Coach Association
- Talking Books Advisory Council
- Oral Hull Foundation for the Blind
- Help America Vote Act - Disability subcommittee
- Omni Media Board

SUBPART V – STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)*Section 705 of the Act; 34 CFR 364.21***Section A - Composition and Appointment****Item 1 – Current SILC Composition**

In the chart below, provide the requested information for each SILC member. The category in which the member was appointed can be described, for example, as ex-officio state agency representative, other state agency representative, center representative, person with a disability not employed by a center or state agency, section 121 funded project director, parent of person with a disability, community advocate, other service provider, etc. Include current vacancies, along with the corresponding appointment category for each. Add more rows as necessary.

Name of SILC Member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
1. Ann Balzell	Neither	Community MS advocate	Voting	02/01/2009	01/31/2012
2. Brad Collins	State Agency	PWD, Community advocate	Voting	01/03/2005	01/31/2010
3. Sharon Coverstone	Neither	PWD, community advocate	Voting	10/12/2007	9/30/2010
4. Sharon Ely	Neither	PWD, community advocate	Voting	07/01/2006	06/30/2012
5. Barry Fox-Quamme	CIL	CIL Director	Voting	10/01/2008	09/30/2011
6. Angel Hale	Neither	PWD, community advocate	Voting	9/1/2005	09/30/2011
7. Wendy Howard	CIL	CIL Director	Voting	12/16/2006	12/15/2009
8. Dodie McKenzie	Neither	Section 121 representative	Voting	10/12/2007	9/30/2010
9. Randy Samuelson	CIL	CIL Director	Voting	04/01/2008	3/31/2011
10. Sherry Stock	Neither	PWD, Community TBI advocate	Voting	02/01/2009	01/31/2012
11. Frank Synoground	State Agency	Ex-Officio OCB representative	Non-Voting	7/1/2009	6/30/2012
12. Stephaine Parrish Taylor	State Agency	Ex-Officio OVRS representative	Non-Voting	7/1/2009	6/30/2012
13. Dean Westwood	Neither	PWD, community advocate	Voting	10/01/2005	09/30/2011

Item 2 – SILC Composition Requirements

Please provide the information requested in the chart below. Include any current vacancies in a particular appointment category.

SILC Composition	# of SILC members
(A) How many members are on the SILC?	13
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	5
(C) How many members of the SILC are voting members?	11
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	5 *There are currently 10 vacancies in the category of “PWD, community advocate”

- *Having recently lost a non-state/non-CIL employed member with a disability, the SILC Membership Development Committee is actively recruiting with a priority to attain compliance with the required 51%. One trend we have noticed is that some consumers involved with the SILC have become employed while members of the SILC, which has caused us either to lose members, or they have remained with the SILC, but their employment through a State agency has caused a major shift in our demographics.*

Section B – SILC Membership Qualifications

Section 705(b)(4) of the Act; 34 CFR 364.21(c)

Item 1 – Statewide Representation

Describe how the SILC is composed of members who provide statewide representation.

The SILC includes representation from Portland, Springfield, White City, Salem, Klamath Falls, Grants Pass, Molalla, and the Grand Ronde Tribe of west central Oregon. These locations cover north, south, and western Oregon.

The SILC’s Membership Development Committee utilizes a matrix to identify demographic gaps, then uses a recruitment tool to issue notice to SILC members, CILs and disability partner organizations of gaps to be filled. Having a small population pool, especially in the rural areas of Oregon, has been a barrier to full coverage of the State. In addition, the Director of our rural eastern Oregon CIL, which is located on Oregon’s border, lives across the border, so is not eligible for SILC membership.

Strategies for recruitment of members include publicity at statewide disability events, and public service announcements, as well as direct recruitment through SILC members, CIL staff, and community partner contacts.

Item 2 – Broad Range of Individuals with Disabilities from Diverse Backgrounds

Describe how the SILC members represent a board range of individuals with disabilities from diverse backgrounds.

SILC membership, as of September 30, 2009, includes representation of physical, sensory, and cognitive disabilities with diverse backgrounds - professionals, consumers, advocates, and required CIL and state agency representation. In addition, SILC membership includes those connected with a variety of organizations, including representation from rehabilitation programs, tribal groups, the Multiple Sclerosis Society, the Traumatic Brain Injury Association, CILs, veteran's associations, transportation programs, grant review boards, local government councils, employment projects, and disability research projects. Deaf/hard of hearing and mental illness disabilities are identified as representation gaps to fill as part of our targeted recruitment activities. The Asian/Islander ethnic population is the only group without representation on the SILC, as that is statistically an extremely low percentage of Oregon's population.

Item 3 – Knowledgeable about IL

Describe how SILC members are knowledgeable about centers for independent living and independent living services.

The SILC's Membership Development Committee (MDC) continued to improve training and recruiting techniques to ensure the Council is made up of individuals knowledgeable about centers for independent living and independent living services. During this reporting year, the MDC completed a project of developing a new member basic training tool, used in a self-paced approach, prior to participation on the Council. Eventually, it will be the first in a set of in-depth training modules that can be used independently, by members seeking greater understanding of specific knowledge areas such as the Rehabilitation Act, the American's with Disabilities Act, etc. Work was also continued on a history of Independent Living services in Oregon, which will give members historical perspective in understanding thinking behind many of the decisions around funding, State Plan priorities, CIL Network structure, etc.

The SILC also considers various conferences as well as teleconferences and web casts provided through SILC-Net and ILRU to be valuable training opportunities that expand member knowledge, expertise, and perspective. As such, the SILC coordinates member representation at the annual SILC Congress, and other conferences or training opportunities as time and funding permit.

The vast majority of current SILC members have had interaction with centers for independent living as former CIL staff, former CIL board members, CIL consumers, or as independent living program organizational partners who have conducted joint activities with the SILC and/or with Oregon's CILs.

Section C – SILC Staffing and Support

Item 1 – SILC Staff

Please provide the name and contact information for the SILC executive director. Indicate the number and titles of any other SILC staff, if applicable. Also indicate whether any SILC staff is also a state agency employee.

The following individuals comprise the SILC staff as of September 30, 2009:

SILC Executive Director - Tina Treasure - tina.m.treasure@state.or.us

503-945-6621 (phone)

503-945-8991 (fax)

Oregon SILC - 500 Summer Street NE, E-87 - Salem, OR 97301

One SILC Operations Coordinator

Once SILC Administrative Assistant

During fiscal year 2009, the SILC also administered a special project, staffed by one STEPS Project Coordinator and one STEPS Project Office Specialist. However, these two positions were project-specific, not funded with Title VII funds, and the staff members did not perform general SILC activities.

2009 was a year of transition for the DSU, following their federal program review. That transition included recruitment for a qualified IL Program Coordinator for the DSU. While the position was vacant, an agreement was reached with the SILC, whereby Tina Treasure and Shelly Emery (also part time SILC staff) were employed on a part time basis by the DSU to carry out tasks related to the DSU's IL program until the DSU's position was filled and their staff trained. As such these two SILC staff members were also part time state agency employees.

Item 2 – SILC Support

Describe the administrative support services provided by the DSU, if any.

Administrative support services from the DSU, for SILC operations are provided via an interagency agreement with the SILC, and include:

- Office space, including related overhead costs
- Basic office furnishings
- Basic office machines – e.g. copier, fax, printer, computers (and basic software), phones
- Basic services – e.g. utilities, IT services, phone service, office machine maintenance
- Basic office supplies – e.g. copier paper, postage, office machine supplies
- Accounting services – e.g. processing checks, processing payroll, provision of revenue and expenditure reports for reconciliation with SILC bookkeeping
- Legal services – e.g. Department of Justice consultation and contracting services
- Secures position authority through the legislature for SILC staffing, as need is determined by the SILC, with the SILC retaining responsibility for recruitment, selection and supervision of staff

Section D – SILC Duties

Section 705(c); 34 CFR 364.21(g)

Item 1 – SILC Duties

Provide a summary of SILC activities conducted during the reporting year related to the SILC's duties listed below:

(A) State Plan Development

Describe any activities related to the joint development of the state plan. Include any activities in preparation for developing the state plan, such as needs assessments, evaluations of consumer satisfaction, hearings and forums.

Following a review by RSA in 2008, Oregon underwent some transitions in the administration of the IL program, with roles, especially between the DSU and SILC, receiving greater definition and separation. Although RSA's IL review findings did not specifically indicate a need to amend our SPIL, the activity and fiscal changes necessary to reflect the legal roles of each SPIL partner did result in a need to make significant changes to aspects of the SPIL. SPIL partners considered it to be a useful opportunity to review the overall SPIL, to identify other changes that might address trends and the effectiveness of the IL program, including the ability to measure and report IL outcomes.

Due to the above events, a SPIL amendment was developed. The purposes of the amendments included:

- Creating consistency between the Financial Plans and currently available funding sources.
- More closely aligning SPIL partner roles and responsibilities with those specified in the law and regulations covering the Independent Living program.
- Creating a broader scope for the State Plan, with greater focus on partnering, as opposed to emphasizing the SILC's role.
- Removing information that does not directly relate to SPIL section instructions.
- Creating more measurable and clear goals, objectives and activities.
- Aligning current narratives with amended goals and objectives, as well as updating appropriate narratives relating to current services and CIL Network Design (including reduction in the number of CILs as of June, 2009).

In April of 2009, OVRs, OCB, the SILC and CIL staff met to reassess goals, objectives and activities, to ensure they were measurable and consistent with the clarification of roles for the DSU, SILC and CILs. Information gathered thus far in the original SPIL period was used in this reassessment. The agenda for the meeting included the following topics:

1. RSA's input about the legal roles of each SPIL partner and the associated legal funding
2. Transition activities in progress and transition activities yet to be undertaken
3. Definition of "goal" and "objective" and how to develop effective and measurable goals and objectives
4. Reassessment of current goals and objectives in light of 1 and 2 above

Based on consensus of SPIL partners, SPIL signatories approved a draft amendment from which to seek public comment. The intent of the proposed amendments was to reflect the legal roles of each SPIL partner as well as a revised SPIL Mission statement:

“It is the mission of Oregon’s Independent Living Services program to:

- Support the ability of Oregonians with disabilities to direct their lives, access their communities, fulfill their responsibilities, and enjoy their rights of citizenship through provision of consumer-driven, peer-delivered services
- Promote IL values through advocacy, education, collaborative partnerships, and outreach
- Demonstrate accountability of the public and private funds invested in this endeavor”

Reassessment of current goals and objectives resulted in reorganization under the following four main goals:

1. Individual & Systems Change – The Independent Living philosophy is implemented within Oregon
2. IL Funding - Oregon’s IL system has sufficient monetary resources
3. Accountability - Oregon’s DSU, SILC and CILs are accountable in regard to regulations and philosophy
4. Program Development & Evaluation - Oregon’s IL system maximizes available resources in the delivery of high quality services

Public input and hearings processes were completed during May, with no additional public input submitted through the final input period. Although no input came from the final public solicitation, this input was sought during the drafting process, especially by bringing CILs into the processes of development and reminding them to encourage their consumers to become involved in sharing their views. The draft amended SPIL and public input forms were also posted on the Web, and disseminated as widely as possible to partners and individuals who may have an interest in IL services.

SPIL signatories approved the final draft amendment in June, 2009. Just before the draft SPIL amendment was to be submitted, ARRA Part C funding negotiations with RSA began. This resulted in agreement of the SPIL signatories to withhold submission of the amendment to RSA, pending the outcome of the ARRA negotiation process, which was not yet complete at the end of the 2009 fiscal year.

In addition, during the drafting of the amendment, the following activities were taking place in preparation for drafting the 2011-2013 SPIL:

Needs Assessment • Staff attended Needs Assessment trainings, and a Needs Assessment Work Group researched and selected needs assessment strategies. A database of contact information of individuals and organizations for dissemination of assessment surveys was developed. Through the Oregon Disabilities MegaConference, partner organizations that might have relevant needs assessment data to review were identified, and information regarding ways to participate in the upcoming Needs Assessment were shared with conference participants representing a wide range of individuals, from consumers and family members to professionals.

Consumer Satisfaction • The SILC and CIL Network collaborated to compile results from the fiscal year 2008 statewide consumer satisfaction survey, which demonstrated a high level of consumer satisfaction with IL services. Results were provided to SPIL signatories, SILC members, CILs, and made available to the public. Data collected was utilized for program improvement planning. Surveying consumers also began for fiscal year 2009. Additionally, the SILC and CIL Network collaborated to develop a new survey form for fiscal year 2010. The new survey language is intended to better reflect IL outcomes, while at the same time provide data needed by the SILC for SPIL implementation monitoring and evaluation. This was done by adding customized questions, relating to certain SPIL objectives, to one section of each CIL's survey. Information gleaned from the consumer satisfaction survey is also being utilized to determine IL service needs in development of the next SPIL.

The survey process included distribution of surveys by individual CILs to their consumers, with returned surveys going directly to the SILC for compilation, giving consumers a greater sense of freedom to speak frankly in their surveys.

Public Input • The SILC includes time at each quarterly meeting for public input on the IL program.

(B) Monitor, Review and Evaluate the Implementation of the State Plan

Describe any activities related to the monitoring, review and evaluation of the implementation of the state plan.

Key components of monitoring, review and evaluation include the Designated State Unit (DSU) monitoring of funding agreements, and the SILC's monitoring, review, and evaluation of consumer satisfaction and the overall implementation of the SPIL. The 2008-2011 SPIL Evaluation activities include the same items as the 2005-2007 SPIL, with the addition of new SPIL Update Reports utilized by SILC Staff, CILs, OCB, and the CAP to provide bi-annual updates about progress on SPIL goals, objectives, and activities. Additionally, CIL 704 Update Reports were provided to the SILC, containing information applicable for statewide SPIL evaluation.

Many SPIL monitoring and evaluation activities are listed in other areas of this report. As a summary of key aspects, SPIL monitoring and evaluation activities include the following:

SILC

1. Developed a matrix of SPIL goal and objective assignments and distributed individualized versions to CILs, SPIL partners, and individual SILC committees, from which work plans could be developed.
2. Developed SPIL work plans for SILC committees and staff, with time lines and methodology for providing monitoring and evaluation data.
3. Reviewed quarterly SPIL progress reports to monitor SPIL progress.
4. CIL 704 Update Reports and SPIL Update reports were reviewed to identify trends, achievements and barriers to SPIL implementation, initiating change, when needed. Information gleaned will be utilized in decisions concerning the development of the next SPIL.
5. Coordinated with CILs, OVRS, and OCB to plan and implement corrective action plan activities to address RSA's IL review findings related to the legal role of SPIL partners, and the utilization of specific funding streams.

6. The SILC held discussions with partners in order to gather information on effectiveness of SPIL objectives, and led discussion with SPIL signatories and the CIL Network in order to revise goals and objectives thought to be ineffective or inappropriate, and create a more measurable set of objectives. This led to a SPIL amendment.
7. Drafted annual 704 report, explaining how the year's activities addressed SPIL goals and objectives.

CILs

1. Developed work plans for assigned SPIL goals and objectives with measurable outcomes and timelines.
2. Prepared annual 704 reports that include, among other things, how the year's activities addressed SPIL goals and objectives.
3. The SILC and CILs initiated annual consumer satisfaction survey processes that provided data for evaluation and need assessment. Revisions to future surveys were made, improving the effectiveness of this process in assessing the effectiveness of certain facets of SPIL implementation.

Oregon Commission for the Blind/DSU

1. Prepared and submitted a 704 report, for integration into the Part I 704 report. Data gathered was utilized to monitor and evaluate certain aspects of SPIL implementation.
2. Coordinated an annual consumer satisfaction survey process and shared report responses with the SILC for compilation and inclusion in the statewide consumer survey report, providing data for evaluation of SPIL implementation.
3. Worked with the SILC and OVRs on corrective action plan activities to address federal IL review findings related to the legal role of SPIL partners and utilization of certain funding streams.

Office of Vocational Rehabilitation Services/DSU

1. Coordinated follow up activities, including monitoring of corrective action plans, as a result of recent compliance reviews of CILs receiving funding for IL services. As a result of this process, information relevant to SPIL implementation evaluation was provided to the SILC.
2. Shared information with SILC, on an ongoing basis, related to barriers identified in IL service provision, and collaborative SPIL activities with the VR program.
3. Prepared information to be integrated into the State's 704 report. Data gathered was utilized to monitor and evaluate certain aspects of SPIL implementation.
4. Worked with the SILC and OCB on corrective action plan activities to address federal IL review findings related to the legal role of SPIL partners and utilization of certain funding streams.
5. Through monitoring of aspects of CIL contract and grant reports, information was provided to the SILC to assist with evaluation of SPIL implementation, progress, and trends.

CAP

1. Prepared and submitted SPIL Update Reports to the SILC, summarizing SPIL implementation progress.
2. Provided the SILC with consumer satisfaction information from their CAP program.
3. CAP representative attends many SILC meetings, to strengthen the CAP/IL connection.

Overall SPIL Evaluation and Implementation • Based on findings from RSA’s 2008 review of the Oregon IL program, this fiscal year included extensive work to clarify, transition, and implement aspects of the review findings, particularly in the area of the legal roles and associated funding of the SILC, DSU, and CILs. Aspects of the findings and subsequent transition work have been shared in various parts of Subpart IV – Community Activities and Coordination, Section B – Working Relationships Among Various Entities. Greater details regarding how this evaluation and implementation process tied into SPIL amendment development activities is noted in (A) above.

Primary areas of evaluation included:

- Transition of DSU to primary responsibility for CIL grant administration.
- Refocus of SILC on SPIL monitoring and evaluation duties, as well as related collaborative activities with other disability entities.
- Appropriateness, effectiveness and measurability of goals and objectives.
- SPIL implementation when time-limited IL funding becomes available. Originally, no methodology existed for distributing funding in this type of scenario.
- Effectiveness of small grants to non-C funded CILs. Over time, Oregon has learned that it is not effective, and may even be damaging to consumers and IL partnerships, for CILs to be granted small, non-viable amounts of base funding, when no other viable base funding source has been established by the CIL. Experience has shown that a small base funding grant may enable a CIL to keep its doors open, however, tight resources often are a barrier to the development of administrative infrastructure necessary to maintain the IL mission and move toward compliance with Section 725 Standards and Assurances - a requirement Oregon has established for its IL grants. Too many times, the State is forced to later de-fund such CILs when IL philosophy and/or appropriate accountability are not able to be maintained. This occurred in 2006, 2007, and again in 2009.

With the intent to stop that unhealthy cycle, a change in IL funding priorities was recommended, requiring at least \$100,000 to be available to a CIL for base funding, unless the CIL already has other base funding of at least \$100,000, which a smaller OVRS grant would then supplement.

While this proposed change may result in funding fewer CILs, it is expected that the changes would create more stability and long term benefit, with more people with disabilities able to receive quality IL services, on a consistent basis, and community and State partners seeing true benefits of IL services.

- Methods for expansion of CIL services. Possibilities discussed included investigation of a “virtual CIL” to serve unserved areas until funding to open RFP’s for an area is obtained. With the development of statewide special projects, CILs have gained experience in provision of contracted services in areas where core services are not available. This has resulted in existing CILs gaining local connections in underserved areas, and could lead to proposals being submitted by existing CILs to serve these areas when RFPs are made available. With the benefit of a partnership between an existing CIL with administrative experience and local consumers, opening IL services in a new service area should have a

greater likelihood of sustainability. The majority of CIL Directors conveyed overall support for proposed CIL IL funding priorities, and the concepts of expansion that were discussed.

(C) Coordination With Other Disability Councils

Describe the SILC's coordination of activities with the State Rehabilitation Council (SRC) established under section 105, if the state has such a Council, or the commission described in section 101(a)(21)(A), if the state has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law. Please state whether the SILC has at least one representative serving as a member of the SRC and whether the SILC has any members serving on other councils, boards or commissions in the state.

The SILC has a representative serving on the State Rehabilitation Council (SRC). The SILC also has an additional member who happens to serve on the SRC due to a representative position for the Section 121 Programs. The SILC and SRC also have shared office space, so there is daily connection and interaction between the SILC and the SRC. This structure lends itself to ongoing input and coordination of SILC/SRC activities as opportunities arise. More details about the SILC/SRC connection and SILC affiliations with other Councils, boards or commissions in the state are listed in Subpart IV – Community Activities and Coordination, Section B – Working Relationships Among Various Entities.

(D) Public Meeting Requirements

Describe how the SILC has ensured that all regularly scheduled meetings and other public hearings and forums hosted by the SILC are open to the public and sufficient advance notice is provided.

The SILC conducts regular meetings quarterly, based on an annual calendar that published on the SILC's website as one method to let people know of quarterly SILC meetings. The SILC also produces a quarterly newsletter the month prior to SILC meetings, which includes notice of the quarterly SILC meetings and SILC committee meetings. The SILC's quarterly meeting announcements are also disseminated widely via email to groups and individuals across the state, who have an interest in IL and disability issues. Meeting notices always include the following information to invite guests and their input, and to offer accommodations as needed to enable participation and full inclusion:

SILC Meetings - General Information

GUESTS - *Guests are welcome to attend SILC meetings. If you plan to speak or share materials, you may do so during the Public Input part of the meeting. Three minutes per speaker is allotted during Public Input. Materials distributed as part of Public Input must be provided in alternate formats. Contact SILC staff at 503-945-6204 with any materials questions.*

ACCOMMODATIONS - *Accommodations, including provision of interpreters, assistive listening devices and materials in alternate formats, are available upon request. Although efforts will be made to arrange accommodations with 48 hours notice, the SILC requests 2 weeks notice to ensure accommodations are arranged.*

***INCLUSION** - In support of the SILC mission of inclusion, we request that people refrain from wearing perfumes or other scents at the meetings so that people with chemical sensitivities may attend and participate comfortably. All service and companion animals must be in control throughout the meetings. Thank you in advance for your cooperation.*

Item 2 – Other Activities

Describe any other SILC activities funded by non-Part B funds.

All SILC activities are funded by non-Part B funds. Section 705 activities of the SILC are funded through Title I, Innovation and Expansion funds for the SILC Resource Plan.

Specific IL State General Funds are provided to the SILC to fund IL-related activities of the SILC, not specified in Section 705, but stated in the Executive Order establishing the SILC.

State General Funds from Oregon’s Home Care Commission training budget supported the SILC’s administration of a statewide project, in cooperation with the Oregon Home Care Commission and the Network of CILs, in which CILs provided training to enhance the success of individuals with disabilities, who employ and manage home care workers funded through one of four in-home service eligibility programs.

Section E – Training and Technical Assistance Needs

Section 721(b)(3) of the Act

Please identify the SILC’s training and technical assistance needs. The needs identified in this chart will guide the priorities set by RSA for the training and technical assistance provided to CILs and SILCs.

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	
Legislative Process	
Applicable Laws	
General overview and promulgation of various disability laws	10
Americans with Disabilities Act	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	9
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	
Data Collecting and Reporting	
General Overview	
704 Reports	8
Performance Measures contained in 704 Report	7
Dual Reporting Requirements	6
Case Service Record Documentation	
Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	4
Consumer Satisfaction Surveys	5
Focus Groups	3
Outcome Measures	
Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
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	
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
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	
Peer Mentoring	
Program Design	
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	
Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	1
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	2
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Volunteer Programs	
General Overview	

SUBPART VI – SPIL COMPARISON AND UPDATES, OTHER ACCOMPLISHMENTS AND CHALLENGES OF THE REPORTING YEAR

Section 704(m)(4) of the Act; 34 CFR 76.140

Section A – Comparison of Reporting Year Activities with the SPIL

Item 1 – Progress in Achieving Objectives and Goals

Describe progress made in achieving the objectives and goals outlined in the most recently approved SPIL. Discuss goals achieved and/or in progress as well as barriers encountered.

GOAL A: Advocate - Expand awareness and implementation of IL philosophy.

Objective I - Deinstitutionalization - Increase inclusion and independence of people with disabilities by advocating for information to be shared and choices to be offered for least restrictive environment, with associated supports to enable successful transition from institutions.

REPORTING PERIOD ACCOMPLISHMENTS • The SILC’s role in this objective was completed prior to this year, when CILs were connected with the Department of Human Services staff coordinating Oregon’s On the Move project. The purpose of that project is to demonstrate that long-term institutionalized populations of people with complex medical and long-term care needs can be served in their communities with wrap-around packages of supports and services. The project is well on its way to achieving the goal of moving 1,000 individuals from institutions to community-based residences. In this project, CILs work with transition coordinators, and provide peer mentor IL services to address consumer needs in a holistic style, to enable more successful transition outcomes.

GENERAL BARRIERS TO UTILIZATION OF COMMUNITY-BASED OPTIONS

- Availability of affordable, accessible housing (especially in the large rural parts of Oregon)
- Delays in providing resources and options to consumers and their families early enough in the discharge planning process for adequate research and consideration of alternatives to institutions
- Delays and hesitancy of physicians to supply assessment information until an individual is ready to leave a particular level of care. This prevents consumers and their families/representatives from investigating options and making arrangements that might

allow an individual to enter a home environment rather than a step-down institutional facility.

Objective II - ADA - Increase inclusion of people with disabilities by advocating for increased implementation of the ADA.

REPORTING PERIOD ACCOMPLISHMENTS • Primary responsibility for this objective was taken on by the Oregon affiliate of the Northwest Disability and Business Technical Assistance Center, which is operated by Lane Independent Living Alliance.

Accomplishments include strengthening many connections within the business community and within the University of Oregon. Examples of these accomplishments include:

- Obtaining the Governor’s proclamation of “Blue Path Day” to bring attention to business accessibility.
- A project, conducted in conjunction with community business leaders in the Eugene area, to institute the Blue Path system for identification of businesses that are fully accessible.
- Collaboration with facility staff at the University of Oregon to develop accessibility in the construction of its new baseball stadium, including dugout access. In addition, the DBTAC affiliate has assisted projects, such as the Oregon Disability MegaConference, in achieving accessibility standards necessary for their events.
- Participation in the Capitol Renovation Project, resulting in improved plans for the project, which will enhance accessibility of Oregon’s capitol building.

BARRIERS

- Limited and unstable funding of CILs, which inhibits additional staff training to conduct extensive ADA related advocacy and assessments in their communities.

Objective III - Oregon Conference on Disabilities - Increase education and awareness about IL services, IL philosophy, disability issues, resources, training, technology, and supports by advocating for funding, planning, and coordination among various groups of an Oregon Conference on Disabilities. An ongoing priority of the SILC is to continue to engage our partners and consumers in the work of the SILC.

REPORTING PERIOD ACCOMPLISHMENTS • Completed the second annual Oregon Disabilities MegaConference, through partnership with statewide disability organizations, and impacted the MegaConference by garnering a larger IL presence in planning, especially around accessibility issues. More details are included in other sections of this report. Many new disability organizational partners are beginning to understand the expertise in the IL community regarding accessibility and cross-disability issues. The lights of understanding that an individual is not characterized by a primary disability are also beginning to show fruit in a number of organizations, who are no longer satisfied to be isolated in a specific facet of the disability community, and are now fostering connections with the larger disability community. The benefit is that individuals served by their organizations will receive more holistic services through connections with groups such as the IL community. Resources are being maximized and consumers are becoming better informed by having a combined disability event, as opposed to many, single-disability focused events. In addition, the SILC has been able to gain much wider connections from which to gather Needs Assessment data for improved SPIL development. The site for this year’s event did not have sufficient numbers of accessible guestrooms, so various accommodations were made to provide nearby

accessibility. As a systems change measure, conference planners were able to obtain a commitment, written in contract, for the facility to add 10 new accessible guest rooms. The owner is currently working to bridge a logistical issue at Portland's airport related to the land where this new construction is taking place. A third, annual MegaConference is in the planning stages, with participation in the planning phase from the IL community.

BARRIERS

- A lack of hotels with sufficient accessibility, lodging, and conference room space to handle a conference of this nature and size.
- The natural human tendency to keep to one's own group, as opposed to mixing on a cross-disability basis and seeking to understand the issues of those with differing disabilities.
- The gap that exists between parents and/or educators and the IL community. The benefit of connecting early with IL services is rarely understood.
- Convincing those who have had a care-taker mentality of the possibilities for independence that exist for an individual with disabilities.
- Professionals who are threatened by the IL model.
- Resistance to giving time to discuss disability issues that have not been experienced by some disability populations.

Objective IV - Disaster Preparedness - Increase awareness about disaster preparedness and ensure that disability specific needs are identified, and are included in local community and state-wide disaster preparedness planning, and that people with various disabilities and/or their advocates are educated about the personal responsibility they have and the planning they must conduct to ensure the highest level of personal safety, while working to assure those 2 efforts work well together.

REPORTING PERIOD ACCOMPLISHMENTS • Information was shared with various partners within the state, including DHS emergency preparedness trainers, Oregon Health and Science University grantees, and Portland Metro Area Emergency Planners in order to foster connections with CILs and their consumers, linking them to available information and training on emergency preparedness. The SILC was able to link regional planning teams with local CILs, who could provide disability representation and expertise to the planning team. CILs joined a project with Oregon Health and Science University, and became consumer trainers on emergency preparedness across the State. Information, linking people with disabilities to the primary emergency preparedness information was posted on IL program websites.

BARRIERS

- Lack of a comprehensive state-level lead for disaster preparedness, resulting in Oregon counties needing to create and implement their own plans, and thus, duplicating some efforts.
- Attitudinal barriers that convey a do-for paradigm, rather than involving PWD in disaster planning, as the experts about themselves.
- Too many individual groups trying to develop their own disaster preparedness information, resulting in conflicting information.

GOAL B: Develop IL leaders - Develop IL leaders to help spread the IL philosophy and keep the IL movement active and effective.

Objective I - Identify and recruit 18 individuals for leadership development - Identify and recruit 18 new leaders in the IL movement who possess a firm understanding of and commitment to IL philosophy, with demonstrated ability to communicate that philosophy to others.

REPORTING PERIOD ACCOMPLISHMENTS

- 7 young adults with disabilities received leadership development training and follow-up through a two-day training in January 2009. The young adults were connected with local CILs, where a mentoring relationship and ongoing leadership development would continue.
- The SILC Membership Development Committee revised SILC member orientation materials and mentoring processes to enable more effective SILC member training as a means to develop strong IL leaders at the State level.
- Greater connections with transition specialists and college disability coordinators was developed.
- CILs have undertaken greater encouragement and mentoring of IL Leaders by recruiting youth to volunteer at their agencies, posting opportunities on their Web pages, recruiting new board members with greater diversity. An added emphasis has been given to adding strong IL leaders, and helping to organize quarterly leadership and advocacy training events in coordination with various disability groups, such as the OPAL Network for mental health consumers.
- OCB has made opportunities for leadership development available to transition counselors, and promoted leadership training through Vision Northwest's group leaders training and through OCB's Summer Work Experience Program (SWEP).

BARRIERS

- Willingness of individuals with disability to see themselves as potential leaders and commit to leadership development.
- Lack of knowledge, particularly among youth, regarding the IL movement and connection with the IL service community.
- Lack of knowledge in the IL community about how to engage individuals, particularly youth, in the IL movement.
- Lack of available funding to support attendance of leaders-in-training at state and national IL events.

OBJECTIVE II - Encourage and mentor grass root leaders, including those from underserved populations, to grow in and evolve around IL philosophy.

REPORTING PERIOD ACCOMPLISHMENTS • There has been some improvement in Oregon's IL community regarding a focus on leader development at the grass root level, and a greater realization of the need to specifically target unserved or underserved populations. There is much work to be done, however, in this area, and specific accomplishments have been difficult to identify.

BARRIERS

- Lack of planning for leadership development in some parts of the IL service community. The concept of mentoring to leadership is sometimes lost due to the natural focus being consumer “service”.
- Many long time IL leaders are so stretched in IL activities participation and advocacy that it is difficult for them to take time for mentoring others.
- Many who would be potential IL leaders move on to employment, and have difficulty continuing to commit time to the IL movement.
- As greater accessibility and inclusion take place, fewer individuals see reasons for advocacy efforts. This is especially true of the younger generation, who have not experienced many of the barriers and attitudes that existed for older generations.

GOAL C: Educate/Outreach - Educate Oregonians about IL services and philosophy.

Objective I - Health Care Providers - Target health care providers to educate about IL and its benefits to consumers via the internet and other media.

REPORTING PERIOD ACCOMPLISHMENTS

- EOCIL participates in meetings of healthcare providers (hospitals, health departments and individual physicians) and shares IL service and philosophy information to tribal health organizations, officials at the new Veteran’s hospital in Eastern Oregon, the Umatilla County Mental Health Advisory Board and other mental health entities; participates in coordination of IL services with Oregon’s Health and Science University’s infection disease departments, and participates in the State’s HIV Care Coalition in relation to the CIL’s role in providing quality, self-directed, individualized services to consumers living with HIV/AIDS. This work has led to Oregon’s Department of Health Services implementing self-management policies that mandate the teaching of self-directed management of services by consumers.
- LILA has nurtured a relationship with the local funding agency for mental health services and partnered with Lane Individual Practices Association in conducting community events and an annual resource development event.
- OCB provided numerous presentations to health care providers regarding their IL services for individuals with low vision and blindness.

Objective II - Recruiting and training youth - Recruit and train 5 youth for peer-to-peer outreach/mentoring

REPORTING PERIOD ACCOMPLISHMENTS • Though 7 young adults with disabilities received initial leadership development training, training in the next phase of peer-to-peer outreach/mentoring with these individuals has not been completed. Recruitment efforts continued, as consistency when mentoring specific youth is difficult to achieve while their priorities are centered around their educational pursuits.

- **IL Presentation** • Conducted a Lead, Advocate, Succeed! presentation at the MegaConference to inspire self advocacy and leadership characteristics in young adults with disabilities. About 10 individuals attended this presentation.
- **Information Tables** • Coordinated an information table at the Oregon Disabilities MegaConference and the annual Building Futures conference for youth in transition.

- **Recruitment Materials** • Youth-targeted materials, supplying information and background about the IL movement, were developed for use at events where youth with disabilities would be present.

GOAL D: IL funding - Support Oregon's provision of IL services.

Objective I - Expand and share IL resources and funding opportunities

REPORTING PERIOD ACCOMPLISHMENTS • State-level IL partners routinely shared IL resources and opportunities for collaboration with CILs and/or potential partners, in order to foster collaborative services as well as fee-for-service opportunities for CILs. CILs were also connected with groups such as Oregon Health and Science University and divisions of the Department of Human Services, which led to service partnership on at least two projects mentioned elsewhere in this report. In addition, individual SILC members, who are involved in other disability organizations, have engaged CILs in state-wide activities through those other organizations.

BARRIERS

- CILs with diverse funding structures tend to have difficulties if they do not have sufficient administrative capabilities to control and track restricted funding sources. The time involved in this level of administration creates a strain on administrators and board members, and sometimes creates some division in CIL staff as they transition from a simpler grass root organization to an organization needing administration that is more structured and professional.
- Finding administrators who have sufficient levels of expertise has been a challenge for some CILs, due to limited personnel resources within the disability population in their rural communities, or due to insufficient funding for salary levels commiserate with the skill set needed.
- OVRS being in order of selection reduced opportunities for CILs to provide VR consumers with IL related vocational services.

Objective II - Assist Oregon's Network of CILs in educating about the benefits and cost savings of IL services

REPORTING PERIOD ACCOMPLISHMENTS • State-level IL partners have continued to provide information regarding the benefits and cost savings of IL services, based on data from a 2006 statewide study of CIL services, entitled *Charting Achievements in Independent Living*. During meetings with a variety of State agencies, there have been many opportunities to educate individuals who were previously unaware of the IL philosophy and services. One particular project where this type of information has brought CIL services into the planning picture for future services is in the area of Aging and Disability Resource Center projects. Lane Independent Living Alliance is participating in the first grant, to develop an ADRC prototype in Lane County. A second grant will allow that work to be expended into 9 additional counties. The SILC provided a grant support letter for a recent ADRC grant, with the expectation noted that CILs would be involved in the project. The CILs are now seen as an expected participant in the State resource network that is in its early stages.

GOAL E: IL support - Greater understanding and implementation of the IL philosophy in CILs, grass root IL groups, partner and other agencies, and in the personal lives of Oregonians with disabilities.

Objective I - Through education, outreach and systems advocacy, increase all Oregonians' knowledge about disability, IL, the philosophy of self-direction, and the value of and benefit to people with disabilities, their families and friends, and society in general that the highest level of independence possible brings.

REPORTING PERIOD ACCOMPLISHMENTS • Information in support of this goal has been repeatedly shared, on an ongoing basis, through the efforts of CILs, OVRS, OCB, and the SILC. Results have been discussed in addressing various objectives throughout this section, including those focused on advocacy, education/outreach, and leadership development. One of the most exciting achievements is demonstrated in the attitudes around consumer direction noted in planning groups for aging and disability services structures, including ADRC planning groups. Evidence that this objective is on its way to achievement is the fact that it is no longer individuals from the IL community who bring this attitude and the voice of the consumer into every collaborative endeavor. IL community members are now hearing the IL philosophy promoted first by consumers and members of planning teams from other programs and agencies.

BARRIERS

- “Care taker” attitudes can be prevalent toward people with disabilities, and within many people with disabilities who have not been challenged to consider their own abilities, rights and responsibilities as citizens. Many organizations were established with the main purpose of making life better for people with disabilities, rather than joining people with disabilities in making these changes.
- When CILs do not have sufficient funding to hire staff to appropriately administrate and support quality service provision, partners can develop negative attitudes toward IL services, reducing the likelihood that they will affirm IL philosophy in their lives, or in collaborations in which they participate.

Objective II - To share information and resources and offer technical assistance to improve and expand implementation of IL philosophy in CILs, grass root IL groups, partner and other agencies, and in the personal lives of Oregonians.

REPORTING PERIOD ACCOMPLISHMENTS • In the last year, many national projects to supply better technical assistance have become more productive and consistent in offering training in these areas through Web and teleconferences, as well as on-site events. SILC-Net and CIL-Net have made this objective less critical at the individual state level. Accomplishments from Oregon IL community efforts are sometimes hard to define, as they take place quite naturally through many other types of activities. DSU on-site reviews have been one area that has had a significant effect, allowing for assessment and discussions regarding how well IL philosophy is being demonstrated. After these discussions, there have been ongoing improvements demonstrated, often in how CILs narrate their work with consumers in grant reports, or in 704 reports.

The Oregon Disabilities MegaConference has also had a major impact in this area, as

partners have been challenged to re-think their philosophy of service, and have had IL philosophy demonstrated by IL participants. Non-IL service organization staff are now heard reminding others of the need to handle situations with an IL mindset, and are eagerly seeking IL participation in their collaborative endeavors.

GOAL F: Standards and Assurances - Attain and maintain full compliance with SILC Standards and Assurances.

Objective I - Standards and Assurances Objective - Develop SILC knowledge, processes, and capacity to become compliant with the SILC Standards and Indicators.

REPORTING PERIOD ACCOMPLISHMENTS • During 2009, the SILC re-evaluated the SILC Standards and Indicators proposed by the 2007 SILC Congress. It was determined that some indicators are not applicable, based on the Rehabilitation Act role for SILCs. The SILC worked to remain compliant with those Standards and Indicators that were consistent with the law, and began the process of establishing a revised set of Standards and Indicators to gage the SILC's accountability. This process should be completed during the next fiscal year.

BARRIERS

- Original SILC Standards and Indicators established at SILC Congress that were not consistent with the Rehabilitation Act duties of SILCs.
- The demographics of Oregon present numerous challenges in developing statewide representation on the SILC. The eastern area of the state, which takes up over half of the land space, is very sparsely populated, and therefore has a limited pool of individuals from which to draw on for SILC membership. With many other organizations in the state competing for representation from this same area, it is often a challenge to fill that demographic gap.
- Having a limited population, it is also a challenge to find individuals who are interested in serving on the SILC, who have qualities that would be effective for SILC membership, and who are not employed by any State agency. We have had difficulty with SILC members becoming employed, and working for a state agency, which causes a drastic shift in Council demographics.
- Living in a state with legal structures that prevent our SILC from becoming a private, non-profit entity, yet not having a good legal status that fits the Rehab Act structures, presents challenges in making SILC autonomy a simple process. The various governmental entities involved have found ways to provide the SILC with what is needed, while maintaining the SILC's autonomy, through the process is much more complex than all of us would like.
- The very limited role of the SILC when it comes to engaging in an advocacy role on the behalf of CILs, and prohibitions in participating in the negotiation of partnerships that will create state-wide funding projects for CILs, is very confining program design that prevents greater innovation and development of IL funding options. The fact that there are also limited funding resources for our CILs diminishes the likelihood that CILs can afford to travel to frequent state-level meetings to hear about or develop projects as

opportunities arise. The SILC is often better positioned to establish these relationships, and assist with portions of negotiations, at the request of CILs.

Item 2 – SPIL Information Updates

If applicable, describe any changes to the information contained in the SPIL that occurred during the reporting year, including the placement, legal status, membership or autonomy of the SILC; the SILC resource plan, the design of the statewide network of centers; and the DSU administration of the SILS program.

Fiscal year 2009 is a unique year based on receiving input from RSA about the legal roles and associated funding. This information necessitated some immediate transitions as well as preparation for SPIL amendments that would reflect these changes in SPIL partner roles and activities.

The DSU, SILC and CILs moved forward with required changes, with the SPIL revisions to follow. The pending ARRA funding discussions delayed SPIL amendment submission, so there has been a gap between what the prior approved SPIL states, and changes RSA required.

As part of this transition process, some SPIL activities were shifted to more appropriate partners, some were considered obsolete, some were slightly revised to better fit the role of the responsible SPIL partner, and many were strengthened to provide greater outcome measurement. All activities and objectives were then realigned under the new set of goals established for the amended SPIL.

The concurrent needs to undertake programmatic transitions in response to the RSA review, develop SPIL amendments, monitor and evaluate the original SPIL activities as well as those in transition, all while developing the next SPIL, have necessitated some holding patterns and delays as high-priority and time sensitive tasks were undertaken during staff shortages. This sometimes caused SPIL activities to progress more slowly. In many areas, this year focused on changing direction from the existing SPIL, as opposed to implementing the existing SPIL. Previous sections of this report include extensive information about changes to the SILC resource plan, SILC/OVRS separation of duties, and CIL network changes.

IL Program Transitions:

- Ceased use of Title I funds matched against IL State General Funds for CIL base funding.
- Shifted CIL grants to Title VII Funds.
- Ceased use of Title VII funds for the SILC Resource Plan.
- Implemented use of Title I, Innovation & Expansion funds for the SILC Resource Plan.
- Made sure all expenditures previous to the above actions were adjusted to match the new funding structure.
- Removed IL program funding, unrelated to SILC activities, from the “SILC budget”.
- Worked with the Governor’s office to establish term limits for ex-officio representatives of the DSU. Though the Governor will not make official appointments of non-voting members, his office agreed to list the dates of ex-officio terms, as supplied by the SILC.
- DSU obtained approval, during a hiring freeze, to establish a new position for an IL Program Coordinator in the DSU office. Recruitment was undertaken, but staff had not been hired by the end of this fiscal year.

- Developed overall State Independent Living Program budget structure, comprised of Title VII, Part B Funds, IL program State General Funds, and Title I, Innovation & Expansion Funds provided to the SILC for their Resource Plan. The SILC would then incorporate those Resource Plan funds into their own budget structure.
- Prepared to shift all DSU duties to the new DSU IL Program Coordinator, including financial tracking, grant and contract administration, CIL monitoring, collaboration on SPIL development and 704 report preparation, and implementation of DSU SPIL activities.
- Identified IL activities that fit OVRs, OCB, and CIL legal roles. Revised work plans to show consistency with clearly defined legal roles.
- Re-examined and revised SPIL goals, objectives and activities to ensure appropriate roles and responsibilities are applied, and that there is measurability.
- Incorporated all of the appropriate changes noted above into a draft SPIL amendment for consistency with these programmatic changes. The draft amendment was taken through the public input process and approved by SPIL signatories for submission to RSA.
- Formed an ad-hoc ARRA fund committee, in keeping with the amended SPIL design for decisions regarding new and time-limited funding. This committee, consisting of representatives of OVRs, OCB, the SILC and the CILs, began negotiation with RSA regarding ARRA C-Fund allocations, which may result in additional SPIL amendments, to be submitted during the next fiscal year.

Specific amendments being recommended for the SPIL:

- A new, statewide mission statement, rather than utilizing the SILC's mission statement.
- New goals (see explanation in section D.1(A) above).
- Revised objectives and activities with measurability and consistency with partner roles.
- Additional objectives and activities, necessary to achieve new goal structure.
- Additional monitoring strategies.
- Revised Design of the CIL Network, in order to maintain the long-time priority of getting C-funded CILs to a sufficient minimum funding level before funding additional CILs; make sure language is consistent with the law; supply complete implementation strategies; and include strategies for appropriating new, time-limited funding.
- Revised fiscal sections to apply ARRA funding decisions and new budget structures.
- General improvement in many areas, making sure roles and responsibilities are clearly defined and sections are sufficiently addressed.

Section B– Significant Activities and Accomplishments

If applicable, describe any significant activities and accomplishments achieved by the DSU and SILC not included elsewhere in the report, e.g. brief summaries of innovative practices, improved service delivery to consumers, etc.

SILC Member Training

Accomplishments:

- Established new SILC member orientation materials and new approach to mentoring SILC members, as noted in Section 5.B – Item 3 above.
- Completed biannual review of SILC Policies and Procedures.

Barriers:

- Transition, resulting from RSA's IL program review, subsequent SPIL amendment development, and ARRA funding issues have utilized much of the SILC's time, and delayed completion of some additional training materials.

OVRS

Accomplishments:

- OVRS was in Order of Selection this year, resulting in an increased waitlist for OVRS services and decreased utilization of CIL services. Title I ARRA dollars were then used to hire temporary staff in branch offices to deal with the waitlist. Some permanent staff members are also being hired with 110 dollars, for positions that were previously frozen. As numbers of consumers served increased, a few more opportunities opened up for collaborative IL services. 1,400 consumers were eventually taken off the Order of Selection wait list as of September 2009, with an expectation of many more within the following month.
- Transitional activities were nearly completed to bring the DSU into greater consistency with Rehabilitation Act responsibilities for the IL program.

Barriers:

- State hiring freezes slowed transition of DSU activities to new IL Program Coordinator.
- Lack of sufficient funding for VR services diminished utilization of IL-related vocational services, purchased from CILs.

ARRA Fund Proposal

Accomplishments:

- OVRS, OCB, SILC and CIL representatives worked collaboratively to develop a State proposal on ARRA C Fund allocation, though an agreement with RSA was not finalized until the next fiscal year.

Barriers:

- Lack of timely information and changing information made it extremely difficult to develop the State's funding proposal. Changing allocation periods and lack of clear information on how time-limited funding would affect future funding percentages of C-Funded CILs was an extreme challenge to cope with, and reduced the confidence of SPIL partners in the integrity of the process.
- Meeting ARRA objectives that do not fit well with the IL program purpose.
- The fact that C-Funded CILs would not necessarily receive significant increases in overall funding, when considering the added State allocations, yet would have a large portion of their funding shifted to ARRA funds, presented a challenge to determine how CILs could demonstrate significantly greater outcomes with ARRA funds, without having actually received a significant overall funding increase.

SILC Outcomes Subcommittee & SPIL Development Guidelines Project

- A national subcommittee has been formed to develop SILC outcome measures. Oregon's SILC became involved in the committee and will continue to do so, in order to assist SILCs in their desire for quality and accountability.
- Individuals working with ILRU on a SPIL Development tool gave opportunity to Oregon's SILC to provide input on the draft tool. The SILC believes this tool will be useful, especially for individuals who have never been involved in SPIL development processes.

Section C – Substantial Challenges

If applicable, describe any substantial problems encountered by the DSU and SILC, not included elsewhere in this report, and discuss resolutions/attempted resolutions, e.g., difficulty in outreach efforts; disagreements between the SILC and the DSU; complications recruiting SILC members; complications working with other state agencies or organizations within the state.

Significant challenges are already outlined in other sections of this report.

Section D – Additional Information

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

Suggestions:

- Please consider a 704 report due date for Part I that is a month AFTER the CIL Part II 704 reports are due. With the CIL and SILC reports both due December 31, and the SILC report needing to include some information that can only be gleaned from CIL reports, timing can be an extreme challenge.
- Please consider revising the 704 Part I report to provide clarity regarding the provision of information from CILs that may be in the network of CILs, yet not receive any Part B or Part C funds.

SUBPART VII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the DSU directors(s) and SILC chairperson.

SIGNATURE OF SILC CHAIRPERSON	DATE
Angel C. Hale, SILC Chairperson	503.945.6204
NAME AND TITLE OF SILC CHAIRPERSON	PHONE NUMBER

SIGNATURE OF DSU DIRECTOR	DATE
Stephaine Parrish Taylor, OVRS Administrator	503.945.6201
NAME AND TITLE OF DSU DIRECTOR	PHONE NUMBER

SIGNATURE OF DSU DIRECTOR (Older Blind Program)	DATE
Linda Mock, Oregon Commission for the Blind Administrator	971.673.1588 ext. 31601
NAME AND TITLE OF DSU DIRECTOR (Older Blind Program)	PHONE NUMBER