

# Section 704 - Annual Performance Report for Centers for Independent Living Program

(Title VII, Chapter 1, Part C of  
the Rehabilitation Act of 1973,  
as amended)

Part II INSTRUMENT - (To be completed  
by Centers for Independent Living)

Reporting Fiscal Year  
State

2008  
COLORADO

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## RSA-704 Part II Subpart I - Sources and Amounts of Funds and Resources

### CENTER FOR PEOPLE WITH -- DISABILITIES - 2008

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

#### Item 1 All Federal Funds Received

(A)	Title VII, Ch. 1, Part B	
(B)	Title VII, Ch. 1, Part C	186441
(C)	Title VII, Ch. 2	95537
(D)	Other Federal Funds	549692

#### Item 2 Other Government Funds

(E)	State Government Funds	203664
(F)	Local Government Funds	226054

#### Item 3 Private Resources

(G)	Foundations, Corporations, or Trust Grants	50869
(H)	Donations from Individuals	45565
(I)	Membership Fees	0
(J)	Investment Income/Endowment	21213
(K)	Fees for Service (program income, etc.)	868701
(L)	Other resources	0

**Item 4 Total Income** 2247736

#### Item 5 Pass-Through Funds

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

#### Item 6 Net Operating Resources

Total Income (Section 4) amount paid out to Consumers (Section 5) = Net Operating Resources 2247736

**RSA-704 Part II Subpart II A thru I - Number and Types of Individuals with Significant Disabilities Receiving Services  
CENTER FOR PEOPLE WITH -- DISABILITIES - 2008  
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	826
(2) Enter the number of CSRs started since October 1 of the reporting year	475
(3) Add lines (1) and (2) to get the total number of consumers served	1301

**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	31
(2) Withdrawn	65
(3) Died	17
(4) Completed all goals set	107
(5) Other	122
(6) Add lines (1)+(2)+(3)+(4)+(5) to get total CSRs closed	342

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

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

	# of CSRs
Section A(3) minus Section (B)(6) = Section C	959

**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	1173
(2) Number of consumers with whom an ILP was developed	128
(3) Total number of consumers served during the reporting year	1301

## Section E - Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 - 19	16
(3) Ages 20 - 24	30
(4) Ages 25 - 59	726
(5) Age 60 and Older	529
(6) Age unavailable	

## Section F - Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	789
(2) Number of Males served	512

## Section G - Race and Ethnicity

Indicate the number of consumers 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	15
(2) Asian	15
(3) Black or African American	26
(4) Native Hawaiian or Other Pacific Islander	3
(5) White	1018
(6) Hispanic/Latino of any race or Hispanic/Latino only	224
(7) Two or more races	
(8) Race and ethnicity unknown	

## Section H - Disability

Indicate the number of consumers in each category below. Individuals may select more than one category.

	# of Consumers
(1) Cognitive	199
(2) Mental/Emotional	191
(3) Physical	563

(4) Hearing	19
(5) Vision	329
(6) Multiple Disabilities	
(7) Other	

**RSA-704 Part II Subpart II I - Individuals Served by County  
During the Reporting Year**

CENTER FOR PEOPLE WITH -- DISABILITIES - 2008

List each county within the CIL's service area, as indicated in the CIL's application for Part C funds and the approved SPIL. Add additional rows as necessary. For each county, indicate how many individuals residing in that county were served by the CIL during the reporting year.

County Name	Number of County Residents Served
Adams	100
Boulder	965
Broomfield	45
Denver	15
El Paso	3
Gilpin	5
Jefferson	146
Larimer	3
Weld	19

## RSA-704 Part II Subpart III A - Individual Services and Achievements

### CENTER FOR PEOPLE WITH -- DISABILITIES - 2008

#### Section A - Individual Services

For the reporting year, indicate in the table below how many consumers requested and received each of the following IL services.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	467	467
(B) Assistive Technology	33	33
(C) Children's Services	1	1
(D) Communication Services	20	20
(E) Counseling and Related Services	1	1
(F) Family Services	1	1
(G) Housing, Home Modifications, and Shelter Services	249	249
(H) IL Skills Training and Life Skills Training	234	234
(I) Information and Referral Services	297	297
(J) Mental Restoration Services	0	0
(K) Mobility Training	0	0
(L) Peer Counseling Services	163	163
(M) Personal Assistance Services	60	60
(N) Physical Restoration Services	4	4
(O) Preventive Services	1	1
(P) Prostheses, Orthotics, and Other Appliances	2	2
(Q) Recreational Services	25	25
(R) Rehabilitation Technology Services	1	1
(S) Therapeutic Treatment	1	1
(T) Transportation Services	14	14
(U) Youth/Transition Services	1	1
(V) Vocational Services	34	34
(W) Other Services	148	148

**RSA-704 Part II Subpart III B-C - Increased Independence and Community Integration**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

**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	36	8	28
(B) Communication	9	1	8
(C) Mobility/Transportation	6	1	5
(D) Community-Based Living	10	7	3
(E) Educational	2	0	2
(F) Vocational	18	1	17
(G) Self-care	11	4	7
(H) Information Access/Technology	1	1	0
(I) Personal Resource Management	4	1	3
(J) Relocation from a Nursing Home or Institution to Community-Based Living	6	3	3
(K) Community/Social Participation	2	0	2
(L) Other	13	1	12

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

**(A) Table**

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	32	13	18
(B) Health Care Services	140	92	53
(C) Assistive Technology	138	43	96

Note: For most IL services, a consumers 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 service provider . . .  
did

. . . engage in follow-up contacts with I&R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

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## **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.

Housing remains a major concern in this area. HUD Housing Choice Voucher cuts means people needing a housing subsidy have to wait for years to get one. The foreclosure crisis has driven rental vacancy rates to very low levels thus causing landlords to raise rents to control demand. For people with disabilities, who are disproportionately poor, this drives rents out of their reach and causes many difficulties in having safe affordable housing. The state has also experienced difficulty with its consumer direction attendant program and people are having to wait to come on to the program. The difficulty is with the state's fiscal intermediary and their inability to manage the program and train consumers to direct their own care. Employment services in the state are also lower because of budget constraints.

**RSA-704 Part II Subpart IV A - Compliance Indicator 1:  
Philosophy**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

**Item 1 - Consumer Control**

**(A) Board Member Composition**

Enter requested governing board information in the table below:

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

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**(B) Staff Composition**

Enter requested staff information in the table below:

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals From Minority Populations
Decision-Making Staff	3.00	2.00	0.00
Other Staff	17.50	9.00	2.00

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**Item 2 - Self-Help and Self-Advocacy**

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

Our Independent Living Specialists (ILS) promote the independent living philosophy with their individual consumers by providing opportunities for the consumer to initiate and participate in his or her pursuit of information or problem resolution. Usually, the means for self-help or self-advocacy is provided, and the ILS may model the appropriate behavior, but the consumer must follow through. If the consumer fails, the ILS helps him or her analyze the cause of failure and acquire the skills necessary for success.

In our transitional program, there is a weekly scheduled class for Self-Advocacy. Consumers learn about their rights and responsibilities. Topics vary, but self-advocacy techniques are reinforced during every session. A number of these consumers have learned self-help and self-advocacy skills through role-play, developing problem-solving plans, and receiving feedback from classmates.

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**Item 3 - Peer Relationships and Peer Role Models**

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

CPWD prefers to hire a staff made up mainly of people with disabilities. Because of this preference, we have individuals working for us with a variety of disabilities including sensory disabilities, physical disabilities, mental illness and brain injury. This allows us to model and develop peer relationships with our consumers. Additionally, we work to empower peer

support groups to take over the leadership of their group with staff available when needed.

The Low Vision Seniors program (OIB) has increased the number of peer support groups in a 4 county region. The seniors in these groups prefer the group setting rather than receiving services one on one. Other consumers seem to be more interested in receiving one on one services and tend to not attend peer support groups . Other than OIB, the center only has 3 other peer support groups operating.

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## **Item 4 - Equal Access**

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

The CPWD facility is fully accessible to people with any type of disability. In addition to the usual accessible features (automatic doors, wide doorways, lever door handles, accessible bathrooms, etc.), CPWD has a TTY available for consumer use, video relay service and a computer with Internet connection. We do outreach to other non-profit, disability-related agencies so that a wide variety of people are aware of our services. When possible, we present programs and workshops in collaboration with other organizations. Although our facility is accessible, we try to do some off-site programs in the community for people who are hesitant about traveling to our office. CPWD is located near a bus stop, and we recommend travel training to many of our consumers. We also have an excellent relationship with the local paratransit and Medicaid transit provider. The center also has some staff who travel daily as part of the jobs to provide services to people in other counties and in the mountain regions of our catchment area.

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

The center has taken a leading role in our area concerning accessibility to polling sites. During the general election, we reviewed 10 problematic polling sites in our area and are submitting reports to each County Clerk as well as the Secretary of State regarding our findings. We are contemplating a HAVA lawsuit against one county for their failure to provide accessibility in all of their polling sites. We also provide accessibility surveys upon request, work with builders and planners to ensure that buildings will be constructed as accessible. We also advocate with both governments and service providers to increase access for people with significant disabilities. CPWD offers accessibility consultation to local businesses and organizations.

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## **Item 5 - Alternative Formats**

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

All of our written materials are available in digital, taped, or Braille format on request. A requirement of our transitional day program is that a C.N.A. be available during program hours, so there is always a trained person to assist consumers with significant physical disabilities.



**RSA-704 Part II Subpart IV B - Compliance Indicator 2:  
Provision of Services on a Cross-Disability Basis**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

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

CPWD provides services to any individual who makes a service request and self-identifies as a person with a disability. We market our program in a wide range of media, including Spanish language publications. Our satellite staff in Longmont does weekly outreach at OUR Center, a drop-in center for the unemployed and homeless. All of our marketing materials describe CPWD as a cross-disability organization.

## **RSA-704 Part II Subpart IV C - Compliance Indicator 3: Independent Living Goals**

### **CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

#### **Item 1 - Consumer Information**

Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center.

Each consumer is given a copy of his or her IL Plan or expressed goals. Typically, the consumer will also receive a list of phone numbers for the resources most likely to assist in achieving the goals. A follow-up appointment is made at the end of the session. If the consumer does not keep the appointment, the ILS will follow up with a phone call to determine whether goals have been achieved or whether barriers still exist.

At least once a year, CPWD provides all active consumers with a Consumer Satisfaction Survey. The survey is anonymous. Questions are designed to elicit responses that show where the consumer is in the pursuit of independence. Consumer comments are encouraged. The results, including comments, are shared with staff.

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#### **Item 2 - Consumer Service Record Requirements**

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

During this past fiscal year, CPWD reviewed every open consumer service record. The review also included a quality assurance review looking for appropriate paperwork required for the CSR.

**RSA-704 Part II Subpart IV D - Compliance Indicator 4:  
Community Options and Community Capacity; Item 1**

CENTER FOR PEOPLE WITH -- DISABILITIES - 2008

**Item 1 - Community Activities Table**

Summarize the community activities involving the CIL's staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Issue Area	Activity Type	Hours Spent	Objective(s)	Outcome(s)
Other	Community/Systems Advocacy	32.50	increase ADA access	some goals achieved
Other	Collaboration/Networking	16.00	increase ADA access	some goals achieved
Other	Community Education and Public Information	21.25	increase ADA access	some goals achieved
Other	Outreach Efforts	17.50	increase ADA access	still working on goals
Assistive technology	Collaboration/Networking	42.20	access to AT	some goals achieved
Assistive technology	Community/Systems Advocacy	5.75	access to AT	some goals achieved
Assistive technology	Community Education and Public Information	123.75	access to AT	some goals achieved
Assistive technology	Outreach Efforts	4.85	access to AT	vendors located
Other	Community/Systems Advocacy	12.00	Disability education	achieved goals
Other	Community Education and Public Information	13.75	disability education	presented to 8 groups
Other	Outreach Efforts	1.75	disability education	set up 8 presentations
Health care	Community/Systems Advocacy	60.75	home care licensing	still working on licensing rules
Health care	Collaboration/Networking	38.75	home care licensing	still working on licensing rules
Health care	Community Education and Public Information	55.80	health care availability	achieved most goals
Health care	Outreach Efforts	3.00	health care access	set up several meetings
Housing	Community/Systems Advocacy	85.00	increase housing	still working on goals
Housing	Collaboration/Networking	46.50	increase housing	still working on goals
Housing	Community Education and Public Information	33.75	increase housing	still working on goals
Housing	Outreach Efforts	16.25	increase housing	set up many meetings.
Transportation	Community/Systems	5.00	access to	still working on

	Advocacy		transportation	transit center
Transportation	Community Education and Public Information	11.25	access to transportation	made several presentations
Other	Community/Systems Advocacy	35.50	Voting Access	still working on increasing access
Other	Collaboration/Networking	7.00	voting access	member voter accessibility taskforce
Other	Community Education and Public Information	5.00	voting access	educated 2 county clerks
Other	Outreach Efforts	4.00	voting access	set up meetings and surveys with boulder county
Other	Other	300.00	Resource Development	maintained and expanded funding

**RSA-704 Part II Subpart IV D.2 - Compliance Indicator 4:  
Community Options and Community Capacity; Item 2**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

**Item 2 - Description of Community Activities**

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

**Voting Access:** Executive Director is a member of the Secretary of State's Voter Accessibility Taskforce and meets monthly with Secretary of State staff regarding access in voting. Two staff members worked with the Boulder County Clerk to review access at several "problem" voting sites throughout the county and provided a report with recommendations to improve access.

**Assistive Technology:** Staff at the center have worked to identify and obtain assistive technology for many consumers. Vendors include: Freedom Scientific makers of JAWS; Zoomtext; Dragon Dictate; hearing aid providers; durable medical equipment providers; and many others.

**Health Care Access:** Executive Director was named to the Home Care Licensing Advisory Committee with the Colorado Dept. of Public Health and Environment to implement new rules on home care licensing. Staff have attended and advocated for health care access with our local federal qualified health clinics, mental health center, hospitals and individual practitioners and the state's Medicaid program.

**Housing:** Executive Director and staff have worked with many housing providers and our local housing authorities to ensure consumers and people with disabilities are able to access services and maintain their housing. Agencies include: Boulder Housing Partners (housing authority for the City of Boulder), Boulder County Housing Authority, Supportive Housing and Homeless Programs, City of Longmont Housing Authority, State of Colorado Division of Housing, City of Boulder Housing and Human Services Dept., City of Longmont Community Services Department, City and County of Broomfield Housing Authority, Housing and Urban Development Region VIII office, Thistle Community Housing, Accessible Space Incorporated, and many other rental housing providers. Work was done to increase the number affordable, accessible housing units in our catchment area.

**Access to Transportation:** Two staff members have worked on increasing the availability of accessible transportation in our area including the proposed transit village and express transit through the Highway 36 corridor.

**Disability Education:** Educational efforts with local high schools, colleges and nursing facilities on the ability and right of people with disabilities to live independently in the community and to become self sufficient.

**RSA-704 Part II Subpart IV E-F - Compliance Indicators 5-6**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

**Section E - Compliance Indicator 5: IL Core Services and Other IL Services**

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

IL Services were delivered in the formats requested by consumers.

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**Section F - Compliance Indicator 6: IL Resource Development Activities**

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

CPWD had two events this past fiscal year as fund raising opportunities. Unfortunately we broke even. We were able to maintain our local funding and will have greater local funding in fy 2008-09 due to an increase in our county funding for 2009. Fee for service programs were flat through the year but we anticipate greater revenue in 2008-09.

**RSA-704 Part II Subpart V - Annual Program And Financial Planning Objectives**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

**Section A - Work Plan for the Reporting Year**

**Item 1 - Achievements**

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

Goal: Concentrate efforts in budgeting to add additional staff and increased salaries to retain and attract employees.

Objective 1: Increase IL Specialist positions from 6.5 to 8-10 FTE.

Result: We were only able to maintain our current level of staffing because of flat funding.

Goal: In support of the new SPIL, develop a systems change network in our catchment area and the state of Colorado.

Objective 1: Reaching the broader disability community of Boulder and Broomfield counties in support of systems advocacy.

Result: We tried several strategies to reach the broader disability community and the only one working is in building our peer support network and educating people with disabilities in this venue.

Objective 2: Collaborate with other CILs in Colorado in the development of a Systems Change Network throughout Colorado.

Result: CPWD partnered with Atlantis Community Inc to set up a Systems Change training in May for all 10 CILs in Colorado. The network is a process that will take 2-3 years to achieve.

Goal: Become a provider of In Home Services and Supports (IHSS) program.

Objective: Giving consumers the opportunity for greater consumer control in the delivery of their HCBS.

Result: CPWD became certified in IHSS in June and is marketing the program in our area.

Goal :Increase funding for IL Services across the state.

Objective: Sustainable programs and services for both urban and rural areas.

Result: Achieved a \$100,000 increase system wide; \$10,000 per center.

Goal: CPWD will continue to advocate for more affordable, accessible housing and accessible public transportation.

Objective 1: CPWD will continue collaboration with local housing authorities, community housing development organizations and affordable housing providers to develop affordable, accessible housing.

Result: Collaboration with housing authorities, CHDOs and affordable housing providers continued successfully this year.

Objective 2: CPWD will advocate with local housing authorities to designate nursing facility transition as a preference in their voucher programs.

Result: CPWD advocated with local housing authorities to make nursing facility transition a preference. CPWD remains the only local PHA to have this preference.

Objective 3: CPWD staff and consumer network will participate in all public aspects of the planning for the Transit Village to ensure the largest density of affordable, accessible housing and access to the increased public transportation network.

Result: City Council decided to revisit the Transit Village plan and has not been doing much with this process. The city lost its longtime housing director and other longtime housing staff and have put this on hold.

Goal: Build a Legal Services program

Objective: To pursue compliance of the ADA, Fair Housing, and other disability rights legislation.

Result: The center abandoned this idea after it lost its part time attorney and determined there were not enough funds to build this as a law practice.

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## **Item 2 - Challenges**

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

Staffing remains a problem for the center. Our funding is insufficient for the agency to hire enough staff to conduct outreach and services to an ever growing population of people with disabilities in our state catchment area. We have applied for additional funding from our current local funders but have had limited success in getting the amount of money needed to expand our IL Specialist staff. Federal and state funding are inadequate to adequately serve the number of people in need of IL services. Additionally, we have a need to be able to expand staffing in the home health program to provide services to new consumers needing skilled services. Medicaid reimbursements are low particularly for home health aides and this inhibits our ability to recruit and retain home health aides. Housing remains a huge barrier to independent living and the center will need to continue its focus on advocating for additional affordable, accessible housing.

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## **Item 3 - Comparison with Prior Reporting Year**

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

Affordable, accessible housing remains a big problem for our consumers and people with disabilities in general. With HUD cutting the Housing Choice Voucher program and the fact that housing authorities are not developing new public housing, the lack of subsidized housing keeps many people with disabilities in nursing facilities. Getting a PHA to add nursing facility transition really doesn't make much of a difference because most PHAs have no way to access people residing on nursing facilities nor do they have vouchers available to be issued. CPWD is working with housing providers, including PHAs, to develop accessible housing that is affordable to people living on SSI/SSA/SSDI.

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## **Section B - Work Plan for the Year Following the Reporting Year**

### **Item 1 - Annual Work Plan**

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

Goal 1: Expand our Peer Support Groups throughout the catchment area and build strength in these groups.

Action steps: Conduct outreach in all areas of the catchment area and encourage consumers to attend peer support groups. Ensure that our groups are relevant to consumers in each area.

Goal 2: Increase work on self sufficiency.

Objective 1: Conduct training on the Bridges Out of Poverty model with other human service agencies and employers.

Objective 2: Conduct consumer training on the Getting Ahead model in peer support groups, the IL day program, and with individual consumers to promote working toward self sufficiency.

Objective 3: Continue collaboration with Boulder County Community Services and other providers to implement the Bridges and Getting Ahead models.

Goal 3: Monitor state budget for potential cuts to long term care (HCBS/Home Health) and cuts to IL services funding.

Action: Work with the statewide association for CILs to monitor IL service funding and work with long term home care to monitor HCBS/Home health funding.

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### **Item 2 - SPIL Consistency**

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

The above goals are consistent with the new SPIL adopted in 2007. Specifically, center goals support the SPIL goal of developing a systems change network and the goal to support the independent living network in Colorado.

**RSA-704 Part II Subpart VI - Training And Technical Assistance Needs**  
**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

Training and Technical Assistance Needs	Choose up to 10 Priority Needs - Rate items 1-10 with 1 being most important
<b>Advocacy/Leadship Development</b>	
General Overview	
Community/Grassroots Organizing	1
Individual Empowerment	3
Systems Advocacy	2
Legislative Process	7
<b>Applicable Laws</b>	
General overview and promulgation of various disability laws	8
Americans with Disabilities Act	
Air-Carrier"s Access Act	
Fair Housing Act	4
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	5
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	
<b>Assistive Technologies</b>	
General Overview	
<b>Data Collecting and Reporting</b>	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	
<b>Disability Awareness and Information</b>	
Specific Issues	
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## **RSA-704 Part II Subpart VII - Additional Information**

### **CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

#### **Section A - Other Accomplishments, Activities and Challenges**

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

Without a more significant investment in Centers for Independent Living by both federal and state governments, our accomplishments will be limited. No one can expect a non profit organization to achieve significant results in self sufficiency and independence without providing enough resources to make an impact. Our current VII-C funding and state IL funding amounts to just over \$300,000 with the expectation that we will be able to make significant inroads in an area with reasonably high cost housing, poor Medicaid coverage, and limited employment opportunities for people with significant disabilities. Investing in states with a more rural nature, like the centers in Region VIII, could increase results significantly. These states have limited resources themselves and fundraising is a challenge. Housing and transportation are significant challenges outside the most populous cities.

In this past fiscal year, CPWD has increased its ability to influence local human service providers and local government by increasing its visibility in meetings, steering committees and before councils and commissioners. CPWD's executive director was on the steering committee for Boulder County's Human Service Strategic Plan and influenced this plan to include empowerment of consumers and access to services for all people, including people with disabilities. This plan has been approved by all major government entities in the county and the local United Way.

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#### **Section B - Additional Information**

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

**RSA-704 Part II Subpart VIII - Signatures**

**CENTER FOR PEOPLE WITH -- DISABILITIES - 2008**

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

	Name and Title	Signed	Date Signed
Center Director	David Bolin		
Center Board Chairperson	Neil Lubar		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0606. The time required to complete this information collection is estimated to average 35 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Thomas Kelley, IL Unit Supervisor, Rehabilitation Service Administration, U.S. Department of Education, 400 Maryland Ave, SW, Washington, DC 20202-2800.