

REPORTING INSTRUMENT

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

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

Part II

INSTRUMENT

(To be completed by Centers for Independent Living)

Fiscal Year: 2015

Grant #: 90IL0198-02-00 (formerly ED #132A930803-14)

Name of Center: Center for People With Disabilities

Acronym for Center (if applicable): CPWD

State: Colorado

Counties Served: Adams, Boulder, Weld

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 35 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536, Attention Timothy Beatty, Rehabilitation Services Administration, PCP Room 5057 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0606. Note: Please do not return the completed 704 Report to this address.

SUBPART I – ADMINISTRATIVE DATA

Section A– Sources and Amounts of Funds and Resources

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

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$ 22,248
(B) Title VII, Ch. 1, Part C	\$ 201,301
(C) Title VII, Ch. 2	\$ 66,094
(D) Other Federal Funds	\$ 0

Item 2 - Other Government Funds

(E) State Government Funds	\$ 333,501
(F) Local Government Funds	\$ 329,294

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	\$ 17,750
(H) Donations from Individuals	\$ 19,343
(I) Membership Fees	\$ 0
(J) Investment Income/Endowment	\$ 0
(K) Fees for Service (program income, etc.)	\$ 1,187,210
(L) Other resources (in-kind, fundraising, etc.)	\$ 8,333

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	\$ 2,179,077
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Item 5 - Pass Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds)	\$ 3,893
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Item 6 - Net Operating Resources

[Total Income (Section 4)<minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$ 2,175,184
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SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

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

Section A – Number of Consumers Served During the Reporting Year

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

	# of CSRs
(1) Enter the number of <u>active</u> CSRs carried over from September 30 of the preceding reporting year	390
(2) Enter the number of CSRs started since October 1 of the reporting year	314
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	704

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	7
(2) Withdrawn	103
(3) Died	6
(4) Completed all goals set	68
(5) Other	43
(6) Add lines (1)+(2)+(3)+(4)+(5) to get <i>total CSRs closed</i>	227

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	477

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	267
(2) Number of consumers with whom an ILP was developed	437
(3) Total number of consumers served during the reporting year	

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	5
(3) Ages 20 – 24	13
(4) Ages 25 – 59	97
(5) Age 60 and Older	207
(6) Age unavailable	382

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	377
(2) Number of Males served	327

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).*

Please refer to the Instructions before completing.

	# of Consumers
(1) American Indian or Alaska Native	2
(2) Asian	10
(3) Black or African American	21
(4) Native Hawaiian or Other Pacific Islander	1
(5) White	513
(6) Hispanic/Latino of any race or Hispanic/ Latino only	88
(7) Two or more races	
(8) Race and ethnicity unknown	69

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	98
(2) Mental/Emotional	60
(3) Physical	136
(4) Hearing	25
(5) Vision	297
(6) Multiple Disabilities	
(7) Other	88

Section I – Individuals Served by County During the Reporting Year

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

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	108
ARAPAHOE	15
BOULDER	397
BROOMFIELD	45
CLEAR CREEK	1
CROWLEY	1
DENVER	18
DOUGLAS	3
EL PASO	1
GILPIN	1
GRAND	1
JEFFERSON	94
LARIMER	3
WELD	16

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS

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

Please refer to the Instructions before completing.

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	104	104
(B) Assistive Technology	122	122
(C) Children’s Services	0	0
(D) Communication Services	13	13
(E) Counseling and Related Services	10	10
(F) Family Services	1	1
(G) Housing, Home Modifications, and Shelter Services	21	21
(H) IL Skills Training and Life Skills Training	117	117
(I) Information and Referral Services	1341	1341
(J) Mental Restoration Services	1	1
(K) Mobility Training	4	4
(L) Peer Counseling Services	245	245
(M) Personal Assistance Services	81	81
(N) Physical Restoration Services	1	1
(O) Preventive Services	0	0
(P) Prostheses, Orthotics, and Other Appliances	2	2
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	0	0
(S) Therapeutic Treatment	0	0

Services	Consumers Requesting Services	Consumers Receiving Services
(T) Transportation Services	0	0
(U) Youth/Transition Services	25	25
(V) Vocational Services	75	75
(W) Other Services	4	4

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	113	22	91
(B) Communication	25	0	25
(C) Mobility/Transportation	37	2	35
(D) Community-Based Living	77	15	62
(E) Educational	42	4	38
(F) Vocational	108	12	96
(G) Self-care	44	3	41
(H) Information Access/Technology	61	10	51
(I) Personal Resource Management	117	39	68
(J) Relocation from a Nursing Home or Institution to Community-Based Living	18	3	15
(K) Community/Social Participation	112	2	110
(L) Other	20	3	17

Item 2 – Improved Access To Transportation, Health Care Services, 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	32	12	20
(B) Health Care Services	213	77	136
(C) Assistive Technology	171	61	110

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

Section C – Additional Information Concerning Individual Services or Achievements

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

SUBPART IV – Extent of CIL Compliance with the Six Evaluation Standards

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

Section A – Compliance Indicator 1: Philosophy

Item 1 - Consumer Control

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

(A) Board Member Composition

Enter requested governing board information in the table below:

Total Number of Board Members	Number of Board Members with Significant Disabilities
5	4

(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	5	4	1
Other Staff	20	13	7

Item 2 - Self-Help and Self-Advocacy

34 CFR 366.63(a)(2)

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

Employees at the Center for People with Disabilities (CPWD) personify the “do for” perspective of the Independent Living (IL) philosophy. They encourage people with disabilities to “do for” themselves in areas such as working with social service providers, housing authorities and others. For example, consumers within our Employment Program are taught how to work with potential employers regarding their career goals as well as how to conduct their own job searches. Consumers seeking to get benefits, either in obtaining their Social Security Disability Insurance (SSDI)/Supplemental Security Income (SSI) or food stamps gain the skills to apply themselves and work through the barriers that may come with the application process.

Item 3 - Peer Relationships and Peer Role Models

34 CFR 366.63(a)(3)

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

CPWD employs a majority of people with disabilities. This includes people with visual disabilities such as those with developmental disabilities, people with cerebral palsy, people who are blind and people who are deaf and hard of hearing. CPWD also employs several individuals with “invisible” disabilities. Because CPWD employs a majority of people with disabilities, staff and consumer can develop informal peer mentoring relationships. Additionally, employees are able to be successful peer role models as they have gotten past many of the barriers that face people with disabilities—including employment, housing, transportation and health care.

CPWD also has 42 successful peer support groups throughout our office locations.

Item 4 - Equal Access

34 CFR 366.63(a)(4)

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

CPWD offices have wide hallways, automatic door openers and accessible bathrooms. CPWD goes beyond accessible guidelines and provides greater access than required. In addition, CPWD employs staff who have firsthand knowledge of accessibility law and needs due to the diverse disability population employed. Not only do staff have firsthand knowledge, they are sought after in the community for technical assistance where accessibility is concerned.

(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.

CPWD has various departments that work together to ensure the communities we serve have full, complete and equal access for people with disabilities. The IL Department in particular coordinate activities along with our consumers to promote equal access. This can include testifying, attending rallies, working with city planners and local businesses to ensure accessibility—both on a physical level and a programmatic one. We will highlight our most significant efforts in greater detail in the Work Plan Narrative.

Item 5 – Alternative Formats

34 CFR 366.63(a)(4)

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

CPWD is committed to providing all written material in alternative formats as necessary. All communications can be made available in alternative formats upon request. This includes newsletters, brochures and any other communications.

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

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

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

CPWD data shows that we serve all disabilities and no one is refused. Staff participate in a variety of outreach activities in order to reach people who are unserved or underserved. Staff also regularly attend staff meetings of other agencies and organizations to educate the community on CPWD's services for people with disabilities of any age or disability.

Section C – Compliance Indicator 3: Independent Living Goals

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

Item 1 – Consumer Information

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

Independent Living Advisors (ILAs) utilize the IL philosophy as the foundation of their services in order to provide a framework in assisting consumers in developing goals for independent living. Part of the initial meeting with the consumer describes what their rights and responsibilities are. The consumer signs a document to verify they understand. Consumers are told that, at any time, they are able to speak to a supervisor if there are problems, issues or concerns. ILAs also discuss with consumers their right either to waive or to develop an individualized Independent Living Plan (ILP).

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.

In preparation for a program audit by the Colorado Division for Vocational Rehabilitation, Consumer Service Records (CSRs) were reviewed to ensure that all required information has been maintained.

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

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

Please refer to the Instructions before completing.

Item 1 – Community Activities Table

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

Issue Area	Activity Type	Hours Spent	Objective(s)	Outcomes(s)
Assistive Technology	Community Education/Outreach	3000	Provide demonstration and technical assistance on benefits and how to use different assistive technology for those with hearing, vision and/or mobility disabilities.	People with disabilities have increased access to assistive technology.
Transportation	Advocacy	500	To ensure that people with any type of disability are able to navigate in and between communities of choice.	People with disabilities are able to travel to their desired location with the appropriate accessibility either with transportation or by foot.
Housing	Advocacy, Collaboration	1000	To ensure that communities have the appropriate amount of affordable and accessible housing options.	People with disabilities are living in integrated housing settings.
Health Care	Community Education/Outreach	4000	To increase access to healthcare and home health options so people with disabilities can remain in their own homes and/or community of choice.	People with disabilities have options in how their health care is provided.

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.

Staff and consumers are active in achieving the outcomes outlined in the above table. For instance, CPWD's PAS Department has staff that provides a variety of healthcare services that enables consumers to remain in their own home rather than being confined to nursing facilities. Additionally, many times remaining in one's own home is a collaborative effort between staff who are providing transition services out of nursing facilities, staff in our Independent Living Department and staff in our PAS Department. When a consumer is "sprung" from the nursing facility, PAS steps in to provide the necessary personal and home care to remain in their home and the ILA (or Independent Living Advisor) provide Independent Living Skills Training. Consumers set goals for their own community living and learn the required self-advocacy to achieve and maintain their independence. These outcomes are further enhanced by CPWD's peer groups. Consumers not only encourage each other, but provide information on how they have "been there, done that".

Peer groups between consumers and staff contribute to the above outcomes through their time together. For instance, when the City of Boulder's snow removal was inadequate and created a transportation barrier for people with disabilities, consumers and staff of the group discussed how to advocate for code enforcement and developed a plan of action.

The Beyond Vision peer groups are another example of how consumers, staff and outside agencies are working toward assistive technology outcomes. Peer groups focus many of their meetings on the latest technology for people who are blind or visually impaired. Staff and outside representatives demonstrate use of the equipment. Where necessary, staff provide additional one-on-one assistance.

Staff also maintain a presence on a number of committees and provide testimony at City Councils. This includes a City of Longmont Study Session on affordable housing as well as monthly Housing Opportunities.

The Work Plan narrative will further demonstrate how the above outcomes are being met.

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

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

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.

Information and Referral: All staff have the responsibility of providing Information and Referral (I&Rs). CPWD handles numerous I&Rs each week, primarily from individuals with disabilities and family members. Additional requests come from healthcare providers, social service organizations, and funders.

Independent Living Skills Training: ILAs and Independent Living Skills Instructors both provide Independent Living Skills Training (ILST). ILST is done both on an individual level as well as in group settings. Examples of training include learning how to budget, navigating the public transportation system, using assistive technology and cooking.

Individual/Systems Advocacy: During the program year staff advocated with, and on behalf of, individuals with disabilities in the areas of employment, benefits and housing to name a few. Advocacy is performed on an individual level (teaching them how to advocate on their own) and on a systems level (promoting equal access for all).

Peer Mentoring: As previously noted, employees with disabilities provide a natural conduit for peer mentoring. The IL philosophy holds that people with disabilities who have overcome barriers and achieved varying degrees of independence are uniquely qualified to mentor others to achieve similar goals. As has also been mentioned, CPWD has a number of peer groups that specifically address disability issues. These will be highlighted later in the Work Plan.

Transition: Our Transitions Program Manager has been collaboratively working with our Single Entry Point, ADRC, housing officials and others to successfully move people into the community. This is a process that involves coordinating many “moving parts” and a number of man hours. This year we have moved 4 people out of nursing homes, but also others who are in process. It also utilizes ILAs to assist with Independent Living Skills Training and Peer Mentoring.

Section F – Compliance Indicator 6: IL Resource Development Activities

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

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

CPWD employs a Director of Development and Communication who applies for funding from federal, state, county and city funds throughout the year, as well as funding from private foundations. We participate in ColoradoGives Day each year. We also seek donations from individuals and sponsorships from local businesses. CPWD's development activities will be highlighted in depth in the Work Plan.

SUBPART V – ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

Section 725(c)(4) of the Act

Section A –Work Plan for the Reporting Year

Item 1 – Achievements

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

COMMUNITY ACTIVITIES

During FY2015, CPWD participated in a number of state and local efforts to promote better access to services. The following are specific efforts:

IL Funding

CPWD joined with the other Colorado CILs to develop a positive relationship with the staff of the Joint Budget Committee (JBC). Through that relationship, the JBC included additional funding for statewide IL services that more than doubled the previous state allocation. The legislation required that the ten CILs reach consensus on a formula for distribution of additional state funding and CPWD helped to promote a unified CIL response and resolution.

Association of Colorado Centers for Independent Living (ACCIL)

Through its membership in ACCIL, CPWD has worked to build a strong CIL network and to support improvements to the Statewide Independent Living Council.

Colorado Long Term Assistance Providers (CLASP)

Through its Participation in CLASP, CPWD has promoted long-term, consumer-directed home health services and improvement in the system.

Other Collaborations

Adult Protection Review Team, Human Services Alliance of Boulder County, Boulder ADAPT, Boulder NAMI, ADRC, ILRU, Colorado DVR, etc.

Community Outreach

Among many others: People Engaged in Raising Leaders (PERL), Arvada and Boulder Chambers of Commerce, Boulder Police Department, and Windhorse Community Services

Community Education

Presentations included one on cochlear Implants at the 2014 Aging Well Conference in Longmont and another on IL services and disability issues to delegation from Ukraine (Longmont rotary Club).

CPWD also sponsored a visit from the ADA Legacy Tour bus in Longmont and Boulder. Coordinated 25th Anniversary celebrations, with supporting proclamations from the Cities of Boulder and Longmont.

City of Boulder ADA Compliance Plan

The City of Boulder has been in contact with CPWD to assist in updating their ADA Plan. This is a requirement of the ADA for public entities with more than 50 employees. It contains details on how the City plans to address barriers, both physical and programmatic, within their community. CPWD has been in discussions with the City of Boulder to be the lead in this project.

DEVELOPMENT AND COMMUNICATIONS DEPARTMENT

The Development and Communications Department had a busy year with several projects and fund development activities. The Department is staffed by a full-time Director of Development and Communications.

Grants applied for include:

- City of Westminster-\$2,000 for North Metro services
- Boulder County-\$225,000
- Worthy Cause \$75,000 for Debt Reduction
- Foothills United Way -\$35,000
- City of Boulder -\$65,000 for Core Services
- City of Longmont-\$25,000 for Core Services
- Broomfield Human Services Fund-\$3,000 for North Metro services
- Tom's of Maine -\$10,000 – nominated CPWD to their annual giving award that gives \$10,000 to one nonprofit in each state.
- Anschutz Family Foundation-\$7,500 for General Operating
- The William B. O'Rourke Foundation-\$12,500 for Beyond Vision
- Ray Lanyon Fund-\$2,500 for Longmont services
- Rose Foundation-\$7,500 for Beyond Vision
- Broomfield Human Services Fund-\$4,000 for North Metro services
- Longmont Community Foundation -\$2,000 for General Operating
- OIB - \$130,000 for Beyond Vision

- Boulder Community Foundation, Community Trust - \$4,000 for General Operating
- Colorado Garden Foundation - \$14,500 for Accessible Garden Upgrades
- Thornton CDBG - \$33,250/yr for 3 years for Employment
- Thornton Assistance Fund - \$3,000 to assist Thornton Residents
- Lynn and Helen Clark Fund - \$2,000 for Longmont

Grants Received:

- Broomfield Community Foundation-\$750
- Longmont Community Foundation-\$2,000
- Boulder County - \$181,023
- City of Boulder- \$45,000 for Core Services
- City of Longmont- \$10,000 for Core Services
- Boulder Community Foundation-\$3,000 for General Operating
- City of Westminster-\$1,500 for General Operating
- Rose Community Foundation - \$7,500 for Beyond Vision
- Anschutz Family Foundation - \$7,500 for General Operating
- Thornton CDBG - \$33,250/yr for 3 years for Employment
- Thornton Assistance Fund - \$3,000 to assist Thornton Residents
- Lynn and Helen Clark Fund - \$2,000 for Longmont services

Other Fundraising Activity:

- Colorado Gives Day-\$5,013

Marketing and Communications

The Development Department has continued to work with the Home Health Department to increase enrollment in Medicaid services in our Home and Community Based Services in-home services.

We continue to look at marketing strategies in order to maximize the success of these programs that not only increase independence but also prevent institutionalization. This year, we initiated a CNA Caregiver Program, which provides training for family caregivers to become CNAs and get paid for assisting their loved ones.

CPWD's profile on Community First Foundation website has been updated. This is a lengthy process and required for participation in this year's

ColoradoGives Day. We marketed that event to create the greatest opportunity for donations from supporters on ColoradoGives Day.

Website

The website continues to be updated on a regular basis, posting job listings, important events, and organizational information including programs and staff. CPWD's website receives daily inquiries for services or sign-ups for news. We have consolidated the email opt-ins and sent out an email update with the link to the annual report.

Annual Report

CPWD produced an annual report again this year, highlighting programs, significant accomplishments, success stories and financial position.

PERSONAL ASSISTANCE SERVICES (PAS) DEPARTMENT

The PAS Department has as part of their mission that *“all people are entitled to the freedom to make choices and the right to live independently in the community”*. Barriers, both physical and in attitude, restrict these rights of people with disabilities, causing a reduction of self-esteem and in community diversity. A support network which emphasizes personal empowerment and dignity is the key for individuals with disabilities in the process of claiming control over their lives. CPWD provides the resources, information and support necessary to challenge and alleviate barriers to independence.

The PAS Department is active with the CPWD Transition Team. We have assisted four consumers to move out of the nursing home.

The PAS Department also encourages consumers to participate in the home care program that best fits their lifestyles (i.e., CDASS, IHSS or conventional home care). We continue to assist some of our consumers in guiding them through the Medicaid system in order to obtain the program of their choice.

Annually PAS completes satisfaction surveys for HCBS and/or skilled services. A total of 56 surveys were mailed and 24 were returned. Questions and percentages included:

- Would you recommend CPWD to family and friends: 100% stated yes
- When you called the office, was the staff courteous and available: 95% stated yes
- Has the scheduling of your CNA/HMK staff been to your satisfaction: 95% stated yes
- Have you been contacted appropriately when your schedule has been changed due to unforeseen circumstances: 95% stated yes

PAS employs a variety of skilled and unskilled staff. Skilled include Registered Nurses and Certified Nursing Assistant's (CNAs). Unskilled include Homemakers (HMK), Personal Care (PCP), Health Maintenance Attendants (HMAs) and Relative Care Providers (RCPs).

Skilled staff perform medically oriented services such as setting up medications, giving injections and wound care. Unskilled focus on services such as chores around the home, transfers and giving verbal prompts without physical assistance.

CPWD is one of two Colorado CILs that implements the PAS program. We provide services in the counties of Boulder and Larimer. We have researched expanding our program into other counties. Outreach has included provider fairs in our region and working with Adult Care Management Incorporated (ACMI). Staff training is also completed throughout the year to stay up-to-date on regulations, emergency preparedness, etc.

All consumers admitted to PAS must have a permanent disability. We have served a myriad of consumers with multiple disabilities. The PAS department will accept any disability as long as we are able to provide necessary care needed per consumers plan of care.

INDEPENDENT LIVING DEPARTMENT

Core Services

As a Center for Independent Living, CPWD is federally mandated to provide the four core services. During this fiscal year a fifth core service was added, Transitions. The following gives a brief overview of each of these services.

Self-Advocacy

Self-Advocacy is defined by Rehabilitation Services Administration as *“assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled”*.

Examples of how staff at CPWD have worked with consumers on this goal include:

- A young consumer was having a hard time finding and keeping a job that accommodates her TBI. In July she landed a new job and, for the first time, had postemployment support from CPWD. She called in weekly to debrief and discuss how things were going at work. At the end of July staff visited the worksite to help the consumer identify accommodation needs and communicate these needs to the manager.
- A consumer had actively been searching for employment. He had been working with ILP staff and eventually began working with the Employment Specialist. His guardian was reluctant to let him have that freedom and independence. Consumer advocated for himself and the guardian did consent to bring him to a job fair. Instructors have been coaching consumer to do more self-advocacy regarding employment.
- Consumer chose to speak at City Council Study Session on Funding Affordable Housing and wanted to give a 3 minute public input speech. Staff assisted her in organizing her thoughts, preparing her speech and then practicing to be under 3 minutes. She was successful in her goal of publicly advocating for affordable housing. City Council voted to adopt a variety of incentives and mandates to create affordable housing, to fund an Affordable Housing Fund at 1 million a year, and to consider Easements for maintaining existing affordable housing. Consumer has increased confidence.

Peer Mentoring

By assisting each other, consumers have thrived through common circumstances and sharing how they have faced barriers within the community. Peer Groups have grown throughout our service area. While Beyond Vision has 42 peer groups Boulder and Longmont also have exemplary groups with diverse disabilities. RSA defines this core service as *“counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities”*.

Examples of how staff at CPWD have worked with consumers on this goal include:

- An individual who had been out of the workforce for two decades contacted CPWD for help getting a job. The first day she came in, she came with a prepared speech detailing her many ailments and barriers to employment. She asked, “Do you think there is any hope for a person like me?” Through peer mentoring, staff showed her that she had many marketable skills and abilities. She is now more confident and working with staff to show those skills and abilities on her resume.
- Consumer had the goal of being in her apartment at night without harsh lights disturbing her sleep. In peer mentor group, she talked about her frustration with the strong blue parking lot lights that glare into her apartment from the doctor’s office across the way. She was particularly concerned because her visual impairment makes her very susceptible to negative effects of bright light. Peer mentors talked with her about her rights and the ADA. After hearing this and receiving some encouragement the consumer contacted the city manager and the office building was issued a citation for the lights.

Independent Living Skills Training (ILST)

CPWD accomplishes ILST through both individual and group sessions. Most consumers have a need for this service, whether their goal is to move out on their own, get a job, use public transportation, or a variety of other goals. ILST is defined as activities that could include *“instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management or education and*

training necessary for living in the community and participating in community activities”.

Examples of how staff at CPWD have worked with consumers on this goal include:

- CPWD offers cooking classes for interested consumers. In order to bring something new to the class the supervising instructor in the kitchen implemented a consumer choice cook book. Consumers were encouraged to submit a family recipe or a recipe of their favorite meal. They would then provide a shopping list of all ingredients needed and would assist in preparing it. After the meal their peers would rate it on a scale of 1-5 stars. The overall plan was to engage consumers in the kitchen and to have them take pride in their recipes. It is also an advantageous way to incorporate new foods that consumers may have been hesitant to try.
- A consumer’s goal was to work at a computer repair store, but was not sure her skill set was a match. Staff introduced her to the concept of “Informational interviewing”. To accommodate the consumer’s memory and processing disabilities, staff and the consumer devised an experiential approach to learning this job search technique. The consumer came to her training in “an outfit you would wear to an interview at an electronics store.” Staff and the consumer discussed the outfit, and looked at other wardrobe options that the consumer brought. They then conducted a mock info interview, and came up with questions that the consumer would ask in an info interview. In follow-up to the meeting, staff provided a customized tip-sheet, and YouTube videos to help the consumer continue practicing.

Information and Referral (I&R)

I&R is the only service that does not require a Consumer Service Record. It may be provided to all individuals, whether or not the individual has a disability. The calls we receive the most requests for are in the areas of:

- Where legal services can be obtained
- What, and where, accessible housing is located
- Questions regarding benefits
- Where consumers can receive personal assistance services
- What transportation is available

One woman who received our services last year is in her 60s and experienced sudden vision loss due to diabetic retinopathy. She had been living alone and was faced with moving to a nursing facility following the loss of her sight. We connected her to the Colorado Talking Book Library so she could continue to “read” books, as well as with Arapahoe County Chores Service Program for volunteers to clean her house periodically. Because of the training and volunteer service support, she is able to stay in her own home, which is near her extended family, maintain her quality of life and independence, and able to have her grandson visit regularly.

Transition

Transition was added to core services during FY2015. Besides the traditional purpose of assisting people with disabilities to move out of institutional settings, the service now includes transitioning youths to postsecondary education and employment opportunities.

One consumer in his late 40’s had been living in a nursing facility for past 10 years after his parents passed away. As of, Dec. 1 2015 he will have been living independently in his own apartment in the community for 1 year. The longest period of time in his life that he has been able to live independently in the community. CPWD was able to connect him with the services he needs and the tools to live independently in the community.

Employment

CPWD’s employment program grew significantly this year. Staff dedicated to the program now include two full-time Employment Specialists and a full-time Job Developer. This year the program served individuals across our service area. Consumers include referrals from the Division of Vocational Rehabilitation, active participants in the federal Ticket to Work program, referrals from community partners, and walk-ins.

The core of the CPWD Employment Program continues to be skills training to independently acquire and maintain a job. This training includes career exploration, goal setting, resume development, drafting of cover letters and professional communications, mock interviews, tips for online job search, application review, job site visits, accommodations planning, job coaching, and follow-along support.

The Employment Program continues to work with consumers who are Deaf or Hard of Hearing, providing a one-of-a-kind service in the community. Consumers whose first language is ASL can receive employment services directly in their native language. This year the Employment Program also worked with several consumers whose first language is Spanish. CPWD provides Spanish-English interpretation services and systems advocacy to help these individuals access resources and opportunities for employment.

Another area of significant growth for the program is Work Incentives Benefits Counseling. This year two staff members participated in extensive training to become certified Community Work Incentives Coordinators (CWICs). With this training, staff are now able to provide in-depth benefits counseling to help consumers plan for and manage changes to their medical and cash benefits when they work. This information empowers staff and consumers to serve as advocates in the community, actively dispelling the common myth that it is not possible to work while on benefits or to transition off of benefits through work.

This year CPWD established a job club that meets monthly in Northglenn. A second job club, this one for individuals who are blind or low vision is being established in Boulder. Through the job club and through close collaboration with CPWD Independent Living Advisors and community partners, the Employment Program provides wrap-around support and resource referrals to help job seekers maximize their success.

Business and Community Partnerships

Staff work with a variety of organizations, businesses, and agencies. A partial list includes:

- Ticket to Work
- National Employment Network Association
- Work Incentives Planning and Assistance (WIPA)
- School to the Community to Work to my Career (SCWC)
- Workforce Boulder County
- WfBC Internship Program
- Intercambio
- El Comite de Longmont
- Brain Injury Alliance of Colorado
- Colorado Division of Vocational Rehabilitation
- Longmont Employment Alliance

- Blind Institute of Technology
- Enterprise
- Express Employment Professionals
- Sykes Enterprises
- Bayaud Enterprises
- Firehouse Art Center
- Wendy's

Other activities staff have participated in include:

- Ticket to Work Suitability and Training Calls
- National Employment Network Association annual conference
- Community Work Incentives Coordinator training
- National Employment Certification trainings
- Boulder Chamber of Commerce trainings and networking events
- Information sharing and advocacy with community partners to dispel myths about how earned income impacts Social Security disability benefits.
- American Sign Language class for staff and ILSP program
- Presented SSI workshop at Rocky Mountain Deaf School
- Represented CPWD at Brain Injury Resource Fair at Mental Health Partners
- Encouraged consumers to attend DVR public stakeholder meetings
- Developed database of Spanish-English interpreters to contract, as needed, for CPWD service delivery.

Consumer Stories

CPWD is providing job coaching to a consumer who has a TBI and needs support to learn the many procedural details at her new retail job. Working with the Employment Specialist (ES), the consumer compiled the product info and procedural rules for her job, and developed self-study guides. She and the ES also developed a tool to practice visual tracking and speed when using the electronic point-of-sale system at the store. The consumer is now comfortable in her job, and is doing well.

There is a CPWD consumer would like to work at a computer repair store, but is not sure if her skill set is a match for this environment. The ES introduced the consumer to the concept of Informational interviewing. To accommodate the consumer's memory and processing disabilities, the ES and the consumer devised an experiential approach to learning this job

search technique. The consumer came to her meeting with the ES in “an outfit you would wear to an interview at an electronics store.” the ES and the consumer discussed the outfit, and looked at other wardrobe options that the consumer brought. They then conducted a mock info interview, and came up with questions that the consumer wants to ask in an info interview. In follow-up to the meeting, the ES provided a customized tip-sheet, and YouTube videos to help the consumer continue practicing.

The ES helped a consumer apply for the Senior Community Service Employment Program, and CPWD agreed to host the consumer for her SCSEP training. This paid training allows the consumer to gain stability and new skills while preparing to reenter the workforce. (She left the workforce nine years ago due to a disability, and has not worked since.) When the consumer first approached CPWD she was in danger of losing her housing because she could not afford rent. One benefit of her participation in SCSEP is that, by working in Boulder, she became eligible to participate in the Boulder Housing Partners voucher lottery. The consumer applied, won a voucher through the lottery, and in July was able to begin using the voucher to subsidize her rent.

There was further good news when, in the process of developing a Benefits Summary and Analysis, the ES and the consumer figured out that an exception in Federal Code says SCSEP wages are exempt from income calculations for federal housing programs. The consumer provided this info to her housing case manager, and her voucher was changed. Her voucher amount was raised by \$230 per month. This subsidy enormously impacts the consumer’s financial stability. Thanks to this and to the training through SCSEP, the consumer will soon be ready to re-enter the workforce and transition off public disability benefits.

A longtime consumer of CPWD and DVR has been unable to secure a job since she lost her last job in 2009. All of her previous jobs fell apart when employers were unwilling to work with her to accommodate her seizures. Over the past several months this consumer has been working intensively with CPWD to strengthen her job search and self-advocacy skills. In September she independently secured a job! She walked into a Wendy’s, expressed interest in employment, and shared some basic information about her accommodation needs. She returned several times to build rapport with the managers, and took the initiative to study possible job tasks by finding and watching Wendy’s employee training videos online. Thanks to her relationship building and to her proactive self-advocacy, the

consumer is starting the job with a strong foundation of understanding between herself and the employer.

A consumer with a mental health disability has held a few, temp, custodial jobs in recent years, but has not held a job in his professional field – mental health counseling – since 2001. In June, 2015, he sought out CPWD and began attending peer group and working as a volunteer receptionist. In July he began meeting with the ES for employment. Initially, the consumer expressed doubt about his job prospects, and fear about rejecting during the application process. He started applying for temp jobs, because these felt “safer.” After two months of association with CPWD, however, the consumer decided to seriously pursue a job in the mental health field. On August 26th he accepted a job as an unlicensed mental health professional!

Transitions

Youth Transitions

CPWD has been focusing on expanding youth services, especially transitions. This has been something that CPWD had been involved with in the past, however, in the last couple of years has seen a decrease in participation and utilization of services. We have identified this is an underserved population.

We have been doing outreach throughout the county and including the school district to better understand the needs of this unique population. We have been spreading the word of CPWD throughout the community. Through this outreach steps are being taken to formulate a more robust Youth Program at CPWD.

Community Transition Services (CTS)

CPWD assisted four consumers to transition from nursing facilities to independent living in the community through Community Choice Transitions and CTS. The consumers used CPWD’s transitions program to locate housing, home healthcare, and other necessary services to live independently in the community. CPWD has been working with other community service providers and agencies to increase awareness and efficiency of the program.

One consumer in his late 40s had been living in a nursing facility since the deaths of his parents ten years ago. He has now been living independently in his own apartment in the community for 1 year. CPWD staff connected him with the services and tools to remain in the community.

CPWD helped another consumer transition out of a nursing facility through the CTS program. As we were setting up his furniture in his new apartment, the consumer transferred himself from his chair to his new couch. After doing so, he announced that this was the first time in over four years that he had not sat in a chair that was not his wheelchair or his bed.

Beyond Vision

On an ongoing basis, Beyond Vision staff participate in community events, provide outreach to the public, and network with other service providers.

Outreach was accomplished through 42 monthly peer groups for older adults with visual impairment. Guest speakers and staff facilitated a wide range of topics each month including addressing independent living skills such as lighting, kitchen adaptations, public transportation options, adaptive devices, and assistive technology. Staff and speakers also share the latest in medical research. The focus of these peer groups was on teaching and educating consumers and the public on skills and techniques that support visually impaired older adults in living independently.

Staff conducted home visits to meet the individual needs of consumers. Staff assessed needs and technology use, educated consumers on options and resources, and provided direct services and implementation of solutions for older adults with visual impairment. In addition, a flyer was created to more thoroughly reflect individual services offered. The flyer highlighted individual services offered including iPhone training, basic orientation and mobility training, and computer training.

During the past year the Beyond Vision Program experienced exciting growth due to additional state funds. We have added staff and expanded our services to a 10-county radius. Our program is composed of four parts: Low Vision Support and Education Groups, In-Home Services, Caregiver Trainings, and Outreach. We currently have 42 monthly Low Vision Support and Education Groups. These groups provide an opportunity for older adults to gather together to learn about low vision topics and share their personal stories and experiences. This peer engagement informs and

educates our consumers, teaches new skills, reduces isolation, and increases independence.

Our in-home services are one-on-one trainings provided to consumers interested in focusing on a specific skill, or requiring more direct training than what is offered in our support groups. One-on-one services assist consumers in the areas of assistive technology, orientation and mobility, daily living skills, communication, and information and referral. One-on-one services and trainings include identifying and setting goals, as well as monitoring progress towards goals. Typically 3 to 5 trainings are required to accomplish a goal.

This year we started offering caregiver trainings. These provide an opportunity to ensure that caregivers have the resources and skills they need to best help older adults who have low vision. We offered two caregiver trainings and plan to offer more next year. These trainings were very successful. Caregivers have reported that new skills they learned helped them improve their level of care for older adults with low vision. Currently we are working with senior living community where we host low-vision support and education groups to offer caregiver trainings to staff.

Our outreach efforts have taken many forms this past year as we have actively worked to grow our program and ensure that individuals with low vision and the community at large know about the services we offer. Our outreach efforts have included phone calls, mailings, community events and in-person meetings. We have continued to focus our community events to larger audiences, and where we can best reach older adults or their caregivers.

Through the Beyond Vision program we have worked with 473 people in the last year and helped reduce isolation and increase independent living skills. By participating in our program, consumers are more engaged in their community, better informed about low vision, and able to meet more of their daily needs independently.

One woman who received our services last year is in her 60s and experienced sudden vision loss due to diabetic retinopathy. She had been living alone and was faced with moving to a nursing facility following the loss of her sight. The Beyond Vision team taught her how to safely cook meals, do laundry, and get around her house on her own. We connected her to the Colorado Talking Book Library so she could continue to “read” books, as well as with Arapahoe County Chores Service Program for

volunteers to clean her house periodically. Because of the training and volunteer service support, she is able to stay in her own home, which is near her extended family, maintain her quality of life and independence, and able to have her grandson visit regularly.

Consumers maintain or gain independence through a combination of home visits and educational peer support groups. Without these services clients would be dependent on others to help them with independent living tasks such as cooking, communicating, and reading. Over the past year a number of consumers have requested assistance to be able to utilize their iPhones, computers, and CCTVs so they may continue to live independently in their homes.

Independent Living Program (Home and Community Based Elderly, Blind and Disabled Waiver)

CPWD's Independent Living Program (ILP) is the only Elderly, Blind and Disabled (EBD) Medicaid Waiver program that can be billed in Colorado. Consumers range in age but are predominately young adults. The ILP is considered a "day program" in which consumers learn real life skills as well as participate in recreational activities.

The following is a brief summary of the achievements, goals and activities conducted by consumers and the focus of the instructors during the past fiscal year engaged in the IL Program.

The annual Thanksgiving Day celebration included the consumers, families, friends, CPWD staff and the public. It is way to express gratitude to the individuals that CPWD serves and interacts with. ILP staff and consumers worked diligently and tirelessly to ensure the celebration was a success. Utilizing the skills that the consumers have gained throughout their tenure at the Independent Living Program enabled them to contribute to the Feast.

New classes such as Boundaries and Self-Awareness were introduced to consumers and were very well received. Continuing on this path will help ensure that the Independent Living Program is adhering to the IL Philosophy.

A consumer in CPWD's Employment Program was seeking a job training opportunity to help ease the way into the employment field. The ILP

collaborated with the Employment Program to have the consumer teach ASL to the participants. Direct interaction between the consumers has promoted active learning, a feeling of comfort and safety and a greater understanding of American Sign Language and deaf culture.

ILP offers cooking classes. This is something that has been available for years but interest had slowly been dwindling. In order to bring something new to the class the supervising instructor in the kitchen implemented a consumer choice cook book. Consumers were encouraged to submit a family recipe or a recipe of their favorite meal. They would then provide a shopping list of all ingredients needed and would assist in preparing it. After the meal their peers would rate it on a scale of 1-5 stars. The overall plan was to engage consumers in the kitchen and to have them take pride in their recipes. It is also an advantageous way to incorporate new foods that consumers may have been reluctant to try.

The ILP consumers began volunteering once a month at an Alzheimer's Day Program. Consumers used the knowledge and skills they had gained in the program and shared it with the participants they would be meeting. By integrating the two programs, a sense of community was achieved through their volunteer work.

The ILP consumers were instrumental in preparations for The Road to Freedom Bus Tour party commemorating the 25th anniversary of the Americans with Disabilities Act. Consumers assisted with refreshments, seating arrangements and greeting guests that came. It is not often that ILP consumers are afforded the opportunity to attend celebrations such as this; to be included in such a monumental occasion made the consumers feel a sense of inclusion within their community.

To address the concern that the ILP consumers felt disconnected from the non-ILP staff they frequently see during the day, ILP staff invited other staff to visit the ILP class and present on relevant topics. Since starting this in June, at least once a month a non-ILP staff member participates in ILP.

Taking advantage of Colorado's beautiful weather, ILP attended many outdoor excursions. Promoting personal fitness and sun safety were high on the trainings conducted by the ILP skills trainers. ILP received an invitation from the residents of an elite neighborhood for the ILP consumers to have an outgroup at Gaynor Lake. This was a great experience for the consumers as they had an opportunity to fish, hike and picnic.

Outreach and Community Representation

During the report period, staff participated in several outreach opportunities. These included, in part:

- Adams County Senior Day at the Fair
- Foundation Fighting Blindness Seminar
- Visions 2014 National Conference
- Senior Connections Fairs in five different counties
- Adams County Aging Network Resource Fair
- Folks In Aging Network Meetings
- Boulder Interagency Network Meetings
- Broomfield Community Resource Meeting
- Adams County Adult Protection Meeting
- Adams County LCC
- Colorado Cross-Disability Coalition
- Denver Regional Council On Governments
- Denver Regional Mobility and Access Council
- Adams County Government Center
- Division of Vocational Rehabilitation
- Community Of Faith United
- Transit & Accessibility Task Force
- Cinco de Mayo
- Festival on Main

In addition to the above, staff represent CPWD on several committees, forums, teams and collaborative efforts, including:

- The Clinical Consultation Group meets the third Wednesday of every month. CPWD partners with this group that includes the Addiction Recovery Centers, Area Agency on Aging and Adult Care Management Incorporated.
- The Care Coordination Committee that meets the third Monday every month. Group members are from CPWD, Clinica, Attention Homes, Boulder Homeless Shelter and The Bridge House.
- Folks on Aging Bi-Monthly meets monthly to discuss program developments and issues in our community that affect individuals

over 55 years of age. CPWD, Area Nursing Care Facilities, Senior Center Staff and other non-profits are represented.

- Longmont Medical Health Network is a two-year pilot program with the primary goal of decreasing the frequency and utilization of Emergency Room and Urgent Care. CPWD/Longmont is working in partnership with LMHN as a collaborating agency to promote access to supports and services. We have met in “Person Centered Planning” meetings with Longmont Medical Health Network staff, Adult Protection Services Staff and other agencies involved, such as Mental Health Partners. We anticipate an increase in referrals from LMHN as we partner together in our community. We look forward to this partnership, as this has the potential of keeping people in their homes, living independently and learning to successfully manage their lives.
- CPWD has been actively involved within the Longmont community in addressing affordable housing needs for Longmont citizens. CPWD staff represent people with disabilities by serving on the City of Longmont appointed Housing and Human Services Technical Review Committee. This group reviews applications for disbursement of Federal, State, and Local Funds for new and/or existing housing units. This group meets and reviews applications, makes recommendations to the Housing and Human Services Committee—which in turn presents recommendations to City of Longmont City Council for final approval. CPWD staff have spoken at City Council Meetings in support of the recommendations presented by the Workforce Affordable Housing Task Force. Currently, more than 1,800 units are needed to meet the existing demand for affordable housing. CPWD will be offering advocacy training for our consumers on the topic of affordable housing options in Longmont.
- Workforce Affordable Housing Task Force. Currently, more than 1,800 units are needed to meet the existing demand for affordable housing. CPWD will be offering advocacy training for our consumers on the topic of affordable housing options in Longmont.
- CPWD participates in the monthly networking meetings of St. Vrain Community Council (SVCC) to discuss local issues and obtain information on area resources. SVCC has partnered with Human Services Alliance of Boulder to produce a document that further

defines the economic impact of area non-profits for further defining our value to the communities. SVCC also hosted presentations from local funding sources to discuss the Tiers and impact on City of Longmont/Boulder and Boulder County grant proposals/funding.

- Another group CPWD participates in is the Longmont Housing Opportunities Task Group. This monthly networking meeting is to discuss issues related to housing in our community. Area agencies also give a presentation. CPWD gave a presentation at the August meeting where our services were outlined. CPWD has been asked to 'take the lead' on offering Advocacy services to people in need of affordable housing in Longmont.
- For youth services in Boulder County CPWD participates in the Interagency Transition Team (ITT). This brings together many key agencies that work with the disability community. The ITT focus' on identifying needs of youths and young adults with disabilities in the community and collaborates to meet those needs.
- Staff organized and presented at the annual "Think Beyond Vision" forum in Boulder County.

OUTCOMES AND IMPACTS OF PROGRAMS

DEPARTMENT	OUTCOME(S)	IMPACT(S)
COMMUNITY ORGANIZING	CPWD is the resource for legislators and those making systems advocacy decisions regarding disability-related issues.	Laws ensuring the rights and benefits for people with disabilities were passed and/or upheld.
DEVELOPMENT	CPWD is able to provide a wide variety of programs and services due to being a fiscally sound organization.	CPWD raised enough funds that, in combination with fee-for-service income, enabled us to deliver and increase the level of services, hire and/or retain qualified employees, and maintain a sound financial position.
HOME HEALTH	People with disabilities have greater community living options.	People with disabilities are less exposed to the risk of relegation to nursing home, have greater access to health-based independent living needs, and therefore increased self-advocacy, independence and integration in the community
INDEPENDENT LIVING		
Employment Program	People with disabilities are employed in careers of choice with wages that allow for increased quality of life.	People with disabilities can engage in meaningful work and earn a living wage, which promotes contribution to society, self-esteem, self-advocacy, peer mentoring, integration and increased quality of life.
Transitions Program	People with disabilities are living in the community with the supports they need.	Our community benefits from increased diversity, integration, and contributing members of society. Our tax base benefits from lower costs associated with independent living versus nursing facility fees.
Core Services and Peer Groups	Through being active participants in the community people with disabilities have changed perceptions of disability and eliminated attitudinal barriers.	People with disabilities cultivate self-advocacy and powerful peer support and peer mentoring relationship. This supports self-esteem, confidence, independence, integration, and contributes to increased quality of life for people with disabilities.
Beyond Vision Program	People who are blind or visually impaired have the adaptive equipment they need to live life independently.	
ILP	People with disabilities have increased their independent living skills.	

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: Increase the Center for People with Disabilities awareness and resource base through fund development, networking, collaboration, and outreach.

Objective(s)	Action Steps	Outcome
Objective 1: Increase CPWD revenue base	<ul style="list-style-type: none"> a. Determine fundraising activities and implement as needed b. Research appropriate grants and apply c. Implement plan to increase donor base 	CPWD will have a solvent financial position; the community will see CPWD as the preeminent service provider and resource for people with disabilities.
Objective 2: Coordinate Disability Awareness Events	<ul style="list-style-type: none"> a. Locate partners and, with those partners, develop and hold events 	
Objective 3: Conduct outreach and disability awareness presentations/events	<ul style="list-style-type: none"> a. Develop and implement a strategic plan of outreach b. Conduct follow-up 	
Objective 4: Maintain presence on committees, Boards of Directors, coalitions, etc.	<ul style="list-style-type: none"> a. Develop a comprehensive list of staff involvement on committees, Boards of Directors, etc. b. Develop a list of potential committees, Boards, etc. and apply. 	

Goal 2: Increase core and programmatic service participation

Objective(s)	Action Steps	Outcome
Objective 1: Increase involvement in the five (5) core services (including transition opportunities for youths and those in institutions (such as nursing facilities or group homes).	a. Incorporate outreach from Goal 1	People with disabilities will have the information they need to make informed choices, as well as be empowered to make those choices.
Objective 2: Increase outreach to unserved and underserved people with disabilities	a. Develop and implement strategic outreach plan	
Objective 3: Maintain presence at the capital and increase visibility of CPWD with local, state, and national representatives	a. Coordinate with other Centers for Independent Living on legislative issues b. Executive Director will develop list of priorities in coordination with the Board of Directors c. Staff will meet regularly with local, state, and national representatives on issues pertaining to people with disabilities d. CPWD staff and consumers will attend rallies, events, etc. that draws attention to issues pertaining to people with disabilities e. CPWD staff and consumers will testify as requested and appropriate	
Objective 4: Increase employment opportunities for people with disabilities	a. Outreach to businesses b. Implement outreach from Goal 1	

Item 2 – SPIL Consistency

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

The State Plan for Independent Living identifies 3 goals that they seek to accomplish with the assistance of the ten Colorado Centers for Independent Living. They are as follows:

Goal 1: Identify disability populations hubs

Goal 2: Increase capacity for Centers to provide services

Goal 3: Increase involvement of youth in Independent Living

As demonstrated throughout CPWD's Workplan Narrative these goals are consistent with our goals and services.

SUBPART VI - TRAINING AND TECHNICAL ASSISTANCE NEEDS

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

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	
Legislative Process	1
Applicable Laws	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	2
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	
Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	

Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	
Financial: Resource Development	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	3
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	4
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
Program Planning	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	5
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	6

Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	7
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	8
Recruiting/Increasing Involvement	
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

SUBPART VII – ADDITIONAL INFORMATION

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

Section A – Other Accomplishments, Activities and Challenges

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

Section B – Additional Information

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

SUBPART VIII - SIGNATURES

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

SIGNATURE OF CENTER DIRECTOR

DATE

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER

SIGNATURE OF CENTER BOARD CHAIRPERSON

DATE

NAME AND TITLE OF CENTER BOARD CHAIRPERSON

PHONE NUMBER