

REPORTING INSTRUMENT

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

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

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

Part II

INSTRUMENT

(To be completed by Centers for Independent Living)

Fiscal Year: 2014

Grant #:

Name of Center: Center for People with Disabilities

Acronym for Center (if applicable): CPWD

State: Colorado

Counties Served: Adams, Boulder, Jefferson, Weld

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	\$7,514
(B) Title VII, Ch. 1, Part C	\$196,968
(C) Title VII, Ch. 2	\$75,000
(D) Other Federal Funds	\$195,248

Item 2 - Other Government Funds

(E) State Government Funds	\$235,284
(F) Local Government Funds	\$250,131

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	\$114,862
(H) Donations from Individuals	\$22,767
(I) Membership Fees	\$0
(J) Investment Income/Endowment	\$12,650
(K) Fees for Service (program income, etc.)	\$1,106,543
(L) Other resources (in-kind, fundraising, etc.)	\$136,818

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	\$2,353,785
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Item 5 - Pass Through Funds

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

Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$2,353,785
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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 active CSRs carried over from September 30 of the preceding reporting year	271
(2) Enter the number of CSRs started since October 1 of the reporting Year	179
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	450

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	14
(2) Withdrawn	71
(3) Died	9
(4) Completed all goals set	52
(5) Other	36
(6) Add lines (1)+(2)+(3)+(4)+(5) to get <i>total CSRs closed</i>	182

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	268

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	216
(2) Number of consumers with whom an ILP was developed	234
(3) <i>Total number of consumers</i> served during the reporting year	450

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	3
(2) Ages 5 – 19	1
(3) Ages 20 – 24	17
(4) Ages 25 – 59	284
(5) Age 60 and Older	145
(6) Age unavailable	0

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	245
(2) Number of Males served	205

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).*

**This section reflects a new OMB directive.
Please refer to the Instructions before completing.**

	# of Consumers
(1) American Indian or Alaska Native	3
(2) Asian	7
(3) Black or African American	15
(4) Native Hawaiian or Other Pacific Islander	0
(5) White	331
(6) Hispanic/Latino of any race or Hispanic/ Latino only	14
(7) Two or more races	52
(8) Race and ethnicity unknown	28

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	85
(2) Mental/Emotional	58
(3) Physical	161
(4) Hearing	23
(5) Vision	28
(6) Multiple Disabilities	62
(7) Other	3

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, CO	66
Arapahoe, CO	2
Boulder, CO	293
Denver, CO	14
Douglas, CO	1
El Paso, CO	3
Gilpin, CO	2
Jefferson, CO	29
Larimer, CO	1
Weld, CO	14
Broomfield, CO	25

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

Subpart III contains new data requests. 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	834	147
(B) Assistive Technology	33	21
(C) Children’s Services	3	1
(D) Communication Services	16	14
(E) Counseling and Related Services	16	10
(F) Family Services	0	0
(G) Housing, Home Modifications, and Shelter Services	124	35
(H) IL Skills Training and Life Skills Training	2367	326
(I) Information and Referral Services	1363	1307
(J) Mental Restoration Services	0	0
(K) Mobility Training	12	1
(L) Peer Counseling Services	292	207
(M) Personal Assistance Services	20	3
(N) Physical Restoration Services	1	0
(O) Preventive Services	3	2
(P) Prostheses, Orthotics, and Other Appliances	11	4
(Q) Recreational Services	15	1
(R) Rehabilitation Technology Services	0	0
(S) Therapeutic Treatment	0	0
(T) Transportation Services	3	0

Services	Consumers Requesting Services	Consumers Receiving Services
(U) Youth/Transition Services	0	0
(V) Vocational Services	98	20
(W) Other Services	97	33

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	68	11	41
(B) Communication	7	1	4
(C) Mobility/Transportation	11	1	8
(D) Community-Based Living	62	11	22
(E) Educational	27	1	24
(F) Vocational	60	13	34
(G) Self-care	14	1	10
(H) Information Access/Technology	5	1	1
(I) Personal Resource Management	106	42	42
(J) Relocation from a Nursing Home or Institution to Community-Based Living	15	2	11
(K) Community/Social Participation	14	3	11
(L) Other	16	8	7

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	18	10	6
(B) Health Care Services	44	19	19
(C) Assistive Technology	33	23	9

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
6	5

(B) Staff Composition

Enter requested staff information in the table below:

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals From Minority Populations
Decision-Making Staff	5	4	0
Other Staff	18	12	0

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 search. 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 34 successful peer support groups throughout their 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 Community Organizing and IL Departments 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 Workplan 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 external staff meetings to agencies and organizations in order 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.

During the year, Consumer Service Records (CSRs) have been reviewed to determine if 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)

This section contains new data requests. 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	2000	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	2000	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 Program 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 ILP (or Independent Living Advisors) 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 Workplan 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 more than hundred I&Rs a 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 Trainers (ILSs) 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 area 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 (creating 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 disabilities. These will be highlighted later in the Workplan.

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 Grants and Communication Manager under contract who applies for funding from federal, state, county and city funds throughout the year, as well as funding from private foundations. We also participate in ColoradoGives Day each year. We also seek funding from individual contributors and sponsorships from local businesses. CPWD's development activities will be highlighted more in depth in the Workplan.

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 ORGANIZING DEPARTMENT

Legislative and State Issues

CPWD tracked legislation that impacted people with disabilities and organized our consumers to speak with their lawmakers.

- Colorado Disability Law SB14-118: Protection for People with Disabilities Concerning the Decriminalization of Certain Prohibited Practices by Persons Engaged in Lobbying was unanimously passed following 2 hours of testimony by the disability community. Senator Steadman stated that the overall legislation was intended to update the Colorado law, consolidate the civil rights protection and to match the language, definitions and protections of the Federal Americans with Disabilities Act (Governor signed)
- SB067: Medical Assistance Program to align with Federal Law (Governor signed)
- HB1029: Disabled Parking License Plates/Placards (Governor signed)
- SB078: Definition of Community Residential Home for Benefits (postponed indefinitely)
- HB1115: Medicaid Expansion Private Insurance Pilot Program (postponed indefinitely)
- HB1128: Reduce Voter Identity Theft (postponed indefinitely)
- SB012: Aid to the Needy Disabled (Governor signed)
- HB1051: Developmental Disabilities Strategic Plan (signed by the Governor)
- HB1134: Health Care Navigator Registration Act (postponed indefinitely)
- HB1068: Physician Report Driving Conditions (postponed indefinitely)

- HB1135: Restrict General Fund Medicaid Expansion (postponed indefinitely)
- HB1085: Adult Education and Literacy Programs (Governor signed)
- SB071: Mail Ballot Option Out (postponed indefinitely)
- SB050: Financial Assistance in Colorado Hospitals (Governor signed)
- HB1043: Greater Voter Outreach through Enfranchisement Act (postponed indefinitely)

CPWD was invited to the Centers for Medicare and Medicaid Services (CMS) site visit to problem solve barriers to accessible and affordable housing options and other services to support people in their communities. The site visit also brought to CMSs' attention a program in the Governor's budget that proposed to use Colorado State funds to support people moving out of costly nursing homes into their own homes.

Affordable Care Act

For two years now, CPWD has been working with the state to ensure that Colorado does not pass up the benefit included in the Affordable Care Act of the Community First Choice Option (CFCO). Although the Department and Governor's office have been highly supportive of CFCO, our state has not made the final commitment to the federal government. Working with Colorado ADAPT and CCDC, CPWD asked for some assurance from the state that the CFCO would be implemented in Colorado.

Advocacy Plan

CPWD's Advocacy consisted of five (5) areas:

- State CCT Vouchers
- ADRC "Options Counseling"

The above bullets were linked together at the end of the legislative session. Both support transitioning individuals with disabilities out of nursing homes.

The first, CCT Vouchers allows for 65 new vouchers for the CCT program. When the original Money Follows the Person (now the CCT program) was written, it was projected that 70% of people moving out of the nursing homes would require housing vouchers. Last year the State reported only 39 people made transitions statewide, five of those were CPWD transitions.

The Long Bill, under the Health Care Policy and Financing Department, for the Medicaid Community Living Initiative was passed, adding the extra funding necessary for the vouchers as well as Options Counseling. Centers for Independent Living statewide advocated that people with disabilities have been providing these transition services for decades, including the Options Counseling piece, and that we were the experts. Unfortunately, the final decision was that the ADRCs would complete Options Counseling. CPWD has been self-funding Options Counseling since CCT began.

- Title VI of the ADA

This year, Senator Tom Harkin will introduce legislation to create Title VI of the ADA to ensure the civil right of Americans to live in their community of choice. Title VI will end bias and create a civil right that disability is an intrinsic part of life, and not a reason to isolate or segregate a part of our community.

- Local ADA Transition 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.

- Accessible Voting and Registration

CPWD, in connection with the Colorado Secretary of State's office tested accessibility of all the Voter Service Centers in Boulder County. CPWD first sent staff through a state training and coordinated the testing of the Voter Service Centers. While mail-in ballots are an accommodation for many people with disabilities, some need a voting machine to vote privately and independently. All counties are required to provide accessible voting equipment and larger population counties must have multiple service centers.

CPWD also held a Voter's Forum that attracted all the City Council candidates with the exception of the two incumbents. Our forum challenged the candidates with difficult questions directly from the disability community.

Those questions included, “what is your personal experience with disability and how would that impact your tenure on the Boulder City Council?”

One of CPWD’s major areas of focus is encouraging statewide Centers for Independent Living to be proactive in voting access. We expanded our polling site access survey that we developed with the Colorado Secretary of State’s office to be used statewide. We began working with the Legal Center for People with Disabilities and Older People to provide expert analysis on voting access and election procedures.

DEVELOPMENT AND COMMUNICATIONS DEPARTMENT

The Development and Communications Department had a busy year with several projects and fund development activities. We were fortunate to close out the year by adding a full-time Director of Development and Communications where previously we had a part-time contracted manager.

Grants applied for include:

- Anschutz Foundation -\$15,000 for General Operating
- O’Rourke Foundation -\$20,000 for Beyond Vision
- City of Westminster-\$2,000 for North Metro
- Boulder County-\$225,000 for CPWD
- Worthy Cause \$275,000 for Debt Reduction
- Disability Benefit Support Contract Committee (DBSCC) -\$50,000 for Family Communication Skills
- Longmont CDBG-\$10,000 for Employment Services
- Foothills United Way -\$35,000 for CPWD
- 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
- Boulder County Human Services Strategic Plan-\$10,000
- State of Colorado -\$700,000 - \$900,000 range for CDASS training through June 2015
- Millennium Trust (part of the Boulder Community Foundation)-\$25,000 for Youth Transition Services
- Worthy Cause -\$42,000 requested to be repurposed from last year’s fund to CPWD debt reduction
- Ball Foundation-\$10,000 for ILP Recycling Program (having the ILP consumers develop and implement an agency recycling program and share methods and results with other agencies)

- 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 Note: We had a successful site visit with the representative.
- The Denver Foundation-\$15,000 for General Operating for N. Metro
- William B. O'Rourke Foundation-\$20,000 for Beyond Vision
- John G. Duncan Charitable Trust-\$4,000 for Beyond Vision
- The Herbert Parker Trust-\$5,000 for ILP
- Ray Lanyon Fund-\$2,500 for Longmont
- Rose Foundation-\$10,000 for Beyond Vision
- Broomfield Human Services Fund-\$4,500 for North Metro; \$5,000 for Beyond Vision
- Longmont Community Foundation -\$2,300 for General Operating and a projector
- Schlessman Family Foundation-\$5,000 for General Operating
- John G. Duncan Trust-\$5,000 for General Operating
- Kessler Foundation-\$454,000 for 2-year program to employ people with disabilities-Concept paper in Feb, if approved, notified in March, full app in May, funding in Jan 2015
- OIB - \$130,000 for Beyond Vision
- Schramm Foundation - \$4,500 for CTS
- Boulder County Bar Foundation - \$5,000 for Activism & Leadership
- Ball Foundation - \$7,500 for General Operating
- Boulder Community Foundation, Community Trust - \$4,500 for General Operating
- Boulder County – Human Services Fund - \$190,550
- City of Boulder – Human Services Fund - \$45,000
- City of Longmont – Human Services Fund - \$10,000

Grants Declined:

- Colorado State Bank and Trust-\$5,000 for Beyond Vision
- The Herbert Parker Trust-\$5,000 for ILP
- The Denver Foundation-\$15,000 for General Operating for N. Metro
- Anschutz Foundation -\$15,000 for General Operating
- O'Rourke Foundation -\$20,000 for Beyond Vision
- Gannet Foundation-\$5,000 for North Metro
- John G. Duncan Charitable Trust-\$5,000 for General Operating
- Schlessman Family Foundation-\$5,000 for General Operating
- Burt Foundation-\$2,500 for Beyond Vision
- Thornton Assistance Fund-\$5,000 for North Metro

- Kessler Foundation
- John G. Duncan Charitable Trust
- O'Rourke – declined (Dear John letter – will inquire)
- Anschutz Foundation (different from Anschutz Family Foundation)

Grants Received:

- Boulder County Capacity Building -\$10,000 for Strategic Plan and BOD development
- Broomfield Community Foundation \$2,000
- Longmont Community Foundation-\$2,000
- Boulder County - \$181,023
- City of Boulder- \$18,000 for ILP
- -\$22,000 for Home Health (PAS)
- City of Longmont- \$5,000 for Home Health (PAS)
- Boulder Community Foundation-\$3,000 for General Operating
- Wells Fargo Donor Advised Fund-\$15,000 for General Operating
- City of Westminster-\$1,500 for General Operating
- Rose Community Foundation
- United Way Flood Relief Fund - \$28,500 for repairs and services
- St. Vrain Flood Relief (Longmont) - \$12,000 for flood-relief services
- Broomfield Community Foundation - \$2,000 for General Operating

Other Fundraising Activity:

- Colorado Gives Day-\$3,548.50
- PCG Public Partnerships Employee Campaign (for flood relief)- \$4,980

Marketing and Communications

The Development Department has continued to work with the Home Health Department, the IL Department Director and the Program Managers to increase enrollment in Medicaid services such as our Home and Community Based Services (HCBS-Independent Living Program) and 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.

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 contractor and other team members worked hard to finish a website revamp this past year which included:

- Updated organization and program information
- Updated staff information
- Updated logo and more current website look
- New mobile-compatible version
- Increased accessibility through
 - Built-in magnification for each page
 - Contact info, locations and links to employment opportunities on every page
 - Multiple points of communication through webforms
- More news and current events, blogfeed, and clearer opportunity to make donations

CPWD's website continues to receive regular (almost 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. We received one immediate donation of \$250 following the email.

Annual Report

For the first time in many years, CPWD produced an Annual Report. This took a number of months to complete. We sent out copies to our major donors and we also posted a PDF of it on the website and sent out an email to all of our constituents inviting them to download it off the web. The PDF version has been tested for accessibility with readers such as JAWS and reads well.

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 Transition Team here at CPWD. We have assisted two consumers out of the nursing home in 2013. It is anticipated that at least three consumers will be transitioned from nursing homes in 2014, but there is currently a voucher shortage.

The PAS Department also encourages consumers to participate in the home care program that best fits their lifestyle, 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.

The PAS Department had an audit of all three Medicaid programs within CPWD. The State completed their audit with PAS and found zero deficiencies of their programs.

Annually PAS completes satisfaction surveys for their HCBS and/or skilled services. A total of 56 surveys were mailed and 24 were returned. We were pleased with the 43% response rate. 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: 96% stated yes
- Has the scheduling of your CNA/HMK staff been to your satisfaction: 100% stated yes
- Have you been contacted appropriately when your schedule has been changed due to unforeseen circumstances: 100% stated yes
- Comments included:
 - “I feel the PAS Department is doing wonderful things for the community.”
 - “I appreciate the independence as well as the support from Jan, Dulce and Jen.”

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 the 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 only one of two Centers in Colorado that implements the PAS program. We provide services in the counties of Boulder and Larimer. We have researched on expanding our PAS program into other counties. Outreach has included provider fairs in our region and working with Adult Care Management Incorporated (ACMI). Training is also completed throughout the year to stay up-to-date on regulations, Emergency Preparedness, and an annual Home Health Conference.

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. Occasionally, we are not able to provide Homemaking referrals from ACMI. It is difficult to recruit Homemakers as the salary and Medicaid reimbursement for that service is low. PAS has been able to staff all Skilled Nursing referrals received. We are in need of more female CNAs as many consumers only want females to provide their care.

Currently PAS serves 62 consumers. We received referrals from CPWD Independent Living Program to open new consumers as they move into our apartments. ACMI has made Homemaking referrals, Skilled Nursing and IHSS referrals.

PAS provided a total of 32,643.66 hours of unskilled and skilled service hours.

INDEPENDENT LIVING DEPARTMENT

Core Services

As a Center for Independent Living, CPWD is federally mandated to provide the four core services. 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”*.

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

- A consumer wanted to work on developing a pro and con list in regards to creating sustainable/gratifying relationships with the people in her life.
- Another consumer wanted assistance in applying for Social Security disability benefits. The consumer submitted all of her paperwork and medical documentation, but was denied her first go-round. She's been going through the appeal process with a paralegal. CPWD assisted her with organizing the appeal process paperwork.
- A consumer with a traumatic brain injury had stopped by our Longmont office in search of affordable housing. He had lost his housing just three days prior and was in need of resources. In meeting with our Independent Living Advisor, they discussed a plan, as he had no money saved for a security deposit. He learned that he could earn a limited income each month and not lose SSDI. Staff later learned that when he left our office, he went to his church where he volunteered and asked if he could work part time as a janitor, to save towards a security deposit. They offered him a part time position. He was grateful for learning the information about monthly income and felt that he could more readily find housing by having a security deposit.
- Another consumer had been trying for several months to find a place that was suitable for her section 8 housing choice voucher through Boulder Housing Partners. She has had ups and downs with this process. She turned to CPWD advocates to join in her advocacy efforts in securing a place to live before she lost her voucher.

This year, staff provided 217 Advocacy services.

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 32 peer groups Boulder, Longmont and Broomfield 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”*.

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

- In the Longmont Peer Group, there have been several collective “aha” moments, due largely to the fact that the group is committed to weekly meetings. For example, after one of the members of the Peer Group had to move out of the area due to his alcoholism and a domestic violence incident, the group decided to discuss, in-depth, the topic of domestic violence. A 65-year-old gentleman who has low vision shared personal information about his experiences that lead him to realize the need to improve his life by making changes. This helped him to further appreciate the need for his peer/friend to also make those difficult decisions. We each need to travel our own path and “own it.” This deepened his commitment to being sober and staying connected with his peer friends.
- Another Longmont peer member, 53 years old who has COPD, realized that putting himself into a relationship with a woman who had a history of drinking was not healthy for him. His last straw was getting pushed by her at a public bar. With the support of his peers, he decided to end this relationship. He realized that he was comfortable owning his mistake, was able to pick himself up and move on.
- One consumer came to CPWD shortly after receiving disability benefits. She was looking for help and had known about CPWD, but didn't know what kind of help she needed. Staff offered options and hope-- hope that things could change. She went to the Peer Support group and found social time and people to connect with. In a few months, she went from feeling she had nowhere to turn, that she had run out of options, to looking forward to getting her own place for the

first time in her life. She could now see the possibility of independence and the availability of support to assist her through difficult times. She had people she knew from the Peer Support group, one of them even living in the same housing area. Through communication with the Peer Support group, she was able to lay aside her doubts and ease her worries.

This year, staff provided 2,063 Peer Mentoring services with 387 separate Peer Groups.

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. RSA defines ILST 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”*.

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

- A consumer developed a detailed weekly schedule to help her with time management skills related to raising her family and developing her professional clientele.
- We had a young lady come to us as an extreme introvert. One of her goals was to use public transportation on her own. CPWD has been working on getting her accustomed to all of the new people and situations faces in achieving this goal. After a couple of months of getting her settled and more comfortable she was able to ride RTD unaccompanied. She informed us that she was extremely proud of herself for being able ride the bus solo and that CPWD played a huge role in it. Being able to navigate around town on her own has opened up a new realm of possibilities for her.
- A consumer that started with CPWD was very dependent on staff. He was easily agitated and would, before even trying, say that he couldn't do activities or exercises. Staff coached him to participate

and he slowly became receptive to instructions and suggestions. One of the tasks that he said he could not do was to fasten his belt buckle after going to the bathroom. Staff began by showing him how to fasten it, then instructed him how to do it, and eventually he was able to buckle his belt without asking for help. He now informs the classroom every time he buckles his belt. This was a huge accomplishment for him. Also, by continually expressing our pride at his independent living skills, this consumer is now more receptive to other areas that he previously stated he couldn't accomplish.

***This year, staff provided 1,831
Independent Living Skills Training services.***

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

This year, staff responded to 1,186 Information and Referral calls.

HDS2012- Urban Institute, Housing Discrimination Study

Housing Discrimination Study 2012 (HDS2012) is the fourth national paired-testing study sponsored by HUD to measure patterns of racial and ethnic discrimination in urban housing markets and the largest since 1977. Its predecessors, the 1977 Housing Market Practices Study (HMPS), the 1989 Housing Discrimination Study (HDS), and the 2000 Discrimination in Metropolitan Housing Markets (HDS2000) found significant levels of racial and ethnic discrimination in both rental and sales markets of urban areas nationwide. Enforcement tests conducted over the intervening decade have also uncovered countless instances of illegal discrimination against minority, or disabled home-seekers. Housing discrimination raises the costs of housing search, creates barriers to homeownership and housing choice, and contributes to the perpetuation of racial and ethnic segregation.

HDS2012 will ultimately involve four phases of paired testing. HUD's goals for the study include rigorous measures of change in adverse treatment against blacks and Hispanics nationwide, site-specific estimates of adverse treatment for major metropolitan areas and selected states, and new measures of adverse treatment against Asians and Pacific Islanders, American Indians, and persons with disabilities.

The CPWD conducted phase 4 of the study involving discrimination against house-seekers who are disabled and use a wheelchair. Phase 4 of the study was conducted over several months in the winter of 2013-2014. Paired testing was used, involving over 14 testers who conducted site visits and recorded data on discrimination in the rental housing market throughout the Denver/Boulder metro area. More than 50 different housing providers from throughout the Denver/Boulder metro area were tested to see if people with disabilities are indeed being discriminated against and to what frequency this discrimination occurs. This study builds upon and refines the basic testing protocols that have been implemented in previous national studies. Random samples of advertised housing units were drawn from multiple advertising sources in each site on a weekly basis, and testers visited the sampled offices to inquire about the availability of these advertised units. Both disabled and able-bodied partners were assigned income, assets, and debt levels to make them equally qualified to buy or rent the advertised housing unit. Test partners were also assigned comparable family circumstances, job characteristics, education levels, and housing preferences. They visited sales or rental agents, and systematically recorded the information and assistance they received about the advertised unit and/or other similar units, including location, quality and condition, rent or sales price, and other terms and conditions. Test partners did not compare their experiences with one another or record any conclusions about differences in treatment; each simply reported the details of the treatment he or she experienced as an individual home-seeker.

All of the data has been collect, organized and shipped back to D.C. to be analyzed by the research team at the Urban Institute. The Urban Institute is hoping to have all the data analyzed and the results published by early 2015. The Center for People with Disabilities was awarded a Certificate of Excellence after completion of the study for the effort and hard work put forth by the Center.

Employment

The Employment Program works predominantly with consumers who are deaf or hard of hearing. This year, the program served 15 individuals. Most are referrals from the Department of Vocational Rehabilitation or walk-ins. Most are job ready, but require Independent Living Skills Training. We assist those who are not job ready by referring to appropriate agencies as necessary or through Independent Living Skills Training.

For those that are ready for employment, we begin by setting goal plans, assisting with resumes and cover letter completion and training on different job search techniques. After they have found a particular position they want to apply for, we may help with the application process, conduct mock and pre-interview preparation as well as perform follow-up after interview.

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

- King Soopers
- Work Force Center
- Cintas Manufacturing
- Sam's Club
- URS Corporation
- U.S. Fish and Wild Life Services
- Hyatt
- Doubletree
- Omni
- Cintas
- Excel Personnel
- Elwood Staffing
- Pridestaff
- Labor Works
- Aerotek
- Job Store Staffing
- Turning the Corner
- Care Placement Services
- Butterfly Pavilion
- Broomfield FISH
- The Bunny Farm

Other activities staff have participated in, include:

- Ticket to Work Suitability and Training Calls
- Sign Language Class for staff
- Assisted a client with GED and Schooling information.
- Telephoned companies and agencies making contacts, getting referrals, and looking for employment opportunities for clients.

The Employment Program has the following consumer success stories:

- One consumer is deaf and has a neurological disability. He has worked with CPWD for one-and-a-half years to reach his goal. This year he was successful in gaining a part-time job as an Auto Detailer at Enterprise.
- Another individual has vocal chord paralysis and had to make a complete career change as his entire background was in collections. In that profession, he had to use his voice and was not having success in finding employment. He was laid off and had to change his field. After 3 months with CPWD, he was employed full time with American Furniture as a sales representative.
- A third consumer has multiple disabilities including a traumatic brain injury, a learning disability and a seizure disorder. His previous experience was as a grocery bagger and golf attendant. His goal was to get a job and to get help with his anger issues. After 6 months of CPWD working with him, he was employed part-time at King Soopers as a grocery attendant. During the interview process he was having trouble with the pre-employment testing and needed assistance. CPWD staff acted as his job coach, worked with the employer as a mediator, and assisted the consumer through the testing process. He was hired successfully, however after the first few days it didn't appear to be a good fit. The manager, the consumer, and CPWD staff met and talked about the behavior issues. Staff and the consumer created a plan of what needed to be worked on and what success would be. After two weeks, a new manager was hired and a week later the consumer was fired due to aggressive, argumentative and defensive behavior. The consumer was referred to Community Reach and he was transferred to their program. Follow up has shown he has been doing great.

- Another consumer was involved in a traffic accident where he was pinned between two cars resulting in the loss of his right leg. When he came to CPWD in 2011, he was trying to find assistance to pay for a new prosthesis. He had been sporadically employed since his accident and had a difficult time making ends meet let alone find \$15,000 for a new prosthesis. The Division of Vocational Rehabilitation assisted with procuring a new prosthetic and he was then able to go for his primary goal...employment.

Working with CPWD Independent Living Advisors and an Employment Counselor, he applied for job after job. Several companies hired him for part time work, only to let him go after a short time; usually due to his need to rest his leg and check for sores several times a day. Finally in December 2013, he applied for a job with a contractor with the U.S. Postal Service. He was able to convince the employer that they should take a chance with him. He got the job.

Transitions

Our Transitions Program went through its own transition this year as we had new staff take over for departing staff. The new staff had a steep learning curve, however, during the learning process, we have been able to network and build connections with many of the players involved in the CCT program. This included completing training with the state and meeting with several other Transition Coordinators, including two from the Independent Center in Colorado Springs. Learning, as with any new job, will continue and with more knowledge comes a better ability to serve the consumer.

In addition we have “made the rounds” at the nursing facilities and intensive care facilities throughout Boulder County. By going and meeting with individuals in such facilities, we better understand their story, goals, and how to best serve them. This process has been long and challenging, but very beneficial.

Organization has been key. We have been working on making sure the program and all of its content is well organized and easy to access, allowing us to better serve the consumer. Adopting someone else’s organizational system and practices is challenging, but ultimately will make

the program more efficient and productive. We now have larger, more complete and better-organized files on active consumers.

We have also been trying to reduce the number of consumers that were referred to the program and active in CILSuite. By eliminating consumers who do not qualify or have been inactive for some we have reduced from 41 active consumers to 18 active consumers seeking CTS services. This will allow us to focus on the consumers with greater need and desire and hopefully increase our rate of successful transitions. The consumers who were taken off the Transition Program were referred to other programs within CPWD that better matched their goals.

We have been meeting with regional partners to better understand the program and improve service to our consumers. These relationships with the single entry point, the intensive case managers, social workers, staff at the nursing facilities and housing providers are essential to the future success of the program. We have created a better working relationship with these individuals and organizations. These teams are essential to successful transitions to community living.

Moving the program forward is exciting and challenging. We have been working with several consumers and had two of our first team meetings for consumers. These individuals are great candidates and hopefully will be transitions here in the near future.

Additionally, CPWD manages several units in the Arapahoe Court Apartment Complex in Boulder. As units become available we fill these units with individuals that have gone through the CCT program.

Beyond Vision

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

Additionally, outreach was accomplished through 32 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. These will be highlighted more in depth later in this 704 Report.

Home visits were provided by staff to meet the individual needs of consumers. Staff provided needs and technology assessments, 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.

Recreational events were offered, including meeting at a restaurant, trips to Beyond Sight and You Can Too Can. Opportunities such as these allowed consumers to expand their skill set and practice new skills discussed and taught in groups such as utilizing the public for assistance with shopping or reading a menu. By practicing these skills in a peer-supported environment seniors were able to build their confidence and independence in a safe supportive environment, while simultaneously raising public awareness about the needs of older adults with vision loss.

One of Beyond Vision's goals is to provide older adults with visual impairment with resources for and access to media, news and current events. To meet this goal, we collaborated with the Audio Information Network, Colorado Talking Book Library and the American Council for the Blind. These organizations enable seniors to maintain their love of reading and offer volunteer reading services to help seniors maintain finances and read daily mail. Collaborations between AKB and Nanopac also allowed consumers to learn about the latest assistive technology devices in a group or one-on-one environment. Finally keeping in line with our goal to provide choices to older adults with vision loss, we maintained a collaborative relationship with Enight Skills Center allowing consumers to learn about visual rehabilitation options.

Beyond Vision also collected data from more than 100 CILSuite surveys, measuring consumer level of functioning and sense of control after receiving a service such as communication, mobility training, or assistive technology. A total of 17 individuals received assistive technology training and 100% reported an increase in skills as a result of training received. A total of 51 individuals received daily living skills. Of those surveyed, approximately 95% found the training to be successful. Another 28

individuals received communication skills training. Approximately 85% of those surveyed gained benefit from the communication skills training. Out of 24 people surveyed on their feeling of control, 70% reported a greater sense of control after receiving services.

Active consumers verbally self-report during the time the service was received or through satisfaction surveys conducted by phone. The satisfaction survey questions utilized a five-point Likert scale to rate satisfaction with staff, knowledge of staff, and content covered at groups and in the home. Approximately 90% of those surveyed were satisfied with services received. Improvement is needed on identifying topics of interest to consumers.

Clients 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 clients have requested assistance to be able to utilize their iPhones, computers, and CCTVs so they may continue to live independently in their homes.

After multiple iPhone training lessons, a woman remarked “I have never been able to figure out how to use this thing, now I can make and receive calls and check my e-mail and the weather.” She had felt out of touch with the outside world and wanted a way to stay active when not out with friends. She now has the freedom and independence to communicate with others and keep up with local politics, which was a large part of her life.

Another client told a similar story. She had always been in control of her finances and loved to read. She feared she would no longer be able to do so with vision loss. After providing her with a donated CCTV, she ecstatically stated she would now be able to read books she had not read in years, and how wonderful it was to see to write checks and pay her bills again. For her, this meant a gain of independence, as she was no longer reliant on her daughter for this type of assistance.

A third client wished to use her iPhone while on a trip without her sighted husband. She wanted to be able to learn her surroundings, keep in touch with her husband and grandchildren while away, and keep track of the weather in multiple states. She was shown how to use SIRI on her iPhone as well as utilize her remaining sight to navigate the screen while using

Voiceover for assistance. During the course of several visits she stated, “I had not thought of that,” “good idea,” and “I think I can do this. I am learning!” The use of her iPhone gave her renewed confidence and a greater sense of independence as she prepared for her trip.

Yet another client wished to read his mail again. He was given a donated CCTV, and was able to maintain independence. Before the donation and instruction on how to use his CCTV, he was relying on the office staff at his apartment complex to help him read his mail. The use of a CCTV allowed him independence and privacy, as he did not like “strangers reading my personal mail.”

These are just four individual case studies from our program over the last year.

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 our area. We are very fortunate to have that ability. Consumers range in age but are predominately young adults.

The ILP is considered a “day program,” however, we work hard at making it anything but that. We want it to be somewhere consumers learn real life skills as well as participate in recreational activities. As an example of how we want to do things differently is our recent proposal to Ball. The objective of the ILP Recycling Program is to have the ILP consumers (clients) create, implement and measure a recycling program for CPWD. The model and the results would be another objective to cultivate diversity and inclusion of people with disabilities.

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.

- Outlining a new emphasis on Job Skills Training, CPWD started this fiscal year by reaching out to community based second hand stores and a realty company to emphasize the local opportunities available as well as the importance of maintaining a daily job as well as skills that translate to other aspects of daily independent living. The

consumers were compensated for their commitment and used the obtained funds to celebrate their accomplishments.

- Preparation for the Turkey Feast and community outreach for additional job opportunities were highlighted this month. The annual Thanksgiving Day celebration included the consumers, families, friends, CPWD staff and the public. Consumers were crucial to the overall success of this event by conducting key tasks for completion utilizing skills needed for future job placement.
- Individual sessions began with our ILP instructors affording the consumers the opportunity to request more individualized training and remove the stigma that may be present with classroom based instruction. One specific consumer had a birthday celebration that included a Disc Jockey, allowing the consumers to come out of their comfort zone and mingle with each other.
- ILP staff worked with two consumers on building their resumes. One was able to find volunteer work in a daycare, the other applied for several jobs, though none came to fruition. The training sessions also provided the opportunity for several consumers to work on reading comprehension. Weekly meetings working on these goals have seen significant improvement. Caregivers to one consumer requested that ILP work on personal hygiene with a family member. By implementing the use of a weekly spreadsheet sent in by the caregivers consisting of daily chores and hygiene methods completed by the consumer it has enabled ILP to stay up to date on what needs are being met and what needs work. It has been a huge success and the caregivers are pleased with the results they are seeing at home.
- Personal health and environmental awareness were emphasized as cold weather injuries and seasonal changes were affecting the state. An educational tour of NCAR (National Center for Atmospheric Research) and classes on prevention of cold weather injuries were successful to maintaining the health and welfare of the consumers.
- While it can be hard to find local businesses to tour that are accessible to all of the consumers in the Independent Living Program, we were able to make arrangements with Left Hand Brewery. Although not open during the time we have to attend out-groups, the brewery brought in several of their staff just to accommodate us. Many of the consumers were a bit wary to go to place that made

alcohol, but they all were willing to give it a shot. Left Hand welcomed the consumers like they were family. The staff at LHB made it a point to learn every consumer's name and to answer any questions. The consumers that were most hesitant to accompany their peers on this out-group were some of the most enthusiastic about returning.

- ILP attended a tour of the Boulder Dinner Theater during the thespian rehearsals. Consumers were shown the inner workings of the theater and were invited to rehearse lines for the upcoming production with the thespians as well as see a preview of scenes being rehearsed. Midway through, the consumers were asked to come up on stage and improvise a skit.
- Springtime brought new life and beginnings including the adaptive garden and the Miller Farms Spring Festival. Continuing to show their selfless contributions to the ILP and CPWD, the consumers volunteered their time to prepare to work in the adaptive garden learning skills.
- With the increased amount of consumer attendance, ILP recruited a new instructor. The increase in staff opened up new possibilities and activities for consumers and enabled CPWD to branch out and impact the community. Having an additional instructor on staff enabled the Independent Living Program to open on Monday afternoons.
- To ensure that the needs and goals of consumers are being met, individual sessions and instruction with consumers continued this month with emphasis on meeting personal goals. While one consumer may want to obtain the skills and knowledge to build a resume, it may not appeal to all consumers and their goals.
- The annual Garden Party was held in honor of Aaron Tuneberg, one of ILP's former consumers that had recently died. We had a tree planting ceremony to commemorate one of our own.
- ILP focused on fitness and outdoor activities including awareness of the changing environment with a tour of NOAA (National Center for Atmospheric Research) after being closed to the public for several years. The consumers showed great interest in this out-group.
- Individual sessions and classroom instruction on job searching, resume building and job skills training came through in a big way this

month as one of our consumers began working at Children's Alley every other week.

- CPWD and ILP consumers had suffered significant damage in the flood that took place the previous year. Consumers shared their personal journey of how they overcame the losses and damage that the flood inflicted upon them and the community. ILP developed an emergency plan in case of another natural disaster.

Although ILP increased in number by only two, we increased in hours per consumer due to the passion and personalities of our Independent Living Skills Trainers. They created an environment where consumers not only thrived, but wanted more time with them.

***This year, staff provided 5,119 units
in the Independent Living Program.***

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

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.

- 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
PROGRAM w/in IL	OUTCOME(S)	IMPACT(S)
Employment	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	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	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 	CPWD as the preeminent service provider and resource for people with disabilities.
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 	CPWD as the preeminent service provider and resource for people with disabilities.
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. 	CPWD as the preeminent service provider and resource for people with disabilities.

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	0
Community/Grassroots Organizing	0
Individual Empowerment	0
Systems Advocacy	0
Legislative Process	0
Applicable Laws	
General overview and promulgation of various disability laws	0
Americans with Disabilities Act	0
Air-Carrier's Access Act	0
Fair Housing Act	0
Individuals with Disabilities Education Improvement Act	0
Medicaid/Medicare/PAS/waivers/long-term care	0
Rehabilitation Act of 1973, as amended	0
Social Security Act	0
Workforce Investment Act of 1998	6
Ticket to Work and Work Incentives Improvement Act of 1999	0
Government Performance Results Act of 1993	0
Assistive Technologies	
General Overview	0
Data Collecting and Reporting	
General Overview	0
704 Reports	0
Performance Measures contained in 704 Report	0
Dual Reporting Requirements	0
Case Service Record Documentation	0
Disability Awareness and Information	
Specific Issues	0
Evaluation	
General Overview	0
CIL Standards and Indicators	0
Community Needs Assessment	0
Consumer Satisfaction Surveys	2
Focus Groups	3
Outcome Measures	0

Financial: Grant Management	
General Overview	0
Federal Regulations	4
Budgeting	0
Fund Accounting	0
Financial: Resource Development	
General Overview	0
Diversification of Funding Base	0
Fee-for-Service Approaches	0
For Profit Subsidiaries	10
Fund-Raising Events of Statewide Campaigns	0
Grant Writing	0
Independent Living Philosophy	
General Overview	0
Innovative Programs	
Best Practices	0
Specific Examples	0
Management Information Systems	
Computer Skills	0
Software	0
Marketing and Public Relations	
General Overview	0
Presentation/Workshop Skills	0
Community Awareness	5
Networking Strategies	
General Overview	0
Electronic	0
Among CILs & SILCs	7
Community Partners	0
Program Planning	
General Overview of Program Management and Staff Development	0
CIL Executive Directorship Skills Building	0
Conflict Management and Alternative Dispute Resolution	0
First-Line CIL Supervisor Skills Building	9
IL Skills Modules	0
Peer Mentoring	0
Program Design	0
Time Management	0
Team Building	0
Outreach to Unserved/Underserved Populations	
General Overview	0
Disability	0
Minority	1
Institutionalized Potential Consumers	0
Rural	0

Urban	0
SILC Roles/Relationship to CILs	
General Overview	0
Development of State Plan for Independent Living	0
Implementation (monitor & review) of SPIL	0
Public Meetings	7
Role and Responsibilities of Executive Board	0
Role and Responsibilities of General Members	0
Collaborations with In-State Stakeholders	0
CIL Board of Directors	
General Overview	0
Roles and Responsibilities	8
Policy Development	5
Recruiting/Increasing Involvement	0
Volunteer Programs	
General Overview	0
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.

NAME AND TITLE OF CENTER DIRECTOR PHONE NUMBER

SIGNATURE OF CENTER DIRECTOR DATE

NAME AND TITLE OF CENTER BOARD CHAIRPERSON PHONE NUMBER

SIGNATURE OF CENTER BOARD CHAIRPERSON DATE