

THE Colorado Independent

Jan./Feb. 2009

This newsletter is published by the Provider Relations Unit of the Colorado Division of Vocational Rehabilitation, and edited by Judy Neal, Independent Living Program Coordinator. The goal is to share information among the ten Colorado Centers for Independent Living, the Statewide Independent Living Council, and DVR staff. The submission of information or articles from all affiliated with these organizations is both encouraged and welcomed. Please e-mail any articles of interest to judy.neal@state.co.us If you have questions, please phone me at (303) 866-4645.

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Mark Cloer is New SILC Coordinator

The Colorado Statewide Independent Living Council (SILC) is pleased to announce that it has completed a two year restructuring process and chosen a new SILC Coordinator, Mark Cloer. Mr. Cloer started in the leadership position January 1. He previously provided consulting services for several clients including UCB, a company based in Europe.



For six years he served as a State Legislator representing the Colorado Springs area. His public policy experience will complement the SILC's goals of creating awareness of disability issues in Colorado and providing information to consumers, policy makers and the press on potential solutions to those issues. Mark's personal experience with disability through a close family member has raised his own awareness of barriers in everyday life for persons with disabilities. "It is a true pleasure to be able to work with individuals who desire to change their world by making it a better place for us all. The Colorado SILC is providing much needed leadership in areas that may otherwise be overlooked or forgotten," he said.

The next meeting of the SILC will be March 18, 2009 in Pueblo. For more information, check the SILC website.



From the SILC

**By
Debbie Petersen**

The Colorado SILC had a very productive meeting in November. We met in Ft. Collins and had the opportunity to see the Center for Independent Living in Ft. Collins. It was wonderful to see such a great group of people so dedicated to meeting the needs of anyone with a disability.

During our full SILC meeting we looked at opportunities for the SILC to be instrumental in paving pathways to full participation for the community of people with disabilities. We identified emergency planning, and public awareness of the history of disability as two areas where we might make an impact.

We discussed some of the challenges those with functional limitations face when considering emergency preparedness planning. We agreed to write an issue brief that will identify out some of the areas where these challenges might be reduced. The issue brief will address:

1. The need for someone in the state who is knowledgeable about emergency preparedness related to functional limitations.

2. Areas that must be considered to include those with functional limitations when emergency preparedness planning is being done

We also agreed to support efforts to develop media designed to educate those with functional limitations in emergency preparedness planning.

The SILC unanimously agreed to support a proposal to the legislators to endorse a Disability History Awareness Week. An ad hoc committee will be looking at how best to make this proposal.

Our state plan committee is evaluating our progress with the current state plan goals. We have made significant progress. Some of our progress includes

1. The infrastructure to support the SILC is developing nicely. Our bylaws have been updated, we have an operating manual, we have a logo and our website continues to grow. And we have a mission statement.
2. Educating public policy makers has been a focus of the public policy committee. We have written letters addressing

housing legislation, and we have been involved with READYColorado to address some of the needs of those with functional limitations.

3. The SILC members are participating in national activities and the SILC supported training completed by ACCIL.
4. SILC members participated in the recertification process of the CILS

We are also considering how best to get started with the needs assessment. The committee is also considering goals that will need to be included in the next state plan.

The membership committee is continually seeking potential members who are dedicated to independent living in Colorado. If you are interested in being a member of this very active and dedicated SILC you can find more information about us on our website www.coloradosilc.org or you can download an application at http://www.state.co.us/gov_dir/govnr_dir/bc/index.htm



Next SILC Meetings

**Wednesday, March 18
Pueblo**

**Wednesday, May 20
Greeley**

All meetings include a public comment section, typically around 1:00 p.m. ASL interpreters are available during public comment. To request other accessible formats, contact Judy Neal at 303 866-4645 or judy.neal@state.co.us.

SILC Coordinator Takes On New Role

Patricia Yeager served as the SILC Coordinator for two years, playing a significant role in developing the current SPIL and building the SILC infrastructure that is resulting in renewed energy and focus on the SILC's mission and goals. Patricia hopes to shift her focus to her doctoral studies and consulting business, but the SILC will still claim some of her time as she transitions from SILC staff to SILC member. So, Patricia, goodbye and hello!



SILC
Members
Work Hard at
Fort Collins
Meeting

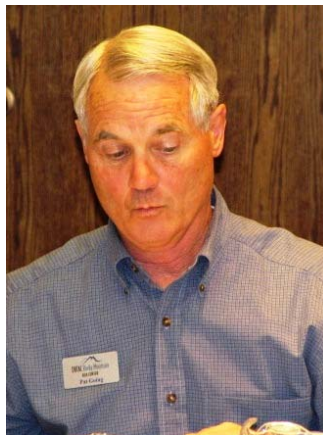
Photos by Mark Cloer



Left to right, Patricia Yeager, Carol Hunter, Amy Allred, Linda LaPointe, and Faith Gross review a draft of the new SILC Operating Manual.



Julia Beems



Pat Going



Billy Allen

IL Drama Unfolds in 2008 Report

I used to think that the Annual Performance Report for Independent Living Centers was called the “704” because you had to respond to 704 questions. However, the report is modeled on the requirements of Section 704 of Title VII of the Rehabilitation Act of 1973, as amended, and I am now certain that there are at least 704 *thousand* questions awaiting your attention.

Every winter, the 704 Report creates panic and chaos in the lives of typically stable people who just want to relax and enjoy the holiday season. The November 15 deadline for Part B centers and the December 31 deadline for Part C centers reveal that, *as we suspected*, RSA is staffed by humorless bureaucrats orphaned by space aliens.

I know there isn't much that can make up for the loss of holiday spirit, a thousand hours of staff time, and the return of your migraine headaches, but I'd like to make a few suggestions. Use the report to your own advantage. Analyze your program. Look for your strengths. Acknowledge the services most frequently requested, and those not used at all. Study your demographic information to determine who isn't being served. Engage your staff in reviewing the “big picture,” and

challenge them to find ways to use all that data.

By the Numbers

I've just finished compiling the data from all ten Colorado CILs, and I want to share with you what independent living looks like in the state aggregate. We served 6,256 individuals between October 1, 2007 and September 30, 2008. The largest age group was people between 25 and 59, with 4,192 people. Second place went to the 60+ crowd at 1,355. There were 472 more women than men served by the IL program.

True to Colorado demographics, the largest number of consumers were Caucasians, followed by less than half as many who self-reported as Latino. The African American population showed as the third largest ethnic group at 10% of the total served. Of the 1,669 consumer service records that were closed this year, 58% were closed due to the completion of all goals.

The top three disability categories represented last year are: physical, 2,269; mental, 1,357; and multiple disabilities at 1,116. There were twice as many consumers with visual impairments as there were with hearing impairments. The core

services were the most requested ranking Information and Referral first (only one contact required), Advocacy second, Independent Living Skills Training fourth, and Peer Support fifth. Housing cut through the middle, ranking as the third most requested IL service.

Increased Independence

I found a few surprises in the “Goals Related to Increased Independence in a Significant Life Area” section of the report. Here are the top three stated goals, along with their success rates:

Goal	Success Rate
Self-advocacy	68%
Self-care	79%
Social integration	68%

The least frequent goal was relocation from a nursing home to community living, but it had a success rate of 65%. The highest success rate was 91% for those who went after Information Access and Technology. Vocational goals received the lowest success rate, 47%. Overall, the average success rate was 65% - much higher than my New Year’s resolutions for the same period.

Dollars and Counties

I calculated the “cost per consumer” this year using the totals of CILCS and federal Part C funding, because those funds are designated for independent living services only. The average cost per consumer statewide

was \$459. Individual center costs ranged from approximately \$200 per person, up to \$1,200 per person.

Of Colorado’s 64 counties, at least one consumer was served in all but ten of the most remote counties. Last year, thirteen counties were unserved. Five of those are included in this year’s list of counties served, meaning that two counties dropped back to the unserved category. I’m sure those consumers were among the ones who completed all their goals. A list of all counties and the number of individuals served is on page 8.

Biggest Barrier, Best Success

In the narrative portion of the report, housing was again the biggest barrier to independent living. However, the economy ran a close second. With flat funding, budget cutbacks, and fierce competition for every non-profit dollar, centers have seen many more consumers with financial problems, including the loss of housing. One center reported that consumers who had Section 8 vouchers lost their housing when the rental home owners went into foreclosure. More consumers, less money, and the same, or fewer, staff.

Happily, each center reported on accomplishments and achievements despite the failing economy. Atlantis Community assisted disenfranchised consumers attain state identification cards which allowed them to vote in the presidential election. The Center

for Disabilities in Pueblo received recognition for their assistance to people with disabilities during the salmonella outbreak in Alamosa. Center for Independence took on the challenge of making their new building fully accessible. Connections increased their commitment to Community Transition Services, and successfully moved consumers to community based living. Center for people with Disabilities in Boulder advocated with the local housing authorities to consider nursing home transition as a preference in the distribution of housing vouchers.

Colorado Springs Independence Center has a newly-formed consumer council. Consumers were educated on the election process to encourage voting in the presidential election then, used the same process to elect members to the council. Disability Center for Independent living saw the stabilization and growth of their satellite office co-housed with Aurora Mental Health. Independent life Center in Craig is making headway toward their goal of shifting their reliance on government funding to diversified funding streams in the private sector. Durango's Southwest Center for Independence met their primary goal of recruiting a new executive director. Ian Engle, a disability activist from Michigan, came on board just in time to do SWCI's 704 Report.

Beyond Compare?

So, how does your center measure up against the state averages? Have you compared this year's report to last year's? There's a wealth of information in those 704 thousand questions. Put this report to good work and don't put your report in a drawer and ignore it until time for the next one. Use it to fundraise, shift your focus, or pat yourself on the back. If you get to know it well enough, maybe you'll start early next year and miss the holiday rush.

Colorado CIL Websites

www.atlantiscommunity.net

Atlantis, Denver

www.cfigj.org

Center for Independence,
Grand Junction

www.cpwd-ilc.org

Center for People with
Disabilities, Boulder

www.dcilwebsite.org

Disability Center for
Independent Living, Denver

www.fortnet.org/drs

Disabled Resource Service
Fort Collins

www.swcidur.org

Southwest Center for
Independence, Durango

IL Consumers Served During FFY 2008 By County

Adams County	245
Alamosa County	158
Arapahoe County	31
Archuleta County	1
Baca County	1
Bent County	2
Boulder County	965
Broomfield	45
Chaffee County	1
Cheyenne County	
Clear Creek County	2
Conejos County	5
Costilla County	
Crowley County	2
Custer County	1
Delta County	20
Denver County	888
Dolores County	31
Douglas County	28
Eagle County	1
El Paso County	554
Elbert County	2
Fremont County	12
Garfield County	3
Gilpin County	5
Grand County	17
Gunnison County	2
Hinsdale County	1
Huerfano County	12
Jackson County	2
Jefferson County	215
Kiowa County	

Kit Carson County	1
La Plata County	125
Lake County	
Larimer County	464
Las Animas County	2
Lincoln County	1
Logan County	39
Mesa County	281
Mineral County	
Moffat County	227
Montezuma County	34
Montrose County	18
Morgan County	19
Otero County	23
Ouray County	
Park County	
Phillips County	1
Pitkin County	2
Prowers County	1
Pueblo County	1085
Rio Blanco County	22
Rio Grande County	7
Routt County	57
Saguache County	4
San Juan County	
San Miguel County	
Sedgwick County	1
Summit County	1
Teller County	11
Washington County	
Weld County	424
Yuma County	1

The gray rows designate counties in which no consumers were served in FFY 2007, even though some consumers were served in this year. Yellow indicates additional counties unserved in FFY 2008. In this context, a consumer is a person with a complete consumer service record. These numbers do not reflect information and referral contacts or people who participated in outreach activities.

OIB Showing Positive Results

Wouldn't it be wonderful if the federal government funded our programs based on the length, and infernal clumsiness, of the program's name? When I want to tell people about the great accomplishments of the statewide Older Individuals who are Blind Program (OIB), I get so tangled in the name that I feel sure I've lost the audience. What does "older" mean? Don't you have group services? Do you have to be completely blind? Fifty-five. Yes. No.

Even the OIB acronym causes stumbles and stares. There is nothing about it that identifies the program's positive side. So, each vendor in the state has cleverly re-named their program to more accurately reflect its purpose: Low Vision Seniors, Visually Impaired People. . . . names that make sense. Just like the program.

During the last reporting year, the OIB Program served 803 individuals and provided community awareness activities for over 7,000 people. These services help people to continue living in their own homes. Simple techniques and technology make the home environment the most reasonable choice for our older citizens who fear losing their independence along with their eyesight.

The largest group served last year was people between the ages of 85 and 89. The program served more than twice as many women as men. Macular degeneration was by far the leading cause of visual loss, and the majority of OIB consumers had more than one disability. Referrals for the program came from every category listed in the report, showing excellent outreach. The largest number of referrals came from senior centers, family, and friends. The lowest number of referrals came from DVR and faith-based organizations.

Program-wide, the cost per person served was \$528, but costs varied in different cities from \$265 to \$1,545 per consumer. 207 consumers, about 25%, received assistive technology devices or other low vision aids. The program served 47 more individuals than last year, and 90% of those came from minority populations.

It was through increased outreach and collaborations that the program was able to grow this year. Each vendor is operating at capacity. The most common theme in the consumer anecdotes was, "This program saved me from going into a nursing home." That certainly has a greater value than the length of the program name, but neither factor is prompting the federal government to increase appropriations for OIB.



ADA Definition Of Disability Part 2

By Cindy Powell

On July 26, 1990, when the Americans with Disabilities Act (ADA) overwhelmingly passed both Houses of Congress, the ADA's definition of "disability" was:

- 1) An impairment that substantially limits one or more major life activities,
- 2) A record of such an impairment, or
- 3) Being regarded as having such an impairment.

Contrary to Congress' intent to be inclusive, for over 18 years the U.S. Supreme Court narrowed the ADA definition of "disability". The Supreme Court's narrow scope of the definition of "disability" made it difficult for people with epilepsy, diabetes, cancer, multiple sclerosis and other diseases to claim protection from discrimination based upon disability under the ADA.

To qualify as a person with a disability under the ADA, an individual must be unable to perform, or be **substantially limited** in the

ability to perform, a major life activity compared to an average person in the general population.

Three factors in determining if a person's impairment substantially limits a major life activity are:

- **Nature and severity** of the impairment
 - It is not the name of an impairment or condition, but its **effect** on the individual's life; for instance, a person with mild cerebral palsy that only slightly interferes with their speech and has little impact on other major life activities would likely not be considered as an individual with a disability under the ADA definition.
 - An individual may have two or more impairments, neither of which by itself substantially limits a major life activity, but together do.
- Duration or **expected duration** of the impairment
- Permanent, long term, or **expected impact** from the impairment

On September 25, 2008, after it was unanimously passed by Congress, President Bush signed the **ADA Amendments Act (ADAAA)**. Since 1990, the Supreme Court considered mitigating measures - medications, hearing aids, and prosthetic devices - when determining whether an

individual has a disability under the ADA.

The **ADAAA** specifies that **mitigating measures shall not be considered** when assessing whether an individual has a disability. Therefore, people whose illnesses can sometimes be controlled by medication will now be protected. The **ADAAA** also covers impairments that can go into remission if the impairment would substantially limit a major life activity when active.

Prior to the **ADAAA**, the Supreme Court narrowed the scope of "major life activity," requiring that the activity be something of central importance to most people's daily lives. The **ADAAA** expands the definition of "major life activities" by including two lists including, but not limited to:

Activities that the Equal Employment Opportunity Commission (EEOC) has acknowledged (e.g., walking) as well as activities that EEOC has not specifically recognized (e.g., reading, bending, and communicating); and

Major bodily functions (immune system, digestive, bowel, bladder, neurological, respiratory, circulatory, endocrine, and reproductive functions).

The provisions of **ADA Amendments Act** will become enforceable on January 1, 2009. In the next issue,

further discussion regarding a **qualified person with a disability** under the ADA will conclude this three part series.

For informal ADA guidance, information or materials, please contact DBTAC Rocky Mountain ADA Center at (800) 949-4232 between 8 am to 5 pm weekdays. 3630 Sinton Road, #103, Colorado Springs, CO 80907; www.adainformation.org

Disability and Business Technical Assistance Center (DBTAC) - Rocky Mountain ADA Center is one of ten regional "one-stop" comprehensive Americans with Disabilities Act (ADA) resource centers. Located in Colorado Springs, DBTAC - Rocky Mountain ADA Center serves a six state region: Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

DBTAC - Rocky Mountain ADA Center provides

- *technical assistance,*
 - *education and training,*
 - *public awareness,*
 - *materials dissemination, and*
 - *information and referral*
- to employers, businesses, state and local government agencies, disability and rehabilitation programs, people with disabilities, architects, code officials, schools and many other entities with rights and responsibilities under the ADA.*

Picture This... Film Festival

**Announcing the Award
Winners for 2009:**

Getting it Right

Created by

Meeting the Challenge, Inc.

and the

Rocky Mountain DBTAC:

ADA Center



Bringing the world of disability film
together!!

*For more information on "Getting it Right"
visit the webstore at*

www.adainformation.org

TACE Region 8 Awarded to UNC/CTAT

The University of Northern Colorado (UNC) and Center for Technical Assistance and Training (CTAT) have announced that the Rehabilitation Services Administration has awarded them the Technical Assistance and Continuing Education (TACE) funding for the 2008-2013 term.

This project establishes TACE Region 8, whose mission is to provide a broad integrated sequence of technical assistance (TA) and continuing education (CE) activities that focus on meeting recurrent and common training and organizational development needs for State VR agencies and their partners.

They will work to continue services to State VR agencies, Community Rehabilitation Programs (CRPs), Centers for Independent Living (CILs), Client Assistance Programs (CAPs), American Indian Rehabilitation Programs (AIRs), Migrant and Seasonal Farmworker Programs (MSFWs), and other partners in the six state region.

New Resource for Parents with Disabilities

A new National Center for Parents with Disabilities and their Families has been established in Berkeley, California under the auspices of Through the Looking Glass, a non-profit organization founded in 1982. The Center will oversee several national research studies concerning parents with disabilities and their families, as well as provide consultations, trainings and publications to parents, family members and professionals.

The research and resources of the Center will address the nearly 9 million U.S. parents with disabilities - 15% of all American families. Parents with disabilities include mothers and fathers in all disability categories - such as parents with physical disabilities, deaf parents, blind parents, parents with psychiatric or cognitive disabilities. The Center is funded by a \$500,000 per year federal grant for three years from the Washington, DC-based National Institute on Disability and Reh

abilitation Research (NIDRR), U.S. Department of Education.

The new Center will focus its research and resource activities on four critical areas that impact parents with disabilities: custody, family roles and personal assistance; paratransit; and, intervention with parents with cognitive disabilities and their children. One of the notable activities planned over the next three years is a scholarship program for high school seniors and college students whose parents have disabilities. The Center will be staffed by nationally recognized experts regarding parents with disabilities, most of whom have personal or family experience with disability or deafness.

More information about the Center and Through the Looking Glass is available at the organization's website (www.lookingglass.org), through two toll-free numbers, 800-644-2666 (voice), 800-804-1616 (TDD/TTY), or by email at tlg@lookingglass.org



WOMEN NEEDED




Baylor College of Medicine is currently seeking volunteers for the following study:



Health Promotion for Women Aging with Physical Disability

This study tests an Internet-based health promotion program.

You may be eligible if you:

-  Are a women at least 45 years of age
-  Have access to a computer and internet for about 2-4 hrs per week
-  Have had a physical health condition that limits daily activities for at least one year

All participants will be offered a small payment for participation.



Interested? Contact us for further information about becoming a research participant

By email: CROWD@BCM.edu

By telephone: **713-523-0909** or **800-442-7693**



This study is being conducted by the Center on Research on Women with disabilities, Baylor College of Medicine, Houston, Texas in collaboration with Case Western Reserve University. Funded by the U.S. Center for Disease Control and Prevention (CDC).

UPCOMING TRAINING

CTAT

Coaching for Peak Performance –

February 10-11 **\$150**

Registration Deadline - January 27

http://www.ctat-training.com/cgi-script/csCalendar/csCalendar_HYBRID.cgi?command=view&id=195&Division=disability

Advanced Grant Writing -

February 24-25 **\$250**

(Registration after February 3 \$300)

Registration Deadline - February 10

http://www.ctat-training.com/cgi-script/csCalendar/csCalendar_HYBRID.cgi?command=view&id=214&Division=disability

If you have any questions please contact me at 303-636-5727.

Get Work Now! Classes

CTAT's comprehensive program for employment professionals is based on universally endorsed competencies. This innovative course of study offers 40 hours of flexible coursework that spotlights the talents of your job seekers while addressing the complex needs of the business community. **Get Work Now!** classes are available beginning January 12 and consists of: ***The Foundation of Employment Services, The Proven Process for Successful Job Placement,*** and ***Meeting the Unique Employment Needs of Your Customers.*** Two of these are

delivered in a distance learning format, and may be taken in any order to achieve this valuable certificate. **Register now at www.ctat-training.com**

(Registration after January 20 \$200)

DBTAC-ADA Center

Work at Home/Altered Work Schedules as an accommodation

January 27th,

The ADA and reasonable accommodation: does it include work at home or an obligation to provide an altered work schedule? This session will discuss these concepts as they apply to reasonable accommodation and explore what the courts are saying and how the EEOC guidance in this area is useful in determining whether or not it is “reasonable” for your organization.

Speaker:

[Robin Jones](#), Director, DBTAC-Great Lakes ADA Center

[Sharon Rennert](#), Senior Attorney Advisor, Americans With Disabilities Act Division, EEOC

CEU Credits: CRC,PHR/SPHR/GPHR

For more information or to register, visit <http://www.ada-audio.org/Schedule/#fy2009session4>