

REPORTING INSTRUMENT

OMB Control Number: 1820-0606

Expiration Date: June 30, 2017

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

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

**Part I
INSTRUMENT**

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

Reporting Fiscal Year: 2016

State: Colorado

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

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

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

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	158,296.18	✓
(B) Title VII, Ch. 1, Part C – For 723 states Only	0	
(C) Title VII, Ch. 2	134,553.87	
(D) Other Federal Funds	0	

Item 2 - Other Government Funds

(E) State Government Funds	2,277,756.24	✓
(F) Local Government Funds	49,476.08	

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	264,753.42	
(H) Donations from Individuals	20,471.61	
(I) Membership Fees	0	
(J) Investment Income/Endowment	133,459.00	
(K) Fees for Service (program income, etc.)	159,457.53	
(L) Other resources	103,105.67	

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	3,301,329.60	
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Item 5 – Pass-Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)	\$ 90,390.52
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Item 6 - Net Operating Resources

[Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$ 3,210,939.08
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Section B – Distribution of Title VII, Chapter 1, Part B Funds

Section 713 of the Act; 34 CFR 364.22, 365.1, 365.20, and 365.21

What Activities were Conducted with Part B Funds?	Expenditures of Part B Funds for Services by DSU Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$ 0	\$ 0
(2) Provided IL services to individuals with significant disabilities	\$ 0	\$ 0
(3) Demonstrated ways to expand and improve IL services	\$ 0	\$ 0
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$ 0	\$279895.01
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$ 0	\$ 0
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$ 0	\$ 0
(7) Provided training regarding the IL philosophy	\$ 0	\$ 0
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$ 0	\$ 0

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

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

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Subpart I, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSU or Provider	CSRs Kept With DSU or Provider
Atlantis Community Inc.	Provision of IL Services	\$10,884.81	\$624,105.50	Provider	Provider
Center for Disabilities	Provision of IL Services	\$37,474.83	\$537,854.07	Provider	Provider
Center for Independence	Provision of IL Services	\$17,882.18	\$605,103.32	Provider	Provider
Center for People With Disabilities	Provision of IL Services	\$17,882.18	\$569,705.15	Provider	Provider
Colorado Springs Independence Center dba The Independence Center	Provision of IL Services	\$29,077.96	\$599,080.22	Provider	Provider
Connections for Independent Living	Provision of IL Services	\$37,474.83	\$489,651.71	Provider	Provider

Disabled Resource Services	Provision of IL Services	\$43,072.74 ✕	\$539,010.60	Provider	Provider
Mile High Independent Living Center	Provision of IL Services	\$0.00	\$67,686.34	Provider	Provider
North West Colorado Center for Independence	Provision of IL Services	\$43,072.74 ✕	\$597,698.31	Provider	Provider
South West Center for Independence	Provision of IL Services	\$43,072.74 ✕	\$541,967.11	Provider	Provider
Total Amount of Grants and Contracts		\$279,895.01	\$5,171,862.33		

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

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

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

None

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

34 CFR 80.40(a)

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

There was an informal site visit of the Center For Independence located in Grand Junction, CO in November 2015. There was an information site visit with Connections for Independent Living in Greeley, CO in March 2016. All CILs have current certification in place until 2017. Financial invoice desk audits were completed on all CILs for July and January monthly invoice submissions.

Section F – Administrative Support Services and Staffing

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

Item 1 – Administrative Support Services

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

The DSU provides a .50 FTE Independent Living Program Coordinator who monitors compliance, provides TA, and reviews monthly reports and invoices from the Centers and the SILC from October 2015 to June 2016. Beginning July 2016 the position was 1 FTE. This staff also serves as a liaison with the SILC. The Colorado Legislature passed SB 16-093 which created an Office of Independent Living (OIL) and established 4 FTE. Based on the established budget, there will be a 1.0 FTE as the Manager of the OIL, the 1.0 IL Program Coordinator, and .50 FTE Colorado Department of Labor and

Employment Auditor. Posting for the Manager position occurred in July 2016 with interviews held in September 2016, and the Manager will start on November 14, 2016.

Item 2 – Staffing

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

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	19.94	14.04
Other Staff	59.05	35.73

Section G – For Section 723 States ONLY

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

Item 1 – Distribution of Part C Funds to Centers

In the chart below, please provide the following information:

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

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

Add additional rows as necessary.

Item 2 – Administrative Support Services

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

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

Item 3 – Monitoring and Onsite Compliance Reviews

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

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

- A) centers' level of compliance with the standards and assurances in Section 725 of the Act;
- B) any adverse actions taken against centers;

- C) any corrective action plans entered into with centers; and
- D) exemplary, replicable or model practices for centers.

Item 4 – Updates or Issues

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

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

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

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

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	828
(2) Enter the number of CSRs started since October 1 of the reporting year	711
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	1539

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	40
(2) Withdrawn	110
(3) Died	18
(4) Completed all goals set	254
(5) Other	116
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	538

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

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

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	1001

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	318
(2) Number of consumers with whom an ILP was developed	1221
(3) <i>Total number of consumers</i> served during the reporting year	1539

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	18
(2) Ages 5 – 19	47
(3) Ages 20 – 24	60
(4) Ages 25 – 59	957
(5) Age 60 and Older	442
(6) Age unavailable	15

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	854
(2) Number of Males served	684
(3) Unknown	1

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	60
(2) Asian	3
(3) Black or African American	51
(4) Native Hawaiian or Other Pacific Islander	3
(5) White	1169
(6) Hispanic/Latino of any race or Hispanic/ Latino only	127
(7) Two or more races	39
(8) Race and ethnicity unknown	87

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	317
(2) Mental/Emotional	183
(3) Physical	568
(4) Hearing	68
(5) Vision	161
(6) Multiple Disabilities	281
(7) Other	73

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

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

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

Section A – Individual Services and Achievements

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

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	1205	1148
(B) Assistive Technology	119	88
(C) Children's Services	10	10
(D) Communication Services	152	149
(E) Counseling and Related Services	73	66
(F) Family Services	47	58
(G) Housing, Home Modifications, and Shelter Services	661	630
(H) IL Skills Training and Life Skills Training	174	1147
(I) Information and Referral Services	12821	12767
(J) Mental Restoration Services	23	23
(K) Mobility Training	55	53
(L) Peer Counseling Services	515	476
(M) Personal Assistance Services	101	94
(N) Physical Restoration Services	4	3
(O) Preventive Services	92	92

Services	Consumers Requesting Services	Consumers Receiving Services
(P) Prostheses, Orthotics, and Other Appliances	8	8
(Q) Recreational Services	237	237
(R) Rehabilitation Technology Services	9	9
(S) Therapeutic Treatment	10	10
(T) Transportation Services	664	652
(U) Youth/Transition Services	210	210
(V) Vocational Services	356	331
(W) Other Services	936	856

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	520	103	383
(B) Communication	66	15	41
(C) Mobility/Transportation	173	47	111
(D) Community-Based Living	343	104	180
(E) Educational	79	12	56
(F) Vocational	203	28	131
(G) Self-care	217	43	151
(H) Information Access/Technology	107	18	69
(I) Personal Resource Management	150	31	96
(J) Relocation from a Nursing Home or Institution to Community-Based Living	42	20	25

Significant Life Area	Goals Set	Goals Achieved	In Progress
(K) Community/Social Participation	117	34	71
(L) Other	349	67	268

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

(A) Table

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

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	283	177	104
(B) Health Care Services	203	98	96
(C) Assistive Technology	1034	125	901

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

(B) I&R Information

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

The 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.

Colorado Springs Independence Center (CSIC) dba The Independence Center

The Colorado Springs Independence Center's Independent Living programs have grown very rapidly over the last several years and in order to provide the leadership and development that Independent Living staff need, we added three program managers to our staffing mix in the most recent reporting period for a total of 5 managers. In addition, an Assistant IL Director was added to the team in September. This major investment in leadership for the CIL will provide staff the support they need to continue maximizing independence for persons with disabilities in our community. A major advancement and accomplishment of this management team during the reporting period was to strengthen our focus on providing cross-disability services through discontinuation of disability-specific departments and provide cross-disability services through IL Specialists (except in the case of disability-specific funding projects).

In 2016 the Emergency Program Coordinator of The-IC took steps to increase the inclusion of persons with disabilities in local safety planning by creating and providing Disability Awareness Training to over 100 El Paso and Teller County 911 Dispatchers/Callers. The need for increased effort to increase governmental awareness of inclusion became apparent as our Emergency Coordinator participated in an 8-hour emergency management exercise for El Paso County in which there was no person with a disability participating. The Emergency Program Coordinator also collaborated with the Red Cross to provide Disaster Preparedness Training to consumers. Three two-hour sessions were provided including two in the rural areas of Cripple Creek and Calhan.

Recently a violent crime in a small homeless encampment left a woman with severe injury and paraplegia. A discussion about potential home modifications with our Assistive Technology Department opened the door for her to begin safe conversations about her new disability. She has made a trip to the grocery store and out to lunch with staff, learning that normal routines are still possible for her. The AT department helped create dignity and empowerment for a consumer who was being carried up and down her porch steps through the installation of a ramp and a new door. She is now able to leave her home independently.

The Independence Center's Benefits Program has contributed to inclusion and independence in the past year as they have actually submitted 113 claims for disability benefits in our community. This team provides the contact and relationship to help consumers with benefit needs be heard at the local Social Security Administration office. Benefits specialists at the IC learned of a young man, experiencing homelessness, who needed to get a benefit reinstatement, to learn how to increase his personal advocacy with Social Security and to gain control of his own funds by eliminating the requirement for a representative payee. After he was educated on the issues at hand, he was able to personally receive and manage his suspended benefits.

Our Community Organizing Department has been active in the community over the past reporting period leading to increased integration and inclusion for persons with disabilities. The Community Transit Coalition (part of that department) actively supported multiple partnerships and grant applications that would improve pedestrian and transit infrastructure in our immediate area. This team worked to get an audible traffic signal at a busy intersection used by consumers to access The Independence Center. A more comprehensive advocacy program is now in development to that will ensure equal access for people with disabilities to engage the system advocating for ADA compliance and increased safety.

One of the most rewarding and visible activities in a center for independent living is the transition of people from nursing homes into a home of their choice in their community. In 2016 eight consumers made that move to independent living with the help and encouragement of our Community Transition Services (CTS) team. But the services of our CTS program go far beyond that physical move in advancing independence for those who once lived in a facility. A notable example in this reporting period was a consumer who did not want to consider demonstration services that could enhance his independence. A persistent CTS worker got him to share deeper conversation over a malt and he opened up about life before the nursing facility, shared former interest in art and playing Santa Claus and ended with an expressed desire to begin reconnecting with old friends. The Peer Mentor in our CTS Department transitioned from a nursing home herself and her positive attitude has led to exceptional relationships with those she is mentoring.

Our Independent Living Skills (ILS) Specialist and the IC Youth Advocate created and are regularly presenting a Daily Living Skills workshop for youth. IL classes at The Independence Center utilize varied teaching techniques including a scavenger hunt, bus trips, use of grocery ads for comparison shopping and art expression.

In the past year the Peer Support department provided exciting introductions to outdoor recreation through visiting an accessible camping and fishing facility, participating in adaptive kayaking, bicycling, paddle boarding, sail boating and snow skiing.

Significant progress has been made by The Independence Center in the reporting year in outreach to rural and underserved communities. We now have offices in communities in many of the outlying parts of our catchment area, including Cripple Creek to the west, and Burlington and Limon to the east. Special exercise groups have been instrumental in providing opportunities for us to connect with persons with disabilities and introduce them to Independent Living concepts and assistance. The addition of a Spanish-speaking IL Outreach Specialist to the team has clearly enhanced our efforts in the area of outreach to underserved groups and areas. We were able to create an informational brochure written in Spanish in the past year, and in addition, a new cross-disability support group was begun in this year serving Hispanics/Latinos with disabilities.

Disabled Resource Services (DRS)

DRS served more people than the previous year despite unstable staffing due to vacancies. The development of parity wages for staff will assist in staff retention.

DRS hired a 1.0 FTE case manager to develop our Youth Transition Program. She and our Assistant Director are actively participating in SILC's Youth Committee to support this statewide effort as well as develop a program for our catchment area that fills gaps in services.

North West Colorado Center for Independence (NWCCI)

The 'Other' category for services and goals is primarily people with whom we worked to apply for Social Security Administration, Veterans, and other benefits.

South West Center for Independence (SWCI)

- Youth transition services are taking off, as we partner with La Plata Youth Services and Pathways to Independence, Durango High School's transition class to encourage youth to advocate for themselves in a wide range of circumstances that varies from housing to health services.
- SWCI continues to partner with the Area Agency on Aging (AAA), the Aging and Disability Resource Center (ADRC), and other long-term care providers, but the relationship is not as healthy as we would like.
- SWCI made headway in access issues. With the help of consumers, we were able to conduct outreach to underserved populations in rural areas to increase awareness of accessibility issues. We were able to partner with local governments in both Durango and Pagosa Springs to help improve accessibility in local retail establishments. We partnered with the Durango Improvement District to recognize local businesses that are accessible, and with La Plata County to make their courtrooms accessible for people with mobility issues.
- We were able to meet regularly with Axis (mental health) to coordinate services for consumers who have a hard time navigating our mental health services.
- Strong community partnerships insure that SWCI is not only developing and maintaining a consistent and articulate voice for our constituents but moreover that we are known to as a responsive, knowledgeable and valuable resource in terms of disability service provision and education.

SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

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

Section A – Community Activities

Item 1 – Community Activities Table

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

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Assistive Technology	Outreach, Systems Advocacy	SWCI CIL	86	Improve public knowledge of AT options, Help PWD to obtain & use AT	PWD have increased access to AT
Community Services	Outreach, Systems Advocacy	SWCI CIL	364	Advocate for/help others provide better services	PWD have increased options in their community
Health Care	Outreach, Systems Advocacy	SWCI CIL	159	Advocate for better health care & access to health care	PWD have increased options in their health care
Housing	Outreach	SWCI CIL	77	Work with partners to develop & maintain more housing options	PWD have increased options in their housing
Transportation	Systems Advocacy	SWCI CIL	41	Advocate for accessible transportation options	PWD have increased options in their transportation

Increasing Accessibility to Transportation	Outreach, Systems Advocacy	CSIC CIL	174.5	to ensure that PWD are able to navigate in and between communities of choice	PWD have increased option in their transportation
Health Care	Collaborating and Networking	CSIC CIL	339	To increase access to health care and home health options so PWC can remain in their own homes and/or community of choice	PWD have increased options in their health care
Assistive Technology	Technical Assistance, Collaborating & networking	CSIC CIL	36.5	Improve public knowledge of AT options, Help PWD to obtain & use AT	PWD have increased access to AT
Housing	Collaborating and Networking, Outreach, Community & Systems Advocacy	CSIC CIL	541	Connect PATH with the Justice and Peace Commission.	Discussed plans for a housing justice summit, homeless tour, and Sunrise Farm. I agreed to write an article about PATH for the J&P newsletter.
Education	Professional Development, Community Education, Outreach	CSIC CIL	671.5	To increase professional services within and for the IL Community	PWD received services from qualified individuals
Emergency Management	Collaborating and Networking, Outreach, Community Education & Public Information	CSIC CIL	200.5	To increase access to emergency services for PWD	PWD were better able to connect with services

Employment Information	Collaborating and Networking	CSIC CIL	62.5	To connect consumers with employers and for us to also connect with employers.	PWD had better connections to employment possibilities
Increasing Access to Community Programs	Collaborating and Networking, Outreach, Community & Systems Advocacy, Professional Development	CSIC CIL	306.5	Increase public awareness of IL and PWD	PWD were better able to access community resources
Increasing ADA Compliance	Technical Assistance, Community Education & Public Information, Community & Systems Advocacy	CSIC CIL	41.75	Working towards universal design	PWD had better access to communities
Outreach	Outreach, Systems Advocacy	CSIC CIL	1000.25	Increase public awareness of IL and PWD	PWD had better access to communities
Staff Training	Professional Development	CSIC CIL	236.25	Increase staff proficiency	PWD received services from qualified individuals
Transportation	Collaboration/Networking, Community & Systems Advocacy	CSIC CIL	12	Increase accessible transportation options	PWD had better access to communities
Housing	Collaboration/Networking, Community & Systems Advocacy	DRS CIL	82	Increase accessible, affordable housing options.	PWD had better access to communities
Health Care	Community/Systems Advocacy	DRS CIL	30	Improve medical care access for deaf people.	Distributed postcards to people who are deaf for identifying barriers/discrimination to their

					care; formed a Board & held planning meetings to address ADA violations among medical providers.
Assistive Technology	Community Education & Public Information	DRS CIL	19	Increase awareness of AT for personal independence	Distributed info on AT & demonstrated equipment to 338 people.
Civil Rights	Collaboration/Networking	DRS CIL	26.5	Advocate for people with disabilities.	PWD had better access to communities
Inclusion	Collaboration/Networking, Outreach	DRS CIL	218	Extend assistance to underserved PWD	PWD had better access to communities
Awareness	Community Education & Public Information	DRS CIL	55	Increase public's awareness of CIL & people with disabilities.	PWD had better access to communities
Access to Benefits	Collaborating and Networking, Technical Assistance, Community & Systems Advocacy	NWCCI CIL	47	Increase PWD ability to access benefits	PWD were able to access benefits
Access to Social/Recreational Opportunities	Collaborating and Networking, Outreach, Community & Systems Advocacy	NWCCI CIL	148	Increase PWD ability to access social/recreational opportunities	PWD were better able to access social/recreational opportunities
Increasing Access to Appropriate Health Care	Community Education & Public Information, Collaborating & Network, Outreach	NWCCI CIL	135	Advocate for better health care & access to health care	PWD have increased options in their health care

Increasing Accessibility to Transportation	Collaborating and Networking	NWCCI CIL	10	Advocate for accessible transportation options	PWD have increased options in their transportation
Increasing Opportunities for Affordable, Accessible housing Units	Collaborating and Networking	NWCCI CIL	47.25	Work with partners to develop & maintain more housing options	PWD have increased options in their housing
Increasing the Availability/Access to Assistive Technology	Community Education & Public Information	NWCCI CIL	4.5	Improve public knowledge of AT options, Help PWD to obtain & use AT	PWD have increased access to AT

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

Item 2 – Description of Community Activities

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

CSIC

The Independence Center in Colorado Springs expanded its engagement with the wider community by almost doubling the Outreach efforts this year. The Outreach Issue Area used the Collaborating and Networking, Community and Systems Advocacy, Community Education and Tours Activities to build and maintain relationships with the outlying counties and collaborating agencies. The Affordable, Accessible Housing initiative has also expanded significantly since last year.

Thirty-six staff members, on average, engaged in ~2 hours of community activity and connected with ~20 people or more, each week throughout the year. Some of these activities were unique opportunities to reach out to our wider community and some were repeat events that happened periodically throughout the year.

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.

At the Independence Center of Colorado Springs, we engaged in 3430.4 hours of community activities in the reporting year. The following narrative calls out some of our best efforts in community and group activities.

Our Systems Change/Advocacy department spent numerous hours in networking with community members, local, state and federal agencies to provide advocacy for systems change. Our major areas of focus were around increasing the stock of affordable and accessible housing in the region, increasing awareness and investment around the provision of public transportation and ensuring that the needs of people with disabilities were included in planning for the 2016 election. The Independence Center hosted a “Celebrating Progress in Transit” luncheon that drew attendance from 300 community members, including people with disabilities, leaders from the business and nonprofit community and elected officials. At the luncheon, we highlighted the need for improved transit services for people with disabilities within our region and celebrated improvements made in transit over the past several years. The luncheon called for continued public investment in the provision of transportation across all services. As part of the luncheon, we coordinated the “Peoples’ Choice Drivers Awards”, the first time bus drivers had been directly recognized by recommendations of riders, and the Peoples’ Choice Drivers were presented awards from our Mayor.

The Community Transit Coalition is coordinated with in-kind support from The Independence Center and has grown to represent 20 organizations and communities of people with disabilities, low-income households, sustainability-focused initiatives, elderly adults and those focused on increased civic engagement. In 2016, the Community Transit Coalition celebrated its 2nd year in existence, as well as achieving its first long-term goal: increased investment from the City of Colorado Springs in transit service to meet funding commitments made in 2004, but not met since the recession in 2010. The City is increasing its transit budget by \$588,000 in 2017 after significant advocacy from the Community Transit Coalition; this increase in funding will provide increased frequency of service for riders. The Transit Coalition directly supported the City in maintaining this focus on service expansion despite outcry from some neighborhoods

about the increased level of traffic along their streets. The Transit Coalition provided open houses, Transit Tours and participated in many public outreach activities to represent the need for increased transportation.

Additionally, Independence Center staff played a key role as advocates for public transportation within the Age Friendly City Initiative, supported our local college's Sustainnovate Summit with a focus on accessibility needs for students with disabilities, were stakeholders in the initial planning of the relocation of our outdated transit terminal and contributed to Teller Counties 5-year transportation plan.

Staff members at The Independence Center worked to increase opportunities for affordable and accessible housing for people with disabilities who have low-income. The primary themes of focus in 2016 were consumer outreach, building community leaders and partnerships, and directly advocating at the local and state levels. Several staff members worked to connect people experiencing housing barriers with help. We attended forums with homeless women to learn about their needs and come up with possible solutions in collaboration with other community agencies. We educated community partners through tours of Independent Living programs, and helped connect families, people with IDD, and homeless people with our housing navigation program.

By regularly networking at community events, hosting an open house and conducting one on ones, the housing community organizer recruited leaders to advance homeless solutions and resources for affordable/accessible housing. This recruitment work led to the formation of a board of directors for People's Access to Homes (PATH) and the creation of 4 volunteer-run programs: Homeless Outreach, Advocacy, Education and Housing Solutions. The housing community organizer also built partnerships with other organizations, including those providing direct serves to people with disabilities without homes and those that focus on advocacy. These partnerships, along with PATH's leaders and volunteers, formed a Speaker's Bureau, a steering committee for Housing Solutions, and a planning team that organized the 1st Annual Housing Solutions Summit.

The housing community organizer worked with PATH activists to advocate for people in need of affordable and accessible housing. At the state level, the housing organizer testified in favor of the Homeless Bill of Rights and the Housing Trust Fund, representing PATH and The IC, respectively. Locally, PATH members advocated against the Pedestrian Access Act and succeeded in watering down the ordinance. They also met with state and local elected officials and advocated for affordable and accessible housing to be a priority in the City's infill plan. IC staff met with City and County staff to give input on the CDBG fund allocation as well as local Comprehensive Planning. The housing organizer appeared about 25 times in local news stories representing the need for homeless solutions and affordable/accessible housing.

The 1st Annual Housing Solutions Summit gathered about 130 developers, nonprofits, elected officials, City and County staff and community members to have a dialogue about innovative housing solutions, zoning and planning, finance and community partnerships. The summit raised affordable housing as a priority issue before the local and state elected officials who were present, and it created a networking space for collaborative relationships to form.

Our staff is very regularly utilizing staff training. We offer what we call "Independence Center University" to help staff learn more and have opportunities for professional growth. Some of the classes in the past year were facility safety related, including Active Shooter, goal-setting, becoming a better public speaker. Increased comfort and proficiency in public speaking has been valuable as our staff provides community education in Disability Etiquette and other topics.

Outreach Related Needs is one of our largest Issue Areas and we have dramatically increased our efforts in this area as evidenced by a review of the community activity data we have reported. We frequently meet with community agencies, government, schools, and businesses to discuss community related needs, accessibility, technology, and pursue partnership with them to increase knowledge and inclusion. We attend community meetings in our entire catchment area to create awareness and work with

consumers that may not have heard about us. These meetings are also valuable in helping us to partner with community stakeholders so that all may thrive.

This year we also increased activities in Emergency Management. We hired an Emergency Preparedness Coordinator to work with county governments in our catchment area to ensure that disaster planning places a high priority on the needs of citizens with disabilities in disaster planning. An excellent partnership has been forged with the American Red Cross to emphasize home fire safety with the installation of accessible fire detectors and emergency preparedness in consumer education.

The Independence Center Employment Information team has increased efforts to meet with more businesses in our community to provide information, encouragement and support for hiring people with disabilities. Our Employment Specialist recently met with a large company, Oracle who is willing to hire people with disabilities for a variety of times and shifts. This was a big win in opening well-paying opportunities to our consumers. Increasing attendance at job fairs and holding employment classes to help individuals find employment has been a strong focus of this team in the reporting year.

DRS

Transportation:

- DRS representation at Dial-A-Ride/Transfort Advisory Council meetings ensures the Fort Collins transit service hears the voice of people with disabilities, understands their needs and responds to them for equal access.

- At the 11/3/15 Fort Collins City Council meeting, DRS joined Larimer County Arc, the Fort Collins Commission on Disability and consumers in thanking them for approving \$275,000 to increase the number of accessible bus stop conversions per year (from 10 to 20/year).

- DRS staff advocated by sending letters to the Fort Collins City Council that the hour wait time for a bus at unprotected bus stops places people with disabilities at an increased health risk. The matter is under review to reduce wait time by 50%.

- DRS staff had several contacts with Jason Brabson in early 2016 to learn about his proposed transit service. Following multiple phone calls and email exchanges, a letter was written to the PUC supporting Heart & Soul paratransit, an accessible paratransit service for people with physical disabilities. Approval was granted to operate. The service will be launched next year.

- DRS staff attended Loveland Disability Advisory Commission meetings to remind the City of Loveland Transportation (COLT) representatives to increase accessible bus stops. To improve access, some stops have to be relocated and COLT is having difficulty finding places that don't impede traffic or create a safety issue. They promise, however, to alter inaccessible bus stops.

Housing:

-Following a discussion with the Director of Neighbor to Neighbor about purchasing residential group homes in Fort Collins to convert into Single Room Occupancy (SRO) units, DRS wrote a letter of support pledging our efforts to keep the units filled by people with disabilities, especially people transitioning out of nursing homes.

-In May 2016, DRS supported the Loveland Housing Authority's funding request to CHFA for the Mirasol housing project; 60 units for people 55 years and older. Our letter addressed the need to increase the housing stock in Loveland.

-In October 2015, Interfaith Council hosted a community meeting in Fort Collins to discuss affordable housing options which included tiny homes, multi-generational housing and CSU student housing.

-On November 12, 2015, DRS' Executive Director attended the Community Forum for Change on poverty in Larimer County. A small group discussion on affordable housing included accessibility and integration for people with disabilities.

-In June 2016, DRS opened its housing list to people with disabilities who were homeless or at risk of nursing home placement. Now, 23 have housing plus 9 who transitioned out of nursing homes for a total of 32 people housed with vouchers from the Division of Housing. Our grand total of those living in subsidized Section 8 housing is 50 with 18 carryovers from last year. This has been a collaborative and programmatic effort with DOH, Options for Long Term Care, ADRC and local landlords.

Health Care:

-Medical facilities are still not providing sign language interpreters to deaf people despite receiving postcards stating access is needed. This year, a six member Board was formed holding regular meetings with an average attendance of 13 people. The group has planned a meeting in November 2016 with medical providers, Rocky Mountain Health Plans (our area's RCCO), consumers, CCDC and DRS. CCDC's lawyer will put teeth into compliance by addressing their ADA violations.

Assistive Technology:

-DRS staff participated in 5 events including annual Senior Expo, Aspen Club and Senior Care Network Expo to showcase adaptive equipment and assistive devices. Presentations, distribution of information and demonstration of AT increased their knowledge about agency services and equipment.

Civil Rights:

-One Board and one staff member from DRS are on the Fort Collins Commission on Disability that meets monthly to advise City Council on accessibility and compliance issues affecting residents with disabilities. Matters discussed included finding ways to remove accumulated snow blocking curb cuts, how to improve path of travel when restaurants' patios encroach on sidewalks, uber and other transportation services not providing equal access, lack of accessible bus stops and enhancement of ramp project in Old Town with shop owners.

-A staff person attends Loveland Disability Advisory Commission meetings that are held monthly. They advise City Council on accessibility issues affecting residents with disabilities.

Inclusion:

The Murphy Center is a day facility for homeless people to get help. Local agencies have an onsite presence. DRS has been a participant there since March 2009. We serve an underserved segment of our target population in a collaborative setting where people can receive help from multiple agencies at one location.

- Both Fort Collins and Loveland staff attended separate annual events that assist homeless people with disabilities access services.
 - Loveland had a major flood in September 2013. Recovery efforts were slow. Even now there are residents who have not fully recovered although FEMA and other service providers have moved on to help with new disasters. DRS staff in Loveland continue providing assistance to people with disabilities who are still struggling to rebuild their lives. DRS worked with Adult Protection and Loveland Housing Authority to help them. We acquired housing vouchers, assisted people with disabilities get Medicaid, Social Security, provided advocacy, issued financial help and more.
 - The Executive Director was asked to become a member of the Fort Collins Community Equality Initiative and represent people with disabilities. She has attended two meetings to discuss ways to increase inclusion.
- Awareness:**
- In August, DRS participated in Loveland's Corn Roast Parade carrying banners to increase public awareness of our CIL, its services and who we serve.
 - A Fort Collins Chamber of Commerce Ribbon Cutting event was held at DRS on 3/10/16 introducing our CIL and services to area businesses. One business has donated hygiene products for us to give to low income consumers.
 - Fort Collins staff attended "Services Fair" an event for people living in subsidized housing and for the general public. Our booth had many people stop who were interested in learning about our services.
 - DRS' staff have participated in multiple fairs and events promoting our services. We've been speakers/presenters before church groups, service clubs, community organizations and others. We've provided at least 100 hours collectively educating, networking and promoting our CIL.

NWCCI

NWCCI staff members support our consumers to take the lead in implementing the community activities described above whenever possible. Facilitating opportunities for NWCCI consumers to be integrally involved in the community activities in which we are engaged is paramount to accomplishing our mission and staying true to our IL philosophy. The activities documented above are merely a small portion of the total of the community activities in which NWCCI staff are engaged. Partner organizations include, but are not limited to, the following - Horizons Specialized Services, Division of Vocational Rehabilitation, Workforce Center, Steamboat Adaptive Recreation and Sports, the Rotary Club of Steamboat Springs, Routt County United Way and Human Resource Coalition, Moffat County United Way and Human Resource Coalition, MindSprings Health, school districts, Yampa Valley Autism Society, Routt County Council on Aging, Alpine Area Agency on Aging, Northwest Colorado health, City and County governments, etc. We also support consumer groups such as the Freedom from Isolation group, Summit Activity Crowd, and Grand County Adaptive Fitness group.

SWCI

Sometimes consumers contact us because they have an immediate need. In many cases, consumers have asked another agency for assistance with shelter, food or medical care and those agencies refer them to SWCI. In other cases, SWCI provides

outreach to underserved populations and youth in the form of classes or groups and consumers set new goals as the result of discussions with SWCI staff.

In most circumstances, while consumers work with staff to complete goals they develop new goals that are broader in scope. After their immediate needs seem within reach, consumers tend to apply the problem solving skills they have learned to reach long term goals they have always wanted. Frequently, basic stability leads to community involvement or employment.

SWCI collaborates with innumerable of agencies in our catchment areas. Comprehensive service provision for our consumers is dependent on a strong collaborative process with our community partners. We are involved in several local coalitions developed to address architectural and attitudinal barriers. These groups include the Accessible Communities Team, to name just a few. The number of collaborations that we participate in is truly endless because comprehensive service to our consumers dictates collaboration. It is as natural as breathing!

Agencies partnered with include:

- Axis Health Systems - shared mental health consumers and referrals
- Community Connections – developmental/intellectual disability collaboration and Referrals
- County Human Services – referrals both to and from
- Colorado Legal Services
- 6 local school districts
- Social Security Administration - referrals both to SWCI and from SSA. SWCI is receiving more requests from consumers for benefits assistance and several of our staff have received benefits training.
- Division of Vocational Rehabilitation - as noted previously in the report, SWCI is receiving more requests for assistance with employment and employment related tasks i.e. resume writing, interviewing skills etc.
- Our work with San Juan Basin Health Department relates predominately to nursing home transition and brokering of services intended to assist individuals with disabilities in maintaining their desired level of independence through the HCBS Waivers.
- San Juan Basin AAA and their local contractors: Aging & Disability Resource Centers, County Senior Centers, Ombudsman, etc.
- Women's Resource Center - referrals and collaboration.
- La Plata Family Centers - Shared referrals and collaboration.
- Local Transportation Coordinating Council
- Manna Soup Kitchen & Durango Food Bank – Referrals and collaboration
- VOA Shelters- Shared referrals and collaboration to address food, clothing and basic need insecurities.
- Piñon Project – Referrals & Collaboration

- We continue to work with Housing Solutions for the Southwest and the Regional Housing Alliance to address the abysmal housing crisis that exists for those we serve.
- We conduct workshops, consultation, fee for service and advocate with local organizations regarding disability issues and trends.

We work closest with Axis Health Systems. SWCI staff meets with Axis Case Managers twice a month to ensure consumers are receiving the level of support they want. SWCI remains in constant contact with several staff members from La Plata County Human Services to provide consumers with up to date answers and information. SWCI maintains close, effective working relationships several employees in the Durango Office of the Social Security Administration to provide targeted support through the State's S.O.A.R. program and general advocacy. We have partnered with the local Division of Vocational Rehabilitation office to provide job coaching and employment support through SWCI's own Employment Services program. The list is endless because disability issues are the same issues that affect everyone else.

Section B – Working Relationships Among Various Entities

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

- The Office of Independent Living was established by SB 16-093 and began on July 1, 2016. The Independent Living Program Coordinator went to full time employee from half time and a Manager was hired in November. The Manager is collaborating with the CILs and the SILC to help formulate how the Office will operate within the State.
- The SILC held a Retreat in June 2016 for 2 days. The SILC brought in all the Executive Directors and some Program Directors in the CIL network within Colorado. The Retreat was led by a professional Facilitator referred by ILRU. The Retreat established long range plans and the establishment of a Strategic Plan ad hoc sub-committee.
- The SILC Committees composition is made up of SILC members, CIL Executive Directors and staff, and other members in the community with an interest in Independent Living topics.
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SUBPART V – STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)

Section 705 of the Act; 34 CFR 364.21

Section A - Composition and Appointment

Item 1 – Current SILC Composition

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

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Joe Anzures	Neither	Ind. w/Dis not Employed by State or CIL	Voting	6-Mar-14	1-Oct-16
Jerry Michel	Neither	Ind. w/Dis not Employed by State or CIL	Voting	6-Mar-14	1-Oct-16
James (Joe) Triplett	Neither	Ind. w/Dis not Employed by State or CIL	Voting	2-Oct-15	1-Oct-16
Jason Eaton	Neither	Ind. w/Dis not Employed by State or CIL	Voting	24-Oct-14	1-Oct-17

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Steven Estes	Neither	Ind. w/Dis not Employed by State or CIL	Voting	2-Oct-15	1-Oct-17
Melissa Fishburn	Neither	Ind. w/Dis not Employed by State or CIL	Voting	2-Oct-15	1-Oct-18
Mario Rocha	Neither	Ind. w/Dis not Employed by State or CIL	Voting	2-Oct-15	1-Oct-18
Bill Wood	Neither	Ind. w/Dis not Employed by State or CIL	Voting	2-Oct-15	1-Oct-18
Nancy Jackson	Neither	Center Directors Rep	Voting	24-Oct-14	1-Oct-16
Travis Morgan	Neither	121 Rep	Voting	2-Apr-14	1-Oct-17
Matthew Ruggles	CIL	Member @ large	Voting	2-Oct-15	1-Oct-16
Martha Mason	CIL	Member @ large	Voting	2-Oct-15	1-Oct-17

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Colin Laughlin	State	State Agency	Non-Voting	24-Oct-14	22-Apr-16
Lana Mutters	State	State Agency	Non-Voting	22-Apr-16	1-Oct-17
Chris Roe	State	State Agency	Non-Voting	24-Oct-14	1-Oct-17
Jennifer Scilacci	State	DVR Rep	Non-Voting	2-Oct-15	1-Oct-18

Item 2 – SILC Composition Requirements

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

SILC Composition	# of SILC members
(A) How many members are on the SILC?	15
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	8
(C) How many members of the SILC are voting members?	12
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	8

Section B – SILC Membership Qualifications

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

Item 1 – Statewide Representation

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

The SILC is comprised of members from across the State of Colorado. 8 members, or 53.33%, are from the Denver Metropolitan area with a population of 2.9 million. 3 are from the mountainous region, or 20%. 1 is from the north area of Colorado, or 6.67%. 1 is from the Northeast, 6.67%. The remaining 2 members are from the southwest part of the state, 13.33% of the Council.

Nine Colorado counties have a population in excess of 250,000 each, while eight Colorado counties have a population of less than 2,500 each. The ten most populous Colorado counties are all located in the Front Range Urban Corridor.

40% of the Council members identify as coming from a rural area and 60% are from urban areas.

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

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

Twelve members of the SILC identify as Caucasian, or 80%. Two identify as Hispanic at 13.33% of the Board. One reports being Native American, for 6.67%.

According to the 2010 United States Census, Colorado had a population of 5,029,196. Racial composition of the state's population was:

- 81.3% White American (70.0% Non-Hispanic White, 11.3% Hispanic white)
- 20.7% Hispanic and Latino American (of any race made) heritage
- 7.2% Some Other Race
- 4.0% Black or African American
- 3.4% Multiracial American
- 2.8% Asian American
- 1.1% American Indian and Alaska Native
- 0.1% Native Hawaiian and Other Pacific Islander

The SILC members have a range of disability types. There are two members who are Blind, one who is Deaf, one who has Muscular Dystrophy, one who has Cerebral Palsy, one who has Anxiety, one who has a Spinal Cord Injury, and one who has HLA B27 which is an inflammatory illness.

Item 3 – Knowledgeable about IL

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

This year the SILC traveled to cities in areas that had a Center for Independent Living to have their bi-monthly meetings. Each meeting a CIL spotlight is done and highlights of the different centers are provided with success stories of their consumers.

SILC members complete the Smooth as SILC training.

There are three members of the SILC working at CILs and they provide information on CIL issues and services.

The SILC established Meet and greet functions the night prior to the open public meeting of the SILC bi-monthly. The Meet and greets are a compilation of the SILC and the CIL in the catchment area. The meet and greets are to increase SILC awareness in the community and for the SILC to learn of the difficulties and needs in the area.

SILC Sub-Committee Chairs recruit from the CILs and the community to increase awareness of a variety of topics that are related to Independent Living.

There are three members of the SILC working at CILs and they provide information on the CIL issues and services.

Section C – SILC Staffing and Support

Item 1 – SILC Staff

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

The SILC contracted with an independent contractor through the DSU to have a part time Coordinator. Priscilla Carlson, 1053 W. Century Dr., Unit 208, Louisville, CO 80027, 303-902-5897, through October 31, 2015. The position remains unfilled since that date support for the SILC has been provided by the Independent Living Program Coordinator at the DSU.

Item 2 – SILC Support

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

The .5 FTE Independent Living Program Coordinator provides support to the SILC.

Section D – SILC Duties

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

Item 1 – SILC Duties

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

(A) State Plan Development

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

The SPIL Committee met at least monthly and divided up tasks to address in the SPIL to work on during non-meeting times. SPIL was presented at the SILC Open public meetings beginning in March, was posted on the SILC Website for comment, and was reviewed regularly during development at SILC meetings.

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

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

Monthly the SPIL is reviewed by the SPIL committee and goals and processes are monitored regularly. The SPIL committee then shares their findings with the SILC at the full meetings.

(C) Coordination With Other Disability Councils

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

The SILC has a representative on the SRC who provides information from the SILC to the SRC and from the SRC to the SILC. Nearly all SILC members are active on other boards, councils, and commissions. These are not formal appointments for SILC representation, but offer great information and opportunities for joint activities. These organizations include: Colorado Advisory Council for Persons with Disabilities, National Federation of the Blind, Colorado Chapter, Colorado Cross-Disability Coalition, Long Term Care Advisory Committee, Olmstead Housing Coalition, Community Choice Transitions (CO's Money Follows the Person Grant), Colorado Developmental Disabilities Council, Denver Council on Aging, Project 8 Youth Transition, Pueblo Workforce Board, VSA of Colorado, Littleton Immigrant Integration Initiative, the ARC, the ADA Leadership Network, the Northwest Colorado Council of Governments, Colorado University Center for Excellence on Disability, and the Assistive Technology Coalition, Peak Parent, Colorado Workforce Development Council, Advisory Council to ASPIRE, Mile High Connects.

(D) Public Meeting Requirements

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

SILC meetings are posted on the website at the beginning of the year. As each meeting comes closer the meetings are posted on the website. There is an announcement distributed via email one month in advance of the meeting to CILs, Division of Vocational rehabilitation staff, Colorado Department of Human Services staff, Colorado Cross Disability Coalition, No Wrong

Door workgroup, and other stakeholders to advertise meetings and share flyers at their Center. The Colorado SILC also has a Facebook page that provides information for upcoming meetings and meet and greets.

Item 2 – Other Activities

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

CO SILC does not receive any Part B funds and was sponsored solely by DVR 110 Innovation and Expansion funds. Therefore, all activities of the CO SILC are completed with non-Part B funds.

Section E – Training and Technical Assistance Needs

Section 721(b)(3) of the Act

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

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
Advocacy/Leadership Development	1
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	
Legislative Process	
Applicable Laws	2
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	4
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	
Disability Awareness and Information	
Specific Issues	
Evaluation	9
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	
Financial: Grant Management	8
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	
Financial: Resource Development	7
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
Independent Living Philosophy	
General Overview	
Innovative Programs	6
Best Practices	
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
Program Planning	5
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
Outreach to Unserved/Underserved Populations	3
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	
Urban	
SILC Roles/Relationship to CILs	10
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

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

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

Section A – Comparison of Reporting Year Activities with the SPIL

Item 1 – Progress in Achieving Objectives and Goals

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

Goal 1: Identify Disability Population Hubs

A: Gather information to create an understanding of service areas. YEAR ONE: - status complete

B: Identify the service needs of underserved populations. YEAR ONE – status completed SILC survey in 2015

C: Create a targeted outreach plan. YEAR ONE – status Disability Maps project was completed in 2014.

Goal 2: Increase Capacity of Center to provide services

A: Staff Development.

The CO SILC had plans to budget for 2 online trainings per center, per year, after consultation with the Administration of Community Living (ACL) it was determined that the role of the SILC is not administrative in nature to the CILs and that the CILs are responsible for their own training. However, the SILC did purchase an ILRU training for all of the ten Centers this year. The SILC had plan to coordinate with the DSU and CILs to host a statewide conference for IL staff, however there was not funding available to complete this task. Additionally what would be provided at the conference and who would bear the costs is unclear.

The SILC had plans to determine which of the ILRU training modules will be required for IL staff to complete to meet Title VII qualified staff requirements. This is not an area that the SILC has the authority to operate it. The CILs should be determining ILRU training modules for their staff.

The SILC planned to create networking opportunities, including continuation of the SILC IL Staff committee. There is not an IL staff committee on the SILC. The SILC is assisting with coordination across the State with specialty services by providing support for interpreters.

The SILC had plans to make available training on: Collaboration techniques for CILs to work with community organizations, and using volunteers in a way that is meaningful to the CIL and

the volunteer. After discussion with ACL it was determined that the SILC does not have the authority to provide training to CILs and CIL staff and training requests were referred to ILRU. SILC had an initiative planned to collect information from each center about staff turnover and compare to IL staff listed at the beginning of this SPIL. The collection of data at the beginning of the SPIL did not occur therefore this initiative cannot be completed. It is unclear what the SILC was attempting to discover when the SPIL was created.

The SILC provided ASL Interpreters for an all-State meeting of Deaf and Hard of Hearing providers in CILs.

B: Support Resource Development on statewide basis

The SILC had an initiative to solicit information from CIL Directors about subscriptions to aid fundraising that can be shared Purchase subscriptions. The CIL directors have an organized coalition that contains all the CILs in Colorado except for two. The CIL directors work well together in the State of Colorado and share resources and information that is appropriate to the setting.

The DSU and SILC will explore the opportunity of hiring a VISTA or other service agency staff to work with all Colorado CILs. The DSU and the SILC do not have the authority or funding to hire staff for CILs.

C: Explore the use of technology and non-traditional methods for service delivery.

The SPIL contains an objective to use 704 reports to determine percentage of consumers served outside of primary CIL office location by the DSU. The DSU only received reports from the Part B Centers. Centers that receive Part C provide their 704 report directly to the Federal government. Any attempt to make assumptions about services based on the 704 would be flawed due to lack of full information.

The SPIL contains an objective for the DSU to gather information about current service delivery outside main CIL offices. The IL Program Coordinator has visited all the CILs in the State of Colorado and discussed with them their service delivery models. While many provide services from the main CIL office, they have satellite offices and work diligently to outreach to un and underserved areas of their catchment areas. Each CIL is committed to expanding and providing services to individuals with disabilities in the State of Colorado.

Survey consumers staff involved in services outside main office – STATUS COMPLETE.

D: Develop a team to write an annual report on the progress and accomplishments of the IL Network.

The SPIL contains an initiative to develop a team to write an annual report on the progress and accomplishments of the IL Network. The CILs in Colorado are working together to increase communication and coordination between CILs and to develop an IL network in Colorado. There is currently the Association of Colorado Center for Independent Living (ACCIL) which has eight of the nine Centers in the State. The CILs received a large increase in State General Funds this fiscal year and are exploring the option of using some of their funds to develop a Division of Office of Independent Living in State government.

Goal 3: Increase Involvement of Youth in Independent Living

A: Educate ourselves about reaching out to youth in meaningful ways. CO SILC has been collaborating with the Colorado ASPIRE program and there are SILC members on Denver Metro Commission for People with Disabilities, Youth Committee.

B: Developing Youth leadership. The SILC has a youth serving on the Council and have created a Youth Committee to focus on youth issues and transition.

C: Involve youth at IL Centers. The Youth Committee was developed and 1 staff member from each CIL is involved to address issues with youth. Each CIL is addressing youth needs that match the needs in their community and

Item 2 – SPIL Information Updates

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

Section B– Significant Activities and Accomplishments

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

Section C – Substantial Challenges

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

Section D – Additional Information

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

SUBPART VII - SIGNATURES

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

SIGNATURE OF SILC CHAIRPERSON	DATE
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Joe Anzures, SILC Chair

NAME AND TITLE OF SILC CHAIRPERSON	PHONE NUMBER
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SIGNATURE OF DSU DIRECTOR	DATE
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Steve Anton, Director Division of Vocational Rehabilitation

303-866-4889

NAME AND TITLE OF DSU DIRECTOR	PHONE NUMBER
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SIGNATURE OF DSU DIRECTOR (Older Blind Program)	DATE
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NAME AND TITLE OF DSU DIRECTOR (Older Blind Program)	PHONE NUMBER
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SUBPART VII - SIGNATURES

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

 12/2/2016

SIGNATURE OF SILC CHAIRPERSON DATE
Joe Anzures, SILC Chair

NAME AND TITLE OF SILC CHAIRPERSON PHONE NUMBER

 3-13-07

SIGNATURE OF DSU DIRECTOR DATE

Steve Anton, Director Division of Vocational Rehabilitation 303-866-4889

NAME AND TITLE OF DSU DIRECTOR PHONE NUMBER

SIGNATURE OF DSU DIRECTOR (Older Blind Program) DATE

NAME AND TITLE OF DSU DIRECTOR (Older Blind Program) PHONE NUMBER

