

RSA-704 Part II for Southern Nevada Center for Independent Living - H132A940031 report through September 30, 2013

Subpart I - Administrative Data

Sources and Amounts of Funds and Resources

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	0
(B) Title VII, Ch. 1, Part C	191,899
(C) Title VII, Ch. 2	0
(D) Other Federal Funds	28,822

Item 2 - Other Government Funds

(E) State Government Funds	0
(F) Local Government Funds	0

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	4,705
(H) Donations from Individuals	1,536
(I) Membership Fees	0
(J) Investment Income/Endowment	0
(K) Fees for Service (program income, etc.)	990
(L) Other resources	674

Item 4 - Total Income

Total income	228,626
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Item 5 - Pass-Through Funds

Amount of other 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.)	0
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Item 6 - Net Operating Resources

[Total Income (Section 4) minus Pass-Through Funds amount (Section 5) = Net Operating Resources

228,626

Subpart II - Number and Types of Individuals With Significant Disabilities Receiving Services

Section A - Number of Consumers Served During the Reporting Year

(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	347
(2) Enter the number of CSRs started since October 1 of the reporting year	201
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	548

Section B - Number of CSRs Closed by September 30 of the Reporting Year

(1) Moved	103
(2) Withdrawn	5
(3) Died	2
(4) Completed all goals set	32
(5) Other	16
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	158

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.

Section A(3) [minus] Section (B)(6) = Section C	390
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Section D - IL Plans and Waivers

Indicate the number of consumers in each category below.

(1) Number of consumers who signed a waiver	7
(2) Number of consumers with whom an ILP was developed	541
(3) Total number of consumers served during the reporting year	548

Section E - Age

Indicate the number of consumers in each category below.

(1) Under 5 years old	6
(2) Ages 5 - 19	35
(3) Ages 20 - 24	41
(4) Ages 25 - 59	357
(5) Age 60 and Older	109
(6) Age unavailable	0
(7) Total	548

Section F - Sex

Indicate the number of consumers in each category below.

(1) Number of Females served	285
(2) Number of Males served	263
(3) Total	548

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).

(1) American Indian or Alaska Native Number of Consumers	4
(2) Asian Number of Consumers	10
(3) Black or African American Number of Consumers	174
(4) Native Hawaiian or Other Pacific Islander Number of Consumers	1
(5) White Number of Consumers	227
(6) Hispanic/Latino of any race or Hispanic/Latino only Number of Consumers	122
(7) Two or more races Number of Consumers	4
(8) Race and ethnicity unknown Number of Consumers	6
(9) Total	548

Section H - Disability

Indicate the number of consumers in each category below.

(1) Cognitive	117
(2) Mental/Emotional	103
(3) Physical	300
(4) Hearing	9
(5) Vision	7
(6) Multiple Disabilities	12
(7) Other	0

Section I - Individuals Served by County During the Reporting Year

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

County name	Number of county residents served
Clark County	548

Subpart III - Individual Services and Achievements

Section A - Individual Services and Achievements

List the number of consumers requesting and the number of consumers receiving each of the following services during the reporting year, including the IL core services. The total of these numbers is not expected to equal the number of active CSRs during the reporting year, as a consumer may receive multiple services during the reporting year. Also, individuals who receive information and referral (I&R) services only may not have a CSR.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	212	212
(B) Assistive Technology	0	0
(C) Children's Services	0	0
(D) Communication Services	0	0
(E) Counseling and Related Services	0	0
(F) Family Services	0	0
(G) Housing, Home Modifications, and Shelter Services	10	10

(H) IL Skills Training and Life Skills Training	203	203
(I) Information and Referral Services	2,777	2,777
(J) Mental Restoration Services	2	2
(K) Mobility Training	3	3
(L) Peer Counseling Services	218	218
(M) Personal Assistance Services	0	0
(N) Physical Restoration Services	0	0
(O) Preventive Services	1	1
(P) Prostheses, Orthotics, and Other Appliances	0	0
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	0	0

(S) Therapeutic Treatment	0	0
(T) Transportation Services	2	2
(U) Youth/Transition Services	1	1
(V) Vocational Services	208	208
(W) Other Services	65	65

Section B - Increased Independence

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	204	132	72
(B) Communication	0	0	0
(C) Mobility/Transportation	30	18	12
(D) Community-Based Living	103	20	83
(E) Educational	180	158	22
(F) Vocational	41	13	28
(G) Self-care	160	129	31

(H) Information Access/Technology	8	1	7
(I) Personal Resource Management	71	27	44
(J) Relocation from a Nursing Home or Institution to Community-Based Living	1	0	1
(K) Community/Social Participation	2	0	2
(L) Other	5	2	3

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.

Area	Number of Consumers Requiring Access	Number of Consumers Achieving Access	Number of Consumers Whose Access is in Progress
(A) Transportation	53	39	14

(B) Health Care Services	32	17	5
(C) Assistive Technology	17	12	5

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

(B) I&R Information

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

Follow-up contacts with I&R recipients

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

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.

We received a grant on July 01, 2013 from the Department of Health and Human Services; Grants Management Unit for a "Student Advocacy Training Project" (SAT). We will use SAT funds to train 504 students ages 14 - 22 with disabilities in the Clark County school district, in self advocacy and about resources available to them in Southern Nevada.

Additionally on August 01, 2013, we were awarded a Social Security Work Incentive Planning Assistance Cooperative Agreement to serve Social Security Beneficiaries interested in entering or reentering the workforce. The purpose of the project is to help Beneficiaries make informed decisions about the effect of employment on their benefits, provide assistance to develop an employment plans, assist to identify and utilize work incentives and assist with problem solving through out Beneficiaries careers.

Success Stories

Roberta is a 50 year old Hispanic female with muscular dystrophy. Roberta came to SNCIL in need of assistance with securing medical coverage. ILC/A provided information and assisted with the application process for Medicaid. ILC/A also made a referral to Clark County Social Services for help with medical coverage. Roberta now has Medicaid and is able to receive the medical services and supports she requires for a healthier lifestyle.

Joseph is a 49 year old Hispanic male with a learning disability. Joseph came to SNCIL for IL services because he desired to live independently in his own home but needed more work hours to do so. Joseph was living with his brother. ILC/A referred Joseph to Bureau of Vocational Rehabilitation (BVR) to help him find employment, and he is currently partnering with BVR to secure employment that will allow Joseph to live in his own home.

Mike is a 53 year old Caucasian male with Parkinson's who came into SNCIL seeking help with an overpayment on his SSI. Mike's situation was urgent because the overpayment resulted in the loss of his benefits. ILC/A addressed this issue with Mike at the local SSA office. Mike contacted ILC/A to let me know that his benefits were re-instated. Mike is now more equipped to meet his needs.

Patrick is a 58 year old Caucasian male with Traumatic Brain Injury. Patrick has been a consumer of SNCIL since July 1 of 2011. Patrick was in need of affordable housing. Patrick received housing training to identify affordable housing options and training in completing housing applications. Patrick's options in affordable housing and provided application assistance to both Accessible Spaces Inc. (ASI) and Southern Nevada Regional Housing Authority SNVRHA. Unfortunately while waiting for affordable housing Patrick broke his leg and upon release from the rehabilitation facility he needed help with special transportation. ILC/A met

Patrick's need for transportation by training him to apply for Para transit. Patrick now has Para transit and is now in his apartment through ASI and is living independently.

Mike is 56 year old Hispanic male who is post-polio. Mike came to SNCIL because he was in need of assistance with applying for social security benefits and medical coverage, after being laid off from his job. ILC/A assisted Mike with applying for social security benefits and Mike was approved for SSDI. While Mike was ineligible for Medicaid and had to wait two years to qualify for Medicare, Mike was able to secure medical coverage through Access to Health Care Network, and is looking into Nevada Health Link. Mike is also working with Bureau of Vocational Rehabilitation and Easter Seals to secure employment, and moving towards increased independency.

Keith is a 56 year old Caucasian male veteran with physical disabilities. Keith had several strokes and was in need of advocacy and assistance with filling out a reconsideration forms with SSA, after being denied SSDI. ILC/A provided Keith with training in filling out and filing the reconsideration form. While waiting for SSA decision Veterans Affairs (VA) sent Keith to Loma Linda University for surgery. Before the surgery he suffered a heart attack, partially paralyzing him on his left side. Keith is now at a rehabilitation hospital. Keith was awarded his SSDI with back pay. Keith now needs affordable housing and SNCIL ILC/A is working towards this goal with Keith. Keith now has the benefits he requires and knows that SNCIL will continue to help him towards independent living in affordable housing.

May is a 23 year old African American female with a learning disability, Persuasive Developmental Disorder (PDD), and a speech impediment. When May came into SNCIL with her basic skills technician, she had multiple needs. May needed help with obtaining a new representative payee and a personal attendant. May also needed information and help with applying for SNAP (food stamps), and affordable housing. SNCIL staff assisted May with information and application assistance. May is now in an affordable apartment, has a personal assistant, receiving SNAP, and is working with Desert Regional Center (DRC) to secure a new representative payee.

Shawn is a 29 year old Caucasian male living with cerebral palsy. Shawn resides with his mother. Shawn was looking for help and found SNCIL phone number. Shawn was in need of help with re-applying for SSA benefits and help with an overpayment issue, affordable housing, and higher education. SNCIL staff provided assistance to Shawn by supplying information and helping him call SSA and make an appointment to reapply for benefits. Shawn is now receiving SSI with SSDI pending; Shawn worked for 9 years for K-Mart. SSA forgave Shawn's overpayment awarding him \$1,400 and an additional \$2,000 paid out in 9 payments. Shawn is now successfully enrolled in school in an audio engineering program. Once he receives the decision from SSA regarding his SSDI he can return to work at K-Mart. His future goals include creating a budget, moving out on his own, and securing a passport. Shawn now knows he will have support from SNCIL in moving forward in his goal of increasing his independence.

Subpart IV - Extent of CIL Compliance with the Six Evaluation Standards

Section A - Compliance Indicator 1: Philosophy

Item 1 - Consumer Control

(A) Board Member Composition

Enter requested governing board information below.

Total Number of Board Members	7
Number of Board Members with Significant Disabilities	5

(B) Staff Composition

Enter requested staff information in the table below.

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals from Minority Populations
Decision-Making Staff	2	1	1
Other Staff	3	2	3

Item 2 - Self-Help and Self-Advocacy

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

Policy, procedure and systems have been established to promote self-help advocacy. These have been incorporated into our work plan and standardized intake and service provision system.

Item 3 - Peer Relationships and Peer Role Models

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

The majority of our Board members and Staff are individuals with disabilities who are living independently in the community who have overcome their own independent living barriers.

Item 4 - Equal Access

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

Per policy and procedure we provide complete communication and physical access at our center. Policy includes conducting a self-evaluation annually for communication and physical access and ensuring that equal access is provided in all our activities outside of our facility.

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

Per our work plan, systems advocacy goals are designed to promote equal access in our community. Briefly this includes transportation, housing, transition from nursing home to the community, supporting the State Olmstead Plan, so that people with disabilities have the option to reside in the most integrated settings possible.

Item 5 - Alternative Formats

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

Per Center Policy our materials are available in braille, large print, and on tape. We keep a poster in the front lobby promoting alternative formats available for consumers.

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

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

The Center's outreach policy and procedures are in place. Outreach is conducted and appropriate materials are distributed to conduct outreach to individuals of all disabilities who are unserved or underserved from diverse ethnic backgrounds. Diversity is demonstrated by our consumer demographics in ethnicity and by disability type.

Section C - Compliance Indicator 3: Independent Living Goals

Item 1 - Consumer Information

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

Policies, procedures and systems are in place to ensure that consumers have the opportunity to develop an independent living plan. During the intake process consumers are asked if they would like to develop an ILP. We explain that services will be provided with or without a plan and that it is ok to waive the plan. On our intake form verification by signature captures that this option was offered and which option was selected. The responses are recorded on our data tracking software.

Per Center policy, direct service providers complete a request for a satisfaction survey for each new consumer. The request is submitted to the Center's Satisfaction Survey Specialist who then contacts the consumer by phone if possible and if not then by letter. The consumer is asked to complete the center satisfaction survey, 30 days after intake, when a goal is achieved, and when the case is inactivated. Consumers are given a satisfaction survey to complete at any time during intake and advised that blank surveys are available in the lobby. Satisfaction survey reports are generated periodic for review by the SNCIL Board.

Item 2 - Consumer Service Record Requirements

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

Per Center policy we have a standardized intake packet to include all the required data gathering forms necessary to open a new CSR. We have software data system which matches the forms where the data is maintained. Direct Service Providers also log contacts on the software system. A hard copy is printed out and placed in the consumer's file. Files are confidential and maintained in locked filing cabinets.

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

Item 1 - Community Activities Table

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

Issue Area	Activity Type	Hours Spent	Objective(s)	Outcome(s)
Assistive technology	Community Ed. and Public Info.	182.00	Community Awareness for Disability Services to Consumers	328 Consumers have increased awareness about available services through Disability Awareness Day.
Assistive technology	Community Ed. and Public Info.	375.00	Publish, update and distribute local Resource Guide to provide accessible information on available disability services.	Distributed Resource Directories to 201 Consumers during intake and 832 during Outreach activities.
Assistive technology	Community Ed. and Public Info.	8.00	Provide input about appropriate evacuation needs for people with disabilities.	Evacuation Plans appropriate for people disabilities with appropriate assistive technology.
Transportation	Community/Systems Advocacy	30.00	Provide input about people with disabilities needs in transportation	We have new accessible public transportation buses.

			areas	
Housing	Collaboration/Networking	4.00	Memo of understanding to provide IL services to ASI HUD Housing Units Developed	ASI Residents have SNCIL Services available to ASI residents.
Housing	Collaboration/Networking	12.00	Staff networking with Deaf and Hard of Hearing for Information Exchange	Provided information about CIL Services to Deaf and Hard of Hearing Community
Assistive technology	Community/Systems Advocacy	12.00	Establish continuum of assistive technology services for transitional students	In progress - 73 Students received services
Assistive technology	Technical Assistance	23.50	Provide video teleconference capacity for the Statewide Assistive Technology (AT) Council for meetings and AT State Plan Review Sessions	Increased State Collaborations capacity. Hosted Council meeting and Assistive Technology Council State Plan Review Sessions to improve and increase assistive technology capacity.
Transportation	Technical Assistance	58.00	Improve Taxi Cab transportation for people with disabilities through ADA Training per Assembly Bill #726	Provided 29 ADA Training sessions for 198 taxi cab drivers resulting in fewer taxi cab complaints by people with disabilities.

Health care	Outreach Efforts	241.00	Increase awareness about CIL and other community services to assist consumers make informed independent living choices and decisions.	Provide 54 presentations and booth which yield 201 new consumers received information about health care services.
Other	Community Ed. and Public Info.	8.00	Train school to work transition students in self-advocacy	Provided self-advocacy training to 73 school to work transition
Housing	Collaboration/Networking	4.00	Increase nursing home transition capacity	Jointly with SILC worked with FOCIS to establish nursing home transition policies
Health care	Collaboration/Networking	366.00	To educate about Health Care resources. Made available to disability community	Provide intenerate hours at: Veterans Association; MDA Clinic; Homeless Shelter for Woman
Assistive technology	Technical Assistance	24.00	Fix It Clinic for Adaptive Equipment	As a new program participation is low - will increase with awareness.
Health care	Collaboration/Networking	68.00	Itinerate office at homeless shelter to inform homeless	Provide access for homeless to CIL Services including health care

Item 2 - Consumer Service Record Requirements

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.

The activities above include: Memos of Understanding with Accessible Space, Inc. Facilities to provide services for their residents, c cooperative agreement with the Department of Health and Human Services to provide Student Advocacy Training to the Students in Clark County Transition Program. SSCI Staff serve on the Regional Transportation Council for Aging and Disability Transportation the Clark County Evacuation Committee and the Assistive Technology Council and SILC.

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

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

We have developed a resource guide of disability services containing approximately 250 service providers for individuals with disabilities and have added this information to our web page as a resource tool for our disability community to promote self-help and self-advocacy. The guide is available in braille and large print.

Our Center has been granted the Social Security Administration Work Incentive Planning Assistance Cooperative Agreement for the entire state of Nevada. Video equipment is available to reach statewide locations.

The Nevada SILC has developed a plan to use Title VII Part B funding to assist consumers with funds for vehicle and home modifications and to purchase adaptive equipment where no other funding sources are available. We support this action and make referrals to this program, which is accessible for all disabilities.

For the past 21 years we have coordinated the Annual Disability Awareness Day to help educate consumers about our services and other resources available in the community. The activity is co-sponsored by the City of Las Vegas Adaptive Park and Recreation; State of Nevada Department of Education, Training and Rehabilitation, AAMCO Medical; Wellcare Pharmacy, Cox Charities; United Way of Southern Nevada; Nevada Governor's Council on Developmental Disabilities; and The Challenger Newspaper, our local Disability newspaper,. This year it was attended by approximately 328 individuals. Over 57 service providers manned a booth. The event is held in an accessible location and sign language interpreters are provided.

Section F - Compliance Indicator 6: IL Resource Development Activities

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

We have a goal that a minimum of 10% of funds will come from funding sources other than Title VII Part C. This fiscal year 23% of our Center funding was from other sources and these include:

- Fees for services for training taxi cab drivers about disability awareness, VR Fees for services;
- In-kind contributions. In-kind contributions are made up of volunteer hours contributed to the Center at a rate of \$8.00 per hour, for general volunteers and \$30.00 per hour for Board Volunteers, management information systems, discounts and the use of a city park;
- Student Advocacy Training Project - Grant
- United Way of Southern Nevada Donor Contributions
- Other Donations.

Our Resource Development Plan focused on applying for grant funding to expand the menu of direct services to consumers. We have a Resource Development Consultant Position to consistently seek and apply for funding opportunities.

Subpart V - Annual Program and Financial Planning Objectives Edit

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

Item 1 - Achievements

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

Item 1 - Achievements

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

Goal 1

Maintain a community based, non-residential non-profit Center for Independent Living Center that meets the requirements of 725 of the Rehabilitation Act. Continue to promote the independent living philosophy, self-help, self-advocacy, the development of peer relationships and peer role models and equal access to individuals of all disabilities.

Objective 1

To promote the Independent Living Philosophy, consumer control, the majority of Board and Staff will be individuals with disabilities.

Plan:

Maintain a majority of Board and Staff with disabilities.

Outcome:

The majority of the Board and Staff are individuals with disabilities. Board members received training on strategic plan development. The board is receiving on the job training using strategic planning tool developed by a board member. Once the plan is complete efforts to recruit additional board members using the Board Recruiting Fact Sheet developed by the Board will begin. The board also completed all fiscal management goals for the fiscal year noted on the fiscal management check list also developed by the Board with training. Staff training is reported in Goal 4 Objective 4.6.

Objective 1.2

Ensure established policies and procedures for self-help and self-advocacy to be carried out.

Plan:

In order to self-advocate consumers must first learn what is available and what their rights are. To train individuals in this capacity we have developed a pocket guide of available services in our community and have added this information to our web site. As Nevada has developed and maintained a 2-1-1 telephone information system, we have expanded our plan to include education of this information system at all consumer intakes.

To educate consumers about resources and rights we provided knowledgeable staff trained to be culturally sensitive to all disabilities. Staff will be trained about rights but will also be trained to do research about resources and rights to provide this information to consumers.

Our intake procedures are standardized and include training in self-help and self-advocacy for each new consumer. We have developed a goals agreement form that emphasizes consumer control and responsibility over independent living goals. Our information and referral procedures are also standardized and include the provision of training and information to do self-advocacy. We plan to maintain these procedures to provide self-care and self-advocacy.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Outcome:

We update our Resource Guide bi-annually and give one to each new consumer at intake as a training tool. It is scheduled to be updated again in 2015. We have added the guide to our web page. We continue to educate consumers about 2-1-1.

Because training consumers about specific rights can lead in many directions, all staff received training about basic rights and most important how to conduct research and share it with consumers to provide guidance about specific their rights. We have maintained procedures to provide self-care and self-advocacy and documentation is in consumer files, service logs and on the server.

Objective 1.3

Promote the relationship of peer relationships and peer role models.

Plan:

Maintain a majority of individuals with disabilities on the Board and Staff.

Time Frame:

Ongoing during the operation of the Center.

Outcome:

This goal was accomplished as we maintained a majority of Board and Staff Members with disabilities who served as peer role models in the community.

Objective 1.4

Provide equal access to individuals of all significant disabilities including communications and physical access to our Center's services, programs, activities, resources and facilities.

Plan:

To maintain equal access at our Center we have established the following access components and will conduct self-evaluation annually to ensure they are in place.

Communications accommodations at our facility include:

- A TTY and knowledge and use of 7-1-1 Deaf Relay System,
- Video Relay Service Phone
- Video Screen Interpreter Capacity Web Cam
- an accessible computer for individuals with speech impairments who can communicate and would prefer to communicate with a computer,
- interpreters for the deaf and hard of hearing,
- readers for individuals who blind or visually impaired,
- Staff on Board who are fluent in American Sign Language and bi-lingual in English and Spanish, and we have access to other language interpreters, and
- provisions for equal access for all activities outside the center which we are involved in.

Accommodations for physical access to our facility include:

- disabled parking,
- curb cuts,
- accessible bus stop within sixty feet of the front door,
- automatic opening front door,
- accessible seating in lobby to include individuals who are obese,

- a front lobby counter which is wheelchair and little people accessible,
- accessible water in front lobby,
- accessible bathrooms,
- brailled and large print signage and
- to maintain a chemically sensitive environment we use mild cleaning supplies and all staff has been trained not to wear perfume and aftershave
- Chemical Sensitivity Signage placed in lobby.

Time Frame:

Ongoing during the operation of the Center.

Outcome:

Per our self-evaluation all equal access options are operable and in place.

Objective 1.5

Advocate for and promote equal access to all services programs, activities, resources and facilities in society.

Plan:

Advocate with the State Commission on Disabilities to oversee the Olmstead State Plan, other CILs, the SILC and other disability groups in support of the implementation of the Plan.

Time Frame:

Ongoing throughout the instigation and implementation of the Plan.

Outcome:

To advocate and promote equal access for individuals of all disabilities, over the past years the Nevada CILs and the SILC and the majority of Nevada's Disability Groups have been involved with the development of an Olmstead Plan for Nevada. The plan is in place and is overseen by a state funded committee made up of people with disabilities, called the Commission for People with Disabilities. The purpose of the committee is to assure that steps are taken in accordance to the plan by the state. When it was developed and adopted we had the complete support of the Governor. We continue to monitor as we undergo state budget cuts. It is a ten year plan with incremental steps assuring the individuals receive services in the most integrated and least restrictive settings statewide which include equal access. Title VII Part B American Recovery

Act funds were used to hire an independent consultant to assess progress. Most notably Medicaid has created a division to assist individuals to transition from the nursing to the community and approximately 129 were transitioned. A Money Follows the Person Grant was awarded to the state with a goal to transition 574 individuals with disabilities from nursing homes and other institutions.

Goal 2

Provide services to individuals with a wide range of significant disabilities on a cross disability basis to include individuals who are members of populations that are unserved or underserved.

Objective 2.1

Conduct outreach to cross disabilities.

Plan:

Conduct outreach with a minimum of a combination of 20 outreach presentations and manned booths annually.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Outcome:

Staff participated in 54 outreach activities which include making program presentations and manning booths. We distributed 2176 program brochures in English and in Spanish, and other outreach materials. Our most intensive outreach activity was holding our 21st annual disability awareness day. This activity involves doing outreach to consumers, providers and elected officials. It is held in October each year at the same location. Seven Thousand nine hundred and four invitations were mailed out in collaboration with Vocational Rehabilitation and the City of Las Vegas Adaptive Recreation Programs. Press releases are generated and ads are placed in local newspapers using unrestricted funds. Once again this year the activity was a success. Over 328 consumers attended 54 vendors manned booths. The presentations at the event highlighted new programs available for consumers in the community.

Objective 2.2

Conduct outreach to unserved or underserved to include minority groups.

Plan:

Conduct outreach specific to underserved areas per census data. Track and monitor the number of consumers receiving direct services to census data as a comparison.

Time Frame:

Ongoing during the operation of the Center.

Outcome:

In effort to reach more children and Hispanics with disabilities staff funded through AARA funds have been dedicated to conduct targeted outreach. In effort to reach out to more Native Americans SNCIL continued its relationship with the Native American Vocational Rehabilitation (VR) Agency. Staff attended activities sponsored by the Native American VR and the welcome back Native American College Students. We will continue to conduct outreach to Hispanics and Children, our numbers showed an increase in both areas. Several SNCIL staff are bi-lingual in English and Spanish. The following is a comparison to the Clark County ethnicity estimates at a glance. We will continue our efforts to conduct outreach to diversified ethnic minorities especially Asians. Again this year we exceeded census data on services of Black or African American Minority, Increased in Hispanics, and two or more races and continue to strive to match the census percentages.

CIL 548

Consumers Data Count % Las Vegas Census

American Indian/Alaska Nat 4 0.7% .7%

Asian 10 1.82% 6.1%

Black/AA 174 31.75% 11.1%

Native Hawaiian/PI 1 0.182% .6%

White 237 43.24% 62.1%

Hispanic/Latino 122 22.26% 31.5%

Objective 2.3

Provide the core Independent Living Services and other Independent Living Services indigenous to the consumer needs.

Plan:

Provide the core services which are individual advocacy, independent living skills training and peer counseling and support. In response to our consumer needs we will provide the following services:

-Information and Referral: a minimum of 1200 calls

-Follow up on I & R for Transportation, Health Care and Assistive Technology, Software was updated to track follow up outcomes

-Peer Counseling both group and individual: a minimum of 90 consumers

-Independent Living Skills and Life Skills training: a minimum of 20

-Training in Self Advocacy: a minimum of 150

-Provision of individual advocacy: a minimum of 90

-Benefits Counseling: a minimum of 60

-Enhancement of mobility through equipment: through referral a minimum of 10

-Guidance in applying for subsidized housing: a minimum of 30

-Continue to maintain information for consumers about housing options

-Guidance in applying for paratransit transportation: a minimum of 10

-Public Education

-Sponsor Annual Disability Awareness Day

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Outcomes:

The majority of the service goals were exceeded. All core services were provided. This year 548 consumers received services with a case service record of those 201 were new. Disabilities Awareness Day was once again a success and was attended by approximately 328.

Objective 2.4

Assist people of all disabilities set and meet independent living goals.

Plan:

We will facilitate the development and achievement of Independent Living Goals selected by individuals with significant disabilities who seek the services of the Center. A case service record will be developed. (We will offer consumers the option to develop an Independent Living Plan. This may be waived by the consumer and services will be provided, but goals will be logged and tracked for record keeping and reporting.)

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Outcome:

We worked with independent living plans for 599 consumers, 412 carry over and 187 new. Goals set and met were tracked on the Center's software system along with contact notes.

Objective 2.5

Conduct consumer satisfaction surveys on consumers receiving services.

Plan:

Conduct consumer satisfaction surveys on a minimum of 80% of the consumers receiving services. Maintain a system of conducting satisfaction surveys 30 days after intake, each time a consumer goal is met and when the case is inactivated for each consumer with a case service record. Provide each consumer with blank satisfaction survey at intake and keep blank surveys in the lobby which can be completed anonymously by consumers at any time. Advise consumers about the role of the Client Assistance Program.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Outcome:

Over 80% of all consumers were surveyed and over 90% percent of all surveys completed were favorable. We have a standardized intake system with a standardized intake packet which includes a blank satisfaction survey which we give to each new consumer. Our packet also includes Client Assistance Program information which is explained and given to each new consumer. We have designated a staff member who does not deliver direct services to conduct satisfaction surveys. Our system includes three attempts to reach the consumer by phone for those who have a phone. If we are unable to reach them by phone a survey is mailed. A survey is mailed at each interval for consumers who do not have a phone. Blank surveys were maintained in the lobby.

Goal 3

The Center will work to increase the availability and improve the quality of community options for independent living in order to facilitate the development and achievement of independent living goals by individuals with significant disabilities.

Support the initiatives of the Nevada Olmstead Plan and the efforts of the Strategic Accountability Committee, the CILs and the SILC. Monitor and support to improve the quality

of community options for Independent Living in housing, employment, transportation and service availability.

Objective 3.1

Monitor and support the Nevada Olmstead Plan.

Plan:

Participate in Committees and help to advocate for changes.

Time Frame:

Ongoing through the implementation of the ten year Plan.

Outcomes:

In previous years a statewide accountability committee was formed to develop and review Nevada's Olmstead Plan to ensure the following provisions were included: a) assurance that individuals with disabilities are served in the most integrated and least restrictive setting at a reasonable pace; and b) provision for the transition of qualified individuals into a community-based setting at reasonable pace; and c) assurance that individuals with disabilities have the benefit of assessments to determine how community living might be possible (without limiting consideration to what is currently available in the community). CILs and the SILC along with other disability groups advocated for and continue to advocate for inclusion a residual from the Olmstead Case.

The accountability committee was converted to the Commission on Services People with Disabilities under the Division of Aging. The Aging Division is also home to the State Councils for Assistive Technology, Traumatic Brain Injury, Personal Assistance Services, Interagency Transition Advisory Board, and Deaf Relay Services. The Division also serves as the designated state unit for the State Independent Living Council (SILC). SILC and CIL members are representatives on several of the Councils.

SNCIL participated in a work committee to submit a Money Follows the Person Grant which was awarded to Nevada. A goal was written to transition 256 older adults age 65 and older and 256 individuals with physical disabilities and 12 individuals who are developmentally delayed. To date the project has transitioned ninety-six individuals and 62 diversions.

The SILC along with the CILs voted to use part of the American Recovery Act Funds to hire an independent consultant to review progress to date on progress towards achieving the goals of the Olmstead Plan. The results were positive in that the Nevada Medicaid formed a division to conduct outreach and assist individuals' transition from nursing homes to community living. SNCIL in Clark County partnered with Medicaid to provide nursing home residents with the funding and logistics to assist consumers with these transitions.

Goal 4

The Center shall conduct activities to increase the capacity of communities within the service area of the Center to meet the needs of individuals with significant disabilities. The overall goals of the Olmstead Plan will increase the capacity of Clark County as referred to in Goal 3.

Objective 4.1

Increase affordable housing for individuals with significant disabilities.

Plan:

Collaborate with the local housing authorities and providers.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Outcome:

The subsidized housing waiting lists continue to be three to five years. We have collaborated with alternative housing for consumers. Accessible Space Inc. (ASI) has now developed 12 semi-assisted living facilities which provide for shared personal care attendant services. Two facilities opened this fiscal year. They have applied to HUD for additional funding to build an additional facility in Henderson, Nevada. In support of this application we collaborated with a memo of understanding (MOU). We have an MOU with the 12 existing facilities to provide Independent Living services to the residents. The waiting list for ASI units is nine months, with this latest project a minimum of 5% of the units will be allocated for individuals with significant disabilities.

We continue to maintain housing information and conduct research for consumers on availability. Local housing authorities continue to fax notices when they are accepting applications. We continue to assist consumers complete housing applications when the housing authorities are accepting them.

Objective 4.2

Increase employment capacities for individuals with significant disabilities.

Plan:

Continue to increase employment capacity by educating Social Security Recipients about ticket-to-work and benefits analysis to assist consumers to make informed decisions about returning to work.

Time Frame:

Ongoing, through a cooperative agreement with the Social Security Administration.

Outcome:

Provided information to assist consumers make informed decisions about returning to work. On August 01, 2013 Congress reauthorized the funding of the Social Security Administration Work Incentive Planning Assistance (WIPA) Project.

Objective 4.3

Maintain as system that facilitates consumers' capacity to register to vote.

Plan:

Incorporated into our intake process we include an offer to consumers to register to vote.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Outcome:

This opportunity was offered to all new intakes. We will continue to encourage and educate consumers about the power of voting.

Objective 4.4

Increase Transportation capacity for consumers.

Plan:

Monitor transportation in our community and look for opportunities to increase capacity.

Outcome:

A CIL Staff Member serves on the Regional Transportation Senior and Disabled Advisory Committee and continues to serve on this committee. This has provided the opportunity to provide input into existing and future system. There has been significant improvement.

There is a need to expand Public Busing routes, some of the metropolitan areas are without bus services by both paratransit and the city bus system due to lack of funding.

We also provide training for taxi cab drivers on how to provide better customer services for individuals with disabilities and learn about the Americans with Disabilities Act. This year we trained 198 Cab Drivers.

Objective 4.5

Increase consumer capacity to access services.

Plan:

Establish and maintain a Satellite Office to increase the capacity of consumers to receive services. Maintain an itinerant office in Henderson Nevada.

Time Frame:

Ongoing.

Outcomes:

In 1995 we opened our Satellite Center in North Las Vegas, Nevada in Clark County which meets all 725 standards and requirements. Clark County population has grown from 700,000 to 2 million during this time. Nevada now has a total population of 2,000,759 million residing in Clark County. As is reflected in this report, all is operating smoothly and we are seeking funding to establish a Satellite Office in Henderson.

For the past four years we also have itinerant office hours in Henderson in partnership with the City of Henderson Multigenerational Center and then with Accessible Space Inc. (ASI) Coronado Apartment Complex where an in-kind office is donated by ASI to serve consumers in Henderson on an itinerant basis.

Objective 4.6

Provide for staff training.

Provide training for staff in cultural sensitivity, disability movement & rights, resources and other identified areas of need.

Plan:

Make provisions for training through time and funding.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Outcome: Time and funding was provided for staff in Effective Service Coordination - Engaging Consumers with a Holistic Approach to Independent Living Services; Effective Service Coordination - Volunteer Program; Effective Service Coordination - Generating 704 Report; Effective Service Coordination - Advocacy Training; ILRU Training Medicaid 101; ILRU Consumer Service Record Documentation - Interviewing and Assessing Needs; ILRU Consumer

Service Record Documentation - Goal Setting with Consumers; ILRU Consumer Service Record Documentation - Consumer Service Records; HUD Training; Nevada Health Link Summit; Permobil Education Series: Several in-house training sessions with invited guest speakers for 704 Reporting; 704 Case Service Record Maintenance; Rehabilitation Act of 1973 as Amended; Resource Development; Outreach; Strategic Planning; Budgeting.

Outside training for Social Security Work Incentive Planning Assistance Program: Interpreting Benefits Planning Queries; AN Introduction to the Affordable Care Act (ACA) and Medicaid Expansion; The Affordable Care Act - Insurance Reform and Exchange & Tax Credit; Meeting Benchmarks; Virginia Common-wealth Training - Other Federal Benefits Workers; and Virginia Common-wealth Training - Medicare Issues for Employed Beneficiaries; Teleconference - WIPA Benchmarks, WIPA ETO Training; Independence on Line Training, and SNCIL In-House Training.

Goal 5

A minimum of 10% of Center funds will be from sources other than Title VII C.

Plan:

Seek other funding sources through grants, donations, and fees for services.

Time Frame:

From the beginning to the end of the Fiscal Year.

Outcome: Addressed in Section F, Compliance Indicator 6, IL Resource Development.

23% of funds were from services other than Title VII Part C.

Item 2 - Challenges

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

Funding to expand services and maintain the current level of services is a substantial challenge. The Center has created and has funds for next fiscal year for a grant writer to generate proposals. The Board is in the process of developing a strategic plan to identify potential tactics to expand and diversify funding.

Item 3 - Comparison with Prior Reporting Year

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

This year as last fiscal year all goals were met or exceeded.

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

Item 1 - Annual Work Plan

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

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

Goal 1

Maintain a community based, non-residential non-profit Center for Independent Living Satellite Center that meets the requirements of 725 of the Rehabilitation Act. Continue to promote the independent living philosophy, self-help, self-advocacy, the development of peer relationships and peer role models and equal access to individuals of all disabilities.

Objective 1

To promote the Independent Living Philosophy, consumer control, the majority of Board and Staff will be individuals with disabilities.

Plan:

Maintain a majority of Board and Staff with disabilities.

Time Frame: Established and ongoing.

Objective 1.2

Ensure established policies and procedures for self-help and self-advocacy carried out.

Plan:

In order to self-advocate, consumers must first learn what is available and what their rights are. To train individuals in this capacity we have developed a pocket guide of available services in our community and have added this information to our web site. We plan to update as we print and to do a complete review and update bi-annually. Educate consumers about Nevada's 2-1-1 telephone information system.

To educate consumers about resources and rights we plan to provide knowledgeable staff trained to be culturally sensitive to all disabilities. Staff will be trained about rights but will also be trained to do research about resources and rights to provide this information to consumers.

Our intake procedures are standardized and include training in self-help and self-advocacy for each new consumer. We have developed a goals agreement form that emphasizes consumer control and responsibility over independent living goals. Our information and referral procedures are also standardized and include the provision of training and information to do self-advocacy. We plan to maintain these procedures to provide self-care and self-advocacy.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Objective 1.3

Promote the relationship of peer relationships and peer role models.

Plan:

Maintain a majority of individuals with disabilities on the Board and Staff.

Time Frame:

Ongoing during the operation of the Center.

Objective 1.4

Provide equal access to individuals of all significant disabilities including communications and physical access to our Center's services, programs, activities, resources and facilities.

Plan:

To maintain equal access at our locations we have established the following access components and will conduct self-evaluation annually to ensure they are in place.

Communications accommodations at our facility include:

- a TTY and knowledge and use of 7-1-1 Deaf Relay System,
- Video Phone for individuals who are deaf
- an accessible computer for individuals with speech impairments who can communicate and would prefer to communicate with a computer,
- interpreters for the deaf and hard of hearing,

- readers for individuals who blind or visually impaired,
- Staff on Board who are fluent in American Sign Language and bi-lingual in English and Spanish, (we have access to other language interpreters) and
- provisions for equal access for all activities outside the center which we are involved in.

Accommodations for physical access to our facility include:

- disabled parking,
- curb cuts,
- accessible bus stop within sixty feet of the front door,
- automatic opening front door,
- accessible seating in lobby to include individuals who are obese,
- a front lobby counter which is wheelchair and little people accessible,
- accessible water in front lobby,
- accessible bathrooms,
- brailled and large print signage and
- We maintain a chemically sensitive environment.

Time Frame:

Ongoing during the operation of the Center.

Objective 1.5

Advocate for and promote equal access to all services programs, activities, resources and facilities in society.

Plan:

Advocate with the State Commission for People with Disabilities to oversee the Olmstead State Plan, other CILs, the SILC and other disability groups in support of the implementation of the Plan.

Time Frame:

Ongoing throughout the instigation and implementation of the Plan.

Goal 2

Provide services to individuals with a wide range of significant disabilities on a cross disability basis to include individuals who are members of populations that are unserved or underserved.

Objective 2.1

Conduct outreach to cross disabilities.

Plan:

Conduct outreach with a minimum of a combination of 20 outreach presentations and manned booths annually.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Objective 2.2

Conduct Outreach to un-served or underserved to include minority groups.

Plan:

Implement the established outreach plan for individuals with significant disabilities from minority groups. Track and monitor the number of consumers receiving direct services to census data as a comparison. A minimum of 20 outreach activities per year and more as opportunities arise.

Time Frame:

Ongoing during the operation of the Center.

Objective 2.3

Provide the core Independent Living Services and other Independent Living Services indigenous to the consumer needs.

Plan:

Provide the core services which are individual advocacy, independent living skills training and peer counseling and support. In response to our consumer needs we will provide the following array of services:

- Information and Referral: a minimum of 1200 calls
- Peer Counseling: a minimum of 90 consumers
- Independent Living Skills and Life Skills training: a minimum of 20
- Training in Self Advocacy: a minimum of 150
- Provision of individual advocacy: a minimum of 90
- Benefits Counseling: a minimum of 60
- Enhancement of mobility through equipment: through referral a minimum of 10
- Guidance in applying for subsidized housing: a minimum of 30
- Continue to maintain information for consumers about housing options
- Guidance in applying for paratransit transportation: a minimum of 10
- Financial assistance to transition: a minimum of 10
- Public Education
- Sponsor Annual Disability Awareness Day

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Objective 2.4

Assist people of all disabilities set and meet independent living goals.

Plan:

We will facilitate the development and achievement of Independent Living Goals selected by individuals with significant disabilities who seek the services of the Center.

A case service record will be developed. (We will offer consumers the option to develop and Independent Living Plan. This may be waived by the consumer and services will be provided, yet goals will be logged and tracked for record keeping and reporting.)

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Objective 2.5

Conduct consumer satisfaction surveys on consumers receiving services.

Plan:

Conduct consumer satisfaction surveys on a minimum of all intakes. Maintain a system of conducting satisfaction surveys 30 days after intake, each time a consumer goal is met and when the case is inactivated for each consumer with a case service record. Provide each consumer with blank satisfaction survey at intake and keep blank surveys in the lobby which can be completed anonymously by consumers at any time. Advise consumers about the role of the Client Assistance Program.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Goal 3

The Center will work to increase the availability and improve the quality of community options for independent living in order to facilitate the development and achievement of independent living goals by individuals with significant disabilities.

Support the initiatives of the Nevada Olmstead Plan and the efforts of the State Commission on Services for People with Disabilities, the CILs and the SILC. Monitor and support to improve the quality of community options for Independent Living in housing, employment, transportation and service availability.

Objective 3.1

Monitor and support the Nevada Olmstead Plan.

Plan:

Collaborate with other advocacy groups and help to advocate for changes.

Time Frame:

Ongoing through the implementation of the ten year Plan.

Goal 4

The Center shall conduct activities to increase the capacity of communities within the service area of the Center to meet the needs of individuals with significant disabilities. The overall goals of the Olmstead Plan will increase the capacity of Clark County as referred to in Goal 3.

Objective 4.1

Increase affordable housing for individuals with significant disabilities.

Plan:

Collaborate with the local housing authorities and providers.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Objective 4.2

Increase employment capacities for individuals with significant disabilities.

Plan:

Continue to have to facilitate ticket to work education and benefits analysis.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Objective 4.3

Maintain as system that facilitates consumers' capacity to register to vote.

Plan:

Incorporated into our intake process we include an offer to consumers to register to vote. We maintain a notary on staff to assist with mail-in voter registrations.

Time Frame:

Ongoing, from the beginning to the end of the Fiscal Year.

Objective 4.4

Increase Transportation capacity for consumers.

Plan:

Monitor transportation in our community and look for opportunities to increase capacity.

Timeframe:

Ongoing during the operation of the Center.

Objective 4.5

Increase consumer capacity to access services.

Plan:

Continue to maintain this Satellite Office to increase the capacity of consumers to receive services. Maintain an itinerant office in Henderson Nevada. As funds become available establish and maintain an additional satellite office in Henderson.

Time Frame:

Ongoing.

Objective 4.6

Provide for staff training.

Provide training for staff in cultural sensitivity, disability movement & rights, resources and other identified areas of need.

Plan:

Make provisions for training through time and funding.

Time Frame:

Ongoing from the beginning to the end of the Fiscal Year.

Goal 5

A minimum of 10% of Center funds will be from sources other than Title VII C.

Plan:

Seek other funding sources through grants, donations, and fees for services.

Time Frame:

From the beginning to the end of the Fiscal Year.

Item 2 - SPIL Consistency

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

Both the SNCIL work plan and the SPIL promote the independent living philosophy, consumer control, self-advocacy, systems advocacy, self-determination, access and community integration for consumers of all disabilities. Evidence of this is seen in the activities throughout this report.

Through the SPIL, Title VII Part B Funding is used fill a funding gap by consumers to purchase adaptive equipment, vehicle and home modifications through a grant to a non-profit to the State Independent Living Program. The SNCIL plan addresses making referrals to consumers about this resource. The SPIL also addresses moving forward in the disability community through collaborations and Councils. This is also addressed in the SNCIL Work Plan.

Consistent with the Plan, we continue to monitor the growth in Clark County especially Henderson, Nevada. This has been cited as second fastest growing city in the U.S. SNCIL has established an itinerant office there in conjunction with Accessible Space Inc. (ASI). ASI provides in-kind space and we provide staff 12 hours per week. Both the CIL and SPIL plan to research increasing consumer services in this area through the establishment of permanent a Satellite Center in Henderson.

Through two Title VII Part C American Recovery Act (ARRA) Grants passed through the SILC, we have the opportunity to set up the foundation to increase outreach and to serve additional underserved populations as identified in the SPIL, specifically Hispanics and Children with Disabilities through both our Main CIL and Satellite Office.

Through a grant from the SILC of \$12,000 Title VII Part B ARRA funds SNCIL address the CIL Funding Diversification Goal on the SILC Plan. Results include a continued grant writer position created with these funds to work toward funding diversification and to expand services.

Also consistent with the SPIL we have increased funding for services. Increases are primarily through grants from the Social Security Administration, other federal sources. We plan to continue developing fee for service programs as cited in the SPIL.

Subpart VI - Training And Technical Assistance Needs Edit

Training and Technical Assistance Needs

Please identify the CIL's training and technical assistance needs. For each category, choose up to 10 Priority Needs - Rate items 1-10 with 1 being most important.

Advocacy/Leadship Development

General Overview	
Community/Grassroots Organizing	
Individual Empowerment	3
Systems Advocacy	4
Legislative Process	5

Applicable Laws

General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier's Access Act	

Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	

Assistive Technologies

General Overview	
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Data Collecting and Reporting

General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	

Disability Awareness and Information

Specific Issues	
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Evaluation

General Overview	
CIL Standards and Indicators	
Community Needs Assessment	

Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	

Financial: Grant Management

General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	

Financial: Resource Development

General Overview	
Diversification of Funding Base	1 - Most important

Fee-for-Service Approaches	2
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	

Independent Living Philosophy

General Overview	
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Innovative Programs

Best Practices	
Specific Examples	

Management Information Systems

Computer Skills	
Software	

Marketing and Public Relations

General Overview	
Presentation/Workshop Skills	
Community Awareness	

Network Strategies

General Overview	
Electronic	6
Among CILs & SILCs	
Community Partners	

Program Planning

General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	

Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	9
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	

Outreach to Unserved/Underserved Populations

General Overview	
Disability	
Minority	

Institutionalized Potential Consumers	
Rural	8
Urban	

SILC Roles/Relationship to CILs

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	7

Volunteer Programs

General Overview	10 - Least important
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Option Areas and/or Comments

On September, 2012 SNCIL underwent an RSA onsite review with some recommendations and one finding. Follow through has been completed on the recommendations and excellent progress has been made to improve case service records.

Subpart VII - Additional Information

Section A - Other Accomplishments, Activities and Challenges

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

Section B - Additional Information

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

Subpart VIII - Signatures

Signatures

As the authorized signatories, we will sign, date and retain in our files a copy of this 704 Report and the separate Certification of Lobbying form ED-80-0013 (available in MS Word and PDF formats) for this center for independent living.

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

Center Director

Name and Title	Mary Evilsizer, Executive Director
	Not signed
Date Signed (mm/dd/yyyy)	12/19/2013

Center Board Chairperson

Name and Title	Connie Kratky, Board Chair
	Not signed
Date Signed (mm/dd/yyyy)	12/19/2013