**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: 2015

State: Nevada

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.go](mailto:ICDocketMgr@ed.gov)v 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 | $ 305,350 |
| (B) Title VII, Ch. 1, Part C – **For 723 states Only** | $0 |
| (C) Title VII, Ch. 2 | $ 0 |
| (D) Other Federal Funds | $0 |

**Item 2 - Other Government Funds**

|  |  |
| --- | --- |
| (E) State Government Funds | $2,820,434 |
| (F) Local Government Funds | $0 |

**Item 3 - Private Resources**

|  |  |
| --- | --- |
| (G) Fees for Service (program income, etc.) | $0 |
| (H) Other resources | $0 |

**Item 4 - Total Income**

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H) $3,125,724

**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.) $0

**Item 6 - Net Operating Resources**

[Total Income (Section 4) <minus> amount paid out to Consumers

(Section 5) = Net Operating Resources $3,125,724

**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 | $81,349 | $ |
| (2) Provided IL services to individuals with significant disabilities | $ | $140,001 |
| (3) Demonstrated ways to expand and improve IL  services | $ | $ |
| (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 | $ | $ |
| (5) Supported activities to increase capacity to develop approaches or systems for providing IL services | $ | $ |
| (6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services | $ | $9,000 |
| (7) Provided training regarding the IL philosophy | $ | $ |
| (8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations | $ | $75,000 |

**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** |
| State of Nevada Aging and  Disability Services | B(1) | $81,349 | $2,820,143 | N/A | N/A |
| Rebuilding All Goals  Efficiently | B(2) | $110,213 | $98,411 | N/A | N/A |
| Care Chest of Sierra  Nevada | B(2) | $29,788 | $23,742 | N/A | N/A |
| Northern Nevada CIL | D(2) | $25,000 |  |  |  |
| Southern Nevada CIL | C(2) | $50,000 |  |  |  |
| Cherri Abbot | C(4) | $9,000 |  |  |  |
| **Total Amount of Grants and Contracts** |  | $305,350 | $2,942,296 |  |  |

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**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.

N/A

**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.

All grantees undergo a fiscal review by a Certified Public Accountant and by the fiscal staff of the Aging and Disability Services Division, as well programmatic monitoring by an independent evaluator. Individual case evaluations are conducted through case file reviews and in-person client interviews by an independent entity contracted by the DSU. Page 14 share consumer results from consumer satisfaction surveys.

**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.

Through an inter-local contract with the Aging and Disability Services Division and the Department of Training and Rehabilitation (DETR) funds a portion of staff time to oversee the SILC and to monitor and report on outcomes. The DSU also provides fiscal processing and financial oversight for all Part B funds expended in Nevada.

**Item 2 – Staffing**

Enter requested staff information for the DSU and service providers listed in Section C, above

(excluding Part C funded CILs):

No full time staff members are funded through Part B funds. However, Section C on page 18 further explains staffing for the SILC.

|  |  |  |
| --- | --- | --- |
| **Type of Staff** | **Total Number of FTEs** | **FTEs filled by**  **Individuals with**  **Disabilities** |
| Decision-Making Staff | 0 | 0 |
| Other Staff | 0 | 0 |

**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 | 303 |
| (2) Enter the number of CSRs started since October 1 of the reporting year | 200 |
| (3) Add lines (1) and (2) to get the ***total number of consumers served*** | 503 |

**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 | 4 |
| (2) Withdrawn | 27 |
| (3) Died | 5 |
| (4) Completed all goals set | 153 |
| (5) Other | 5 |
| (6) Add lines (1) + (2) + (3) + (4) +(5) to get ***total CSRs closed*** | 194 |

**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 | 309 |

**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 | 0 |
| (2) Number of consumers with whom an ILP was developed | 503 |
| (3) ***Total number of consumers*** served during the reporting year | 503 |

**Section E – Age**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| (1) Under 5 years old | 0 |
| (2) Ages 5 – 19 | 53 |
| (3) Ages 20 – 24 | 13 |
| (4) Ages 25 – 59 | 159 |
| (5) Age 60 and Older | 278 |
| (6) Age unavailable | 0 |

**Section F – Sex**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| (1) Number of Females served | 288 |
| (2) Number of Males served | 215 |

**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 | 6 |
| (2) Asian | 18 |
| (3) Black or African American | 69 |
| (4) Native Hawaiian or Other Pacific Islander | 5 |
| (5) White | 326 |
| (6) Hispanic/Latino of any race or Hispanic/ Latino only | 77 |
| (7) Two or more races | 0 |
| (8) Race and ethnicity unknown | 2 |

**Section H – Disability**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| (1) Cognitive | 8 |
| (2) Mental/Emotional | 2 |
| (3) Physical | 277 |
| (4) Hearing | 44 |
| (5) Vision | 8 |
| (6) Multiple Disabilities | 152 |
| (7) Other | 12 |

**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 |  | 1 |  | 0 |
| (B) Assistive Technology | 343 | | 136 | |
| (C) Children’s Services | 15 | |  | 8 |
| (D) Communication Services | 52 | | 18 | |
| (E) Counseling and Related Services |  | 1 |  | 0 |
| (F) Family Services |  | 5 |  | 0 |
| (G) Housing, Home Modifications, and Shelter Services | 265 | | 121 | |
| (H) IL Skills Training and Life Skills Training |  | 9 |  | 3 |
| (I) Information and Referral Services | 498 | | 153 | |
| (J) Mental Restoration Services |  | 0 |  | 0 |
| (K) Mobility Training |  | 2 |  | 0 |
| (L) Peer Counseling Services | 16 | | 10 | |
| (M) Personal Assistance Services |  | 3 |  | 2 |
| (N) Physical Restoration Services |  | 0 |  | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Consumers Requesting Services** |  | **Consumers Receiving Services** |  |
| (O) Preventive Services | 191 | | 103 | |
| (P) Prostheses, Orthotics, and Other Appliances |  | 3 |  | 1 |
| (Q) Recreational Services |  | 0 |  | 0 |
| (R) Rehabilitation Technology Services | 57 | | 33 | |
| (S) Therapeutic Treatment |  | 0 |  | 0 |
| (T) Transportation Services | 122 | | 40 | |
| (U) Youth/Transition Services |  | 1 |  | 0 |
| (V) Vocational Services |  | 3 |  | 2 |
| (W) Other Services |  | 6 |  | 0 |

**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 | 0 | 0 | 0 |
| (B) Communication | 88 | 16 | 69 |
| (C) Mobility/Transportation | 246 | 55 | 159 |
| (D) Community-Based Living | 291 | 105 | 163 |
| (E) Educational | 0 | 0 | 0 |
| (F) Vocational | 0 | 0 | 0 |
| (G) Self-care | 393 | 119 | 237 |
| (H) Information Access/Technology | 24 | 3 | 19 |
| (I) Personal Resource Management | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Significant Life Area** | **Goals Set** | **Goals**  **Achieved** | **In**  **Progress** |
| (J) Relocation from a Nursing Home or Institution to Community-Based Living | 8 | 7 | 0 |
| (K) Community/Social Participation | 0 | 0 | 0 |
| (L) Other | 9 | 0 | 9 |

**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 | 122 | 51 | 69 |
| (B) Health Care Services | 0 | 0 | 0 |
| (C) Assistive Technology | 343 | 136 | 170 |

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 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.

During the year there were 20 Nevadans diverted or transitioned from nursing facility care by the SILS program. Of the 20 there were 7 individuals transitioned into a community setting through services provided in the ILS program at Aging and Disability Services. The ILS program continues to collaborate and coordinate with Nevada’s Medicaid FOCIS and Money Follows the Person programs if resources are needed to assist with consumer transitions or diversions.

The ILS program works closely with the states Nevada Assistive Technology Collaborative programs providing AT demonstration, loaner AT for trial, and recycled AT. Whenever possible the program coordinates with consumers to ensure informed choice is possible in the selection of AT. Promoting successful AT selection and lessen abandonment of AT by the individual user.

Consumer survey data shows the following:

94% of consumers rated grantees as Excellent or Very Good.

85% had a Lot or Quite a Bit of control.

100% responded that the Government should continue funding.

83% said services made a Positive Impact on their lives (16% no response given).

83% said services improved the quality of life a Lot or Quite a Bit.

73% said their independent improved a Lot or Quite a Bit.

65% said services will help prevent institutionalization a Lot or Quite a Bit.

75% said they use the service provided Daily; 13% use the service weekly.

**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.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue**  **Area** | **Activity**  **Type** | **Primary**  **Entity** | **Hours**  **Spent** | **Objective(s)** | **Outcomes(s)** |
| Blind  Services | Data collection | CIL |  | Educate and expand awareness of resources available to the visually impaired. | Collaborative effort with the AT Council to do community outreach |
| Transition | Meetings to discuss the waiting list | SILC | 23 | Develop strong collaborations with the Medical program in transitioning individuals from nursing homes to the community. | BIPP funding was allocated to offset the wait list. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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.

**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 Aging and Disability Services Division (ADSD) is home to the state councils for Assistive Technology, Statewide Independent Living Council (SILC) and the Commission on Services for Persons with Disabilities (CSPD). As well as the subcommittees to the Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons with Speech Disabilities. Members of the SILC serve on many of these other bodies and their meetings are regularly attended by SILC staff or members of the SILC. The DSU has contracted with the ADSD to provide support to the SILC and to oversee the provision of IL services. This partnership has been a valuable asset in enabling collaboration between the SILC/DSU and a variety of other advisory bodies.

**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** |
| Bennett | Neither | PWD | Voting | 12/20/2010 | 08/30/2016 |
| Bonie | Center | CIL | Voting | 3/22/2012 | 8/30/2017 |
| Curry | Neither | PWD | Voting | 1/30/2013 | 8/30/2015 |
| Heiner | State | Ex-Officio | Non-Voting | 8/30/2015 | 8/30/2018 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of SILC**  **member** | **Employed by CIL, State Agency or Neither** | **Appointment**  **Category** | **Voting or**  **Non-Voting** | **Term Start**  **Date** | **Term End**  **Date** |
| Zone | Neither | PWD | Voting | 1/30/2013 | 9/30/2015 |
| Merrill | State | DSU | Non-Voting | 6/18/2015 | 6/30/2018 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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? | 6 |
| (B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living? | 3 |
| (C) How many members of the SILC are voting members? | 4 |
| (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? | 3 |

**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 has six (6) members, four (4) are voting members, three (3) of the voting members are individuals with disabilities not employed by a state agency or center for independent living.

Members represent the Northern and Southern parts of the State; Clark and Washoe Counties.

**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.

Concerted efforts are put forth in recruiting a cross disability representation on the SILC.

**Item 3 – Knowledgeable about IL**

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

The SILC, DSU, CILs, and ADSD are committed to strengthen the SILC membership with a

broad range of individuals providing statewide representation and conducted a training session for all members on the new WIOA requirements

**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 does not have an executive director, however, utilizes state employees of ADSD for staff support through the support of Part B funds. The support staff includes a part time Program Specialist and Administrative Assistant. The name and contact person of the support staff is as follows:

Vicki Kemp, Program Specialist, 775-687-[0561, vkkemp@adsd.nv.gov](mailto:vkkemp@adsd.nv.gov)

Desiree Bennett, Administrative Assistant, 775-687-[0586, dabennett@adsd.nv.gov](mailto:dabennett@adsd.nv.gov)

**Item 2 – SILC Support**

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

As described above, the DSU has executed an inter-local contract with the Aging and Disability Services Division to administer the IL services program and to support the SILC. This contract mandates that an annual report be provided to the DSU (in addition to this 704 report) outlining the activities of the Aging and Disability Services Division. In turn, the DSU manages the receipt of funds from RSA and the necessary financial reporting. The inter-local contract also provides for a DSU audit of the IL program’s files and records; such an audit was conducted in 2015.

**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.

A series of statewide public meetings were held on the SPIL to enable the public to have input and then comment on the plan. The SILC, DSU, and Aging and Disability Services Division worked collaboratively to review and make revisions to the SPIL. An amendment to the SPIL was developed utilizing data collected through the Statewide IL Services program including

services waiting list and prior SPIL objectives. The amended SPIL pending Rehabilitation Services Administration (RSA) approval, provides for clearer objectives to the established goals and adjusts funding to support meeting specific goals

**(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.

The SPIL contains very specific and measurable objectives. Most of these objectives were established with built-in measurement and evaluation components, making the review process more efficient and objective. In addition, all consumer service records are maintained in an electronic environment, allowing access to program performance and client outcomes data. Service quality is monitored during each year of the plan, when the DSU procures an independent consultant at the direction of the SILC to conduct in-home interviews with most of the consumers served by the program. These interviews tend to be very positive and reflect a high level of service provided to Nevadans with disabilities. The DSU has contracted an independent evaluator for the IL program.

**(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 Chair serves on the Nevada State Rehabilitation Council, Regional Transportation Commission Blue Ribbon Committee, Sierra Nevada Transportation Coalition and the Disability Awareness Coalition. A member of the SILC serves on Nevada’s SRC. SILC members also participate on the NV Disability Advocacy & Law Center’s board and the Mental Health Planning Advisory Council.

**(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.

Nevada has a very strong public meeting law which requires that every agenda be reviewed by the Attorney General’s office before posting, and that sufficient notice be given prior to the meeting. All meeting notices are widely posted and interested parties (non-SILC members) are notified by e-mail of upcoming meetings. Every meeting includes at least two opportunities for open public comment.

**Item 2 – Other Activities**

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

None. Non-Part B funds are used to primarily provide direct services to people in need and also to fund necessary administrative costs.

**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.

|  |  |
| --- | --- |
| **Training and Technical Assistance Needs** | **Choose up to 10**  **Priority Needs —**  **Rate items 1-10 with**  **1 being most important** |
| **Advocacy/Leadership Development** |  |
| General Overview | 5 |
| Community/Grassroots Organizing |  |
| Individual Empowerment |  |
| Systems Advocacy | 1 |
| Legislative Process | 6 |
| **Applicable Laws** |  |
| General overview and promulgation of various disability laws | 4 |
| Americans with Disabilities Act | 3 |
| Air-Carrier’s Access Act |  |
| Fair Housing Act | 8 |
| Individuals with Disabilities Education Improvement Act | 7 |
| Medicaid/Medicare/PAS/waivers/long-term care |  |
| Rehabilitation Act of 1973, as amended | 2 |
| Social Security Act |  |
| Workforce Investment Act of 1998 | 9 |
| Ticket to Work and Work Incentives Improvement Act of 1999 |  |
| Government Performance Results Act of 1993 |  |
| **Assistive Technologies** |  |
| General Overview | 10 |

|  |  |
| --- | --- |
| **Training and Technical Assistance Needs** | **Choose up to 10**  **Priority Needs —**  **Rate items 1-10 with**  **1 being most important** |
| **Data Collecting and Reporting** |  |
| General Overview | 2 |
| 704 Reports | 3 |
| Performance Measures contained in 704 Report | 4 |
| Dual Reporting Requirements |  |
| Case Service Record Documentation |  |
| **Disability Awareness and Information** |  |
| Specific Issues | 8 |
| **Evaluation** |  |
| General Overview | 9 |
| CIL Standards and Indicators |  |
| Community Needs Assessment | 10 |
| Consumer Satisfaction Surveys |  |
| Focus Groups |  |
| Outcome Measures | 5 |
| **Financial: Grant Management** |  |
| General Overview |  |
| Federal Regulations | 6 |
| Budgeting | 7 |
| Fund Accounting |  |
| **Financial: Resource Development** |  |
| General Overview |  |
| Diversification of Funding Base |  |
| Fee-for-Service Approaches |  |
| For Profit Subsidiaries |  |
| Fund-Raising Events of Statewide Campaigns |  |
| Grant Writing |  |
| **Independent Living Philosophy** |  |
| General Overview | 1 |

|  |  |
| --- | --- |
| **Training and Technical Assistance Needs** | **Choose up to 10**  **Priority Needs —**  **Rate items 1-10 with**  **1 being most important** |
| **Innovative Programs** |  |
| Best Practices | 5 |
| Specific Examples | 6 |
| **Management Information Systems** |  |
| Computer Skills | 7 |
| Software |  |
| **Marketing and Public Relations** |  |
| General Overview | 4 |
| Presentation/Workshop Skills |  |
| Community Awareness |  |
| **Networking Strategies** |  |
| General Overview |  |
| Electronic | 3 |
| Among CILs & SILCs | 1 |
| Community Partners | 2 |
| **Program Planning** |  |
| General Overview of Program Management and Staff Development | 8 |
| CIL Executive Directorship Skills Building |  |
| Conflict Management and Alternative Dispute Resolution |  |
| First-Line CIL Supervisor Skills Building |  |
| IL Skills Modules | 9 |
| Peer Mentoring |  |
| Program Design |  |
| Time Management |  |
| Team Building | 10 |

|  |  |
| --- | --- |
| **Training and Technical Assistance Needs** | **Choose up to 10**  **Priority Needs —**  **Rate items 1-10 with**  **1 being most important** |
| **Outreach to Unserved/Underserved Populations** |  |
| General Overview | 8 |
| Disability |  |
| Minority | 7 |
| Institutionalized Potential Consumers |  |
| Rural | 6 |
| Urban |  |
| **SILC Roles/Relationship to CILs** |  |
| General Overview |  |
| Development of State Plan for Independent Living | 1 |
| Implementation (monitor & review) of SPIL | 2 |
| Public Meetings |  |
| Role and Responsibilities of Executive Board | 3 |
| Role and Responsibilities of General Members | 4 |
| Collaborations with In-State Stakeholders | 5 |
| **CIL Board of Directors** |  |
| General Overview |  |
| Roles and Responsibilities | 10 |
| Policy Development | 9 |
| 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.

Mission: To provide systems and resources at the community level which promote equal opportunity and life choices for people with disabilities, through which they may live independently and exercise choice and control in their lives.

Vision: People with disabilities will be involved in all levels of policy and decision-making which potentially impact their lives.

People with disabilities will be the ultimate decision-makers in formulating the priorities for their

Independent Living plans, with input from case managers and other experts when needed.

Limited resources will be allocated in a way that balances the need to serve as many people as possible, while still providing a basic level of independence to those served.

Goals: Goal A

Support a comprehensive Statewide IL Services program. Goal B

Expand and improve the provision of IL services throughout Nevada. Goal C

Support a statewide network of centers for independent living (CILs). Goal D

Support the improvement, expansion and coordination of disability services throughout Nevada.

**Objective A1:** Each year, at least 90% of those applying for services will have an Independent

Living Plan.

***Outcome Results:*** *100% of those applying for services had an Independent Living Plan with clearly defined measureable goals and objectives*.

**Objective A2:** To the greatest extent possible, services for people with disabilities are provided in the most integrated setting.

Plan: Aging and Disability Services Division will work cooperatively with Medicaid, Vocational Rehabilitation, the Commission on Services with Persons with Disabilities and other entities to spearhead initiatives that promote competitive integrated employment, and the coordination of vocational rehabilitation and independent living services to include the following timelines:

9/30/2015 – at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned).

9/30/2015 – At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with the State Independent Living Funds being leveraged to secure additional federal Vocational Rehabilitation dollars.

**Outcome Results:** The chart below demonstrates that a total of 160 individuals, statewide, were transitioned from a nursing care facility to their own community home.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FFY  2014 | Northern NV | Southern NV | MFP Transitions | \*Statewide Totals |
| Diversions Transitions Diversions Transitions Northern Southern Diversions Transitions | | | |
| Oct-14 6 0 2 9 0 10 8 19  Nov-14 0 0 0 4 0 12 0 16  Dec-14 5 1 1 5 0 7 6 13  Jan-15 2 1 1 6 0 4 3 11  Feb-15 2 1 3 5 0 4 5 10  Mar-15 4 2 6 6 0 3 10 11  Apr-15 2 1 3 5 0 8 5 14  May-15 2 1 3 4 0 5 5 10  Jun-15 3 2 4 5 0 4 7 11  Jul-15 1 1 8 9 0 5 9 15  Aug-15 5 3 5 1 0 9 10 13  Sep-15 0 2 6 5 0 10 6 17  **Totals 32 15 42 64 0 81 74 160** | | | | |

During the year the SILS Program diverted or transitioned 20 Nevadans. Of the 20 there were 7 individuals transitioned into a community setting through services provided in the ILS program at Aging and Disability Services. The ILS program continues to collaborate and coordinate with Nevada’s Medicaid FOCIS and Money Follows the Person programs if resources are needed to assist with consumer transitions or diversions.

**Objective A3:** Provide targeted outreach to underserved populations.

Plan: At the conclusion of each year and, if a target population is not being adequately reached, a targeting plan will be developed to ensure services to underserved populations are being provided at least in proportion to their population in the latest census data. The SILC will support the Aging and Disability Services Division, which will ensure that CILs staff or grantee partners conduct the necessary outreach to achieve market penetration among the relevant demographic groups; and, public and private agencies that serve targeted populations, which includes the following:

 Grants to community-based entities will include provisions for targeted outreach to underserved consumers.

 Grants will be monitored for the proportion of underserved consumers assisted compared to the proportion of those groups reported in the 2010 Nevada Census.

 The demographic group to be tracked will include; age 18 or under; age 65 or older; African-American; Hispanic-American; Native-American; rural residents; and those living below the poverty level.

**Outcome Results**: The Aging and Disability Services includes the following assurance in Requests for Proposals that awarded Grantees are required to consent to and sign to confirm they will track the required demographic groups. Program Specialists responsible for monitoring the Grantees conducted quarterly monitoring which included reviewing the data collected on the demographic groups. Below is an example of what the Grantees consent to and sign to confirm.

|  |
| --- |
| GOAL #4: **The AT/IL program will create an outreach plan to target underserved**  **populations. Primarily Children Under 18, Hispanic/Latino, and Rural areas.** |
| RATIONALE: Internal statistics compiled show underserved populations for Children  18 and Under, Hispanic/Latino, and Rural areas. |
| OBJECTIVE 4a: Conduct outreach concentrating on the underserved populations  throughout the grantees area of service. |
| OBJECTIVE 4b: Grantee must provide a written outreach plan within 3 months of  starting the program; updated at least annually, targeting populations that have not been adequately reached in the prior year. The provider must also specifically document all outreach efforts to include: date and time(s), provider staff involved, location of the event (if applicable), type of mass media used (if applicable), number of people reached, a copy of any materials or messages distributed, and a very brief narrative of the outreach effort and its outcomes. |
| OBJECTIVE 4c: Grantee must specifically document all outreach efforts to include: date  and time(s), provider staff involved, location of the event (if applicable), type of mass media used (if applicable), number of people reached, a copy of any materials or messages distributed, and a very brief narrative of the outreach effort and its outcomes. |

**Objective B1:** Eliminate the waitlist for IL services by the end of the State Fiscal Year (SFY)

2016.

Plan: The SILC will support the Aging and Disability Services Division, which will secure the

necessary State resources, to fund the direct services and ensure the necessary case management supports are in place to facilitate the delivery of services. Should State resources prove inadequate to meet this objective, private sector funding will be pursued by ADSD or its nonprofit partners, which includes:

Provide an adequate number of full-time Case Managers to assist people with disabilities throughout the State to obtain the services, devices, equipment and modifications they need to maintain their independence. Case Manager duties will include:

Finding individuals in need of services; assisting them to file an application, assess needs and plan services; assisting them to locate other resources and gather bids; following the provision of services and evaluating services to assure quality; providing assistive technology or other assessments via outside expertise; advocating on behalf of individuals with disabilities to gain access to services from sources in addition to the Independent Living program; and conducting outreach to targeted populations as needed.

**Outcome Results**: As of 9/30/2015, there were 254 individuals on the waiting list. Aging and Disability Services, through a Request for Proposal (RFP) process, contracted with two community based organizations to provide direct services and case management for individuals with disabilities throughout the State of Nevada. Approximately 503 individuals were served with a success rate of 75% of the closed cases reaching their intended outcome. The other 25% withdrew services, became deceased or left the State.

Services provided included, application assistant, needs assessments, developing plans of services, identifying local resources, assistive technology, outreach and evaluating services.

**Objective B2:** Coordinate services to older individuals (over the age of 54) who are blind between the Designate State Unit’s (DSU) Older Blind Independent Living Program (OBIL) and the Independent Living Services Program.

Plan: An Intrastate Interlocal Contract will be executed, and reviewed (and/or amended) annually between Aging and Disability Services Division and the Department of Employment, Training and Rehabilitation to cooperatively serve older blind individuals during the term of the SPIL, and service levels in the older-blind program will be monitored by the SILC which includes the following annual requirements:

Based upon past outcomes data, at least 200 people will be served by the OBIL program. OBIL and IL/AT will collaborate on 15 per year; total of 45 will be jointly served by the OBIL and SILS programs over 3 years.

In response to information gathered from the blind and low vision community town hall meetings conducted by NDALC an informational campaign was developed with a focus on eye care professionals statewide. Materials were designed, printed and distributed throughout the

state with contact information for the appropriate center for independent living (NNCIL/SNCIL).

These materials included an informational “rack” card for distribution to patients who are blind

or low vision directing them to contact their local center for independent living to get connected

with existing programs and services. Our goal is two-fold, 1) to educate our professional community re: existing services and how to access them, and 2) to have the opportunity to establish relationships with the individuals in our state who need these services to learn what additional training and supports they have difficulty finding.

Also in response to information shared at NDALC’s town halls NNCIL was able to recruit several blind individuals to assist the center with developing a kitchen life skills class. NNCIL has been able to secure some small community grants to purchase adaptive equipment and supplies for these classes. This introductory six week class is now offered on a rotating schedule throughout the year. Our volunteers are now working with our life skills staff to develop additional curriculum to meet other needs as identified by members of our blind and low vision community.

**Objective C1:** Establish collaborative opportunities and pursue fee-based activities with Positive Behavioral Supports (PBS) and similar services so that identified individuals will be better able to receive services in their local community.

Plan: The SILC will support the Aging and Disability Services Division to monitor throughout each year and then report the amount of general funds distributed through Aging and Disability Services to PBS, which includes the following:

 SILC members shall work with agencies and partners in promoting the utilization of PBS

and similar services in achievement of this objective. SILC members:

 Work with service provider agencies to monitor the utilization of PBS.

 Identify agencies and available training established to improve service provision to individuals with difficult behaviors.

 Review during SILC meetings and make legislative recommendations for program improvements to ensure objectives are met.

**Outcome Results**: Aging and Disability Services contracted with the University of Reno to provide Positive Behavior Supports (PBS). Positive Behavior Support-Nevada (PBS-NV) has been supporting individuals with disabilities and challenging behavior in living safely and effectively in the community since 1999. The program is operated as a partnership between the University of Nevada and the Nevada Department of Health and Human Services. PBS-Nevada is linked to the national Association for Positive Behavior Support (APBS.org) and The Technical Assistance Center on Positive Behavior Supports (PBIS.org). Support is provided by grants, stakeholder collaborations, and agency in-kind contributions of professional time and resources.

The Governor’s Strategic Plan for People with Disabilities [(http://dhhs.nv.gov/ODS/Reports/2002NVStrategicPlanForPeopleWithDisabilities.pdf](http://dhhs.nv.gov/ODS/Reports/2002NVStrategicPlanForPeopleWithDisabilities.pdf))) identified positive behavior support as a key strategy for helping people overcome behavioral challenges, build interpersonal competence, and improve their quality of life. To this end, the Strategic Plan

Accountability Committee (now the Nevada Commission on Services for Persons with Disabilities) supported PBS-Nevada in developing a plan that would provide positive behavior support services on a statewide basis. The focus of this budget is to support the implementation of that plan.

ADSD funded 14 of these workshops supporting a total of 23 focus individuals.

Significant Needs (Tier 2). The secondary intervention level involves providing training to people who support individuals with mild to moderate problem behaviors that do not require individualized interventions, but instead targeted interventions that are applicable to a many individuals. These trainings are three sessions in length, including 3 in-home consultations. The trainings focus around building specific skills relevant to a particular behavior problem.

ADSD funded 2 trainings at the secondary level of support called breaking the cycle of defiance and positive parenting, supporting 5 focus individuals. One workshop was held in Reno and one was held in Elko. Parents and teachers primarily attended this workshop.

Pervasive Needs (Tier 3). The intensive or tertiary level of support includes a 5-session parent training with one-on-one consultations at the focus individual’s home. The PBS trainers work with a team of people who provide support to the focus individual with moderate to severe problem behavior persisting across multiple environments. The main outcome of this training/consultation is to build an individualized function-based behavior support plan that reduces or eliminates problem behaviors and improves the quality of life for the focus individual and those who support him/her. Given that this workshop was our most requested this year, we supported more focus individuals at this level of need and reduced the number of focus individuals projected in our grant goals in the other 2 areas.

ADSD funded 15 intensive trainings across the state. These trainings were all multi-session and occurred in Reno, Elko, Las Vegas and Hawthorne. The total number of unduplicated participants was 27, both individuals with diagnosed disabilities and those considered to be “at risk” given the severity and pervasiveness of their challenging behaviors.

During Q1, several of us engaged in strategic planning and relationship building for a new project, the School Climate Transformation Project (SCTP), that provides system-wide support for all individuals in all schools using a preventative approach to supporting prosocial behaviors. The SCTP nicely complements the PBS-Nevada project as home-school continuity is critical to ongoing sustainability of positive behavior interventions and supports. This new project began January 1, 2015 and is funded through the Federal Department of Education in collaboration

with the Nevada Department of Education. This project will has completely different goals than the PBS-Nevada project, mainly centered around school staff professional development, school- wide data collection, and systems analysis.

Some staff persons from PBS-Nevada transfered to the new project and new hires also occurred in January, 2015. Jodie Soracco, our NW Training Coordinator, accepted a position on a different project. Ashley Greenwald, Administrative/Clinical Director, accepted a part time position on a different project. Ashley reduced her FTE on this project but will continue to be

the Administrative Director. Christine O'Flaherty, M.A., BCBA began February 1 and took on Jodie's role as the NW Training Coordinator as well as taking on some of Ashley's previous duties as Clinical Director. Christine has extensive history with disabilities following a 12 year

career as a Behavior Analyst for Washoe County School District. Christine's title is PBS-Nevada Assistant Director, thus reflecting both roles. Christine's training was quite easy and natural and she has done an outstanding job during workshops and consultations and has worked hard to

reach a variety of families during Q3 & Q4.

This fiscal year, we attempted to pursue a fee-for-service model in which we use grant funds to sustain a certain number of focus individuals and/or portions of the fee and in which self-directed funds may be collected through PBS-Nevada to provide additional/enhanced services. We have spent some time researching this option during Q3 in preparation for reduced PBS funding to families with disabilities through ADSD in future years.

Following our new fee for service model, we were approached by Elko County Court System to provide training in positive behavior support to the families in the Family Preservation program. As we did not know the dynamic of the families at the time of agreement, we worked with the court system to devise a fee-for-service model for this program and agreed that families with individuals with disabilities could be included as Focus Individuals through the PBS-NV project and that families without disabilities would be paid for by the court system. The courts also paid for curriculum revisions to tailor to the unique needs of the parents in the court system. This single occurrence three-session workshop (Tier 2) occurred during Q4 in Elko, NV and was a very successful and well-received collaboration. The court system was very pleased with the outcome that the families had following the classes and consultations and the parents in the court system learned great new skills and really enjoyed the workshop. Focus individuals with diagnosed disabilities from this project were included in the reported grant goals for Q4 and all

of them demonstrated significant behavior change as reported by the families. Discussions with the Elko County Court System have already begun regarding the continuation of this program and funding sources are being investigated.

Quarter 1:

Reno Success Stories: One of our FIs in Q1 was a young child with autism that would drop to the floor anytime he would walk through a doorway. Interventions were put in place as a result of our workshop with his foster family and biological family. The child is now able to walk

through doors with minimal prompting without falling onto the floor; a major improvement in quality of life for the child and the families. Another FI in our classes during Q1 was an individual with bilateral hearing loss and developmental delays who was stuggling with communication. Within two class sessions, the family and speech pathologist reported that as a result of our interventions, the child was speaking more than they had ever heard before.

Elko Success Story: "A kindergarten student with developmental delay had challenging behaviors which include snatching food, stuffing food in her mouth (she is twice the desired weight for age) & refusal behavior when getting ready for the bus each day. Mom & dad have divorced & cannot be civil in the same room together. Dad has remarried. Dad & step mom attended our 1st ACB series with pleasant results at the dinner table as well as during meals at other households. Step mom & maternal grandmother are currently attending our 2nd ACB

series together, focusing this time on the morning routine. Their relationship has softened in just

2 classes with their daughter as their new focal point. Each is helping to soften the hearts of mom & dad, encouraging them to work together to help their daughter! Step mom has been the leader but a classroom aide has also been part of the team both series. With grandmother attending, it has been amazing to see them brainstorm strategies to address the child's challenging behavior. This has been life changing for the FI as well as the adults in her life.

Las Vegas Success Story: One of the FI's had a goal of talking longer to his parents during a conversation. He was a teenager with ASD and talking was very difficult for him to do, even with his family. His parents said he would come home from school, ignore their questions about his day, and walk away without saying anything. At best, he would change the subject or say a one-word answer when they asked him questions. By the end of the PBS workshop he was responding to their questions and adding a piece of information to it with a visual prompt. For

example, "My day was good. I played with

at school." He also began independently

communicating his needs at times by saying, "I don't want to talk right now". His replacement behavior was, "Can we talk later?" His parents and PBS behavior specialist were glad to see he was beginning to approximate a more socially appropriate way to interact with others or delay a conversation.

Quarter 2:

A parent of a school-aged girl with a diagnosed developmental disability wrote a testimonial following the completion of our Addressing Challenging Behavior workshop in Las Vegas: Noticeable Behavior Change: "The two worst times of our day were always homework and bedtime. Homework time is still rough, but K has learned to ask for breaks, etc., and we get it done! Bedtime, once I figured out time with me was the issue, K has diligently worked to exhibit proper behavior in order to earn more time with mom sitting with her when the lights are off." Quality of Life Improvement: "We are getting homework done with less meltdowns. We still have them, but we are working well at K learning how to ask for breaks, etc. Bedtime is completely transformed, with only twice having a meltdown. She no longer is antagonistic to others, is learning to be patient and wait her turn." Future Plans: "I'm learning how to address other behaviors - particularly to be aware of 'setting events' and when things happen recognize the outside circumstances that are contributing and trying to avoid those in the future." Other Comments: "It's been a great learning experience for us; I wish all families in similar situations had access to someone who can help address the behaviors, which really is (for us) the biggest aggravating factor. I would like to continue to learn more."

Quarter 3:

A focus individual in one of our Addressing Challenging Behavior workshops was a six-year-old female diagnosed with cerebral palsy, epilepsy and autism. Her baseline data collection showed that she was engaging in crying more than 90% of the time at home and her parents were really

at a loss for how to manage her behavior. Following our behavioral assessments, it was determined that she had multiple forms of augmentative communication, none of which were working well for her. Our treatment interventions included limited attention to crying, using pictures to communicate wants and needs effectively, and attending to all appropriate behavior. Following intervention, crying was down to less than 20% of the time and her parents were thrilled in the improvement in behavior and overall increase in quality of life for the child and

their family. They are now able to leave the house with their daughter and engage in community activities.

Quarter 4:

"The first time I took the PBS Addressing Challenging Behavior class was in 2009 when I was in the process of adopting two little girls with Fetal Alcohol Syndrome. I learned a lot about what challenges I’d face with special needs children and the class helped set the ground work for helping them. The second time I took the class was in the fall of 2014. I listened to other parents’ stories and realized a lot of my children’s behaviors had lessened. It was nice to see how far my children have come since 2009. I think the class was even more valuable the second time around because now I knew exactly what behaviors my children and I needed to work on. The class addressed a variety of issues seen in children with challenging behaviors and offered ways to

curb these behaviors. Robert Johnson and Jocelyn Whitworth are so knowledgeable and offer wonderful ideas that you can put to work immediately in your home. It is also a treasure resource that parents with struggling children can go to for help. It is a wonderful class and I love hearing stories from other parents about their children and their struggles because as a parent you feel

you aren’t the only one dealing with these issues, and it gives you hope to know that these

behaviors can change and there is help out there."

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Goals** | **# of Training**  **Sessions Provided** | **# of Focus**  **Individuals**  **Served** | **# of Unduplicated**  **Team Members or Support Staff Trained** | **Evaluation**  **Training-Overall**  **Satisfaction** |
| 1 team workshop &  1 consultation to 30 individuals with focused needs (Tier  1) | 14 workshops x 1 session = 14 sessions | 23 | 25 | 99%  Satisfied or Highly  Satisfied |
| 3 team workshops &  3 consultations to 7 individuals with significant needs (Tier 2) | 2 workshops x 3 sessions = 6 sessions | 5 | 9 | 100%  Satisfied or Highly  Satisfied |
| 5 comprehensive  team workshops & 5 consultations to 14 individuals with pervasive needs  (Tier 3) | 15 workshops x 5 sessions = 75 sessions | 27 | 46 | 97%  Satisfied or Highly  Satisfied |
| **FY15**  **Totals:** | **95** | **55** | **80** | **99%**  **Satisfied or Highly**  **Satisfied** |

**Objective C2:** Identify and collaborate with communities and stakeholders to raise awareness

of CIL services and determine ways services can be funded and implemented to be responsive to community needs.

Plan: The SILC and the CILs will research other states to identify best practices used by successful CILs and determine if they can be adapted in Nevada which includes:

By 9/30/15, and with the support of SILC, State Divisions will begin to conduct trainings/technical assistance, outreach, and other activities to raise awareness and garner community-level support

By 9/30/15, the SILC will have established a work group comprised of at least 1 SILC member and representation from both SNCIL and NNCIL to work with community partners on implementing and/or changing CIL services to be responsive to community needs (reciprocal relationships).

**Outcome Results:** $15,000 was allocated to create a Statewide Public Information Campaign – The Campaign was directed towards communities and stakeholders and used to create resource materials for public outreach, promotion education, and communications to promote programs and services for persons of all ages and disabilities. The Campaign educated disability services providers of the CIL programs available, promoted CIL services through various media outlets throughout the state and to continue to share new information as it becomes available. The targeted population included, Children’s/Senior/VA/Non-profits/Family Resource Centers/ADRCs, rehabilitation professionals to include audiologists, physical therapists, personal injury attorneys and statewide media. The following tools were utilized during the Campaign period:

 Facebook outreaching - Target Internet users based on geography (Las Vegas, Reno, Sparks, Elko, Tonopah), demographics (job title, agency), key words (rehab, personal injury, traumatic brain injury, physical rehabilitation, vocational rehabilitation) and a number of other data points.

 Posters - Development of an 8.5 x 11 flyer distributed to partner agencies and referrers to remind all employees of the services offered by CIL.

 Trifold Brochure - a comprehensive brochure that can be shared at meetings and presentations.

 Direct Mail – a poster that turned into a self-mailer targeting partner agencies, -other non- profit organizations throughout the state, rehab facilities, physical therapists, personal injury attorneys and organizations that might refer persons with disabilities to the CIL. We will include information inviting them to call to order more copies or to ask for a presentation.

 Email - Emailed partner agencies with information on what CILs do and how the organizations can partner. Included in the email was a link for a downloadable poster as well as a downloadable pdf of the brochure.

 Webpage Updates - Create website pages that can easily be integrated and updated into the existing NNCIL and SNCIL websites with current information reflective of the campaign.

**Objective C3:** Work with communities and stakeholders to explore ways to expand future CIL

services.

Plan: As practices are identified, including related training/technical assistance requirements, the workgroups noted in the prior objective and/or collaborative efforts will ensure ongoing sustainability of CIL services which are responsive to community needs, including policies/procedures and activities that measure specified outcomes, which includes:

By 9/30/15, the workgroup will provide report to the SILC of identified CILs and practices. If deemed appropriate by the SILC a list of proposed SPIL amendments will be outlined to support Nevada CIL efforts.

**Outcome Results:** Research resulted in the need to implement a CIL Awareness Campaign in the prior objective; see Objective C2. There is continuous discussion regarding further research to identify best practices of training/technical assistance requirements through workgroup and/or collaborative efforts in prior objectives. The goal is to ensure ongoing sustainability of CIL services which are responsive to community needs including policies/procedures and activities that measure specified outcomes to include the assessment of fees for services programs.

**Objective C4:** Explore options and develop a statewide survey on IL services and IL needs. Plan: SILC will explore surveys completed by other SILCs and CILs. Seek funding resources to

complete a statewide survey of Nevada IL consumers, Nevada organizations and agencies.

Develop a statewide survey to identify IL services being provided throughout the state by various agencies and organizations; develop a statewide survey for consumers. Surveys and data collected will enable the SILC to identify unserved and underserved populations within the state.

By 8/1/15, the SILC will have established a work group comprised with at least 1 SILC member, representation from both SNCIL and NNCIL, and representation from ADSD.

By 11/30/15, the work group will provide a report to the SILC of identified surveys and estimated costs for the completion of those surveys.

By 11/30/15, the SILC will have explored potential funding opportunities to complete a statewide survey. A plan will be put into place to secure funding if an opportunity can be identified. Depending on the outcome the SILC will propose SPIL amendments to this objective.

**Outcome Results:** A solicitation for bids to contract out the development of a statewide Survey Assessment Tool has been conducted awaiting finalization of selected vendor. The SILC has allocated approximately $9,000 for this survey tool. In addition, the newly created SPIL Develop Workgroup has reviewed Surveys from other SILCs across the nation and is compiling a tentative questionnaire tool to aid in soliciting feedback into the SPIL development.

**Objective D1:** Coordinate the transition of youth with disabilities from school to adult life. Plan: The SILC and DSU will work with relevant stakeholders to improve the continuum of

services for children with disabilities to coordinate resources during transitional phases, and ensure that Independent Living service agencies are an involved partner when looking at all the needs of a child and are making referrals to appropriate resources, which includes:

Annually the SILC will request transition data from relevant agencies for children moving into and out of the school system. The data will be reviewed and compared with previous years, and as appropriate, suggestions and recommendations will be made for improved involvement in the transition process.

MOUs and/or other appropriate agreements will be established with stakeholders regarding transition and including development and/or improvement of resources provided to ensure successful transition.

**Outcome Results:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Disability** | **4 Year**  **College** | **2 Year**  **College** | **Voc/Tech**  **School** | **Work**  **Full Time** | **Work**  **Part**  **Time** | **Supported**  **Employment** | **Military** | **Other** |
| Autism Spectrum  Disorder | 1.1% (23) | 0.4% (9) | 0.2% (5) | 0.3% (7) | 0.5% (11) | 0.2% (5) | 0% (1) | 0% (0) |
| Deaf/Blind | 0% (0) | 0% (0) | 0% (0) | 0% (0) | 0% (0) | 0% (0) | 0% (0) | 0% (1) |
| Emotional  Disturbance | 0.4% (8) | 0.4% (8) | 0% (0) | 0.5% (11) | 0.1% (2) | 0% (1) | 0.2% (4) | 0% (0) |
| Hearing  Impairment/Deaf | 0.3% (6) | 0% (0) | 0% (0) | 0% (1) | 0% (0) | 0% (0) | 0% (0) | 0% (0) |
|  | 0% (0) | 0.1% (3) | 0.2% (4) | 0.4% (8) | 0.7% (14) | 0.6% (12) | 0% (0) | 0% (0) |
| Multiple Impairment | 0.2% (4) | 0.1% (3) | 0% (1) | 0.1% (2) | 0.1% (2) | 0.4% (9) | 0% (0) | 0% (1) |
| Health Impairment | 1.3% (26) | 0.9% (18) | 0.2% (4) | 1% (20) | 0.8% (16) | 0% (0) | 0.2% (5) | 0.1% (2) |
| Orthopedic  Impairment | 0% (1) | 0.3% (6) | 0% (1) | 0% (0) | 0.1% (2) | 0% (0) | 0% (0) | 0% (1) |
| Specific Learning  Disability | 8.3% (168) | 9.7% (196) | 2% (40) | 9.8% (198) | 2.6% (53) | 0.1% (3) | 2.8% (56) | 0.4% (8) |
| Speech/Language  Impairment | 0.1% (2) | 0% (0) | 0% (0) | 0% (1) | 0% (0) | 0% (0) | 0% (0) | 0% (0) |
| Traumatic Brain  Injury | 0.1% (3) | 0.1% (3) | 0% (0) | 0% (1) | 0% (0) | 0% (1) | 0% (1) | 0% (0) |
| Visual  Impairment/Blind | 0.1% (3) | 0.2% (4) | 0% (0) | 0.1% (2) | 0% (0) | 0% (0) | 0% (0) | 0% (0) |
| **Total Primary**  **Disability** | **12.1% (244)** | **12.4% (250)** | **2.7% (55)** | **12.4% (251)** | **4.9% (100)** | **1.5% (31)** | **3.3% (67)** | **0.6% (13)** |

**Objective D2:** Expand the availability of community-based training and supports for individuals who are blind or visually impaired. Working with leaders from the blind community, the DSU will explore opportunities for the expansion of resources for community-based services to serve the independent living needs of people with visual disabilities. This collaborative effort will

coincide with objective C3, which includes:

By 9/30/15 – The SILC will collect information and data and recommend actions to be taken to be responsive to community needs.

ADSD will identify and provide resources for non-vocational rehabilitation and non-older blind or visually impaired persons through the Aging and Disability Resource Center web portal.

**Outcome Results:** Please see Objective B2 Outcome Results.

**Objective D3:** Improve the availability and use of qualified interpreters.

Plan: Working with the Subcommittee on Services for Persons who are Deaf, hard of hearing, or speech disabled, the Aging and Disability Services Division will explore opportunities for the expansion of resources to facilitate the communication needs of Deaf individuals in medical and legal settings, and when a Certified Deaf Interpreter (CDI) is needed. Provide support to

qualified individuals seeking training and certification to become CDIs if funding is available.

By 6/30/16 a strategic plan for services for persons who are Deaf or hard of hearing will be completed. In addition, the SILC will participate in the stakeholder survey conducted as part of the planning process.

By 9/30/16 action will be taken on at least two recommendations in the strategic plan. In addition, a member of the SILC will meet at least one time with the Subcommittee.

**Outcome Results:** During Legislative Session, 2015 Assembly Bill Number 200 – Committee on Hearth and Services passed to include Section 2, “of this bill requires the program to make interpreters available, when possible, to assist the departments of State Government in providing access to persons who are deaf and hard of hearing………also requires that this program include the provision of other assistive technology and the provision of certain services……..” The Aging and Disability Services has plans to recruit and contract with five certified interpreters, one Certified Deaf Interpreter (CDI), and place them throughout the state of Nevada; therefore, establishing managing and monitoring an interpreting pool. Policies and procedures are being drafted with input from the Subcommittee on Services for Persons who are Deaf, Hard of Hearing or Speech Disabled for the interpreting pool.

**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.

Not applicable.

**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. Not applicable.

**Section D – Additional Information**

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

Not applicable.

**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

Lisa Bonie, Executive Director 775-

353-3599

NAME AND TITLE OF SILC CHAIRPERSON PHONE NUMBER

SIGNATURE OF DSU DIRECTOR DATE

Shelley Hendren 775 687 6880

NAME AND TITLE OF DSU DIRECTOR PHONE NUMBER

SIGNATURE OF DSU DIRECTOR (Older Blind Program)

DATE

Shelley Hendren 775 687 6880

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