

**MICHIGAN STATEWIDE INDEPENDENT LIVING COUNCIL**

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**MICHIGAN ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING**

**To:**

- **Members of the Senate Appropriations Subcommittee—DLEG**
- **Members of the House Appropriations Subcommittee—DLEG**
- **Senate Fiscal Agency**
- **House Fiscal Agency**
- **Michigan State Budget Director**

**Cc:**

- **Executive Office**
- **Members of the Legislature**
- **Jaye Balthazar, Director, Michigan Department of Labor & Economic Growth-Rehabilitation Services**
- **Patrick Cannon, Director, Michigan Department of Labor & Economic Growth-Commission for the Blind**
- **Duncan Wyeth, Director, Michigan Department of Labor & Economic Growth-Commission on Disability Concerns**

**From:**

- **Michigan Statewide Independent Living Council**
- **Michigan Association of Centers for Independent Living**

**Date:**

**January 31, 2005**

**FY 2004 Report to the Michigan Legislature**

**We are pleased to forward this report to the Legislature, on the accomplishments of centers for independent living in promoting the full integration of people with disabilities into their communities, and on the ways in which this work benefits the State of Michigan. Information is also provided on the distribution and expenditure of CIL funding.**

**This report was prepared and submitted by the Michigan Statewide Independent Living Council and the Michigan Association of Centers for Independent Living, in compliance with Section 404 of Public Act 354 of 2004. Background information is provided on the mission of CILs to extend independent living supports to every Michigan citizen who needs them and their partnership with the state through funding under the vocational rehabilitation independent living line item.**

**If you have any questions or comments regarding the report, please contact Valarie Barnum-Yarger of SILC at 517-371-4872 or Ellen Weaver of MACIL at 517-339-0539.**

**Respectfully submitted,**

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**Rob DeVary, Chair  
Michigan Statewide Independent  
Living Council**

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**Ellen Weaver, Chair  
Michigan Association of Centers for  
Independent Living**

## **REPORT BRIEF**

### **Michigan Centers for Independent Living / October 1, 2003 – September 30, 2004**

The Michigan Statewide Independent Living Council (SILC) and the Michigan Association of Centers for Independent Living (MACIL) have prepared this report in response to Section 404 of Michigan Public Act 354 of 2004. It addresses:

- ✓ The use of funding under the vocational rehabilitation independent living line item.
- ✓ The resulting impact on the lives of Michigan citizens.

Background is provided on the Independent Living Program established under Title VII of the federal Rehabilitation Act:

- ✓ Approximately one of every five persons has a disability.
- ✓ People with disabilities are recognized as one of the most disadvantaged groups in society.
- ✓ Their unnecessary dependency consumes public resources, detracts from workforce and economic development efforts, and compromises individual and community quality of life.
- ✓ The Rehabilitation Act sets a national goal to provide people with disabilities the tools they need for personal and economic self-sufficiency and community inclusion.
- ✓ Title VII of the Rehabilitation Act provides financial assistance to develop and support statewide networks of Centers for Independent Living (CILs).

Michigan's investment in Independent Living is described:

- ✓ The purpose and functions of the community-based, consumer-directed CILs are identified.
- ✓ The community and consumer services they provide are described.
- ✓ FY 2004 efforts to enhance statewide access to IL supports and services are reported, including development of a long-range planning template. The analysis shows that, with about 18% of the total core funding that appears to be needed for a fully developed statewide Network, about 19% of Michigan's residents are in areas the CILs have capacity to serve, 48% in areas that are significantly underserved, and 33% in areas that lack any access to IL supports.
- ✓ Explanation is given of how, in the face of diminished resources since FY 2003, CILs are working to maintain service delivery through consolidation or refocusing of programs and other steps to make the best possible use of available resources.

Information is provided from Michigan's innovative approach to outcomes-based reporting of CIL services:

- ✓ Details are described of the consumer and community services provided during FY 2004 and the outcomes achieved. Network totals included more than 70,000 hours spent in community services and more than 65,000 hours spent in assisting 24,800 consumers, with 4,394 reported community outcomes and 13,011 reported consumer outcomes.
- ✓ Computation is provided of cost savings to the state from select service areas, with total FY 2004 savings of \$14,851,220.

Finally, detail is outlined for each of the 15 CILs in Michigan's Network:

- ✓ Collectively, they reported FY 2004 operating budgets from all sources totaling \$12,257,922.
- ✓ This supported some 250 staff operating out of 25 offices across the state. (150 full-time, 75 part-time, and 25 contractual)
- ✓ The major expense was personnel, representing some 60% of the total.
- ✓ About one-third of the revenue was from state and federal grants for core operations, another third from a combination of vocational rehabilitation grants and service fees, and the final third from a mix of other funding sources.
- ✓ Budget comparisons show that, although the statewide total has remained essentially unchanged since the major reductions of FY 2003, budgets of individual CILs have shown very mixed results reflecting the diversity of local efforts to more efficiently and effectively use available resources.

**MICHIGAN CENTERS FOR INDEPENDENT LIVING:  
A Report to the Legislature  
October 1, 2003 – September 30, 2004**

**EXECUTIVE SUMMARY**

The Michigan Statewide Independent Living Council (SILC) and the Michigan Association of Centers for Independent Living (MACIL) have prepared this report in response to Section 404 of Michigan Public Act 354 of 2004 which provides for appropriations to the Department of Labor and Economic Growth. Section 404 requires the SILC and MACIL to annually supply information on the use of funding under the vocational rehabilitation independent living line item that supports the work of centers for independent living, and on the impact of that work on the lives of Michigan citizens with disabilities.

**Independent Living – An Investment in Individuals and Communities**

Michigan invests in Independent Living (IL) to assist individuals with disabilities in taking charge of their lives and becoming participating, productive, and tax-paying members of their communities. Approximately one of every five individuals has a disability, and essentially every extended family includes one or more individuals with disabilities. Unnecessary dependency of individuals with disabilities consumes public services and resources, detracts from workforce and economic development efforts, and compromises individual and community quality of life.

The Independent Living program established by Title VII of the Rehabilitation Act reflects Congressional findings that Americans with disabilities form one of the most disadvantaged groups in society. The Act sets a national goal of providing individuals with disabilities the tools they need to make informed choices and decisions, and to achieve equality of opportunity in education, the pursuit of economic and personal self-sufficiency, civic involvement, and participation in community life. This recognizes that an individual cannot successfully obtain and maintain a job if basic living needs are not met, and that the community cannot achieve workforce and economic development goals if two-thirds of the population with disabilities remains personally and financially dependent.

Title VII of the Act provides financial assistance to develop and support statewide networks of CILs that comply with specified standards. In order to qualify for Title VII, Part B funding, a State must establish a Statewide Independent Living Council, and its vocational rehabilitation agency or agencies must work with the SILC to develop a State Plan for Independent Living (SPIL). The Plan must address the provision of independent living resources and the development of an IL/CIL network. In Michigan, the Governor-appointed Statewide Independent Living Council (SILC) collaborates with the state's two rehabilitation agencies – Michigan Rehabilitation Services (MRS) and Michigan Commission for the Blind (MCB), both located within the Department of Labor and Economic Growth – to plan and oversee implementation of the state's IL program. The allocation of resources made available by the

Legislature, under the Department's vocational rehabilitation independent living line item, must be consistent with the State Plan. In addition, the Michigan Association of Centers for Independent Living (MACIL), a non-profit membership organization, addresses the individual and collective program, service, and financial management needs of the network of CILs.

The IL approach is to seek ways of enhancing and making the best possible use of individual capacities and community resources. Michigan's IL program is committed to the principles of consumer sovereignty, equal access, responsive programs and services, and community capacity building. These principles are based on the belief that all people should be able to make choices, take risks, and have maximum control over their personal support systems. CILs strive to provide empowering supports that help people with disabilities pursue the same goals as everyone else—employment, financial security, a family, a home, and participation in civic, religious and social life. However, their larger mission is always to address community and systems barriers. The CILs approach mobilization of the local disability community by having people share their experiences and information with peers, building a common understanding of community needs. This establishes a common ground upon which people with disabilities and their partners can come together in taking action. The shared disability experience and resulting IL response is illustrated in chart on the following page.

Michigan's Independent Living program currently operates through 15 local Centers for Independent Living (CILs) and two statewide organizations. The local CILs are independent, community-based non-profit organizations governed and staffed predominantly by people with disabilities. They are not residential centers, but rather resource centers that provide information and supports to help individuals with all types of disabilities live independent lives, fully integrated into their communities, and to help communities remove barriers that promote dependency among people with disabilities.

The Rehabilitation Act requires CILs to adhere to a set of standards and indicators related to Independent Living principles and to sound organizational management. The SILC, Michigan Rehabilitation Services, and the Michigan Commission for the Blind, in collaboration with MACIL, provide technical assistance and monitoring to ensure achievement of these standards. While every CIL responds to community needs with a different array of programs, the standards and indicators require that they all provide the Core Services of information and referral, peer support, individual and systems advocacy, and independent living skills development. Addition of a fifth Core Service – transition from care facilities – is currently being considered by Congress. Accountability measures include quarterly and annual reporting by CILs and on-site monitoring reviews by the SILC, MRS, MCB, and occasionally representatives of the federal Rehabilitation Services Administration (RSA).

The Disability Experience	<i>The CIL Response</i>
<p><b>The communities in which we live build new barriers to our freedom and independence every time a sidewalk, curb ramp or other architectural structure is created that does not meet the minimum construction standards mandated by state and federal laws.</b></p>	<p><i>We advocate for a barrier-free society that accepts our challenges and honors our dignity as citizens, by helping businesses and governmental entities build communities that are accessible to everyone. Through our shared personal experience with disability we are able to educate and increase awareness on the part of civic organizations, business leaders, architects and students, and policy makers in our government.</i></p>
<p><b>The move from school to adult life presents a unique challenge for young people with disabilities. Schools alone cannot be the sole source of instruction for this transition.</b></p>	<p><i>We provide mentors for young people with disabilities to help open their eyes to the possibilities for independent living and satisfying careers. We partner with school systems to keep students in school and fully engaged. We help students to resolve problems and develop skills that are crucial to independence.</i></p>
<p><b>Members of our community of people with disabilities are often unable to find an affordable and accessible place to live, the personal assistants they need, lift-equipped transportation, and meaningful employment.</b></p>	<p><i>We participate in local and state-level housing, personal assistance and transportation initiatives, to promote an array of supports and acceptable options for people with disabilities. We help people set goals, build job-seeking skills, understand their rights under the Americans with Disabilities Act and state law, and secure the accommodations they need in order to succeed in the workplace.</i></p>
<p><b>Even when our personal circumstances clearly meet the criteria for Social Security Administration, Medicaid or other publicly funded benefits programs, it can take months to secure the resources we need for housing, food or health care. Regulations can be extremely confusing, and programs can interact in complex ways, affecting our eligibility for critically important benefits.</b></p>	<p><i>We help people with disabilities to navigate a complex and ever-changing support system that often seems designed to lock us out rather than assist us. We work together to remove program barriers to independence and economic self-sufficiency, through such initiatives as the drive to establish a Medicaid Buy-In program allowing people with disabilities to work without losing Medicaid coverage.</i></p>
<p><b>Many of us feel an overwhelming sense of isolation. Our days can be filled with fear, frustration, and pessimism as we find ourselves trapped in nursing homes.</b></p>	<p><i>Using peer support, we help people through a decision-making process that leads to a self-directed life filled with personal achievement.</i></p>

The CILs are supported through a complex set of funding arrangements. A basic level of organizational capacity and functioning is supported by flexible federal and state core funding grants that represented about one-third of all funding for Michigan CILs during FY 2004. Most CILs also receive various types of categorical (restricted) funding, which can be used only for specific services, populations, geographic areas, or disability types. The most significant categorical funding for Michigan CILs is for vocational rehabilitation, with grants and fee-for-services revenue accounting for another third of all Michigan CIL funding during FY 2004. Other funding sources for CILs include local fee-for-service arrangements, support from foundations and donations, local fundraisers, and other fund development activities. Non-vocational and other miscellaneous revenue accounted for the remaining third of Michigan CIL funding during FY 2004.

The distribution of all vocational rehabilitation independent living funding – including federal Title VII, Federal Title I, and state funds -- is made through a process overseen by MRS, MCB, and the SILC. The funds are distributed as grants, under contracts between CILs and MRS. To the extent possible, federal and state CIL funding is coordinated to provide for equity among full functioning CILs, to meet the growing needs of each developing CIL, and if possible, to support outreach to unserved and underserved areas and populations.

Effective allocation and coordination of funds has been most difficult during the economic downturn of the last few years. Funding for the CIL Network continues in the shadow of the significant 4% decrease that was experienced between FY 2002 and FY 2003. This included cuts in state funding, as well as shrinkage in an array of other revenue sources in an increasingly competitive environment for grant-seekers from such sources as foundations and corporate donors. The reported total CIL funding from all sources for FY 2004 and FY 2005 remains at essentially the same as in FY 2003, which is about one-half million dollars or 4% less than in FY 2002. With operational costs continuing to rise – such as the escalating costs of health care coverage for employees – the CILs are now in the third year of progressively reduced organizational and service-delivery capacity. The emphasis for CILs in both FY 2004 and FY 2005 has been to strive to maintain service delivery through consolidation or refocusing of programs, or other steps to achieve maximum efficiency.

*[Further information about IL as an investment in individuals and communities is provided in Section I of the report, pages XXX through XXX.]*

## **The Statewide CIL Network and Access to IL Supports and Services**

Section 404 asks for a report on results in terms of enhanced statewide access to IL services. The long-term goal of the SILC and MACIL, as expressed in the State Plan for Independent Living, remains the same: to establish a statewide IL/CIL Network that affords every Michigan citizen ready access to effective IL supports and services in each local community. Currently, CILs report that only about 19% of Michigan residents are in areas they have capacity to serve, with 48% in areas that are significantly underserved, and 33% in areas that lack any access to IL supports. This includes people living in 16 counties that are not affiliated with any CIL.

During FY 2004, MACIL and SILC collaborated in developing a long-range planning template. The Michigan Prototype CIL provides a template for identifying the work that a CIL must do to establish a presence in all communities within its service area, the staff capacity needed to provide effective community and consumer services in those communities, and the organizational resources required to support successful CIL operations. It offers a tool for organizational planning at the local level, and program planning at the state level. The initial formulation, of the Prototype has received positive national attention, being well received as a reasoned and useful planning template. Computations based on the initial formulation of the Prototype indicate that, in FY 2004, Michigan's CILs had about 18% of the total core funding that would be required for a fully developed statewide Network.

Although a long-term planning template was developed, continuing reduction in CIL Network capacity during FY 2004 precluded any significant progress in expanding access to IL supports and services. Each CIL struggled to respond to constrained resources by re-examining priorities and re-focusing efforts to more efficiently and effectively use available resources. By dropping some programs, restructuring others, and taking advantage of the few funding opportunities that did become available, the CILs were able to very slightly increase the level of service, with 28,941 individuals participating in services during FY 2004, up from 28,695 in FY 2003. This is, however, still a 15.6% decrease from the more than 34,000 individuals participating in FY 2002.

Continuing reduction in Network capacity also made it difficult to address CIL management and governance issues that had created periods of uncertainty in previous years. Nonetheless, the SILC, MACIL, MRS, MCB, and other IL partners moved ahead with increased collaboration in consulting closely with centers in crisis, providing on-site technical assistance and peer mentoring, and developing resources for Board development. MRS assigned an additional state-level program consultant to focus on a process for total continuous quality improvement throughout the Network, including assurance of compliance with federal and state requirements. Improved technical assistance and network supports are seen as essential elements in long-term plans for strengthening and further developing the Statewide CIL Network and providing enhanced access to IL support and services.

*[Further information about the CIL Network is provided in Section IV of report (funding), pages XXX through XXX, and Section V (individual CIL descriptions), pages XXX through XXX.]*

### **Return on Investment – Michigan's CIL Priority Outcomes**

The CILs have collaborated in jointly defining eight priority categories of outcomes to be achieved, and developing a database system for regularly monitoring and reporting on services and outcomes. Computations indicate that, at a minimum, every dollar invested in the IL Program from any source results in a comparable dollar of savings to State taxpayers. The minimum savings are often compounded by many related financial returns, as well as quality-of-life improvements for individuals, families, and communities. The priority categories and outcomes in general order of activity for FY 2004 include the following:

➤ **Transition from Care Settings and Ongoing Community Supports**

It makes no sense to keep individuals who need long-term care in expensive institutional settings that foster dependency, if they can be successfully supported in their own homes, with a higher quality of life and generally at less expense. During FY 2004, CILs assisted 4,472 individuals with ongoing community supports and devoted 20,624 hours in working to eliminate community barriers. This resulted in 1,959 reported individual service outcomes and 354 reported community outcomes. Institutionalization was prevented for 139 individuals, 14 were assisted in moving from nursing homes or other restrictive settings, and 82 were maintained in community settings.

Major barriers to the successful transition of people from nursing homes and other care settings to the community during the last couple years have been the lack of funding for the transition process and very limited availability of “waiver” resources to support needed in-home services. The Governor’s appointment during FY 2004 of a Medicaid Long-Term Care Reform task force has established a process for future improvements in long-term care. The CILs individually and through their association, MACIL, are continuing their efforts to work for an effective “money-follows-the-person” long-term care system in Michigan that will produce significant savings to the state and improve the quality of life for citizens in need of long-term care services.

➤ **Education and Youth Transition**

Education is a major factor in helping people with disabilities successfully manage their lives and maintain independent living. Assisting people with disabilities in developing the skills for independent living is one of the CIL core services. CILs spent 13,519 hours working with 1,200 individuals to obtain needed education, and a total of 10,341 hours working to improve community education systems. This resulted in 2,169 reported individual service outcomes and 181 reported community outcomes.

Ample research evidence exists on the particular importance of keeping young people in school in order to prepare them for life and to ensure their financial independence. CILs work with youth in a number of ways, all intended to prepare them for independent living. Including all categories of service, CILs spent 6,551 hours during FY 2004 assisting 8,388 youth with disabilities to prepare for the transition to adult life and employment.

➤ **Employment**

Employment is the path to financial independence and self-esteem for most people. CILs provide a wide variety of supports that assist individuals in getting and keeping jobs. These range from help preparing for employment and for the job search, to help in getting accommodations at the job site, to involvement in improving community employment systems. During FY 2004, CIL spent 16,036 hours assisting 4,929 individuals with employment issues, and 6,939 hours working to improve community employment systems. This resulted in 2,680 reported employment service outcomes for individuals, and 2,193 reported community outcomes.



- **Housing**

The lack of affordable, accessible housing is one of the greatest barriers to independent living for Michigan's citizens with disabilities. CILs assist individuals in finding affordable, accessible housing that meets their needs, in resolving problems that arise with the housing, and in working for improvement in the available housing. During FY 2004, CIL staff spent 5,940 hours helping 5,203 people deal with housing issues, and 5,653 hours working to improve housing conditions in their communities. This resulted in 1,158 reported individual service outcomes and 407 reported community service outcomes.
- **Accessibility**

Community programs, services, facilities, and buildings must be accessible if people with disabilities are to work, play, shop, vote, pursue an education, raise families, and participate in their communities like everyone else. CILs work in a variety of ways to assist people with disabilities deal with accessibility issues and to improve the accessibility of public and private facilities, programs, and services. During FY 2004, Michigan's CILs spent 7,081 hours working to improve community accessibility, and spent 2,048 hours in assisting 1,367 individuals in resolving accessibility issues. This resulted in 407 reported community service outcomes, and 534 reported individual service outcomes.
- **Transportation**

Transportation is an immediate issue for most people with disabilities in order to work, play, shop, vote, pursue an education, raise families, and participate in their communities. During FY 2004, CILs spent 5,233 hours working in their communities to improve public transportation, and 3,261 hours assisting 2,552 consumers in resolving transportation issues. This resulted in 140 reported community service outcomes and 2,563 reported individual service outcomes,
- **Assistive Technology**

Assistive technology (AT) is any device that helps people with disabilities to work and live independently. A wide array of simple and inexpensive AT makes it possible for people with disabilities to carry out life activities they could not otherwise do. Rapidly developing technology is also providing new AT that makes possible a previously unimagined level of independent, but often at a substantial cost. CILs work in a number of ways to improve the availability of AT throughout the community and to assist individuals in finding and obtaining AT they need for independent activity, including both "low tech" and "high tech" technology. In FY 2004, CILs spent 4,288 hours working to improve community availability of AT and 3,402 hours assisting 1,133 individuals with information, training or support related to AT. This resulted in 439 reported community services outcomes and 1,133 reported individual services outcomes.
- **Health Care**

Access to quality health care is essential for people with disabilities to remain independent and productive. CILs work to ensure that consumers get the prescription drugs, personal assistance, home health care, and durable medical equipment they need in order to stay out of the hospital and other costly institutional care. In addition, CILs provide information, training, and support to consumers to help them manage their own health and avoid costly

secondary disabling conditions. In FY 2004, CILs spent 2,591 hours working to improve access to health care within the community and 2,940 hours assisting 1,384 individuals in resolving health care issues. This resulted in 152 reported community services outcomes and 509 reported individual services outcomes.

➤ **Other**

There are other specific barriers to independent living in each community. CILs work to identify the most important barriers in their individual communities, and to provide community and consumer services that address those barriers. During FY 2004, Michigan CILs spent 7,934 hours working in their communities to address such barriers, and spent 2,584 hours working with 1,438 individuals to resolve their issues about other service needs. This resulted in 121 reported community service outcomes, and 71 reported individual service outcomes.

Public Act 354 of 2004 requires the SILC and MACIL to provide information on how CIL outcomes can be monitored over time. In collaboration with SILC and MRS, the CILs and MACIL have developed, implemented, and regularly update a statewide reporting system to provide consistent, meaningful information on CIL activities and outcomes statewide. Data from the system is used throughout this report. Maintaining and refining the reporting system is the collective responsibility of MACIL and the individual CILs, in collaboration with SILC and MRS. Michigan's unique outcomes reporting model has been the topic of national and regional trainings for the nation's CILs.

Comparison of FY 2004 services data with that of the preceding year shows that total reported service hours have decreased by more than 32,000 hours or 19%, although reported services outcomes have increased by 19% for community services and 15% for individual services. These findings are consistent with the decrease in staffing which occurred during FY 2003, along with the continued efforts of CILs to make more efficient and effective use of available resources.

*[Further information about the services provided and return on the investment is provided in Section II of the report, pages XXX through XXX.]*

## Summary of Taxpayer Savings

Annually, cost savings to the State from CIL services are computed on the basis of the services outcome data. For FY 2004, the cost savings to the State of Michigan are computed to be as follows:

### Calculated FY 2004 CIL Network Cost Savings

➤ Savings from FY 2004 nursing home transitions	\$ 292,160
➤ Savings from FY 2004 work to prevent institutionalization	\$ 6,079,510
➤ Savings from sustained independence during FY 2004 of persons transitioned in previous years	\$ 3,234,070
➤ Savings from CIL services in support of employment	\$ 1,818,550
➤ Savings from CIL youth transition services	\$ 3,426,930
<b>TOTAL CALCULATED FY 2004 COST SAVINGS</b>	<b>\$14,851,220</b>

*[Further information about the computation of cost savings for the State is provided in Section II of the report, pages XXX through XXX.]*



# **MICHIGAN CENTERS FOR INDEPENDENT LIVING**

**A Report to the Legislature**

***October 1, 2003-September 30, 2004***



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## **I. INTRODUCTION**

### **Independent Living – An Investment in Individuals and Communities**

Michigan invests in Independent Living (IL) to assist individuals with disabilities in taking charge of their lives and becoming participating, productive, and tax-paying members of their communities. Disability is a natural part of the human experience. Approximately one of every five individuals has a disability, and essentially every extended family includes one or more individuals with disabilities. Unnecessary dependency of individuals with disabilities consumes public services and resources, detracts from workforce and economic development efforts, and compromises individual and community quality-of-life.

In 1978, Independent Living was established by Title VII of the Rehabilitation Act as an essential part of the nation's Rehabilitation System. The Independent Living program reflects Congressional findings that Americans with disabilities form one of the most disadvantaged groups in society, encountering discrimination and barriers in a number of critical life areas. The Act sets a national goal of providing individuals with disabilities the tools they need to make informed choices and decisions, and to achieve equality of opportunity in education, the pursuit of economic and personal self-sufficiency, civic involvement, and participation in community life. This recognizes that an individual cannot successfully obtain and maintain a job if basic living needs are not met, and that the community cannot achieve workforce and economic development goals if two-thirds of the population with disabilities remains personally and financially dependent.

Michigan's Independent Living program currently operates through 15 local Centers for Independent Living (CILs) and two statewide organizations. The local CILs are independent, community-based non-profit organizations governed and staffed predominantly by people with disabilities. They are not residential centers, but rather resource centers that provide information and supports to help individuals with disabilities live independent lives fully integrated into their communities, and to help communities remove barriers that promote dependency among people with disabilities. Individuals with disabilities and their families are assisted in obtaining appropriate housing, basic living and work skills, remedial education, access to quality health care and personal assistance, workplace accommodations, employment opportunities, and transportation. This includes individuals with all types of disabilities -- physical, mental or emotional, cognitive, and sensory.

At the state level, the Governor-appointed Statewide Independent Living Council (SILC) collaborates with the state's two rehabilitation agencies – Michigan Rehabilitation Services (MRS) and Michigan Commission for the Blind (MCB) – to plan and oversee implementation of the state's IL program. In addition, the Michigan Association of Centers for Independent Living (MACIL), a non-profit membership organization, addresses the individual and collective program, service, and financial management needs of the network of CILs.



## **Guiding Principles of CIL Operations**

The IL approach is to seek ways of enhancing and making the best possible use of individual capacities and community resources. Michigan's IL program is committed to the principles of consumer sovereignty, equal access, responsive programs and services, and community capacity building. These principles form a common ground upon which people with disabilities and their partners can come together in taking action.

The 15 CILs form a network of grassroots, consumer-controlled advocacy and IL support organizations that build disability leadership to bring about needed change in their communities. They seek removal of systemic deficits that reflect negative attitudes and assumptions about disability and limit individuals in their quest for self-determination, successful employment, and community inclusion. They work to correct community buildings and public works which fail to take the needs of people with physical or sensory disabilities into account, segregation of individuals in educational or institutional settings, and health systems that fail to comprehend what it takes to be a healthy person with a disability.

## **Self-Determination and Acceptance of Personal Responsibility**

The Independent Living Movement developed, in part, from recognition that emphasis simply on the provision of services promotes dependency and loss of capacity – for both the individual and the community. By contrast, CILs strive to provide empowering supports that help people with disabilities pursue the same goals as everyone else—employment, financial security, a family, a home, and participation in civic, religious and social life. All people should be able to make choices, take risks, and have maximum control over their personal support systems. A distinguishing characteristic of CILs is their holistic response to the needs of the people they serve, with consistent emphasis upon self-determination, self-advocacy, and acceptance of personal responsibility.

At the community level, a basic tenet of IL is “Nothing About Us Without Us.” CILs hold that disability issues are best understood and addressed by the people who experience them in their lives. They demonstrate this commitment by being governed and staffed by people with disabilities from the local community. They approach mobilization of the local disability community by having people share their experiences and information with peers, building a common understanding of community needs. CILs seek to provide necessary empowering supports to individuals, but the larger mission is always to address community and systems barriers. For example, CILs may draw attention to gaps in critical services, propose or even demonstrate innovative ways to provide supports, or try to educate the public and policy makers about disability rights.

## **The Core IL Services**

In the 1992 amendments to the Rehabilitation Act, Congress stipulated that CILs must adhere to a set of standards and indicators related to Independent Living principles and to sound organizational management. The SILC, Michigan Rehabilitation Services, and the Michigan

Commission for the Blind, in collaboration with MACIL, provide technical assistance and monitoring to ensure achievement of these standards.

The standards and indicators require that CILs provide four core services. While every CIL responds to community needs with a different array of programs, they all provide the following:

1. **Information and Referral.** Because the need for information is among the first problems faced by people with disabilities and their families, it is usually the first service new CILs try to provide. Over time, center staff build their capacity to provide answers, not only on disability law and available resources, but also on the complicated systems consumers must navigate, such as Social Security law and Medicaid. Employers, schools, developers and government workers can often get valuable technical assistance in dealing with disability issues.
2. **Peer Support.** CILs operate on the principle that the best source of information and mentoring for a person with a disability is often another person with a disability. Single and cross-disability support groups may meet formally to allow people to share experiences and to advise and support each other. More important, CILs create environments that nurture consumer empowerment and honor each individual struggle to overcome barriers.
3. **Individual and Systems Advocacy.** CIL staff and volunteer mentors assist consumers faced with barriers in taking effective actions to bring about needed changes in both the public and private sectors. Assistance provided in a way that truly empowers consumers helps them develop valuable self-advocacy skills. CILs undertake community or systems advocacy to bring about necessary changes in such areas as health care, long-term community supports, housing, transportation, and education. This includes identifying and eliminating duplication of services, as well as identifying and taking action to address significant gaps in needed services.
4. **Independent Living Skills Development.** CILs help people to develop the skills they need for increased personal independence. This can include anything from basic decision-making, money management, and the use of assistive technology, to self-advocacy, work readiness, and the hiring and management of personal assistants.
5. **Transition from Care Facilities.** Congress is currently contemplating an amendment to the federal Rehabilitation Act that would add a fifth core service-assistance in transitioning individuals from institutions to community life. This has long been an area of intense activity and achievement for Michigan CILs.

## How CILs are Funded

The CILs are supported through a complex set of funding arrangements. In recognition of their function as community resource centers, all Michigan CILs receive core funding grants through the State appropriation for “Vocational Rehabilitation Independent Living”. These flexible grants from State and federal funds support basic operations, systems change work, new initiatives, and gaps in financing CIL programs. They are the principal sources of funding for

new CILs trying to build organizational capacity. Under the terms of the State appropriations act, the distribution of funds must be consistent with the State Plan for Independent Living.

Most Michigan CILs also receive direct federal core funding under Title VII, Part C of the Rehabilitation Act. Title VII, Part C monies are distributed nationally through a State-based formula. After years of essentially flat federal funding in Michigan, CILs have received small annual federal increases beginning in FY 2002.

In accord with the Rehabilitation Act, the Michigan State Plan for Independent Living (SPIL) provides for annual coordination of the federal and State funding. Each year, the SILC, MRS, and MCB, in collaboration with MACIL, review available resources to determine how the needs of the IL/CIL Network can best be met. To the extent possible, funding is allocated to provide for equity among full functioning CILs, to meet the growing needs of each developing CIL, and if possible, to support outreach to unserved and underserved areas and populations. Effective allocation of funds has been most difficult during the economic downturn of the last few years, with increases in CIL operational costs quickly outpacing the available resources. Taken together, federal and State core funding accounts for approximately one third of all CIL funding.

Most Michigan CILs also receive various types of categorical (restricted) funding, which can be used only for specific services, populations, geographic areas, or disability types. The most important categorical funding for Michigan CILs is provided by the Michigan Department of Labor and Economic Growth, Michigan Rehabilitation Services, under Title I of the Rehabilitation Act. These funds, which account for about one third of all CIL funding, can only be used for MRS customers, and must support vocational objectives.

The distribution of all vocational rehabilitation independent living funding, including core and Title I funding, is subject to a process overseen by MRS, MCB, and the SILC. The funds are distributed as grants, under contracts between CILs and MRS.

The SILC and MACIL also receive core and Title I funding to provide technical assistance to CILs, to assist in program evaluation, and to support a variety of collaborative work at the State and national levels. For example, MACIL and the SILC are collaborating with the Michigan Department of Community Health and numerous public and private partners to remove community and employment barriers, ensure effective implementation of the new Michigan Freedom to Work for People with Disabilities Act, and to assist in redesign of the State's long-term care system.

Accountability measures include quarterly and annual reporting by CILs and on-site monitoring reviews by the SILC, MRS, MCB, and occasionally representatives of the federal Rehabilitation Services Administration.

Other funding sources for CILs include local fee-for-service arrangements, support from foundations and donations, local fundraisers, and other fund development activities.

## **Return on Investment – Michigan's CIL Priority Outcome Categories**

The Michigan CIL Network is in the forefront of national efforts to define and report the return on investment in the IL Program. The CILs have collaborated in defining eight priority categories of outcomes to be achieved, and a database system for monitoring and reporting on services and outcomes. The outcomes monitored for FY 2004 included: accessibility, assistive technology, education, employment, health care, housing, community supports, and transportation. Computations indicate that, at a minimum, every dollar invested in the IL Program from any source results in a comparable dollar of savings to State taxpayers. The minimum savings are often compounded by many related financial returns, as well as quality-of-life improvements for individuals, families, and communities. These outcomes are discussed in more detail on the following pages.

## **II. SELECTED OUTCOMES OF CIL ACTIVITIES:**

### **Response to 2004 P.A. 354 Reporting Requirements**

**Section 404(2)(a) Results in terms of enhanced statewide access to independent living services to individuals who do not have access to such services through other existing public agencies, including measures by which these results can be monitored over time. These measures shall include:**

**(i) Total number of persons assisted by centers and a comparison to the number assisted in the previous year.**

The total number of persons assisted by centers in FY 2004 was 28,956 compared to 28,695 in FY 2003.

These totals include consumers served through information and referral, direct services to individuals and specialized group services. They indicate a 0.99% increase in the number of people served between 2003 and 2004.

This increase occurred while Michigan's CILs operated on a flat budget. Changes in community needs and individual CIL demands have impacted decisions on how to respond to consumer and community needs, often by providing more group services.

**(iii) Number of persons for whom accommodations were provided to enable independent living or access to employment and a comparison to the number assisted in the previous year:**

The priority categories and outcomes in general order of activity for FY 2004 include the following which are further described below: ongoing community supports, education, employment, housing, accessibility, transportation, assistive technology, and health care.

### **Ongoing Community Supports**

**(ii) Number of persons moved out of nursing homes into independent living situations and a comparison to the number assisted in the previous year.**

The current interest in Congress in making nursing home transition services a fifth core service for CILs reflects the growing recognition at the federal level that it makes no sense to keep individuals who need long-term care in expensive institutional settings that foster dependency, if they can be successfully supported in their own homes, with a higher quality of life, and generally at less expense.

One of the most significant impacts that CILs have on the community is helping people safeguard their independence by staying in their own homes-not in institutional settings. Since 2002, legislative reports have documented the very beneficial impact this program has had on the state budget. In FY 2004, centers helped 154 people avoid unnecessary institutionalization by

securing the necessary supports (personal assistance services, durable medical equipment, home modifications, etc.) to stay in their own home, compared to 116 people assisted in FY 2003. This is a very time-intensive and costly independent living support. This emphasizes that preventing people from entering an institution is easier and usually can be done quicker. One of the major components to this is when we keep people in the community, they retain their housing. The cost of nursing home care continues to climb, while the cost of community-based care has remained stable and the taxpayers' savings still exceed \$7.4 million in FY 2004.

CILs continue to engage in vigorous advocacy to protect and expand state programs providing long-term community supports. With the appointment of the Medicaid Long-Term Care Task Force by the Governor, reform of the Long-Term Care System is now going to become a reality. CILs are very active, not only on the task force, but on its many workgroups and subcommittees. 2-3 CIL staff worked collaboratively with the seven workgroups related to: [XXX Get names and list]

**(iv) The total number of disabled individuals served by personal care attendants and the number of personal care attendants provided through the use of any funds appropriated in Part I administered by a center for independent living and a comparison to the number served in the previous year:**

#### *Personal Assistance Services Reimbursement for Employment Program*

Personal assistants (also known as personal care attendants or direct care workers) provide services that are essential to the independence of many people with disabilities, including the elderly. The term "personal assistance services," or PAS, generally refers to in-home support services not provided by a medical professional. The services can include help getting in or out of bed, dressing, personal hygiene and toileting, cooking and home chores, and shopping. Access to PAS is crucial to the health and well-being of many people with disabilities. There are several Medicaid-funded programs in Michigan that provide such services to different populations who need them.

CILs administer the Personal Assistance Reimbursement for Employment Program (PASREP), funded by the State and administered by the Department of Labor and Economic Growth-MRS. PASREP is a unique program that helps people with disabilities secure or maintain employment by reimbursing them for all, or a portion of the cost, of the personal assistance services they need. Ordinarily, Medicaid income restrictions would prevent these individuals from working because they would lose necessary personal assistance services. PASREP recipients have been able to build careers and financial security, support their families, keep their homes, pay taxes and have a satisfying quality of life. An independent study of PASREP found that it more than pays for itself.

#### *Summary of Current Year Participants*

The PASREP program served 39 individuals in FY 2004. At the beginning of the year, 39 people were on the program and over the course of the year, 3 people left the program. One

person died, and two people lost their job. There are currently 20 people on the wait list. The person who currently has been on the list the longest has been waiting since October 9, 2001. People often inquire about the program but are discouraged by the long wait and do not follow through with submitting an application to be placed on the list.

Of the 39 participants, 25 have spinal cord injuries, 2 have cerebral palsy, 2 have muscular dystrophy, 2 have had a stroke, and the remaining participants have a variety of other disabilities.

### *Income ranges*

Participants must be working to be eligible for the program. Income ranges are as follows:

\$10,000 or less	1
\$10,000 - \$20,000	4
\$20,000 - \$30,000	9
\$30,000 - \$40,000	8
\$40,000 - \$50,000	5
\$50,000 - \$60,000	6
\$60,000 or more	6

### *Reimbursements*

22 people were eligible for the maximum monthly reimbursement amount of \$1000. The average monthly reimbursement eligibility was \$856. Participants paid between \$0 and \$504 per month towards their PA services that was not reimbursed by PASREP. The average was \$54.

### *Other CIL Involvement in Personal Assistance Issues*

CILs are actively involved in PAS issues. They work with consumers to secure the supports they need through the Home and Community Based Services waiver, the HAB waiver for the recipients of community mental health services, the Home Help program administered by the Family Independence Agency, and other programs. At the State level, MACIL and its member CILs have advocated vigorously to protect and expand funding for the waiver and Home Help programs. The services available under these programs, are and will continue to be, essential if the State of Michigan is to comply with the Supreme Court's mandate under the *Olmstead* decision that long-term care be provided in the most integrated setting, consistent with an individual's needs. Expanding these programs will also prevent or delay nursing home placement, which is vital for controlling the increasing cost to Medicaid for long-term care.

An issue of increasing importance in Michigan and at the national level is the critical shortage of direct care workers. Most in-home support is actually provided by family members. In light of the rapid growth in both the aging population and the number of adults with disabilities, it is ever more critical to address issues such as how to provide adequate support to family members who have taken on caretaker roles, and how to attract, screen, train, compensate and support competent, reliable personal assistants. MACIL and its member CILs collaborated with other advocates and the Michigan Department of Community Health in the development of the Quality

Home Care Council, which will strengthen and coordinate State policies related to direct care workers.

## **Education and Youth Transition**

Education is a major factor in helping people with disabilities successfully manage their lives and maintain independent living. Assisting people with disabilities in developing the skills for independent living is one of the CIL core services.

In FY 2004, CILs spent 13,519 hours working with 1,200 individuals to obtain needed education, and a total of 10,341 hours working to improve community education systems. This resulted in 2,169 reported individual service outcomes and 181 reported community outcomes.

- 1,033 students acquired or increased independent living skills.
- 198 individuals completed an educational/training program.
- 89 individuals enrolled in an educational/training program.
- 734 students increased self-advocacy skills.
- 115 individuals achieved other education outcomes.

A particular area of CIL emphasis is services to youth in transition. Ample research evidence exists on the particular importance of keeping young people in school in order to prepare them for life and to ensure their financial independence. Based upon data provided by the Michigan Department of Education, the drop-out rate (2002-2003) for Special Education students was 38.74% versus 4.08% for General Education students.

CILs attempt to level the playing field by working with youth in a number of ways, all intended to prepare them for independent living. These vary from community to community and from year to year, and are shaped by whatever additional local resources and collaborations can be forged. Services can include mentoring and empowerment, independent living skills development, preparation for employment, and support for active involvement in their educational planning. Although collaboration with school programs was considerably strengthened, some CILs were impacted by school reorganization due to the requirements of the MEAP and No Child Left Behind. CILs indicate that they will need to address Michigan's drop-out rate for students with disabilities, which is higher than the national average.

Including all categories of service, CILs spent 6,551 hours during FY 2004 assisting 8,388 youth with disabilities to prepare for the transition to adult life and employment.

## **Employment**

*[insert text]*



## **Housing**

The lack of affordable, accessible housing continues to be one of the greatest barriers to independent living for Michigan citizens with disabilities. Most citizens who just rely on a full time job earning the federal minimum wage cannot afford the rent and utilities of a one-or two-bedroom apartment. As reported by the National Low Income Housing Coalition, for a two bedroom apartment, the typical worker must earn at least \$15.37 an hour—nearly three times the federal minimum wage. Joined with the continuing reduction in the availability of federally subsidized Section 8, housing options *are* increasingly difficult to pursue. Choices by individuals about where to live, in order to maximize their possibilities for employment, connection to family and friends, and access to other supports, are sharply circumscribed by the lack of accessible housing options. The lack of an entrance ramp, or a narrow bathroom door, can trigger family decisions where a nursing facility may become the only option. Two recent nursing facility transition projects have shown that lack of affordable, accessible housing is the chief barrier for individuals who want to leave a nursing facility to live at home in the community. In FY 2004, CIL staff spent over 5,940 hours helping almost 5,203 people deal with housing issues, and 5,653 hours working to improve housing conditions in their community.

- 811 persons increased their knowledge of housing options.
- 183 people were able to get affordable, accessible housing with CIL help, compared to 319 in the previous year.
- 35 persons acquired financial resources for housing.
- 26 people got help in securing compliance with fair housing laws, as compared to 11 people in the previous year.

437 consumers got other types of assistance with housing issues.

## **Accessibility**

In fiscal year 2004, CIL staff spent 2,048 hours helping 1,367 individuals access goods, programs, and services, as well as advocating for improved access at public and private facilities.

258 consumers received enhanced access to goods and services.

163 consumers received enhanced accessibility of their home or apartment.

CIL staff assist individuals with access to buildings and services within their community, including interpreter services, information about alternative formats, and complaint resolution.

As one individual said, “I spent years trying to access a party store near me, but got nowhere with the owners. When I asked the local CIL for help, it took three months of letter-writing, but the owners have now removed a bollard barrier in the parking lot, installed a power door, and assigned someone to help me reach merchandise if I ask. Way to go, CIL!!!”

CIL staff also work to improve access at public and private facilities, including services and programs.

In fiscal year 2004, CIL staff around the state recruited dozens of volunteers to assist local elections officials with improving access to polling places. In addition, the access team at one CIL has:

- completed a survey of City Hall.
- been working with the city to improve access at City Hall.
- launched a series of accessibility surveys at restaurants which it will publish, modeling their project after one that was done at a different CIL last year.
- advised the design team at a regional airport on ways to make the remodeled facility more inclusive.

At another CIL, staff trained six volunteer activists to make presentations on how to make public computer labs more accessible using assistive technology. As a result, 11 presentations have been given, and two computer labs will not only purchase assistive technology for people with visual disabilities but also plan to change their policies to make their labs more accessible.

The MACIL Housing Work Group succeeded in introducing the Inclusive Home Design Act into the Michigan House of Representatives. This Act would increase the stock of visitable homes in Michigan by requiring visitability of homes built with funding assistance from MSHDA include inclusive home design.

## **Transportation**

Transportation is an immediate issue for most people with disabilities in order to work, play, shop, vote, pursue an education, raise families and volunteer in their communities. CILs work at promoting cooperation between the transportation industry and disability community to increase mobility for people with disabilities under the ADA and beyond. CILs have provided testimony at hearings and meetings at state and local community levels concerning public transportation, as well as training and technical assistance in an effort to make public transportation work for everyone, everyday.

Across Michigan, CILs offer numerous services including:

Eligibility Determination/Functional Assessment

Consumer Education Training

Travel Training for people with Disabilities increasing Independence

Operator Awareness Training

Customer Service Monitoring

Transportation Strategies on Coordination

Disability and Transportation-related Technology

Evidence has shown that taxpayers are willing to support millages for well-run transit systems and even to expand them. CILs are concerned that one-third of Michigan's counties still do not have county-wide public transportation services. CILs provide the local in-depth support many of Michigan's citizens need in securing positive long-term changes in their community's transportation system.

In FY 2004, CILs spent 3261 hours resolving transportation issues with 2,552 consumers, and 5,233 hours working in their communities to improve public transportation.

- 1,854 individuals were able to get access to transportation with the help of CILs in FY 2004, compared to 1,968 in the previous year.
- 74 individuals acquired financial resources for transportation.
- 267 individuals acquired knowledge of transportation options.
- 54 individuals acquired skills to utilize transportation.
- 314 individuals received CIL support and assistance with other transportation issues.
- Through successful advocacy, one CIL achieved the expansion of the geographic area covered by its community's public transit system.
- 3 CILs advocated successfully for the expansion of public transportation service hours.
- 7 CILs were able to enhance accessibility of local services to consumers.
- 9 CILs educated their communities and advocated for other improvements in transportation for persons with disabilities.

### **Assistive Technology (AT)**

Assistive Technology (AT) is any device, piece of equipment, or system acquired off the shelf or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. AT services include any service that directly assists an individual with a disability in the selection, acquisition, and/or use of an AT device.

AT devices can be as simple as a built-up handle on a pencil, or as complex as custom computer hardware and software. AT services include: 1) helping to determine which techniques or devices are necessary; 2) training and support to ensure the proper use of recommended methods and equipment, and; 3) integrating them into the home, classroom, or job. Anybody who has short or long-term goals, which they cannot meet due to a physical or cognitive disability, is a candidate for AT.

AT is a way for people to achieve goals that they might not otherwise be able to achieve because of issues related to their disability. Acquiring AT is only one step in the process of being able to live more independently, go to school, or return to work. Within CILs, AT is used to support other priority areas thereby helping to make successful outcomes in these areas possible as well.

Some areas where CILs provide AT services are:

- Direct AT services. Consumers can receive AT evaluations, training, and purchasing, ordering, and installation services.

- Community Technology Center. A state-of-the-art computer center provides an opportunity for consumers to learn computer skills tailored to their capabilities, try out assistive technology, access tutorial software, and figure out what works for them prior to purchasing AT.
- Support of the AT loan fund. Consumers receive help applying to the Assistive Technology Loan Fund and counseling customers about assistive technology devices, services and other potential funding sources. The AT Loan Fund provides low-cost financing to persons with disabilities for purchasing assistive technology devices and services. CILs are part of a coalition of organizations that helped to establish the fund through the Michigan Disability Rights Coalition and United Cerebral Palsy of Michigan.
- AT education. CILs provide a range of training options to consumers, health care professionals, and funding agencies.
- AT advocacy. CILs participate in national AT organizations such as RESNA to improve access to AT through education, advocacy, and policy.

In FY 2004, CILs spent 4,288 hours working in their communities to improve the availability of assistive technology and 3,402 hours assisting 1,452 consumers on assistive technology issues.

- 261 consumers acquired new AT.
- 111 consumers acquired AT funding.
- 592 consumers were educated on AT options.
- 10 consumers acquired increased functional and safe use of AT.

## **Health Care**

For persons with disabilities to remain independent and productive, access to quality health care is essential. A major goal of a CIL is to decrease hospital-based utilization by increasing the knowledge of self-care. This ultimately saves State Medicaid monies and increases the quality of life for persons with disabilities and senior citizens. CILs work to ensure that consumers get the prescription drugs, personal assistance, home help and assistive technology they need to stay out of costly medical facilities. Additionally, CILs provide information and appropriate referral, as well as education and support to consumers to assist them in managing their own health, and to avoid costly secondary disabling conditions.

In FY 2004, CILs spent 2,940 hours working with 1,384 consumers on health care issues. 850 hours were spent advocating with the consumer, and 883 hours were spent educating the consumer on health care and how to access it.

- 221 people were helped by CILs to access appropriate health care services, compared to 301 people the previous year.
- 176 people increased their knowledge of healthy lifestyles and prevention of secondary disabilities, compared to 579 people in the previous year.



### III. SUMMARY OF TAXPAYER SAVINGS

**Section 404(2)(c) Savings to state taxpayers in other specific areas that can be shown to be the direct result of activities funded from the vocational rehabilitation independent living grant program during the most recently completed state fiscal year.**

Computation of cost savings has been done for three areas of CIL services: CIL involvement in long-term care, CIL services in support of employment, and CIL youth transition services. These are described and calculated as presented below.

#### SAVINGS FROM CIL INVOLVEMENT IN LONG TERM CARE

Michigan CIL's report on three outcomes related to long term care for which it is possible to calculate approximate taxpayer savings: the transitioning of individuals from nursing homes to independent living; preventing institutionalization of individuals; and sustained independent living in the community on the part of people who received transition assistance in previous years. For purposes of outcomes measurement, individuals are considered to have avoided institutionalization if they receive supports or services necessary for them to remain in the community. The latter generally include help in securing personal assistance services, home modifications (ramps, widened bathroom doors, etc.), or assistive technology (AT). In this context, AT is often thought of in terms of durable medical equipment, but even practical, inexpensive household items such as microwave ovens have been surprisingly valuable tools to help people with disabilities manage by themselves.

Taxpayer savings for all three outcomes are calculated based upon a comparison of the average yearly cost of institutionalization with the average yearly cost of support for people living independently. The cost of independence varies significantly from one consumer to the next, depending upon individual needs. The four years of work done by CILs under contract with the Michigan Department of Community Health generated some important information about the range of need of people transitioned from nursing homes. First, it appears that the "average" consumer requires six hours a day of personal assistance. Second, of the individuals transitioned in the last two years of this work, only about half required the level of support provided by the MI Choice waiver. One-fourth required assistance under the Family Independence Agency's Home Help program, and – remarkably -- one-fourth required no publicly funded personal assistance at all. In the absence of other more definitive data on consumer needs, the information obtained in the demonstration grants is used as a basis for computing the cost savings.

Taxpayer savings are calculated separately for the three outcomes. The cost of institutionalization is conservatively calculated based only upon Medicaid expenditures, which were \$128 per day in FY 2004, an increase of 16% over the previous year's cost of \$108. (Source: Michigan Department of Community Health). This figure does not include the patient pay amount, which would make the total cost \$151 per day. Total public funding for nursing homes might also take into account the fact that Medicaid recipients' Social Security benefits are

turned over to nursing homes. These benefits typically become the principal source of income for people transitioned from nursing homes.

The \$128 daily cost of nursing home care represents an annual cost of \$46,720. In contrast, the average daily cost of the MI Choice waiver for FY 2004 was \$7,830 per year. And, the average wage statewide for personal attendants under the Home Help program is about \$6 per hour (Source: Michigan Department of Community Health), or \$13,140 per year for the typical consumer requiring six hours per day of assistance. Therefore, compared to the cost of nursing home care, the annual cost of the MI Choice waiver is \$38,890 less, the annual cost under the Home Help program is \$33,580 less, and the annual cost for consumers not requiring any publicly funded personal assistance is \$46,720 less.

For the first group of outcomes, nursing home transitions, the \$3,000 average cost of transition services (based upon data from the four-year transition demonstration) is deducted from the cost savings. This produces savings of \$35,890 for waiver participants, \$30,580 for Home Help participants, and \$43,720 for the group of consumers not requiring any publicly funded PAS.

Calculation of taxpayer savings from the prevention of unnecessary institutionalization assumes that the range of consumer needs is the same as that for people seeking to leave nursing homes. Prevention is generally much less time consuming for staff and much cheaper, particularly because people remain in their current housing and tend to have their natural supports still in place. Because there is no deduction of transition costs, savings per consumer are even higher.

#### **FY 2004 Cost Savings from IL/CIL Community/Long-Term-Care Supports**

➤ Savings from FY 2004 nursing home transitions (8 consumers):		
• 50% of 8 consumers using the HCBS waiver (4 x \$35,890)	\$	143,560
• 25% of 8 consumers using FIA Home Help (2 x \$30,580)	\$	61,160
• 25% of 8 consumers requiring no publicly-funded personal assistance services (2 x \$43,720)	\$	87,440
➤ Savings from FY 2004 services to prevent institutionalization (154 consumers):		
• 50% of 154 consumers using the HCBS waiver (77 x \$38,890)	\$	2,994,530
• 25% of 154 consumers using FIA Home Help (39 x \$33,580)	\$	1,309,620
• 25% of 154 consumers relying on family or friends for personal assistance services (38 x \$46,720)	\$	1,775,360

➤ Savings from FY 2004 sustained independence of individuals assisted in previous years (82 consumers):	
• 50% of 82 consumers using the HCBS waiver (41 x \$38,890)	\$ 1,594,490
• 25% of 82 consumers using FIA Home Help (21 x \$33,580)	\$ 705,180
• 25% of 82 consumers relying on family or friends for personal assistance services (20 x \$46,720)	\$ 934,400
<b>TOTAL CALCULATED FY 2004 COST SAVINGS</b>	
	<b>\$ 9,605,740</b>

## SAVINGS FROM CIL SERVICES IN SUPPORT OF EMPLOYMENT

[XXX – THIS COST SAVINGS SECTION STILL NEEDS TO BE UPDATED FOR FY 2004.]

The transition, for people with disabilities, from dependence on public assistance to employment can benefit taxpayers in many ways, with potential savings in benefits programs such as Social Security's SSI, food stamps, housing subsidies, etc. There are, in addition, the returns to the State budget in the form of increased income and sales tax revenues. However, such savings are difficult to calculate because consistent data are lacking on the sources and amount of income of consumers before and after employment outcomes were achieved.

In past reports to the Legislature, assumptions have been made that the wages and earnings experience of people with disabilities who secure or maintain employment approximates that of the customers of the State's public workforce system—specifically, the Work First program. Allowances are made for the fact that many people with disabilities are precluded from working full time for health reasons. In FY 2003, many consumers would also be reluctant to work full time out of concern for losing their Medicaid benefits. With the passage of Michigan's Freedom to Work for Individuals with Disabilities Act this year, it is expected that this barrier will soon be removed.

The methodology of previous reports to the Legislature will again be used here, based upon more current data on Work First participants from the Department of Labor and Economic Growth. The methodology is described in greater detail in Appendix C. Once again, it is assumed that consumers who receive employment assistance from CIL's are on SSI or would be had they been unable to get a job. This reflects the experience of CIL's in working with consumers. Current monthly SSI payments are capped at \$564, with an additional \$14 from the State of Michigan. This amounts to \$6,939 annually. The average income, annualized, of Work First participants whose cases were closed in F.Y. 2002 (the most recent year for which such data are available) is \$16,910. It is assumed, however, that only half of the consumers securing or maintaining employment with the help CIL's were able to work full time.



The savings projected below are very conservative, taking into account only reduced reliance on SSI and income tax revenues, and not the reduced dependence on other public programs.

**FY 2004 Cost Savings from IL/CIL Services in Support of Employment**

➤ Reduced dependence upon public assistance for 250 people getting help securing, maintaining, or returning to employment (250 x \$6,936 in annual SSI benefits)	\$ 1,734,000
➤ Increased state income tax revenues from full-time employment of 125 people with disabilities earning \$16,910 annually (using a 4% tax rate)	\$ 84,550
<b>TOTAL CALCULATED FY 2003 COST SAVINGS</b>	<b>\$ 1,818,550</b>

**SAVINGS FROM CIL YOUTH TRANSITION SERVICES**

CILs work with young people with disabilities to keep them in school, to give them knowledge and skills to navigate life after high school, to provide them with the tools and the self-confidence they need for competitive employment, and to help them develop and focus on personal goals. Any taxpayer savings from such interventions are long-range and difficult to calculate. Based upon CIL experience with young people, it is reasonable to assume that this population faces varying but in some cases very significant degrees of risk—of dropping out, of a lifetime of dependence on public assistance, a higher risk of encounters with the criminal justice system, or, at worst, of institutionalization. As noted in the description above of the costs of institutional supports, successful intervention by CIL's in only a few instances reaps enormous savings for taxpayers.

Because of the number of assumptions that have to be made about the impact of preventive services, these estimates of taxpayer savings have always been extremely conservative. Using essentially the same methodology as that for CIL employment services (above), it is assumed that many young people with disabilities who decide to stay in school, and who receive supports preparing them for competitive employment and independent living, will not have to depend upon SSI benefits, and will become taxpaying citizens in Michigan. It is impossible to predict how many of the hundreds of students helped through CIL intervention will achieve these outcomes. The use of even a miniscule success rate, however, illuminates the staggering long term significance of these supports.

#### **FY 2004 Cost Savings from IL/CIL Youth Transition Services**

➤ Estimated savings from reduced dependence upon public assistance of 10 young people over a 45 year working life (unadjusted for inflation) (10 individuals x \$6,939 annual SSI benefits x 45 years of work)	\$ 3,122,550
➤ Additional state income tax revenues over the same period (unadjusted for inflation) (10 individuals x \$16,910 income x 4% state income tax x 45 years working life)	\$ 304,380
<b>TOTAL CALCULATED FY 2004 COST SAVINGS</b>	<b>\$ 3,426,930</b>

Combining the calculations of cost savings from all three service areas gives the following totals for CIL Network FY 2004 cost savings.

#### **Calculated FY 2004 CIL Network Cost Savings**

➤ Savings from FY 2004 nursing home transitions	\$ 267,460
➤ Savings from FY 2004 work to prevent institutionalization	\$ 5,604,035
➤ Savings from sustained independence during FY 2004 of persons transitioned in previous years	\$ 2,980,895
➤ Savings from CIL services in support of employment	\$ 1,818,550
➤ Savings from CIL youth transition services	\$ 3,426,930
<b>TOTAL CALCULATED FY 2004 COST SAVINGS</b>	<b>\$14,097,870</b>

## IV. COMPARATIVE FUNDING OVERVIEW

**Section 404(2)(b) Information from each center for independent living receiving funding through appropriations in Part 1 detailing their total budget for their most recently completed fiscal year as well as the amount within that budget funded through the vocational rehabilitation independent living grant program referenced in Part 1, the total amount funded through other State agencies, the amount funded through federal sources, and the amount funded through local and private sources.**

The CILs provide detailed budgets and funding information in their annual reports and applications to the federal Rehabilitation Services Administration and Michigan Rehabilitation Services. The following tables have been derived from information provided in these reports and applications.

**Three sets of tables** are presented on the following pages. The first provides a summary of the CIL **total budgets**. The second summarizes **funding by source**. The third summarizes **funding by major program**.

In combination, the following tables provide a comprehensive overview of the diversity of budget needs and funding sources for Michigan's CIL network.

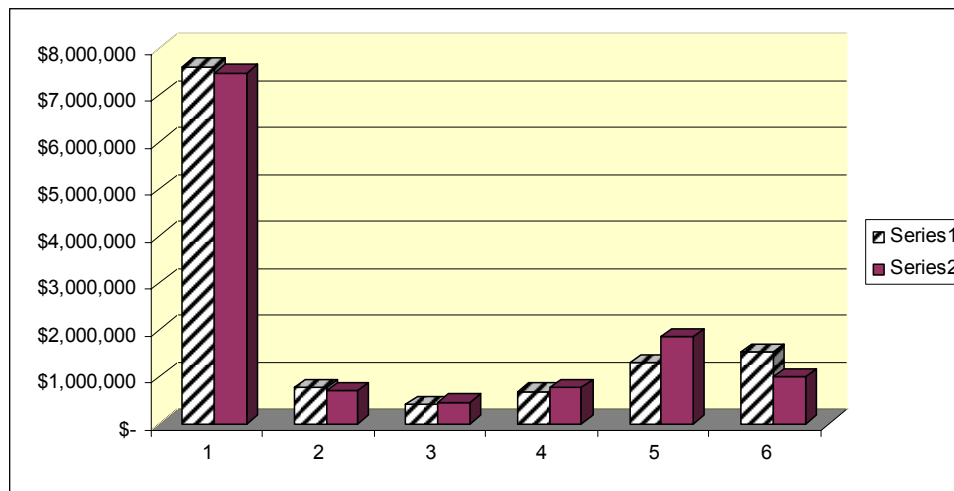
### ***CIL Budget Summaries***

CIL budget summaries are provided for Fiscal Years 2004 and 2005, as well as comparisons with Network totals for FY 2003. The budgets are summarized in relation to the following cost categories:

- **Personnel costs** include salaries, wages, and fringes.
- **Occupancy costs** include rent or other occupancy payments, utilities, and any other identified ongoing costs related to the office space.
- **Telephone and travel costs** include identified costs of telecommunication and staff travel.
- **Contractual costs** include charges for contractual services and consultants.
- **Other operational costs** include all other identified costs of operating the CIL such as office supplies, insurance, postage, printing, and training costs. This category also includes items that do not properly fit elsewhere such as special, one-time remodeling costs.
- **Direct consumer supports** include the costs of direct personal supports for individual consumers. Included are specialized direct support programs that go significantly beyond the typical scope of CIL Core Services, such as personal assistance, housekeeping, ramps, equipment, transportation, and performance of specified chores or errands. The CIL may reimburse the consumer for the cost of purchasing these supports, may pay the provider, or may meet the costs in other ways. Although most CILs do not commit a large portion of their budgets to direct consumer supports, for the ones that do, these costs are recognized as an integral part of their CIL program operations.

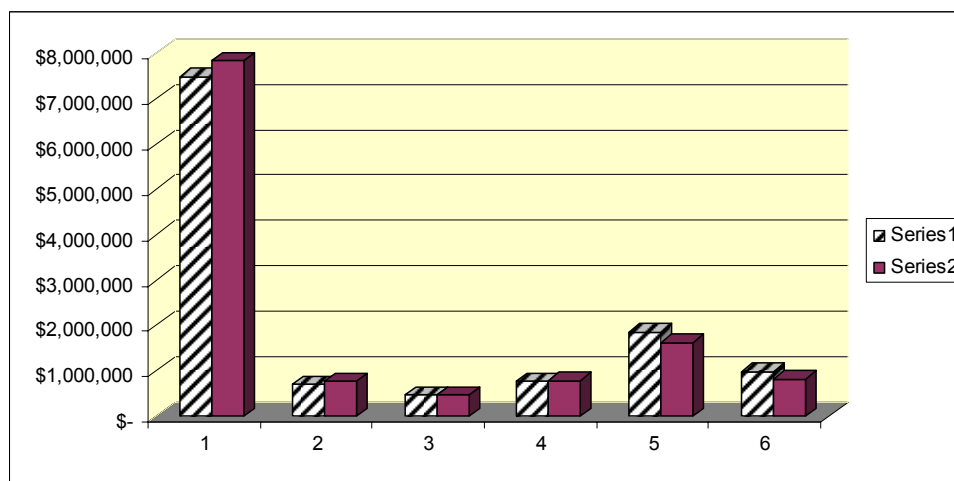
## COMPARISON OF CIL BUDGET SUMMARIES

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL TOTALS
<b>FISCAL YEAR 2003</b>	7,606,409 61.9%	758,597 6.2%	411,833 3.4%	689,909 5.6%	1,283,094 10.4%	1,532,334 12.5%	12,282,176 100.0%
<b>FISCAL YEAR 2004</b>	7,480,207 61.0%	701,338 5.7%	457,738 3.7%	773,973 6.3%	1,855,951 15.1%	988,715 8.1%	12,257,922 100.0%
<b>CHANGE</b>	<b>(126,202)</b> <b>-1.7%</b>	<b>(57,259)</b> <b>-7.5%</b>	<b>45,905</b> <b>11.1%</b>	<b>84,064</b> <b>12.2%</b>	<b>572,857</b> <b>44.6%</b>	<b>(543,619)</b> <b>-35.5%</b>	<b>(24,254)</b> <b>-0.2%</b>



1. Personnel Costs
2. Occupancy Costs
3. Telephone & Travel Costs
4. Contractual Costs
5. Other Operational Costs
6. Direct Consumer Supports

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL TOTALS
<b>FISCAL YEAR 2004</b>	7,480,207 61.0%	701,338 5.7%	457,738 3.7%	773,973 6.3%	1,855,951 15.1%	988,715 8.1%	12,257,922 100.0%
<b>FISCAL YEAR 2005</b>	7,831,079 63.9%	759,473 6.2%	464,276 3.8%	779,809 6.4%	1,615,770 13.2%	812,847 6.6%	12,263,254 100.0%
<b>CHANGE</b>	<b>350,872</b> <b>4.7%</b>	<b>58,135</b> <b>8.3%</b>	<b>6,538</b> <b>1.4%</b>	<b>5,836</b> <b>0.8%</b>	<b>(240,181)</b> <b>-12.9%</b>	<b>(175,868)</b> <b>-17.8%</b>	<b>5,332</b> <b>0.0%</b>



1. Personnel Costs
2. Occupancy Costs
3. Telephone & Travel Costs
4. Contractual Costs
5. Other Operational Costs
6. Direct Consumer Supports

Network budget totals show that *Personnel costs* continue to be the major expense, representing an average of more than 60% of the cost of operating a CIL, with the remaining 40% of budgeted costs spread across the other five identified budget categories. Seven CILs even report FY 2005 *Personnel costs* that exceed 70%. The statewide average percentage for *Personnel costs* shows an increase from 61% in FY 2004 to almost 64% in FY 2005, reflecting, in part, the increasing costs of health care. The extensive investment in personnel is consistent with the CILs' mission and nature, including their commitment to establish a constructive systems-change presence in local communities and to provide effective community and consumer services.

Budget changes from FY 2004 to FY 2005 show mixed experiences across the Network. Eight CILs report budget decreases, ranging from about \$3,000 to \$361,000, while seven report budget increases, ranging from about \$2,000 to \$326,000. These varied experiences reflect individual CIL efforts to deal with a diversity of state and local funding reductions, offset only in part by federal funding increases, and – when possible -- to take advantage of specific funding opportunities for development of new programs or projects addressing identified community and consumer needs. A common theme throughout the Network during the last year has been to respond to constrained resources by re-examining priorities and re-focusing efforts to more efficiently and effectively use available resources to carry out their missions. This has resulted in CILs dropping some programs and restructuring others, which is reflected in their respective budgets.

The pattern of total funding for the CIL Network continues in the shadow of the significant 4% decrease that was experienced between FY 2002 and FY 2003 – from \$12,784,234 to \$12,282,176. Contrary to initial projections of increases for both succeeding years, the reported figures of \$12,257,922 for FY 2004 and \$12,263,254 for FY 2005 represent no significant change from the FY 2003 figure. The FY 2005 Network budget total is still about \$521,000 or 4% less than in FY 2002. Although nine CILs have reported net budget increases ranging from \$3,000 to \$422,000 for the three-year period, six CILs have reported net budget reductions ranging from \$14,000 to \$764,000. If consideration is given to continuing increases in operational costs – such as the escalating costs of health care coverage for employees – the FY 2005 figure of \$12,263,254 provides proportionally less Network funding capacity than was available in either FY 2003 or FY 2004.

Increases and decreases in specific budget categories further demonstrate mixed experiences across the CIL Network. The greatest change between FY 2004 and FY 2005 is an almost 18% decrease in *Direct consumer supports*. However, most of this change is attributable to a single CIL (The Disability Network in Flint). The next greatest change between FY 2004 and FY 2005 is an almost 13% decrease in *Other operational costs*. However, nine of the CILs report increased costs, which are exceeded by decreased costs reported by the other six CILs. The most consistent change and greatest increase reported across the Network is an increase of more than 8% in *Occupancy costs*, reported by twelve of the CILs. The next most consistent change is an increase of somewhat less than 5% in *Personnel costs* reported by eleven of the CILs, with the other four CILs reporting no change.

## FY 2004 BUDGET SUMMARY

	Personnel Costs	Occupancy Costs	Telephone and Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL Totals
<b>ANN ARBOR CIL</b> - Ann Arbor	1,044,931 54.6%	147,895 7.7%	105,640 5.5%	95,103 5.0%	142,638 7.5%	377,290 19.7%	1,913,497 100.0%
<b>BLUE WATER CIL</b> - Port Huron	806,834 73.2%	43,919 4.0%	34,871 3.2%	44,585 4.0%	171,398 15.6%	- 0.0%	1,101,607 100.0%
<b>CAPITAL AREA CIL</b> - Lansing	657,867 60.6%	82,510 7.6%	39,860 3.7%	239,540 22.1%	66,032 6.1%	- 0.0%	1,085,809 100.0%
<b>CIL OF MID MICHIGAN</b> - Midland	696,807 50.8%	32,198 2.3%	64,922 4.7%	53,822 3.9%	516,867 37.7%	6,785 0.5%	1,371,401 100.0%
<b>COMMUNITY CONNECTIONS</b> - Benton Harbor	89,212 48.6%	14,280 7.8%	20,949 11.4%	4,559 2.5%	49,132 26.8%	5,270 2.9%	183,402 100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b> - Grand Rapids	654,678 73.7%	69,303 7.8%	19,404 2.2%	20,566 2.3%	124,607 14.0%	- 0.0%	888,558 100.0%
<b>DISABILITY ADVOCATES OF NW MICHIGAN</b> - Traverse City	190,249 56.3%	16,980 5.0%	17,884 5.3%	30,000 8.9%	24,059 7.1%	58,713 17.4%	337,885 100.0%
<b>DISABILITY AWARENESS CIL</b> - Muskegon	206,553 67.4%	13,200 4.3%	12,775 4.2%	35,989 11.7%	38,147 12.4%	- 0.0%	306,664 100.0%
<b>DISABILITY NETWORK</b> - Flint	953,697 51.7%	64,966 3.5%	30,893 1.7%	77,026 4.2%	175,850 9.5%	540,657 29.3%	1,843,089 100.0%
<b>DISABILITY RESOURCE CENTER</b> - Kalamazoo	772,378 69.9%	50,000 4.5%	37,000 3.3%	44,320 4.0%	200,887 18.2%	- 0.0%	1,104,585 100.0%
<b>JACKSON CIL</b> - Jackson	74,715 61.5%	20,000 16.5%	5,325 4.4%	7,600 6.3%	13,825 11.4%	- 0.0%	121,465 100.0%
<b>LAKESHORE CIL</b> - Holland	360,416 69.9%	35,410 6.9%	16,000 3.1%	18,000 3.5%	86,033 16.7%	- 0.0%	515,859 100.0%
<b>OAKLAND &amp; MACOMB CIL</b> - Sterling Heights	479,050 60.7%	86,756 11.0%	20,643 2.6%	67,160 8.5%	135,865 17.2%	- 0.0%	789,474 100.0%
<b>SUPERIOR ALLIANCE FOR IL</b> - Marquette	197,518 80.1%	11,868 4.8%	13,999 5.7%	4,300 1.7%	18,839 7.6%	- 0.0%	246,524 100.0%
<b>WAYNE COUNTY CIL - Detroit</b> - Detroit	295,302 65.9%	12,053 2.7%	17,573 3.9%	31,403 7.0%	91,772 20.5%	- 0.0%	448,103 100.0%
<b>NETWORK TOTALS</b>	7,480,207 61.0%	701,338 5.7%	457,738 3.7%	773,973 6.3%	1,855,951 15.1%	988,715 8.1%	12,257,922 100.0%

## FY 2005 PROJECTED BUDGET SUMMARY

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL
<b>ANN ARBOR CIL</b>	1,058,307	147,895	85,882	77,887	169,942	363,465	1,903,378
- Ann Arbor	55.6%	7.8%	4.5%	4.1%	8.9%	19.1%	100.0%
<b>BLUE WATER CIL</b>	836,196	44,696	38,357	77,875	70,309		1,067,433
- Port Huron	78.3%	4.2%	3.6%	7.3%	6.6%	0.0%	100.0%
<b>CAPITAL AREA CIL</b>	597,322	86,990	31,765	184,212	90,958		991,247
- Lansing	60.3%	8.8%	3.2%	18.6%	9.2%	0.0%	100.0%
<b>CIL OF MID MICHIGAN</b>	620,775	32,048	51,390	31,115	271,824	3,000	1,010,152
- Midland	61.5%	3.2%	5.1%	3.1%	26.9%	0.3%	100.0%
<b>COMMUNITY CONNECTIONS</b>	266,000	19,330	54,000	20,000	138,958	10,890	509,178
- Benton Harbor	52.2%	3.8%	10.6%	3.9%	27.3%	2.1%	100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b>	759,305	73,500	18,150	19,300	128,598		998,853
- Grand Rapids	76.0%	7.4%	1.8%	1.9%	12.9%	0.0%	100.0%
<b>NORTHERN MICHIGAN ALLIANCE FOR IL</b>	183,199	18,668	12,036	120,438	40,372		374,713
- Traverse City	48.9%	5.0%	3.2%	32.1%	10.8%	0.0%	100.0%
<b>DISABILITY AWARENESS CIL</b>	238,975	14,400	14,055	30,035	40,674		338,139
- Muskegon	70.7%	4.3%	4.2%	8.9%	12.0%	0.0%	100.0%
<b>DISABILITY NETWORK</b>	991,227	70,015	33,800	71,162	234,328	428,492	1,829,024
- Flint	54.2%	3.8%	1.8%	3.9%	12.8%	23.4%	100.0%
<b>DISABILITY RESOURCE CENTER</b>	807,377	50,500	42,514	23,341	214,401		1,138,133
- Kalamazoo	70.9%	4.4%	3.7%	2.1%	18.8%	0.0%	100.0%
<b>JACKSON CIL</b>	75,870	20,500	5,180	7,600	14,366		123,516
- Jackson	61.4%	16.6%	4.2%	6.2%	11.6%	0.0%	100.0%
<b>LAKESHORE CIL</b>	370,718	36,263	16,000	42,480	39,700	7,000	512,161
- Holland	72.4%	7.1%	3.1%	8.3%	7.8%	1.4%	100.0%
<b>OAKLAND &amp; MACOMB CIL</b>	458,502	106,000	28,643	57,958	107,148		758,251
- Sterling Heights	60.5%	14.0%	3.8%	7.6%	14.1%	0.0%	100.0%
<b>SUPERIOR ALLIANCE FOR IL</b>	199,691	10,668	15,744	2,300	14,019		242,422
- Marquette	82.4%	4.4%	6.5%	0.9%	5.8%	0.0%	100.0%
<b>WAYNE COUNTY CIL</b>	367,615	28,000	16,760	14,106	40,173		466,654
- Detroit	78.8%	6.0%	3.6%	3.0%	8.6%	0.0%	100.0%
<b>NETWORK TOTALS</b>	7,831,079	759,473	464,276	779,809	1,615,770	812,847	12,263,254
	63.9%	6.2%	3.8%	6.4%	13.2%	6.6%	100.0%

## ***CIL Funding by Source***

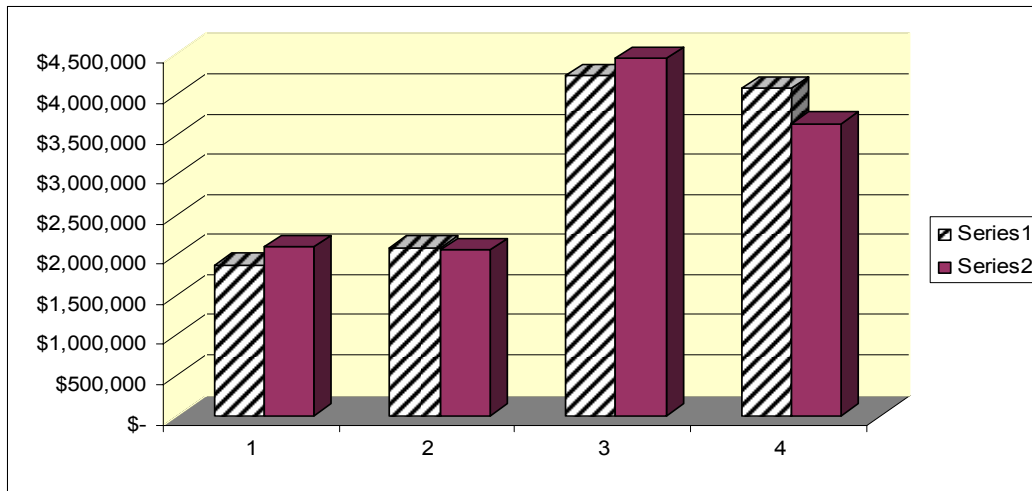
Summaries of CIL funding by source are provided for Fiscal Years 2004 and 2005, as well as comparisons with Network totals for FY 2003. Funding sources have been summarized in relation to the following categories:

- **Federally administered sources** include the core funding grants received by 10 CILs directly from the federal Rehabilitation Services Administration under Title VII of the Rehabilitation Act. In addition, two CILs (Ann Arbor and Mid Michigan) receive direct federal grants for special employment-related projects.
- **State administered sources** include grants and fee-for-services funding from state agencies such as Michigan Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB). These include both **State administered core funding** grants provided by MRS for the development and support of CILs, and **State administered other funding** from state-administered grants and fee-for-service payments for IL supports and services that help achieve the purposes of the funding source. *State administered sources* include a mix of federal funds, state and local match required to obtain the federal funds, and appropriated state funds. The ratio of the federal, state, and local funding mix varies by program and subprogram.
- **Locally administered sources** include local and private funding sources such as local United Way organizations, community mental health agencies, community foundations, and local fundraising.



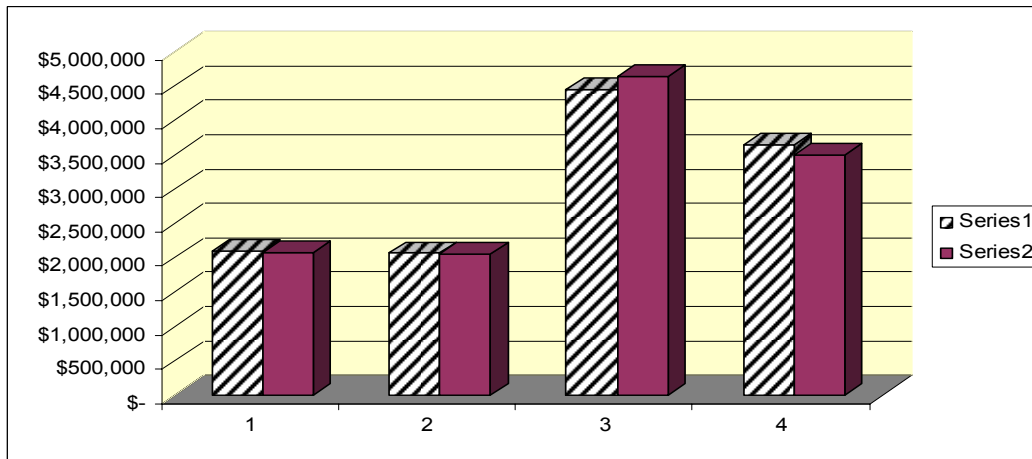
## COMPARISON OF CIL FUNDING BY SOURCE

	Federally Administered Sources	State Administered Sources		Locally Administered Sources	CIL TOTALS
		Core Funding	Other Funding		
<b>FY 2003</b>	1,877,725 15.3%	2,091,733 17.0%	4,232,441 34.5%	4,080,277 33.2%	12,282,176 100.0%
<b>FY 2004</b>	2,103,972 17.2%	2,065,914 16.9%	4,448,100 36.3%	3,639,936 29.7%	12,257,922 100.0%
<b>CHANGE</b>	<b>226,247</b> <b>12.0%</b>	<b>(25,819)</b> <b>-1.2%</b>	<b>215,659</b> <b>5.1%</b>	<b>(440,341)</b> <b>-10.8%</b>	<b>(24,254)</b> <b>-0.2%</b>



1. Federally Administered
2. State Administered Core
3. State Administered Other
4. Locally Administered

	Federally Administered Sources	State Administered Sources		Locally Administered Sources	CIL TOTALS
		Core Funding	Other Funding		
<b>FY 2004</b>	2,103,972 17.2%	2,065,914 16.9%	4,448,100 36.3%	3,639,936 29.7%	12,257,922 100.0%
<b>FY 2005</b>	2,073,448 16.9%	2,044,213 16.7%	4,637,151 37.8%	3,508,442 28.6%	12,263,254 100.0%
<b>CHANGE</b>	<b>(30,524)</b> <b>-1.5%</b>	<b>(21,701)</b> <b>-1.1%</b>	<b>189,051</b> <b>4.3%</b>	<b>(131,494)</b> <b>-3.6%</b>	<b>5,332</b> <b>0.0%</b>



1. Federally Administered
2. State Administered Core
3. State Administered Other
4. Locally Administered

Network totals show that *State administered other funding* provides more than one-third of the Network totals, with *Locally administered sources* providing more than a quarter of the totals. These two sources continue to account for about two-thirds of the Network funding, although the percentage for *State administered other funding* has increased by 3 percentage points since FY 2003 while the percentage for *Locally administered sources* has decreased by almost 5 percentage points. In combination, *State administered core funding* and *Federally administered sources* provide the remaining one-third of the Network funding. This mix of funding is consistent with the community-based nature of the CILs and the diversity of their programming in response to local needs.

For FY 2005, the CIL Network reports almost a 4% reduction from FY 2004 in funding from *Locally administered sources*, accompanied by more than a 4% increase in *State administered other funding*. Following the pattern reported in FY 2004, this reflects the continuing impact of local funding constraints, offset by increasing revenue from *State administered other sources* – much of this from fees for services.

Changes in the two remaining categories of *Federally administered sources* and *State administered core funding* reflect a series of complex interactions. An increase in federal core funding received by ten of the CILs has been more than offset by loss of other federal funding for two of the CILs. The net result is a FY 2005 Network total of *Federally administered funding* that is some \$30,000 and 1.5% less than in FY 2004. *State administered core funding* totals for the Network have been the same for both years, but with adjustments made in individual grants (including grants for the Statewide Independent Living Council and the Michigan Association of Centers for Independent Living) as needed to coordinate with increases in the direct federal funding.

## **FY 2004 FUNDING BY SOURCE**

	Federally Administered Sources	State Administered Sources	Other Funding	Locally Administered Funding	CIL Totals
		Core Funding			
<b>ANN ARBOR CIL</b>	281,105	141,036	892,345	599,011	1,913,497
- Ann Arbor	14.7%	7.4%	46.6%	31.3%	100.0%
<b>BLUE WATER CIL</b>	200,027	113,825	575,039	212,716	1,101,607
- Port Huron	18.2%	10.3%	52.2%	19.3%	100.0%
<b>CAPITAL AREA CIL</b>	200,027	130,251	568,430	187,101	1,085,809
- Lansing	18.4%	12.0%	52.4%	17.2%	100.0%
<b>CIL OF MID MICHIGAN</b>	260,027	113,825	211,821	785,728	1,371,401
- Midland	19.0%	8.3%	15.4%	57.3%	100.0%
<b>COMMUNITY CONNECTIONS</b>	-	84,401	44,585	54,416	183,402
- Benton Harbor	0.0%	46.0%	24.3%	29.7%	100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b>	200,027	113,825	239,527	335,179	888,558
- Grand Rapids	22.5%	12.8%	27.0%	37.7%	100.0%
<b>DISABILITY ADVOCATES OF NW MICHIGAN</b>		227,172	55,713	55,000	337,885
- Traverse City	0.0%	67.2%	16.5%	16.3%	100.0%
<b>DISABILITY AWARENESS CIL</b>	-	171,348	15,000	120,316	306,664
- Muskegon	0.0%	55.9%	4.9%	39.2%	100.0%
<b>DISABILITY NETWORK</b>	200,027	113,825	510,070	1,019,167	1,843,089
- Flint	10.9%	6.2%	27.7%	55.3%	100.0%
<b>DISABILITY RESOURCE CENTER</b>	200,027	113,825	615,603	175,130	1,104,585
- Kalamazoo	18.1%	10.3%	55.7%	15.9%	100.0%
<b>JACKSON CIL</b>	-	120,815	-	650	121,465
- Jackson	0.0%	99.5%	0.0%	0.5%	100.0%
<b>LAKESHORE CIL</b>	200,027	113,825	139,200	62,807	515,859
- Holland	38.8%	22.1%	27.0%	12.2%	100.0%
<b>OAKLAND &amp; MACOMB CIL</b>	200,027	127,700	429,032	32,715	789,474
- Sterling Heights	25.3%	16.2%	54.3%	4.1%	100.0%
<b>SUPERIOR ALLIANCE FOR IL</b>	162,651	39,987	43,886	-	246,524
- Marquette	66.0%	16.2%	17.8%	0.0%	100.0%
<b>WAYNE COUNTY CIL</b>	-	340,254	107,849	-	448,103
- Detroit	0.0%	75.9%	24.1%	0.0%	100.0%
<b>NETWORK TOTALS</b>	2,103,972	2,065,914	4,448,100	3,639,936	12,257,922
	17.2%	16.9%	36.3%	29.7%	100.0%

## **FY 2005 PROJECTED FUNDING BY SOURCE**

	Federally Administered Sources	State Administered Sources Core Funding	Other Funding	Locally Administered Funding	CIL Totals
<b>ANN ARBOR CIL</b>	211,156	137,530	1,078,678	476,014	1,903,378
- Ann Arbor	11.1%	7.2%	56.7%	25.0%	100.0%
<b>BLUE WATER CIL</b>	211,156	109,711	649,443	97,123	1,067,433
- Port Huron	19.8%	10.3%	60.8%	9.1%	100.0%
<b>CAPITAL AREA CIL</b>	211,156	126,505	390,683	262,903	991,247
- Lansing	21.3%	12.8%	39.4%	26.5%	100.0%
<b>CIL OF MID MICHIGAN</b>	211,156	109,711	228,636	460,649	1,010,152
- Midland	20.9%	10.9%	22.6%	45.6%	100.0%
<b>COMMUNITY CONNECTIONS</b>		86,288	55,000	367,890	509,178
- Benton Harbor	0.0%	16.9%	10.8%	72.3%	100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b>	211,156	109,711	185,043	492,943	998,853
- Grand Rapids	21.1%	11.0%	18.5%	49.4%	100.0%
<b>NORTHERN MICHIGAN ALLIANCE FOR IL</b>		232,250	142,463		374,713
- Traverse City	0.0%	62.0%	38.0%	0.0%	100.0%
<b>DISABILITY AWARENESS CIL</b>		175,179	24,600	138,360	338,139
- Muskegon	0.0%	51.8%	7.3%	40.9%	100.0%
<b>DISABILITY NETWORK</b>	211,156	109,713	477,582	1,030,573	1,829,024
- Flint	11.5%	6.0%	26.1%	56.3%	100.0%
<b>DISABILITY RESOURCE CENTER</b>	211,157	109,521	715,003	102,452	1,138,133
- Kalamazoo	18.6%	9.6%	62.8%	9.0%	100.0%
<b>JACKSON CIL</b>		123,516		-	123,516
- Jackson	0.0%	100.0%	0.0%	0.0%	100.0%
<b>LAKE SHORE CIL</b>	211,157	109,711	142,381	48,912	512,161
- Holland	41.2%	21.4%	27.8%	9.6%	100.0%
<b>OAKLAND &amp; MACOMB CIL</b>	211,157	123,896	398,451	24,747	758,251
- Sterling Heights	27.8%	16.3%	52.5%	3.3%	100.0%
<b>SUPERIOR ALLIANCE FOR IL</b>	173,041	33,111	30,394	5,876	242,422
- Marquette	71.4%	13.7%	12.5%	2.4%	100.0%
<b>WAYNE COUNTY CIL</b>		347,860	118,794		466,654
- Detroit	0.0%	74.5%	25.5%	0.0%	100.0%
<b>NETWORK TOTALS</b>	2,073,448	2,044,213	4,637,151	3,508,442	12,263,254
	16.9%	16.7%	37.8%	28.6%	100.0%

## ***CIL Funding by Program***

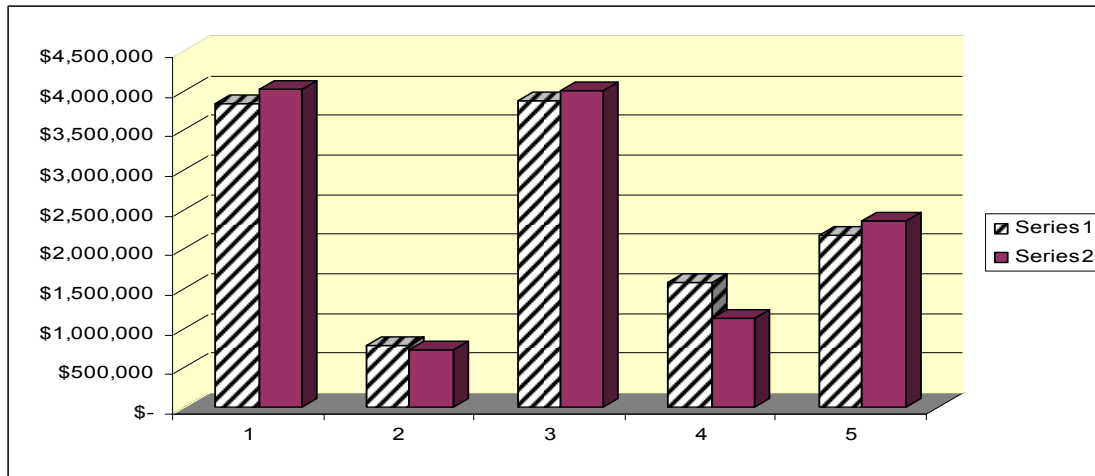
Summaries of CIL funding by major program areas are provided for Fiscal Years 2004 and 2005, as well as comparisons with Network totals for FY 2003. CILs receive funding for basic organizational development and operations, as well as for specific IL services and supports that help other programs achieve their purposes. To reflect this diversity, funding profiles have been summarized in relation to the following categories:

- **IL core funding** is provided to develop and operate a CIL that meets federal CIL standards. **State and federal** includes Title VII, Part C grants from the federal Rehabilitation Services Administration and core funding grants provided by Michigan Rehabilitation Services (MRS). **Local and other** includes CIL fund-raising and other sources of funding obtained to develop and support the CIL.
- **Vocational rehabilitation funding** is provided for IL services and supports to help people with disabilities achieve vocational outcomes. This includes federal funding, along with state and local matching funds. It includes funding such as vocational rehabilitation grants and fee-for-services payments from MRS and the Michigan Commission for the Blind.
- **Community health funding** is provided for IL services and supports to help people with disabilities address community health IL needs. It includes funding such as grants and fee-for-services payments from local mental health service agencies and federal and state grants dealing with managed care and nursing home issues.
- **Other funding** is provided for IL services and supports to address a variety of other specific purposes. It includes funding such as grants and fee-for-services payments from a variety of sources (including agencies, local governments, and educational agencies) for purposes not included in the other identified categories.

## COMPARISON OF CIL FUNDING BY PROGRAM

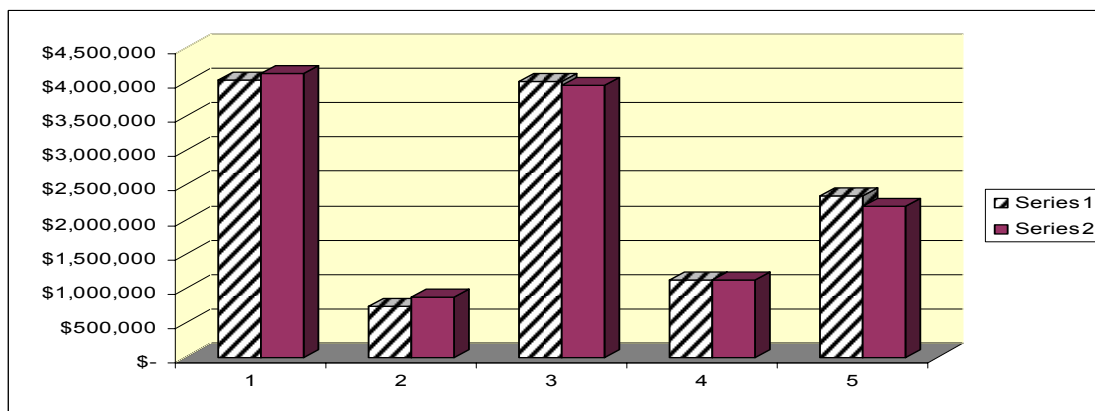
	CIL Core Funding		Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
	State /Federal	Local /Other				
<b>FY 2003</b>	3,845,315 31.3%	788,955 6.4%	3,885,361 31.6%	1,581,772 12.9%	2,180,773 17.8%	12,282,176 100.0%
<b>FY 2004</b>	4,028,808 32.9%	738,040 6.0%	4,011,528 32.7%	1,128,519 9.2%	2,351,027 19.2%	12,257,922 100.0%
<b>CHANGE</b>	<b>183,493</b> <b>4.8%</b>	<b>(50,915)</b> <b>-6.5%</b>	<b>126,167</b> <b>3.2%</b>	<b>(453,253)</b> <b>-28.7%</b>	<b>170,254</b> <b>7.8%</b>	<b>(24,254)</b> <b>-0.2%</b>

1. State/Federal  
Core
2. Local/Other  
Core
3. Vocational  
Rehab
4. Community  
Health
5. Other



	CIL Core Funding		Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
	State /Federal	Local /Other				
<b>FY 2004</b>	4,028,808 32.9%	738,040 6.0%	4,011,528 32.7%	1,128,519 9.2%	2,351,027 19.2%	12,257,922 100.0%
<b>FY 2005</b>	4,123,339 33.6%	868,599 7.1%	3,948,663 32.2%	1,123,870 9.2%	\$2,198,783 17.9%	12,263,254 100.0%
<b>CHANGE</b>	<b>94,531</b> <b>2.3%</b>	<b>130,559</b> <b>17.7%</b>	<b>(62,865)</b> <b>-1.6%</b>	<b>(4,649)</b> <b>-0.4%</b>	<b>(152,244)</b> <b>-6.5%</b>	<b>5,332</b> <b>0.0%</b>

1. State/Federal  
Core
2. Local/Other  
Core
3. Vocational  
Rehab
4. Community  
Health
5. Other



Network totals show that *State and federal IL core funding* programs make up one-third (almost 34%) of the Network's revenue, *Vocational rehabilitation funding* provides another third (32%) of the total revenue, and the other three program categories account for the remaining third (34%). This reflects the diversity of the local CIL programs. The substantial portion provided by *Vocational rehabilitation funding* also reflects the success of CILs in establishing the local value of their services in assisting VR clients to achieve vocational goals.

The most consistent change from FY 2004 to FY 2005 is a 2.3% increase in *State and federal IL core funding* received by all fifteen CILs. This reflects increases in direct federal funding and coordinating adjustments in the state core funding grants. The Network totals show a much greater (almost 18%) increase in *Local and other core funding*. However, this includes increases for only two CILs, with seven reporting decreases and six reporting no *Local and other core funding*. Most of the increase is attributable to a single CIL (Disability Advocates of Kent County).

The totals for the other three program categories show net decreases from FY 2004 to FY 2005, but these reflect very mixed experiences of individual CILs. All of these categories have some CILs with increases, some with decreases, and some with no change.

## **FY 2004 FUNDING BY PROGRAM**

	<b>State/ Federal</b>	<b>Local Other</b>	<b>Rehabilitation Funding</b>	<b>Health Funding</b>	<b>Other Funding</b>	<b>CIL Totals</b>
<b>ANN ARBOR CIL</b>	341,063	277,919	1,014,110	24,226	256,179	1,913,497
- Ann Arbor	17.8%	14.5%	53.0%	1.3%	13.4%	100.0%
<b>BLUE WATER CIL</b>	313,852	46,195	241,773	17,742	482,045	1,101,607
- Port Huron	28.5%	4.2%	21.9%	1.6%	43.8%	100.0%
<b>CAPITAL AREA CIL</b>	330,278	106,390	538,807	-	110,334	1,085,809
- Lansing	30.4%	9.8%	49.6%	0.0%	10.2%	100.0%
<b>CIL OF MID MICHIGAN</b>	313,852	41,850	211,821	550,416	253,462	1,371,401
- Midland	22.9%	3.1%	15.4%	40.1%	18.5%	100.0%
<b>COMMUNITY CONNECTIONS</b>	84,401	-	44,585	34,306	20,110	183,402
- Benton Harbor	46.0%	0.0%	24.3%	18.7%	11.0%	100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b>	313,852	93,062	205,713	-	275,931	888,558
- Grand Rapids	35.3%	10.5%	23.2%	0.0%	31.1%	100.0%
<b>DISABILITY ADVOCATES OF NW MICHIGAN</b>	227,172	-	55,713	15,000	40,000	337,885
- Traverse City	67.2%	0.0%	16.5%	4.4%	11.8%	100.0%
<b>DISABILITY AWARENESS CIL</b>	171,348	-	15,000	-	120,316	306,664
- Muskegon	55.9%	0.0%	4.9%	0.0%	39.2%	100.0%
<b>DISABILITY NETWORK</b>	313,852	-	446,473	486,829	595,935	1,843,089
- Flint	17.0%	0.0%	24.2%	26.4%	32.3%	100.0%
<b>DISABILITY RESOURCE CENTER</b>	313,852	103,130	520,603	-	167,000	1,104,585
- Kalamazoo	28.4%	9.3%	47.1%	0.0%	15.1%	100.0%
<b>JACKSON CIL</b>	120,815	650	-	-	-	121,465
- Jackson	99.5%	0.5%	0.0%	0.0%	0.0%	100.0%
<b>LAKESHORE CIL</b>	313,852	50,807	139,200	-	12,000	515,859
- Holland	60.8%	9.8%	27.0%	0.0%	2.3%	100.0%
<b>OAKLAND &amp; MACOMB CIL</b>	327,727	15,000	429,032	-	17,715	789,474
- Sterling Heights	41.5%	1.9%	54.3%	0.0%	2.2%	100.0%
<b>SUPERIOR ALLIANCE FOR IL</b>	202,638	3,037	40,849	-	-	246,524
- Marquette	82.2%	1.2%	16.6%	0.0%	0.0%	100.0%
<b>WAYNE COUNTY CIL</b>	340,254	-	107,849	-	-	448,103
- Detroit	75.9%	0.0%	24.1%	0.0%	0.0%	100.0%
<b>NETWORK TOTALS</b>	4,028,808	738,040	4,011,528	1,128,519	2,351,027	12,257,922
	32.9%	6.0%	32.7%	9.2%	19.2%	100.0%



## FY 2005 PROJECTED FUNDING BY PROGRAM

	CIL Core Funding		Vocational	Community	Other	CIL Totals
	State/ Federal	Local Other	Rehabilitation Funding	Health Funding	Funding	
<b>ANN ARBOR CIL</b> - Ann Arbor	348,686 18.3%	272,500 14.3%	1,047,975 55.1%	25,000 1.3%	209,217 11.0%	1,903,378 100.0%
<b>BLUE WATER CIL</b> - Port Huron	320,867 30.1%	45,097 4.2%	232,263 21.8%	18,000 1.7%	451,206 42.3%	1,067,433 100.0%
<b>CAPITAL AREA CIL</b> - Lansing	337,661 34.1%	75,213 7.6%	390,683 39.4%	0.0%	187,690 18.9%	991,247 100.0%
<b>CIL OF MID MICHIGAN</b> - Midland	320,867 31.8%	40,500 4.0%	228,636 22.6%	370,050 36.6%	50,099 5.0%	1,010,152 100.0%
<b>COMMUNITY CONNECTIONS</b> - Benton Harbor	86,288 16.9%	0.0%	55,000 10.8%	325,000 63.8%	42,890 8.4%	509,178 100.0%
<b>DISABILITY ADVOCATES OF KENT COUNTY</b> - Grand Rapids	320,867 32.1%	275,280 27.6%	205,713 20.6%	0.0%	196,993 19.7%	998,853 100.0%
<b>NORTHERN MICHIGAN ALLIANCE FOR IL</b> - Traverse City	232,250 62.0%	0.0%	142,463 38.0%	0.0%	0.0%	374,713 100.0%
<b>DISABILITY AWARENESS CIL</b> - Muskegon	175,179 51.8%	0.0%	24,600 7.3%	115,820 34.3%	22,540 6.7%	338,139 100.0%
<b>DISABILITY NETWORK</b> - Flint	320,869 17.5%	20,000 1.1%	458,307 25.1%	270,000 14.8%	759,848 41.5%	1,829,024 100.0%
<b>DISABILITY RESOURCE CENTER</b> - Kalamazoo	320,678 28.2%	102,452 9.0%	476,003 41.8%	0.0%	239,000 21.0%	1,138,133 100.0%
<b>JACKSON CIL</b> - Jackson	123,516 100.0%	0.0%	0.0%	0.0%	0.0%	123,516 100.0%
<b>LAKESHORE CIL</b> - Holland	320,868 62.6%	29,998 5.9%	139,381 27.2%	- 0.0%	21,914 4.3%	512,161 100.0%
<b>OAKLAND &amp; MACOMB CIL</b> - Sterling Heights	334,855 44.2%	7,559 1.0%	398,451 52.5%	- 0.0%	17,386 2.3%	758,251 100.0%
<b>SUPERIOR ALLIANCE FOR IL</b> - Marquette	212,028 87.5%	0.0%	30,394 12.5%	0.0%	0.0%	242,422 100.0%
<b>WAYNE COUNTY CIL</b> - Detroit	347,860 74.5%	0.0%	118,794 25.5%	0.0%	0.0%	466,654 100.0%
<b>NETWORK TOTALS</b>	4,123,339 33.6%	868,599 7.1%	3,948,663 32.2%	1,123,870 9.2%	2,198,783 17.9%	12,263,254 100.0%

# **SUMMARY REPORTS BY MICHIGAN CILS AND PROVIDERS OF NETWORK SUPPORT**

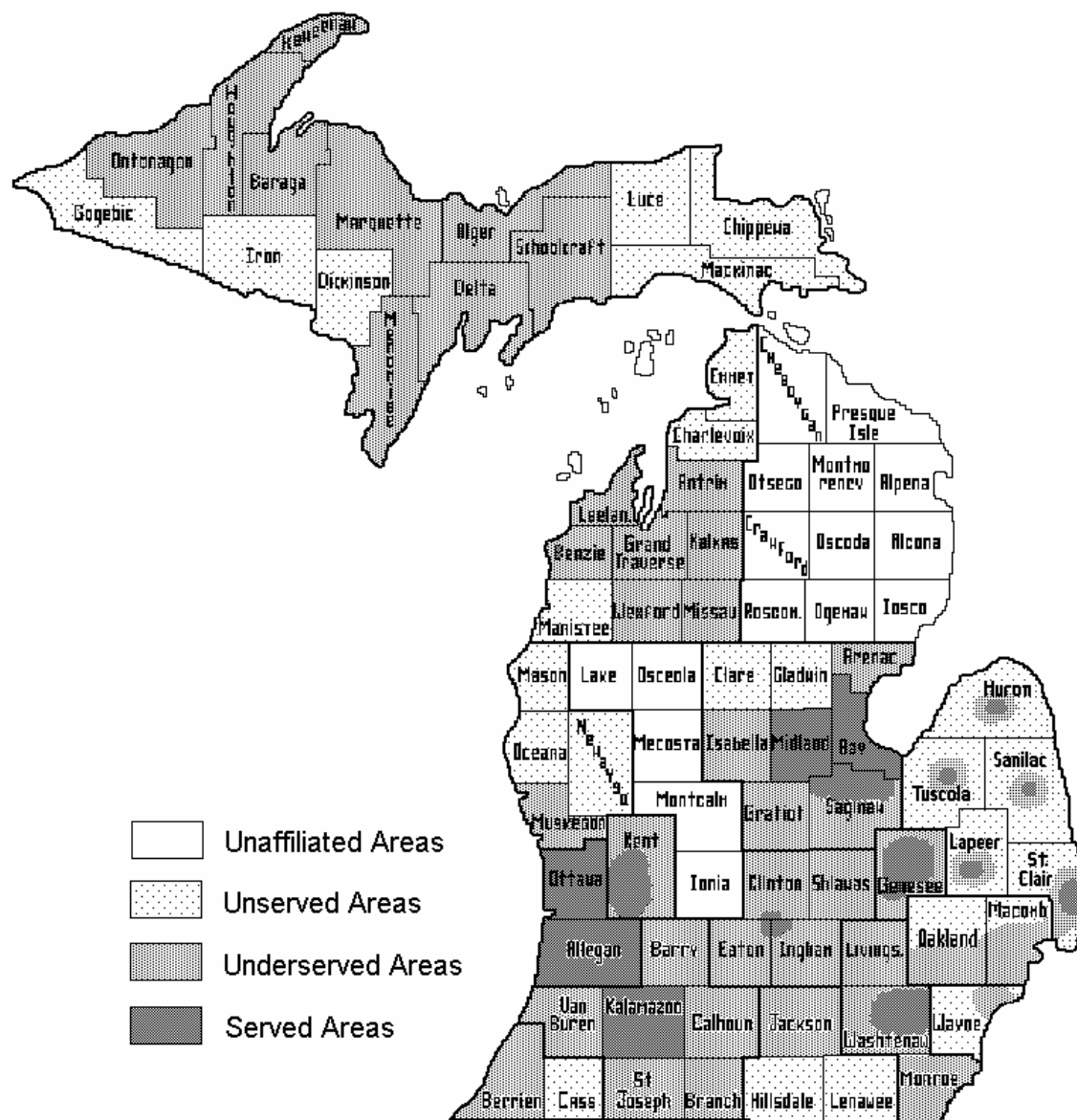
**In this section, each individual CIL describes noteworthy accomplishments for the reporting period, as well as its priorities for the coming year. Variations in the work plan priorities and approach reflect the unique characteristics and needs of centers and their communities.**

## *CIL Office Map*



- Location of main offices of CILs (Centers for Independent Living)
- Location of branch or satellite offices

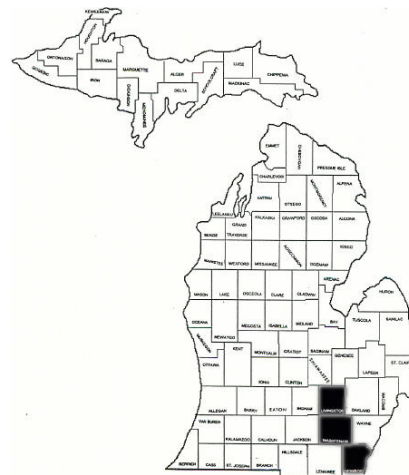
### *Access to CIL Services in Michigan 2002 – 2003*



## Ann Arbor Center for Independent Living (AACIL)

2568 Packard Road ▪ Ann Arbor, MI ▪ 48104  
734-971-0277 ▪ 734-971-0310 (fax) ▪ [www.aacil.org](http://www.aacil.org)

Counties served: Livingston, Washtenaw, Monroe  
Year established: 1976  
Number of staff: 22 full-time, 6 part-time, 2 contractual  
Consumers served  
10/1/03 to 9/30/04: 3,575  
IL/CIL FY 2004 Budget: \$1,881,403  
Projected FY 2005 Budget: \$1,903,378



The Ann Arbor Center for Independent Living was established in February of 1976. With the assistance of a talented staff, we provide services to people in Washtenaw, Livingston and Monroe Counties, which are a mix of both urban and rural areas. Ann Arbor CIL services include individual and systems advocacy, information and referral, counseling and peer support, independent living supports, assistive technology, rehabilitation engineering and information technology, crisis assistance, job development, placement and small business development assistance, nursing home prevention and transition, youth mentorship and adaptive sports and recreation activities.

Livingston County is primarily rural, however its most urban center is steadily growing. Monroe County is primarily rural in nature. On a modest basis, our satellite staff provides information and referral, individual and systems advocacy assistance, services to youth with disabilities, computer training, budgeting education and empowerment training.

We are fortunate to have Americorps/VISTA staff to assist us in each of our locations to meet the needs of our disability communities.

### *Community Impact for FY 2004*

- Worked diligently with members of our local disability community in an effort to retain a high level of paratransit quality and availability. We actively pursued two class action lawsuits against local municipalities regarding ADA curb ramp construction non-compliance. With other disability advocates, we rallied at the State capitol to advocate against proposed cuts to the Medicaid budget that would have directly affected the funds available for in-home assistance for our consumers. And, we created a new adaptive sports and recreation initiative.

- In Monroe County, we initiated a collaborative work group of area providers of service to people with low vision or blindness. We invited our representative from the Michigan Commission for the Blind to join us, as many of the members did not have a working relationship with the Commission. This collaborative group continued to meet throughout the year discussing mutual concerns, problem-solving and planning.
- In Livingston County, we started a new program called Skills, Training, Assessment & Readiness Services or STARS Program, an initiative focused on youth with disabilities who have graduated from high school but are not working or attending college. This is a collaborative effort between the CIL, CMH, Workskills, and MRS. Activities and curriculum offer guidance on work place social skills, planning for living on one's own, and finding and maintaining employment.
- Employment team assisted 49 people in locating and obtaining employment, while our small business efforts assisted 47 entrepreneurs with disabilities.
- Received a \$5000 Christopher Reeve grant to offset the costs associated with hosting a spinal cord injury (SCI) support group. Twice monthly, two counselors with SCI facilitate our support group. Group members suggest topics of conversation. In the coming year, the group plans to have guest speakers on topics important to people living with SCI.

### *Priorities for FY 2005*

- Create opportunities for people with disabilities to become more routinely involved in the design and implementation of systems change initiatives across a broad array of disability related issues.
- Help establish local and statewide systems and practices to encourage people with disabilities to participate in leadership development activities.
- Bring more organizations and groups into the Independent Living partnership movement.
- Promote practices that bring all citizens into the design, development and revision of legislation and policy.
- Increase the community's recognition that disability is a natural part of normal human experience that in no way diminishes any citizen's rights.
- Promote the development, implementation and continuing availability of integrated community supports and services that make it possible for any citizen to live independently in the community of their choice.

## Blue Water Center for Independent Living (BWCIL)

310 Water Street ▪ Port Huron, MI ▪ 48060  
810-987-9337 ▪ 810-987-9548 (fax) ▪ [www.bwcil.org](http://www.bwcil.org)

Counties served: St. Clair, Lapeer, Sanilac, Huron, Tuscola

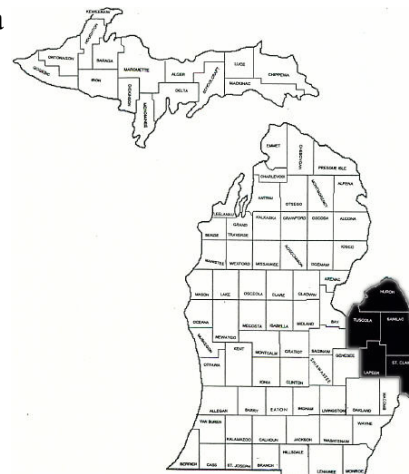
Year established: 1986

Number of staff: 16 full-time, 6 part-time, 11 contractual

Consumers served  
10/1/03 to 9/30/04: 2,851

IL/CIL FY 2004 Budget: \$1,161,878

Projected FY 2005 Budget: \$1,183,942



The Blue Water CIL (BWCIL) serves over 4,000 square miles, with a total population of 394,031. The service area, primarily rural, is comprised of five counties in what is commonly referred to as Michigan's Thumb Region. The BWCIL has established branch offices in the county seat of each of these five counties. The offices are so located that no one residing in the Thumb needs to travel more than an hour in order to get independent living services. All five offices offer core services. In addition, the CIL maintains fee for service contracts with local partners such as the Area Agency on Aging, St. Clair County Community Mental Health, and the Human Development Commission.

### *Community Impact for FY 2004*

- All five offices of the Thumb collaborated with Michigan Protection and Advocacy Service, Inc. and reviewed 79 polling sites throughout the thumb which lead to improved access to sites.
- Facilitated 14 focus groups in order to gain information for the development of the 2004-2005 Annual Plan.
- Established a new and larger Sanilac County office to assist with the delivery of services.
- Participated in a joint staff meeting with the Michigan Department of Labor & Economic Growth to strengthen the collaboration of services between both agencies.
- BWCIL Community Access Team was instrumental in improving accessibility to the community (i.e. Krafft 8 Cinema, City of Port Huron-Streetscape, County Nature Park). The group is now being asked to attend planning meetings in order to insure accessibility awareness.

- The Board of Directors and Management Team continue work toward improving programs and services by initiating a Corporate Compliance Plan, a new 3 year Business Plan, and implementing new Employee and Volunteer Handbooks.
- Continued the collaboration with the Human Development Commission which to increase housing services to persons with disabilities who are homeless.

### *Priorities for FY 2005*

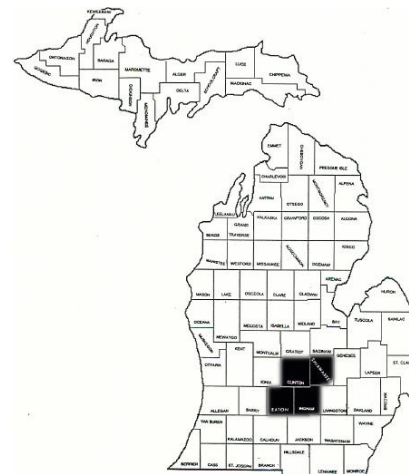
- Continue to provide the four Core services with current funding and staff members.
- Initiate the 5<sup>th</sup> Core service of Nursing Home Prevention Services as established in the Federal guidelines.
- Continue to facilitate the development of the CIL in Wayne County.
- Continue to develop and strengthen existing strategic community collaborations in order to assist with system change objectives.
- Continue to develop, nurture, and grow grass roots efforts with persons with disabilities and empower them to advocate for both themselves and systems change.
- Continue its efforts to obtain CARF Accreditation in order to seek out new funding options that the BWCIL could not acquire without the accreditation.
- Continue to develop a structured, organized, and motivated volunteer service program to aid with meeting the increased demands for services.



## Capital Area Center for Independent Living (CACIL)

1048 Pierpont, Suites 9-10 ▪ Lansing, MI ▪ 48911  
517-241-0393 ▪ 517-241-0438 (fax) ▪ [www.cacil.org](http://www.cacil.org)

Counties served: Ingham, Eaton, Clinton, Shiawassee  
Year established: 1976  
Number of staff: 14 full-time, 6 part-time, 1 contractual  
Consumers served  
10/1/03 to 9/30/04: 2,369  
IL/CIL FY 2004 Budget: \$1,085,809  
Projected FY 2005 Budget: \$991,247



CACIL, one of the first CILs, began in 1976 to serve Ingham, Eaton and Clinton counties (Shiawassee county was added later). As well as providing the four core services, CACIL has had a positive impact on two major systems that impact the lives of persons with disabilities: transportation and vocational services. Our CIRCLE program is two-tiered and provides not only soft pre-employment skills, but job seeking skills such as resume writing. CACIL's 15 year partnership with CATA, has enabled CACIL to be on the forefront of advocacy for transportation. In addition, 90% of CACIL's staff are persons with disabilities and are able to provide mentoring, role modeling and peer support to persons with disabilities. For example, CACIL plays a key role in the planning and implementation of the Michigan Youth Leadership Forum by providing expertise and speakers in many different independent living skills areas.

### *Community Impact for FY 2004*

- Informed choices classes increased consumers' knowledge of decision making at 90%, thereby decreasing the amount of time between intake and establishment of an IPE.
- Over 200 consumers were served by our interpretive services for deaf and hard of hearing consumers.
- Over 700 youth with disabilities were reached through our transition programs in Ingham, Eaton and Clinton counties.
- Because of CACIL's advocacy efforts and rally, state departments involve consumers at the inception of policy making, instead of presenting regulations as a done deal. This is an example of real systems change. We continue to work with the legislative and executive branches of Michigan government to reform the long-term care system.

- The partnership between Michigan Rehabilitation Services continues to be strong and helps insure appropriate services for consumers.
- CACIL had three major fundraisers this year, raising over \$10,000 dollars.
- CACIL's "Getting out the VOTE" concentrated on persons with cognitive disabilities; many voted for the first time. Because of our efforts, one of our partner agencies gave consumers paid leave time to exercise this constitutional right.

### *Priorities for FY 2005*

- Begin a PACER puppet program that will address disability awareness in elementary age children in Ingham, Eaton and Clinton counties. The plan is to do 30 shows in the calendar year of 2005, reaching over 900 children.
- Continue to take an active role and lead in advocating for reforms in the Medicaid system, as well as the Long-term Care System with legislators in collaboration with partners.
- The RICCs in Eaton and Clinton counties will expand both in consumers and projects. They will match the level of work of the Ingham RICC in the areas of empowerment, transportation and legislative awareness.
- Continue to aggressively explore different avenues of funding diversity, CACIL will hold four fundraisers and raise over \$25,000. One of the fundraisers (Walk and Roll-A-Thon 2005) will be in collaboration with partners (MDRC, MACIL, SILC).
- The ADA picnic will be a 15 year celebration that will be a collaboration with partners.
- Continue to lead the way in the provision of professional rehabilitation nursing services and health advocacy both systems and individual.
- Fine tune and expand our Circle Tier program to aid more consumers in achieving their vocational goals.
- Continue barrier removal efforts and respond to access issues in the community.

## Center for Independent Living of Mid-Michigan (CILMM)

1206 James Savage ▪ Midland, MI ▪ 48640

989-835-4041 ▪ 989-835-8121 (fax)

Counties served: Bay, Midland, Saginaw, Arenac, Isabella,  
Clare, Gratiot, Gladwin

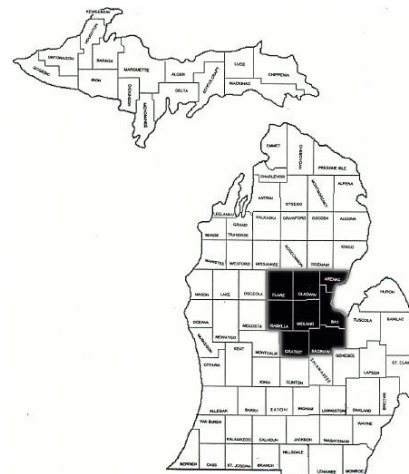
Year established: 1990

Number of staff: 11 full-time, 9 part-time, 4 contractual

Consumers served  
10/1/03 to 9/30/04: 791

IL/CIL FY 2004 Budget: \$1,555,328

Projected FY 2005 Budget: \$1,010,152



Headquartered in Midland, the Center for Independent Living of Mid-Michigan (CILMM) serves individuals with disabilities and the communities-at-large in four urban and four rural counties of mid-Michigan. The CILMM is committed to coalition-building and actively advocates for tri-county public transit that will link Bay, Saginaw and Midland counties. Unique to our center is the production of a 30-minute, informational public access television program viewed by over 100,000 households per month. Now celebrating its 15<sup>th</sup> anniversary, the CILMM has grown into a major community outreach organization supported by local foundations, the United Way, fundraising events and fee-for-service activities.

### *Community Impact for FY 2004*

- Spearheaded a major public transit initiative called Project T-CUPS (Tri-County United Passenger Service), for the purpose of connecting Midland, Bay and Saginaw counties through the cooperation of four public transit bus systems. After one year of diligent endeavors, the first phase of the “T” now links Midland, Saginaw and Bay counties. Over 750 riders with disabilities rode this route during its first month of service.
- Our public access television program, ACCESS MID-MICHIGAN, now in its 7<sup>th</sup> season, continued to be a vital public forum for discussion of disability issues. This fall, many candidates running for elective office appeared on the program and described their plans for long-term care.
- Staff spoke at service clubs, social service organizations, schools, local businesses and healthcare providers about independent living and barriers to independence affecting people with disabilities.

- Several STEPS (Stimulating Trainings Expanding Participants Sensitivities) trainings were presented and received enthusiastically by local businesses, transit groups, school districts, colleges and governmental units.
- Conducted Person Centered Planning (PCP) sessions for consumers of Community Mental Health organizations.
- CILMM's summer youth transition program continued to be popular and successful and provided social interaction, fun and independence-building activities for 35 youth with disabilities.
- With a grant from the Strosacker Foundation, CILMM rented and furnished a small apartment (the Skills CITE), where consumers learned basic independent living skills in a realistic environment.
- Advocates participated in a statewide long-term care reform initiative by attending work sessions, meeting with legislators, and informing the public about the group's progress.

### *Priorities for FY 2005*

The CILMM Board of Directors is currently in the process of developing our three-year strategic plan. It is likely that the following priorities will be incorporated into that plan:

- Continue spearheading Project T-CUPS, Phase II, by forming a coalition of individuals and organizations who are concerned about expanding the public transit system in the tri-counties. Lack of accessible public transit is a vital issue to people with disabilities living in mid-Michigan.
- Continue meeting with state and federal legislators and educating them about disability issues.
- Continue the READY independent living skills development program.
- Continue the summer transition program and increase the number of participants.
- Continue to market PCP facilitation.
- Continue to produce ACCESS MID-MICHIGAN and expand its distribution area as well as develop additional television programming.
- Continue to market our sensitivity training service (STEPS) and apply for grants to fund the development of a more inclusive sensitivity training program.
- Continue to develop our peer support group and identify common interests that will attract new participants.
- Continue to support state advocacy efforts that educate and provide awareness of disability issues.
- Continue to develop fee-for-service activities and alternative funding resources that pertain to our mission of encouraging and promoting independence for people with disabilities.

## Community Connections

133 E. Napier ▪ Benton Harbor, MI ▪ 49022  
269-925-6422 ▪ 269-925-7141 (fax)

Counties served: Berrien, Cass

Year established: 2000

Number of staff: 6 full-time, 3 part-time

Consumers served  
10/1/03 to 9/30/04: 474

IL/CIL FY 2004 Budget: \$170,401

Projected FY 2005 Budget: \$509,178



Community Connections is the newest developing center for independent living serving citizens in Berrien and Cass rural counties in Michigan's Great Southwest. The mission is to "promote full participation for all people with disabilities in our communities, in order to create a society of equal opportunity." Community Connections' members, board, and staff are primarily composed of people with all types of disabilities, and varying ages. Our ongoing focus is to:

- a. Provide the four core services: Information and Referral, Advocacy (Personal and System), Peer Support and Independent Living Skills.
- b. Build relationships with a constituency of people with disabilities and community partners and allies throughout Southwest Michigan.
- c. Increase and diversify financial resources.
- d. Retain a well-trained and supported staff.

### *Community Impact for FY 2004*

- Successfully planned and hosted the regional "Connecting to Your Community" conference and service fair, in collaboration with major community service providers. 345 people participated in 19 sessions on community and disability- related topics with 25 resource booths.
- Partnership with other state and local organizations brought additional funds to hire additional staff including the GROW, Berrien Consumer Cooperative, Social Security Work Incentives projects to help empower and provide supports to people with disabilities and help reduce barriers to community life.
- Held numerous presentations to provide information and community awareness on specific topics such as self advocacy, wellness and recovery action planning, effective transportation coordination, affordable housing options, inclusive recreation and assistive technology.

- Focused on partnership building and community organizing within Southwestern Michigan, with Local Advisory Committees on Transportation, Human Service Coordinating Councils, Transition Councils, Michigan Works! Workforce Development Board and Disability Awareness Resources Network, Michigan Disability Rights Coalition, Regional Interagency Coordinating Committees through the Developmental Disabilities Council, Community Mental Health Centers, Michigan Rehabilitation Services, Citizens for a Progress Change and other local, regional, and state-wide disability groups.
- Successful in holding a Youth Disability Leadership Training within local high schools.

### *Priorities for FY 2005*

- Build staff capacity to expand our successes and improve the lives of people with disabilities within Berrien and Cass counties.
- Further development and strengthening of Board of Directors, strategic planning, and recruitment of members.
- Continue to intensify efforts to increase and diversify resources through grants, contributions, and partnerships in order to increase the number of paid employees, mentors, and strengthen the organization.
- Increase direct impact on people with disabilities within Southwest Michigan by strengthening our voice, actions, quality of life, and community and supportive services.
- Strengthen awareness within the public of Community Connections and further increase the number of people with disabilities supported and served in both Berrien and Cass counties.

**Disability Advocates of Kent County (DAKC)**  
3600 Camelot Dr. SE ▪ Grand Rapids, MI ▪ 49546  
616-949-1100 ▪ 616-949-7865 (fax) ▪ [www.disabilityadvocates.us](http://www.disabilityadvocates.us)

Counties served: Kent

Year established: 1981

Number of staff: 13 full-time, 5 part-time

Consumers served  
10/1/03 to 9/30/04: 2,278

IL/CIL FY 2004 Budget: \$940,790

Projected FY 2005 Budget: \$912,811



Starting as part of Hope Network in 1981, Disability Advocates of Kent County became incorporated as its own nonprofit on October 1, 1993 as the Grand Rapids Center for Independent Living. In May 2002, our name changed to Disability Advocates of Kent County (DAKC) so as to better communicate what we do and who we are. Our mission is to "advocate, assist, educate and inform on independent living options for person with disabilities and to create a barrier-free society for all." Our ongoing goals are to:

1. Provide the four core services: Information and Referral, Independent Living Skills, Advocacy, and Peer Support.
2. Engage a constituency of persons with disabilities and supporters in Kent County.
3. Continue our networking in the wider community.
4. Maintain financial soundness.
5. Retain a well-trained and supported staff.

DAKC serves the Kent County community as best as our limited resources allow. Efforts are underway to expand our presence via the expansion of local support in addition to continuing our growth in contributions from volunteers. Finally, DAKC is well known as an agent for systems change in the areas of accessibility, long-term care and transit.

### *Community Impact for FY 2004*

- Had a very successful 2004 in spite of local economic constraints and stagnant state funding levels. First and foremost, DAKC continued to experience growth in the contribution of volunteer time to our efforts. This last year, 5,094 hours of volunteer time were documented! In September 2004, DAKC began its second annual membership drive which was directed by a volunteer in collaboration with DAKC's Development Director. The membership campaign's goal is to successfully tell our constituents that DAKC needs their support and involvement—it is time to sign up!

- In the area of support for individuals, DAKC continued to work with a significant number of persons with disabilities on IL issues and individual advocacy. DAKC also worked more hours on community services, achieving positive outcomes for the entire community and persons with disabilities. Finally, DAKC's fund development efforts surpassed FY 2003 totals.
- In the areas of systems change, DAKC was instrumental in achieving a victory at the polls in November 2003 when our local transit authority placed an increase of the transit millage before voters. DAKC also worked on the implementation of the Freedom to Work Act and in the area of long-term care reform.

### *Priorities for FY 2005*

DAKC has worked to develop a strategic plan which is focused on developing our niche in Kent County. The priorities for 2005 include:

- Strengthening DAKC's delivery of the four core services via a new team structure within the organization.
- Engaging our constituency more in the work of DAKC and the wider community.
- Expanding our employment services in the area of empowerment training.
- Developing and launching *Project: Independence* that will be a one-stop resource for universal design and home modifications for our entire community.
- Continuing to grow our diverse funding base to support our systems advocacy work.



## Disability Awareness Center for Independent Living (DACIL)

493 W. Norton ▪ Muskegon, MI ▪ 49444

231-830-0099 ▪ 231-830-0066 (fax) ▪ [www.disabilityawarenesscenter.com](http://www.disabilityawarenesscenter.com)

Counties served: Muskegon, Newaygo, Oceana, Mason

Year established: 1999

Number of staff: 2 full-time, 13 part-time

Consumers served  
10/1/03 to 9/30/04: 1,230

IL/CIL FY 2004 Budget: \$306,664

Projected FY 2005 Budget: \$338,139



The Disability Awareness Center for Independent Living serving Muskegon and surrounding rural counties is a cross-disability, community-based nonprofit organization. We are governed and staffed predominantly by people with disabilities. We are building a team of people who have a strong commitment to the IL philosophy and will accomplish this through capacity-building in our community. We will engage people with disabilities to work within their communities to identify barriers and gaps in service delivery and to effect needed systems change.

### *Community Impact for FY 2004*

- DACIL's Board of Directors implemented an action plan to strengthen management and governance which resulted in the hiring of new staff and a new Executive Director.
- Assisted 122 individuals with employment issues, including empowerment training for persons who were in need of employment in order to prepare them for seeking a job.
- Moved into a new location which is accessible both physically and by the public transportation system.
- Created a sensitivity video focused on the use of public transportation.
- Worked hard to increase community partnerships within our 4 counties by joining the Human Resources Council in Oceana, serving on the Board of Directors of Goodwill Industries of West Michigan and the Lake Shore Fair Housing Authority. We are attending the Regional Interagency Coordinating Committees (RICCs) in Muskegon, have joined the Michigan Disability Rights Coalition and the Michigan Association of Rehabilitation Services.

### *Priorities for FY 2005*

- Increase community awareness and obtain support for our work with the transit authority.
- Form a committee of individuals who are interested in long-term care issues in our community.
- Continue to build our organization's volunteer network.
- Increase our local financial support and further diversify our funding base to support our systems advocacy work.
- Link with other organizations and interested supporters around accessible housing and the concepts of visitability.
- Host a Disability Voice Town Hall meeting in all four of our counties.

## The Disability Network (TDN)

3600 S. Dort Highway, Suite 54 • Flint, MI • 48507  
810-742-1800 • 810-742-7647 (fax) • [www.disnetwork.org](http://www.disnetwork.org)

Counties served:	Genesee
Year established:	1994
Number of staff:	16 full-time, 7 part-time, 2 contractual
Consumers served 10/1/03 to 9/30/04:	4,079
IL/CIL FY 2004 Budget:	\$1,843,089
Projected FY 2005 Budget:	\$1,829,024



The Disability Network (TDN) is an 11-year old CIL that provides supports to over 4,000 citizens with disabilities in Genesee County, including Flint's 54% minority population and several rural out-county cities. Over 70 % of our Board and staff and 60% of our 120 active volunteers are individuals with disabilities. TDN's focus is on community awareness, systems advocacy in transportation, housing, long-term care and technology and inclusion for the 86,000 residents with disabilities in Genesee County. TDN's community technology center (CTC) is a state-of-the-art facility that features the latest in assistive technology (AT) for people with and without disabilities. TDN collaborates with over 40 local organizations and, committed to the principle of "nothing about us without us," participates in over 80 local, state and national boards, councils and committees.

### *Community Impact for FY 2004*

- The existing federal performance standards for Workforce Investment Act (WIA) employment and training programs include disincentives to serve individuals with disabilities. As Chair of the Career Alliance Workforce Board, President of Michigan Works and member of the National Association of Workforce Boards, TDN President/CEO Mike Zelly was able to get these organizations to formally support the inclusion of a new regression/adjustment model for performance standards in the reauthorization of the federal WIA. US Congressional Committee and Subcommittee Chairs have agreed to include the regression model in the 2005 WIA reauthorization.
- Zelly is the chair of the National Taskforce on Technology and Disability (NTFTD). TDN published the NTFTD report titled *Within our Reach* in 2004. One of the recommendations of the NTFTD report was reauthorization of the US AT Act with increased funding and removal of sunset provisions. All of these recommendations were included in Congress' recent reauthorization of the AT Act. The report is available at [www.ntftd.org](http://www.ntftd.org).

- A settlement was reached between the US Department of Justice and the City of Burton for multiple accessibility violations. This is the end result of a 2-3 year effort by TDN and one of its members. Burton now has 3.5 years to become fully compliant with the Americans with Disabilities Act (ADA).
- 56 homes were made more accessible with Community Development Block Grant funds from the City of Flint.
- Zelley was able to get a commitment from MCC to have more AT available in regular college classrooms as a board member of the Mott Community College (MCC) Regional Technology Center,.
- Continued to operate its CTC in collaboration with MCC. It is open to the public and offers free classes and assistance to try out different types of AT. This year video-conferencing equipment was added. 42 volunteers donated 2,906 hours to support the 290 people who used the CTC for a total of 3,859 hours.
- Visitability guidelines were adopted by the Genesee County Land Bank, the Genesee County Eastside Association, and Career Alliance's Youthbuild Project
- Some outcomes for individuals living in Genesee County during the past year include: 32 people acquired AT, 25 middle school students and 108 high school students with disabilities increased their self advocacy skills, 79 students increased their independent living skills, 120 people completed an educational/training program, 66 people increased their knowledge of career/work options, 24 people increased their work search skills, 290 people increased their computer skills, 158 people improved their work skills, 13 people obtained employment, 19 people acquired accessible and affordable housing, and 21 were prevented from institutionalization.

### *Priorities for FY 2005*

- Develop and publish an update to the NTFTD Report in 2005 and make available on the NTFTD website.
- Continue to participate in the new US Department of Labor Office of Disability Employment Policy \$3 million dollar, 5-year grant to Flint's Career Alliance to develop customized employment for individuals with disabilities. Assist Career Alliance to insure that outcomes of the grant influence local and state workforce policy, which will provide customized employment initiatives for all jobseekers, including those with disabilities.
- Continue advocacy for the inclusion of a national WIA performance standard regression/adjustment model in the federal reauthorization of WIA in 2005.
- Update the CTC with the latest in AT and mainstream technology.

- Create a new innovative AT outreach and training system using a DVD platform approach in collaboration with the Mott Foundation and SBC.
- Participate as a plaintiff in a formal lawsuit against the Flint Housing Commission to improve the number of accessible housing units.
- Lead local and state advocacy for new visitability ordinances to improve the availability of affordable, accessible, safe, and scattered site housing for individuals with disabilities.
- Continue strong participation and leadership in the local, state, and federal workforce systems to improve inclusion and accommodation of jobseekers with disabilities, including participation in the new Governor appointed Michigan State Council on Labor and Economic Development, which oversees the Michigan workforce system.
- Expand the Employer Mentoring Program funded by Michigan Rehabilitation Services to serve more jobseekers with disabilities.
- Design, develop and complete a gap analysis of the Genesee Intermediate School District (GISD) technology and training systems in Genesee County to address AT issues.
- Design, develop and complete an environmental scan of transportation, housing and employment related faith-based services and supports for citizens with disabilities in Flint and Genesee County. The final reports will be used to improve services to jobseekers with disabilities.

## Disability Resource Center of Southwestern Michigan (DRC)

516 E. Crosstown Parkway ▪ Kalamazoo, MI ▪ 49001  
269-345-1516 ▪ 269-345-1518 (fax) ▪ [www.drccil.org](http://www.drccil.org)

Counties served:	Allegan (southeast corner), Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
Year established:	1981
Number of staff:	14 full-time, 8 part-time, 2 contractual
Consumers served 10/1/03 to 9/30/04:	2,918
IL/CIL FY 2004 Budget:	\$1,104,585
Projected FY 2005 Budget:	\$1,138,133



Disability Resource Center (DRC) is one of Michigan's oldest CILs and serves seven counties in Southwest Michigan. Our main office in Kalamazoo and our branch office in Battle Creek are located in the urban centers of our service area, encircled by five predominately rural counties. Our reputation as *the* place to call for information and assistance is evidenced by the 2,000 + calls we receive each year. We are widely recognized for our expertise in the area of brain injury, as well as for the education, advocacy and peer support we offer. Disability Resource Center is unique among CILs in our provision of driver education and training for people with disabilities. We are the only CIL that is part of the Michigan Coalition of Benefits Planning Assistance and Outreach in relationship to the Ticket to Work initiative in Michigan. Disability Resource Center has a long history of collaboration with community partners in order to meet the varied needs of people with disabilities. We are proud of the significant support we receive from volunteers, who provided 7,026 hours this past year of their time to support the organization's work toward improving the lives of people with disabilities in our communities.

### *Community Impact for FY 2004*

- Became a member agency of the Greater Kalamazoo United Way for the first time in its history. Our CEO was elected to chair the United Way Director's Council.
- Created a new partnership with Michigan Career and Technical Institute (MCTI) to provide education and training to their students in the areas of independent living, drivers' education & evaluation, and work incentives. Students attend MCTI from all around the state of Michigan.
- Started a new Ramp Up project in collaboration with the First United Methodist Church of Kalamazoo and Kalamazoo Community Foundation enabling people to remain in their homes.

- Hosted a series of free ADA seminars on topics such as the “Pros and Cons of Disclosing a Disability”, “Making a Business Accessible”, “Leave” as an Accommodation”, and the “Benefits of On-line Support Groups”.
- Partnered with the Region IIIA Area Agency on Aging to provide outreach and assistance to Medicare recipients to apply for the Medicare Prescription Discount Cards.
- Provided leadership in advocating for the introduction of the Inclusive Home Design Act, sponsored by two legislators from our service area.
- Became the first non-profit agency to join ISAAC, a faith-based advocacy group working for social change in Kalamazoo County.
- Continued to develop our grassroots capacity by offering trainings and leadership opportunities to our volunteers.
- DRC’s Transportation Advocacy Group (TAG Team) worked to stop a 50% bus fare increase and improved accessibility by drawing attention to lift failure rates. The chair of TAG Team – a DRC volunteer – was appointed to the Kalamazoo Metro Transit Authority Board.
- Coordinated a successful Americans with Disabilities Act (ADA) celebration where over 150 community members attended. Patrick Cannon, the ADA Coordinator for the State of Michigan, was the keynote speaker.
- As a result of the Home Base Project we are able to sustain chronic health care support groups.
- Provided Voting Poll Accessibility Training to County/Township clerks in Southwest Michigan as part of HAVA legislation.

### *Priorities for FY 2005*

- Build our presence and grassroots capacity in Calhoun County.
- DRC’s grassroots ACCESS Team will complete a Restaurant Accessibility Guide for Kalamazoo.
- Build financial partnerships for our Home Base Project, which provides support to independent chronic health/disability support groups in the community and our Ramp Up Project, which helps people to continue to live in their own homes.
- Launch our Healthy Senior Driving Screen program to help assist older adults in assessing their driving strengths and deficits.

- Describe the best practices of follow along/job retention services in a publication that could be used in service agreements between MRS and CILs.
- Continue to partner with Region IIIB Area Agency on Aging on Medicare Prescription Drug Discount Card Outreach and on local grassroots organizing on Long-term Care Reform.



## Jackson Center for Independent Living (JCIL)

2319 W. Main Street ▪ Jackson, MI ▪ 49203  
517-784-1723 ▪ 517-784-9921 (fax)

Counties served:	Hillsdale, Jackson, Lenawee
Year established:	1998
Number of staff:	1 full-time, 5 part-time, 1 contractual
Consumers served 10/1/03 to 9/30/04:	743
IL/CIL FY 2004 Budget:	\$125,615
Projected FY 2005 Budget:	\$123,516



The Jackson Center for Independent Living (JCIL) is a developing center for independent living established in March of 1998, one of the newest in Michigan. The mission of the Jackson Center for Independent Living is to empower individuals with disabilities to experience self-determination in all aspects of life. Currently a community-based, consumer controlled affiliate of the Ann Arbor Center for Independent Living, it is JCIL's intention to become a freestanding, full functioning CIL serving the interests of all people with disabilities in Jackson, Hillsdale and Lenawee Counties. Our Board and staff are made up almost entirely of people with disabilities. As a new CIL, we are focusing initially on community development activities, which include outreach, education, and advocacy. Our priorities as advocates of systems change are transportation, housing, and human relations. Additionally, we provide information and referral, peer support, and independent living skills education to individuals and groups throughout our service area.

### *Community Impact for FY 2004*

- Community in Motion is the theme and title of a Jackson County coalition of business, human service, government, environmental and private individuals seeking to improve and expand the transportation options of Jackson County residents and visitors. At the first county wide Community in Motion meeting, over 200 community leaders, businesses, professionals, and private citizens all concluded that public transportation is as important to a community as good roads, good schools, police protection, fire protection and utilities. Communities need all of these elements to attract business, industry and a work force. People with disabilities were strongly represented at this first summit and were the driving force behind the chain of events over several years that lead to Community in Motion. JCIL, representing itself and acting as fiduciary for the Jackson Regional Interagency Coordinating Council (RICC), was a major partner with many other community partners on this ongoing grass roots community based, community controlled approach to transportation.

- Staff and volunteers of JCIL are actively involved in the City of Jackson Human Relations Commission and the commission's diversity committee which is chaired by a JCIL staff member. The diversity objective simply put is to celebrate difference and promote understanding.
- Offering computer literacy classes with the help of disAbility Connections and their Assistive Technology Laboratory. disAbility Connections provides the computer work stations and the assistive devices and JCIL provides the classroom materials and instruction.
- Staff members are working with staff members of the Jackson field office of Michigan Rehabilitation Services (MRS), Good Will Industries, the Michigan Consumer Cooperative, Recovery Technologies Incorporated, LifeWays and others. JCIL intends to provide independent living skills support under contract. JCIL's Work Skills Curriculum developed with MRS is an example of the quality services JCIL can provide.

### *Priorities for FY 2005*

- Become a Michigan non-profit corporation with 501c3 status.
- With help from a State Plan for Independent Living (SPIL) technical assistance team, prepare to take over provision of Independent Living Services to local consumers of the Jackson MRS office.
- With help from the technical assistance team, develop a strategy and timeline for federal recognition of JCIL as an Independent Living Center.
- With technical assistance team help, build a robust resource development plan to fund our federally mandated programs and expand our service reach.

## Lakeshore Center for Independent Living (LCIL)

426 Century Lane ▪ Holland, MI ▪ 49423  
616-396-5326 ▪ 616-396-3220 (fax) ▪ [www.lcil.org](http://www.lcil.org)

Counties served: Ottawa, Allegan (northwest three quarters)

Year established: 1992

Number of staff: 7 full-time, 2 part-time

Consumers served  
10/1/03 to 9/30/04: 3,072

IL/CIL FY 2004 Budget: \$515,819

Projected FY 2005 Budget: \$512,161



The Lakeshore Center for Independent Living (LCIL) serves two West Michigan counties – Allegan and Ottawa – with both urban and rural populations. We have a strong commitment to the IL philosophy and to maintaining a grassroots organization that engages persons with disabilities and the community in the work of systems change. Issue-directed rather than program-driven, our staff provide both individual advocacy and systems advocacy, the individual work illustrating and clarifying the challenges to be addressed in systems work. Stewardship, one of our highest values, drives our commitment to using our resources for the greatest benefit. Finally, we pride ourselves on maintaining a community reputation as an organization with integrity and service excellence.

### *Community Impact for FY 2004*

- Piloted our Youth Leadership Summit for 10 emerging leaders with disabilities.
- Provided individual advocacy and information and referral services for 745 people.
- Initiated accessibility improvements for polling places in six municipalities.
- Hosted 13 forums to gather feedback on public transportation improvements.
- Increased life skills of 326 youth and adults with disabilities to help them develop and maintain independence
- Launched a Bobby-compliant website design, including results of our work on measuring accessibility of local hotels for travelers with disabilities.  
([www.lcil.org/lcil/publications/hotelguide.htm](http://www.lcil.org/lcil/publications/hotelguide.htm))

- Helped to guide consumer-friendly implementation of Freedom to Work, addressing health care for persons with disabilities who acquire employment.
- Held a Reality Store to teach students with disabilities about the financial challenges of post-school life.
- Trained 60 people on acquiring Social Security benefits.

### *Priorities for FY 2005*

- Expand Allegan outreach, with the long-term goal of developing a CIL presence in the Allegan area.
- Plan and initiate implementation of next phase of fund development, working closely with the Marketing & Development Committee.
- Expand Youth Leadership Summit to 15 students, selecting students through effective recruitment and interviewing.
- Integrate leadership development into each of our core areas of community change efforts, including accessibility, transportation, and long-term supports.
- Build a new access team in Allendale and develop leadership in existing teams.
- Initiate public education regarding Lifespan housing.
- Develop Friends of Transit to plan for a millage campaign.

## Northern Michigan Alliance for Independent Living (NMAIL)

2301 Garfield, Suite A ▪ Traverse City, MI ▪ 49686

231-922-0903 ▪ 231-922-2597 (fax)

Counties served: Leelanau, Antrim, Benzie, Grand Traverse,  
Kalkaska, Manistee, Wexford, Charlevoix,  
Emmet, Missaukee

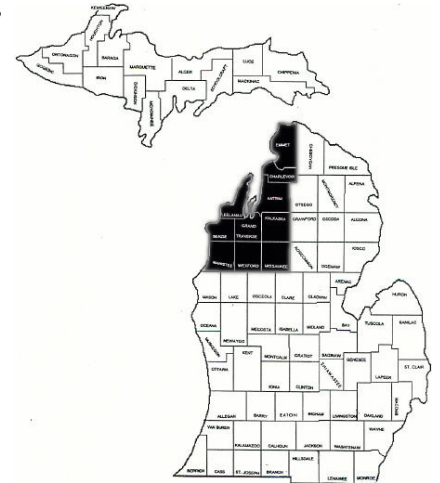
Year established:

Number of staff: 4 full-time, 1 part-time, 1 contractual

Consumers served  
10/1/03 to 9/30/04: 828

IL/CIL FY 2004 Budget: \$337,885

Projected FY 2005 Budget: \$374,713



The Northern Michigan Alliance for Independent Living (NMAIL) is a developing CIL that serves ten counties in Northwestern Lower Michigan. While our office is located in Traverse City, the NMAIL service area is large and mostly rural (72%). Through a combination of education, advocacy and outreach efforts, NMAIL is developing a growing network of supports and services for persons with disabilities by developing community partnerships and collaborations. Our Mission is: *"To promote personal empowerment for persons with disabilities through outreach, education and advocacy."*

### *Community Impact for FY 2004*

- This has been a year of growth for NMAIL as it has become a nonprofit 501c3 organization. The Board of Directors and staff held a series of strategic planning sessions that resulted in the development of organizational goals and benchmarks for success.
- In collaboration with the area Traverse Bay Area Intermediate School District and MRS, we have expanded our high school transition program to 5 area schools. The L.I.F.E. program provides empowerment and skill building to assist students with disabilities in the transition from school to community living. In the 2003-2004 school year, the L.I.F.E. program was conducted in 5 schools involving 56 students.
- Developed a partnership with GTP Industries and MRS to jointly run the Deaf Services and Hard of Hearing Clearinghouse. This program provides access to interpretive services, works with employers hiring persons who are deaf or hard of hearing, assists in providing information on assistive technology devices for the deaf and hard of hearing population. This past year, the Deaf Services and Hard of Hearing Clearinghouse provided services for over 200 people.

- Working to pass an important transportation millage for Benzie County that will result in improved and expanded public transportation services to the region.
- Hosted a Rural Outreach and Independent Living conference for Northern Michigan. The program featured best practices in housing, transportation, and employment for persons with disabilities in rural communities. Approximately 150 persons were in attendance.
- Assisted 22 cities and townships in assessing their polling places to meet the ADA accessibility guidelines that ensure equal access to voting.
- Provided independent living skills training to over 100 adults in a variety of community settings. Topics included managing finances, learning basic employment skills, and attending to social and recreational needs.

### *Priorities for FY 2005*

- Continue to develop collaboration and partnerships with area agencies to expand outreach and services.
- Enhance our community presence and public awareness efforts by developing community action groups.
- Increase and develop organizational capacity through volunteer development and development of core service programs.
- Implement a young adult Independent Living skills training for after high school.
- Expand the L.I.F.E. program to 12 within the TBA-ISD region.
- Develop an educational program for parents of children with disabilities.
- Continue to work on transportation issues. Implement the “buddy ride” program with the BATA public transit system. Continue to work on public transportation issues in Benzie County.
- Continue to develop the Board of Directors and seek to diversify the organization’s funding base.

## Oakland & Macomb Center for Independent Living (OMCIL)

13213 E. 14 Mile ▪ Sterling Heights, MI ▪ 48312  
586-268-4160 ▪ 586-268-4720 (fax) ▪ [www.omcil.org](http://www.omcil.org)

Counties served:	Oakland, Macomb
Year established:	1986
Number of staff:	10 full-time, 1 part-time, 2 contractual
Consumers served 10/1/03 to 9/30/04:	2,065
IL/CIL FY 2004 Budget:	\$788,964
Projected FY 2005 Budget:	\$758,251



Oakland & Macomb Center for Independent Living (OMCIL) serves Oakland and Macomb counties, an area with the largest population outside of Wayne county. The southern portions of both counties are densely populated, while the northern areas are rural. We provide services at two sites; our main office is in Macomb county and our branch office is in Oakland county. The majority of the staff and board are people with disabilities. The mission of our center is committed to assisting people with disabilities to achieve independence. OMCIL's focus is on information and referral, individual advocacy, transition from high school to adulthood, and accessible transportation.

### *Community Impact for FY 2004*

- Staff conducted polling site reviews to make sure they were accessible to all people with disabilities.
- Worked with twenty students from Macomb Academy, teaching independent living skills in an apartment-based program in the community.
- Continued outreach to people with disabilities by participating in community activities such as the Disability Awareness Fair, Troy Daze, Macomb Interagency Information Exchange, as well as, speaking to organizations in our community.
- Developed a new youth program called Knowledge is Power (KIP), to educate youth about resources in their community that can help them gain or maintain independence.
- Worked to create a grassroots coalition aimed at developing youth leadership in the community.

- Conducted our annual membership drive to help expand awareness of the center out in the community.

### *Priorities for FY 2005*

- Continue to develop the steering committee in Oakland County, as well as start a new steering committee in Macomb County.
- Work to expand our transition program into other schools.
- Implement fundraising programs to help diversify our funding.
- OMCIL's Board of Trustees and staff will begin a strategic planning process to develop the direction OMCIL would like to go in.
- Expand our volunteer base to help address the needs of our consumers.
- Develop a loan closet to help assist people with disabilities with their needs.



## Superior Alliance for Independent Living (SAIL)

129 W. Baraga ▪ Marquette, MI ▪ 49855

906-228-5744 ▪ 906-228-5573 (fax) ▪ [www.upsail.com](http://www.upsail.com)

Counties served: Michigan's Upper Peninsula (15 counties)

Year established: 1998

Number of staff: 5 full-time, 2 part-time

Consumers served  
10/1/03 to 9/30/04: 343

IL/CIL FY 2004 Budget: \$246,524

Projected FY 2005 Budget: \$242,422



The Superior Alliance for Independent Living (SAIL) advocates for and with approximately 45,000 people with disabilities living in Michigan's Upper Peninsula (UP). SAIL's population includes people of all ages and disabilities. At approximately 16,420 square miles, the UP makes up more than one-fourth the geographic area of the state of Michigan. With a staff of two part time and five full time employees, SAIL services all 15 counties of the UP. SAIL promotes the inclusion of people with disabilities into our communities on a full and equal basis through empowerment, education, participation and choice.

### *Community Impact for FY 2004*

- Collaborated with multiple community agencies to co-host Action Day, a regional disability advocacy conference. Bringing together 360 consumers, friends, family and professionals of Michigan's disability community.
- Celebrated its 5<sup>th</sup> anniversary this year in conjunction with the annual ADA celebration. An open house was attended by consumers, community members, and legislators.
- Staff assisted in the process of creating the Orianna Ridge Housing Program, a project that resulted in 20 affordable and accessible units for persons with disabilities and persons who are homeless. All units were filled, as well as a waiting list, before the project was completed. SAIL continues to be a resource for the tenants and staff of Orianna Ridge.
- SAIL's Executive Director and Independent Living Coordinator attended the Annual National Council on IL conference in Washington, D.C.
- Staff collaborated with a Developmental Disability Council Transportation workgroup on a grant that will produce transportation vouchers.

- As a United Way member agency, SAIL was invited to have an informational booth at the community wide “Presidents Day” celebration. Staff also provided SAIL information at the United Way Golf outing fundraiser.
- Staff attended the Governor’s Luncheon at the Upper Peninsula State Fair in Delta County.
- At the four day Marquette County Fair, SAIL staffed an information booth.
- SAIL’s IL Coordinator gave several presentations this year to area middle schools, the PAC (Parent Advisory Committee) in Marquette County, and to the Regional Rotary Club.
- Staff attended HBH (Hiawatha Behavioral Health) board meetings in Chippewa, Luce and Mackinaw counties.
- To promote accessible voting, the ADA Coordinator surveyed 36 voting precincts in 8 counties.
- Collaborated with the RICC (Regional Interagency Coordinating Committee) to facilitate their annual “Spring Fling” dinner and dance.
- SAIL’s ADA coordinator collaborated with the UCP AT Center on a successful “AT Aging in Place” project.
- Staff has attended several Pathways Community Mental Health board meetings.
- SAIL’s ADA coordinator chairs the Recipient Rights Committee for Pathways Community Mental Health and is on the Executive committee for the local NAMI (National Alliance for the Mentally Ill) chapter.
- SAIL’s Executive Director and two staff members gave testimony to the state Mental Health board regarding services in the UP.
- Staff continued to coordinate STOMP (Students Taking on Mentoring Peers), a support group geared towards helping students with disabilities learn how to advocate for themselves and mentor others.

### *Priorities for FY 2005*

- Continue to expand services through outreach efforts with consumer groups across the UP.

- Trainings specific to staff positions will be provided as new staff members are incorporated into the team.
- A larger, more inclusive board will continue to work with staff on a new strategic plan and update the current business plan.
- Collaborate with MRS on the STARS (SAIL, Tribal, and Rehabilitated Social Securities) project expanding our outreach further into the Native American population of the UP.

**Blue Water/Wayne County Center for Independent Living**  
WSU College of Education ▪ 3 North, Room 355 ▪ 5425 Gullen Mall ▪ Detroit, MI ▪ 48202  
313-577-2599

Counties served: Wayne

Year established: 2003

Number of staff: 9 full-time, 2 contractual

Consumers served  
10/1/03 to 9/30/04: 1,325

IL/CIL FY 2004 Budget: \$468,103

Projected FY 2005 Budget: \$466,654



The Blue Water / Wayne County Center for Independent Living serves a single county with a service area of 623 square miles. The service area has urban, suburban and rural areas. The population of Wayne County is 2,061,162 with approximately 412,000 people with disabilities.

*Community Impact for FY 2004*

- A three year Community Based Business Plan was developed and adopted by the Steering Committee and the Blue Water Board of Directors.
- A Steering Committee was developed which has 15 members who represent a variety of disabilities and areas of Wayne County; the committee has developed and approved a Mission Statement and a philosophy for the Blue Water/Wayne County CIL.
- Collaborative relationships have been developed with several organizations in Wayne County such as the 9 MRS offices, American Indian Services, Rehabilitation Institute of Michigan, Go-Getters Program, Latino Family Services and ARC-Detroit.
- The University of Independence program was re-developed and meets on a continuing schedule at the Rehabilitation Institute of Michigan.
- The Steering Committee developed, approved and began implementation of a FY-2005 Work Plan.

*Priorities for FY 2005*

- Continue to provide the 4 core services at FY 2003-2004 levels and begin the provision of the 5<sup>th</sup> core service: Nursing Home Prevention.

- Seek new and strengthen existing strategic community collaborations.
- Develop, nurture, and grow a strong, committed grass roots organization of people with disabilities willing and able to advocate both for themselves and for systems change.
- Improve the collection, processing, management and dissemination of information in all aspects of DWCCIL operations.
- Develop and implement a comprehensive marketing plan to educate the community on IL/CIL and increase awareness & understanding of the Blue Water/Wayne County CIL.
- Establish ongoing staff and volunteer training to expand their capacities and improve their capabilities to fulfill our mission.

## Michigan Association of Centers for Independent Living (MACIL)

1476 Haslett Road ▪ Haslett, MI ▪ 48840  
517-339-0539 ▪ 517-339-0805 (fax) ▪ [www.macil.net](http://www.macil.net)

Counties served: Statewide (15 Member CILs)

Year established: 1993

Staff: 2 full-time, 2 part-time

IL/CIL FY 2004 Budget: \$385,000

Projected FY 2005 Budget: \$450,000 (including 1 additional full time employee)

The Michigan Association of Centers for Independent Living (MACIL) is a network of grass-roots advocacy organizations, building disability leadership. MACIL's vision is to become the catalyst in organizing a powerful statewide voice that influences public policy; a network with strong disability leadership in every community.

The MACIL office provides member support in helping to build and maintain strong local advocacy organizations for addressing local issues as well as participating in state-level issues.

MACIL's strength comes from its members and their grassroots capacities. One of MACIL's critical objectives is to support its members in a manner that assures they are strong and viable non-profit organizations.

MACIL's goals for FY 2004 included the facilitation of statewide advocacy, diversification of financial resources, coordination of program planning, sharing information, promoting continuous quality improvement that increases the capacity and accountability of IL/CIL organizations, providing technical assistance to the IL/CIL network, and facilitating, arranging, and providing training to IL/CIL organizations.

### *Community Impact for FY 2004*

- Significantly enhanced level of collaboration with partners including Michigan Rehabilitation Services, the Statewide Independent Living Council, the Michigan Commission for the Blind, the Department of Community Health and the Michigan Commission on Disability Concerns. This has created more of a "team" environment with greater participation from CILs and our partners alike!
- An increased level of technical assistance that is more visible and more effective.
- A continued focus on improving long-term community supports.

- Implemented the Freedom to Work Act.
- Worked closely with the SPIL Partners in writing the new three year State Plan for Independent Living.
- Developed Community Outcomes and made improvements to the statewide database used for collecting and reporting outcome data.

### *Priorities for FY 2005*

- Taking a leadership role in advocating for Long-Term Community Supports that are responsive to the needs of persons with disabilities through the development of local grassroots groups.
- Continuing advocacy and educational activities which promote the implementation of the Freedom to Work initiative and the removal of barriers to employment of people with disabilities.
- Actively supporting and helping to implement advocacy and educational activities that lead to the achievement of the Michigan Common Disability Agenda.
- Collaborating with the SPIL Partners in activities related to increasing and diversifying the funding and resources of the IL/CIL network.
- Designing and implementing an expanded and enhanced system of peer support for the IL/CIL network.
- Initiating a long-term plan to establish an IL Community Building Development Program throughout the Michigan IL/CIL network that benefits consumers, IL/CIL staff and board members, in collaboration and in partnership with the Michigan Disability Rights Coalition (MDRC).
- Developing and implementing a mission-based collaboration with the Michigan Disability Rights Coalition for Long-Term Care, Leadership Development, Assistive Technology Systems Change, Community Organizing, and Training.

## Michigan Statewide Independent Living Council (SILC)

417 Seymour, Suite 10 ▪ Lansing, MI ▪ 48933  
517-371-4872 ▪ 517-371-4875 (fax) ▪ [www.misilc.org](http://www.misilc.org)

Counties served:	Statewide
Year Established:	1994 via Michigan Executive Order No. 1994-21 and Amendments to Federal Rehabilitation Act
Staff:	3 full-time
IL/CIL FY 2004 Budget:	\$322,668
Projected FY 2005 Budget:	\$332,881

The Michigan Statewide Independent Living Council (SILC) is a Governor-appointed council of 18 to 25 individuals representing the interests of people with disabilities across Michigan. Additionally, members include four non-voting ex-officios who provide the vital link to state agencies providing services for people with disabilities. SILC works cooperatively with Michigan Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) to develop and submit the statutorily-required State Plan for Independent Living (SPIL) and to ensure consumers are represented in Independent Living Policy development. The SILC also works to identify the partnership infrastructure needed for success in addressing barriers and creating the opportunities for persons with disabilities and promotes appropriate forms of collaboration.

### *Community Impact for FY 2004*

- SILC, MRS, and MCB facilitated the allocation of Independent Living grants that totaled \$ 5,073,182 plus a certified in-kind match of \$ 26,811 for a program total of \$ 5,099,993.
- Convened 6 focus groups and 2 public hearings across Michigan, securing consumer input on disability issues. Responses provided the foundation for and supported the development of Michigan's 2005-2007 State Plan for Independent Living. Responses were compiled and shared with other disability councils, organizations, state departments, the Governor's office and Rehabilitation Services Administration (RSA).
- In partnership with MRS and MCB, SILC developed Michigan's 2005-2007 State Plan for Independent Living (SPIL) which received RSA approval September 14, 2004.
- Council members were involved in Michigan's "Help America Vote Act" collaboration in local communities to assist in assuring voter accessibility.
- Convened a Partnership /Planning Gathering of over 100 individuals. Participants refined and coordinated action steps necessary to overcome barriers and increase community inclusion and participation of people with disabilities.



- Provided 1,516 hours of ongoing technical assistance to the Independent Living network in meeting the established federally mandated quality standards and indicators, and operational redevelopment and reorganization.
- Remained involved in Michigan's "211" human services initiative to ensure information and referral systems and practices provide information that link delivery systems for individuals with disabilities.
- Continued to collaborate with both disability and non-traditional partners on state and federal initiatives needed to reduce barriers and increase opportunities in the areas of employment, transportation, assistive technology, leadership, health, and long-term care.

### *Priorities for FY 2005*

- Continue to meet State and Federal statutory requirements for Council operation.
- Continue to foster collaborative efforts with partners to implement Michigan's 2005-2007 State Plan for Independent Living which includes enhancing consumer voice, leadership development (including youth), expanding and strengthening statewide partnerships, adoption of independent living values and attitudes, and responsive community supports and services.
- Work to increase both state and federal CIL funding through involvement with the NCIL committee, MACIL Resource Development Team, IL Network, The Research and Training Center on Disabilities-University of Montana, MRS and MCB.
- Continue efforts to involve individuals with disabilities in the area of civic involvement and public policy, including publication of the "Common Disability Agenda."
- Continue to coordinate efforts to ensure non-duplication of roles and support efforts of Independent Living partners.
- Nationally, Michigan's SILC will work to develop better regional and national communication between SILCs.
- Continue to support efforts to expand community planning, coordination and capacity-building to overcome barriers and increase community inclusion of people with disabilities through strengthening and developing the CIL/IL network.