



MICHIGAN CENTERS FOR  
INDEPENDENT LIVING

## A Report to the Legislature

*October 1, 2006 – September 30, 2007*

Submitted by:  
Michigan Statewide  
Independent Living Council  
&  
Disability Network/ Michigan

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MICHIGAN STATEWIDE INDEPENDENT LIVING COUNCIL

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DISABILITY NETWORK/MICHIGAN

To:

- Members of the Senate Appropriations Subcommittee—Michigan Department of Labor & Economic Growth
- Members of the House Appropriations Subcommittee—Michigan Department of Labor & Economic Growth
- Senate Fiscal Agency
- House Fiscal Agency
- Michigan State Budget Director

Cc:

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

From:

- Michigan Statewide Independent Living Council
- Disability Network/Michigan

Date: January 27, 2008

Re: FY 2007 Report to the Michigan Legislature

We are pleased to forward this report to the Legislature, on the accomplishments of Centers for Independent Living (CILs) 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 Disability Network/Michigan, in compliance with Section 404 of Public Act 118 of 2007. 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, CAE of SILC at 517-371-4872 or Karen Kraft of Disability Network/Michigan at 517-339-0539.

Respectfully submitted,



Charis Austin, Chair  
Michigan Statewide Independent  
Living Council

  
James Magyar, Executive Director  
Disability Network/Michigan

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## Public Act 118 of 2007

Sec. 404. (1) Of the funds appropriated in part 1 for vocational rehabilitation independent living, all general fund/general purpose revenue not used to match federal funds shall be used for the support of centers for independent living that are in compliance with federal standards for such centers, for technical assistance to centers, and for projects to build capacity of centers to deliver independent living services. Applications for such funds shall be reviewed in accordance with criteria and procedures established by the statewide independent living council, the Michigan rehabilitation services unit within the department, and the Michigan commission for the blind. Funds must be used in a manner consistent with the priorities established in the state plan for independent living. The department is directed to work with the Michigan association of centers for independent living and the local workforce development boards to identify other competitive sources of funding.

(2) As a condition of receipt of funds appropriated in part 1, the statewide independent living council and the Michigan association of centers for independent living shall jointly produce a biennial report providing the following information:

(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 the centers and a comparison to the number assisted in the previous year. *[See page 28.]*

(ii) Number of persons moved out of nursing homes into independent living situations and a comparison to the number assisted in the previous year. *[See pages 38 – 39.]*

(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. *[See pages 27 – 40.]*

(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 1 administered by a center for independent living and a comparison to the number served in the previous year. *[See pages 30 – 34.]*

(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. *[See pages 51 –76.]*

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(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. *[See pages 41 –50.]*

(3) The report required in subsection (2) shall be submitted to the subcommittees, the fiscal agencies, and the state budget director on or before January 30.

## **REPORT ABSTRACT**

**Michigan Centers for Independent Living / October 1, 2006 – September 30, 2007**

The Michigan Statewide Independent Living Council (SILC) and the Disability Network/ Michigan have prepared *this report* in response to Section 404 of Michigan Public Act 118 of 2007. The report provides information about Michigan's Network of 15 CILs, also called Michigan's Disability Network. 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, which is Title IV of the Workforce Investment 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:

- ✓ CILs are independent, community-based non-profit organizations governed and staffed predominantly by people with disabilities.
- ✓ CILs provide an array of community and individual services to help people with all types of disabilities live independent lives.
- ✓ FY 2007 efforts to enhance statewide access to IL supports and services continued to center around implementation of a long-range planning template. Analysis shows that, with about 30% of the staff capacity and 17% of the total core funding that appear to be needed for a fully developed statewide CIL network, Michigan's CILs report that about 19% of Michigan's 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.

*Continued on next page*

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

- ✓ FY 2007 CIL Network totals included 93,094 hours spent in community services and 133,082 hours spent in assisting 36,920 people with disabilities, with 3,236 reported community outcomes and 14,870 reported individual outcomes.
- ✓ In comparison to FY 2006, this represented an increase of 56,580 hours or 33% in total service hours, an increase of 2,587 or 8% in individuals served, a decrease of 1,865 or 37% in reported community outcomes, and a decrease of 1,617 or 10% in reported individual outcomes.
- ✓ The increase in service hours reflects the continued efforts of CILs to make more efficient and effective use of available resources. The decrease in outcomes reflects the general economic climate and the restricted availability of resources for change in community systems and supports.
- ✓ Cost savings to the state computed for FY 2007 from select service areas total \$24,217,355. This represents an increase of \$9,532,187 or 64.9% from FY 2006. These computations indicate that every four dollars invested in CILs from any source results in more than seven dollars of savings to state taxpayers.

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

- ✓ Collectively, they reported FY 2007 operating budgets from all sources totaling \$14,020,551.
- ✓ This supported about 256 staff operating out of 24 offices across the state. (176 full-time, 61 part-time, and 19 contractual, a majority of whom are people with disabilities) In addition, there was a total of 56,235 hours of donated volunteer time, the equivalent of more than an additional 28 full-time staff.
- ✓ The major expense was personnel, representing some 65.1% of the total.
- ✓ About 30% of the revenue was from state and federal grants for core operations, another 30% from a combination of vocational rehabilitation grants and service fees, and the final 40% from a mix of other funding sources.
- ✓ Budget comparisons show that the statewide CIL Network funding total has increased only slightly since FY 2002, and that – given increasing costs of operations, especially for health care – the CILs are now collectively in their sixth year of progressively reduced organizational and service-delivery capacity.
- ✓ Within the Network, budgets of individual CILs have shown very mixed results reflecting the diversity of local efforts to consolidate or refocus programs, take other steps to increase efficiency, find and access new funding and other resources, as possible, and – when necessary -- discontinue programs or services that they have not had the resources to maintain.

**MICHIGAN CENTERS FOR INDEPENDENT LIVING:  
A Report to the Legislature  
October 1, 2006 – September 30, 2007**

**REPORT SUMMARY**

The Michigan Statewide Independent Living Council (SILC) and Disability Network/Michigan (DN/M) have prepared this report in response to Section 404 of Michigan Public Act 118 of 2007 that provides appropriations to the Department of Labor and Economic Growth. Michigan's Center for Independent Living (CIL) Network, also called Michigan's Disability Network, includes 15 CILs throughout the state. Section 404 requires the SILC and DN/M to supply information on the use of funding under the vocational rehabilitation independent living line item that supports the work of the 15 CILs, 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 all types of 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. Aging of the Baby Boomers is expected to increase the number of persons 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, in Title IV of the Workforce Investment 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 Rehabilitation 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 SILC, 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 IL resources and the development of a CIL network. In Michigan, the Governor-appointed 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 DN/M, a non-profit membership organization, addresses the individual and collective program, service, and financial management needs of the state's 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 individual 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 ***table on the following page***.

***Michigan's IL 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 independently and 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 ***federal standards and indicators*** related to IL principles and to sound organizational management. The SILC, MRS, and MCB, in collaboration with DN/M, Michigan Protection and Advocacy Service, the Michigan Rehabilitation Council, and the Michigan Disability Rights Coalition, provide technical assistance and monitoring to ensure achievement of these standards. This includes a process for on-site CIL reviews to promote total continuous quality improvement.

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. Increasing emphasis is also being placed on institutional relocations -- including movement from nursing homes, transition from school to community, and prisoner re-entry. It is expected that these will be formally added to the required CIL core services with the upcoming re-authorization of the Rehabilitation Act. Measures for the accountability of CILs in meeting the standards, indicators, and program requirements include quarterly and annual reporting by CILs, supplemented by the total continuous quality improvement on-site reviews. A new, comprehensive database program has also been implemented to increase capacity of the CILs to consistently and accurately report their service activity and results.

<b>The Disability Experience</b>	<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 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, Medicaid or other publicly funded 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 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 is supported by flexible federal and state core funding grants that represented about 30% of all funding for Michigan CILs during FY 2007. 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 30% of all Michigan CIL funding during FY 2007. 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 40% of Michigan CIL funding during FY 2007.

The *distribution* of all vocational rehabilitation independent living funding – including federal Title VII (Independent Living), Federal Title I (Vocational Rehabilitation), 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.

The *economic climate* of the last few years has made effective allocation and coordination of funds most difficult. As noted in the next section, the CIL Network is committed to enhancing statewide access to IL services, and a major commitment of the partners in the State Plan for Independent Living is to continue developing the statewide CIL Network. However, the overall level of funding for the CIL Network has changed little in the last six years. With operational costs continuing to rise – such as the escalating costs of health care coverage for employees – the CILs are now in the sixth year of progressively reduced organizational and service-delivery capacity. Even as they are striving to build the statewide network and enhance statewide access to services, they are being asked to do more with less.

To face this challenge, the CILs have been struggling during the last six years *to minimize the impacts of reductions* by consolidating or refocusing programs and taking other steps to increase efficiency. They have also been seeking to find and access new funding or other resources that will help them better carry out their many varied community and consumer responsibilities. And, when necessary, they have discontinued programs or services that they have not had the resources to maintain. Although the CILs are, at this time, sustaining their operations within a difficult environment, they are making little progress in moving toward the long-term vision proclaimed in Title VII of the Rehabilitation Act that they seek to attain.

*[Further information about IL as an investment in individuals and communities is provided in Section I of the report, pages 21 through 26.]*

## 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 Disability Network/Michigan, as expressed in the State Plan for Independent Living, remains the same: to establish a statewide 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 2007, Disability Network/Michigan and SILC continued collaborative efforts to apply the *long-range planning template*, which was developed in FY 2005. 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 2007, Michigan's CILs had about 30% of the staff capacity and 16.9% of the total core funding that would be required for a fully developed statewide CIL network.

Although a long-range planning template was available, continuing reduction in CIL Network capacity during FY 2007 precluded any significant *progress in expanding access* to IL supports and services. Each CIL struggled to respond to constrained resources by consolidating or refocusing programs, taking other steps to increase efficiency, finding and accessing new funding and other resources, as possible, and – when necessary -- discontinuing programs or services that they did not have the resources to maintain. Through their collective efforts, the CILs were able to increase the statewide level of services, with 36,920 individuals participating in services during FY 2007, up by 7.5% from 34,333 in FY 2006. However, the reported 18,106 outcomes represent a 16.1% reduction from FY 2006 levels, reflecting the scarcity of resources and difficulty of achieving results in the current economic climate.

Despite continuing reduction in CIL Network capacity, the SILC, Disability Network/Michigan, MRS, MCB, and other IL partners moved ahead during FY 2007 with continuing collaboration in providing on-site technical assistance and peer mentoring, and identifying resources for CIL board development. Follow-up continued on recommendations from on-site reviews, focused on promoting total continuous quality improvement throughout the CIL Network, including assurance of compliance with federal and state requirements. Improved technical assistance and CIL Network supports remain essential elements in long-term plans for strengthening and further developing the statewide CIL Network and providing enhanced access to IL supports and services.

*[Further information about the CIL Network is provided in Section IV of the report (funding), pages 51 through 76, and Section V (individual CIL descriptions), pages 77 through 114.]*

## **CIL Services and Outcomes**

The CILs have collaborated in jointly defining 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 four dollars invested in CILs from any source results in more than seven dollars 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 2007 include the following:

### ➤ **Ongoing Community Supports**

It makes no sense to keep individuals with disabilities 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 2007, CILs devoted 22,595 hours in working to eliminate community barriers and 47,650 hours assisting 4,772 individuals with ongoing community supports. This resulted in 216 reported community outcomes and 1,792 reported individual service outcomes. Institutionalization was prevented for 91 individuals and 100 were maintained in community settings.

### ➤ **Employment**

CILs provide a wide variety of employment-related supports that assist persons with disabilities in getting and keeping jobs, and also in helping individuals move into higher-paying jobs. These employment supports range from helping reduce employment-related barriers such as securing transportation to work, to assistance with resume preparation, practice interviewing, worksite accommodations, or employer-focused ADA assistance. During FY 2007, CIL spent 16,628 hours working to improve community employment systems and 38,823 hours assisting 7,239 individuals in removing or reducing barriers to employment. This investment resulted in 1,765 reported positive community outcomes and 3,797 reported positive employment-related outcomes for individuals, including 422 individuals who obtained or maintained employment or launched new businesses.

### ➤ **Education**

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. During FY 2007, CILs spent 7,391 hours working to improve community education systems and 21,560 hours working with 2,471 individuals to obtain needed education. This resulted in 84 reported community outcomes and 2,103 reported individual service 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 12,610 hours during FY 2007 assisting 1,462 youth with disabilities to prepare for the transition to adult life and employment.

➤ **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 2007, CIL staff spent 12,210 hours working to improve housing conditions in their communities and 8,761 hours helping 4,365 people deal with housing issues. This resulted in 309 reported community service outcomes and 1,192 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 2007, CILs spent 6,885 hours working in their communities to improve public transportation, and 4,725 hours assisting 3,515 people with disabilities in resolving transportation issues. This resulted in 161 reported community service outcomes and 3,042 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 independence, 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 2007, CILs spent 5,526 hours working to improve community availability of AT and 3,976 hours assisting 1,950 individuals with information, training or support related to AT. This resulted in 118 reported community services outcomes and 983 reported individual services 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 with accessibility issues and to improve the accessibility of public and private facilities, programs, and services. During FY 2007, Michigan's CILs spent 4,540 hours working to improve community accessibility, and 4,298 hours in assisting 1,632 individuals in resolving accessibility issues. This resulted in 360 reported community service outcomes, and 584 reported individual service outcomes.

➤ **Health Care**

Access to quality health care is essential for people with disabilities to remain independent and productive. CILs work to ensure that people with disabilities 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 people with disabilities to help them manage their own health and avoid costly secondary disabilities. In FY 2007, CILs spent 3,845 hours working to improve access to health care within the community and 3,778 hours assisting 1,800 individuals in resolving health care issues. This resulted in 94 reported community services outcomes and 591 reported individual services outcomes.

➤ **Relocation**

It makes no sense to keep individuals who need 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. CILs have long been active in working to assist with relocation issues and improve relocation supports, including relocation from nursing homes, other medical facilities, and correctional facilities. During FY 2007, CILs spent 1,903 hours working in their communities to improve relocation supports, and 1,388 hours assisting 415 people with disabilities with relocation issues. This resulted in 35 reported community service outcomes and 316 reported individual service outcomes, including successful relocation of 124 individuals.

➤ **Recreation**

Healthy recreation is an important, but often ignored, aspect of a good quality of life. CILs work in a number of ways to promote and support sports and recreation opportunities for people with disabilities. During FY 2007, CILs spent 1,428 hours working in their communities to improve recreation supports, and 1,442 hours assisting 1,947 people with disabilities on recreation issues. This resulted in 3 reported community service outcomes and 301 reported individual service outcomes.

➤ **Other**

There are other specific barriers to Independent Living in each community that do not fit neatly within the identified priority areas. CILs work to identify the most important barriers in their individual communities, and to provide community and individual services that address those barriers. During FY 2007, Michigan CILs spent 10,143 hours working in their communities to address such barriers, and spent 2,681 hours working with 1,949 people to resolve their issues about other service needs. This resulted in 91 reported community service outcomes, and 169 reported individual service outcomes.

Public Act 118 of 2007 requires the SILC and Disability Network/Michigan to provide information on *how CIL outcomes can be monitored* over time. In collaboration with SILC and MRS, the CILs and Disability Network/Michigan 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 Disability

Network/Michigan 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. During FY 2007, the Michigan CIL Network installed a new, statewide CIL database system that is expected to improve the consistency and comprehensiveness of future reports.

**Comparison** of FY 2007 services data with that of the preceding year shows that total reported service hours have increased by 56,580 hours or 33%, reported community outcomes have decreased by 1,865 or 37% and individual services outcomes have decreased by 1,617 or 10%. Considering that the total number of CIL staff changed little between FY 2006 and FY 2007, the increase in service hours reflects the ongoing efforts of CILs to make more efficient and effective use of available resources. This includes the assignment of more staff to services, increased use of volunteers, and continuing refinement of the CIL data system. However, the decrease in service outcomes reflects the general economic climate and the restricted availability of resources for change in community systems and supports.

*[Further information about the services provided and return on the investment is provided in Section II of the report, pages 27 through 40.]*

## Summary of Taxpayer Savings

Cost savings to the state from CIL services are computed annually on the basis of the services outcome data. For FY 2007, the cost savings to the State of Michigan are computed to be as follows:

➤ Savings from nursing home relocations	\$ 2,733,496
➤ Savings from FY work to prevent institutionalization	\$ 3,662,521
➤ Savings from sustained independence during FY 2007 of persons transitioned in previous years	\$ 4,067,435
➤ Savings from prisoner re-entry	\$ 3,830,653
➤ Savings from CIL services in support of employment	\$ 6,198,526
➤ Savings from CIL youth transition services	\$ 3,724,724
<b>TOTAL CALCULATED FY 2007 COST SAVINGS</b>	<b>\$24,217,355</b>

In comparison to FY 2006, these computations show FY 2007 increases in savings from nursing home relocations, work to prevent institutionalization, sustained independence of persons relocated in previous years, services in support of employment, and savings from CIL youth transition services, as well as the new category of prisoner re-entry. In total, the FY 2007 cost savings represent an increase of \$9,532,187 or 64.9% from FY 2006. These computations indicate that four dollars invested in CILs from any source result in more than seven dollars of savings to state taxpayers.

The impacts of CILs are not, however, limited to just people with disabilities. America's population is aging, and disability increases with age. The number of Americans aged 65 and older is projected to increase 135% between 1995 and 2050, according to the Census Bureau. People with disabilities are an increasingly significant segment of society, with both economic and cultural impacts. The supports Michigan's CILs provide to improve the economic condition and quality of life for individuals with disabilities have, therefore, multiple ripple effects that promote and support continued growth and recovery of the entire state.

*[Further information about the computation of cost savings for the state is provided in Section III of the report, pages 41 through 50.]*



MICHIGAN CENTERS FOR  
INDEPENDENT LIVING

## A Report to the Legislature

*October 1, 2006 – September 30, 2007*

Submitted by:  
Michigan Statewide  
Independent Living Council  
&  
Disability Network/ Michigan

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## **I. INTRODUCTION**

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

Michigan invests in Independent Living (IL) to assist individuals with all types of 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. Aging of the Baby Boomers is expected to increase the number of persons with disabilities. Unnecessary dependency of people 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. Twenty years later, in 1998, the entire Rehabilitation Act was included as Title IV of the Workforce Investment Act. 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 Rehabilitation 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), both located within the Department of Labor & Economic Growth – to plan and oversee implementation of the state's IL program. In addition, Disability Network/Michigan, 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 all types of disabilities and their partners can come together in taking action.

The 15 CILs form a network of grassroots, customer-controlled, advocacy and IL support organizations that build disability leadership to bring about needed change in their communities. They seek removal of systemic barriers that reflect negative attitudes and assumptions about disability and limit individuals with all types of disabilities 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 all types of 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 Disability Network/Michigan, 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 builds their capacity to provide answers, not only on disability law and available resources, but also on the complicated systems people with disabilities must navigate, such as Social Security law and Medicaid. Not only do people with disabilities obtain needed information and referral services, but employers, schools, developers and government workers 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's struggle to overcome barriers.
3. **Individual and Systems Advocacy.** CIL staff and volunteer mentors assist people with disabilities 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 people with disabilities 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. **Relocation from Institutions and Ongoing Community Supports.** Congress is currently contemplating an amendment to the federal Rehabilitation Act that would add a fifth Core Service—assistance in relocating individuals with disabilities to community life from institutions such as nursing homes, other health or residential facilities, and correctional facilities. Michigan CILs have long engaged in intense activity to assist individuals in transitioning from institutions and securing the supports and services they need for successful community living.

## 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 (SPIL).

Most Michigan CILs (10) 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 from FY 2002 to FY 2006. However, the funding they received for FY 2007 and FY 2008 reflected slight decreases.

In accord with the Rehabilitation Act, the Michigan SPIL provides for *annual coordination of the federal and state funding*. Each year, the SILC, MRS, and MCB, in collaboration with Disability Network/Michigan, review available resources to determine how the needs of the 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 30%* of all CIL funding.

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 Michigan Rehabilitation Services and the Michigan Commission for the Blind under Title I of the Rehabilitation Act. These funds, which account for *about 30%* of all CIL funding, can only be used for MRS and MCB customers, and must support vocational objectives.

The SILC and Disability Network/Michigan also receive core and Title I funding to provide technical assistance to individual CILs, engage in systematic program evaluation, and support a variety of collaborative work at the state and national levels that promotes total continuous quality improvement. This includes operation of the CIL data information system and implementation of on-site CIL reviews. It also includes efforts such as Disability Network/Michigan and SILC collaborations 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 assist in redesign of the state’s long-term care system.

*Other funding sources* for CILs include local fee-for-service arrangements, support from foundations and donations, local fundraisers, and other fund development activities. Taken together, all other sources make up for the *final 40%* of CIL funding.

The distribution of all “vocational rehabilitation independent living funding”, including core and Title I, Vocational Rehabilitation 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. Accountability measures include quarterly and annual reporting by CILs, supplemented by total continuous quality improvement on-site reviews.

## **The Michigan CILs and CIL Network in FY 2008**

The Michigan CILs in collaboration with their partners have developed a *long-term planning template*. “*Michigan’s Prototype CIL*” outlines the basic functions a CIL is expected to carry out, the staff capacities needed to carry out those functions, and – based on population and geographic area – the staff and financial resources needed to do so.

As outlined in the Prototype, a fully-developed CIL would have presence in each community within its service area. In each of these communities, it would have the capacity to:

- Engage in effective community development and systems change activities.
- Enhance opportunities for self-determination by individuals with disabilities.
- Establish stable, accountable, and effective operational infrastructure.
- Secure, regularly update, and apply current technology.
- Be recognized, raise funds, and mobilize resources.

As FY 2008 begins, Michigan’s CIL report the following *progress in achieving the long-term planning vision* of the Prototype:

- In terms of *community affiliation*, service areas of the 15 Michigan CILs currently include 67 of the state’s counties and about 96% of the state’s population. This leaves 16 counties with about 4% of the state’s population currently unaffiliated with a CIL.
- In terms of actual *community presence*, only about 19% of the state’s population is in communities in which CILs report they have substantial presence and service capacity. About 48% of the state’s population is in communities the CILs report to be underserved. This leaves a total of about 33% of the state’s population essentially unserved by the current CIL Network, including both those living within CIL service areas in communities in which the CIL has minimal presence or service capacity (29%), and those living in areas not affiliated with any CIL (4%).
- In terms of *staff capacity*, the 15 CILs report a FY 2008 total of 168 full-time staff, 66 part-time staff, and 27 contractual staff. If the part-time and contractual staff are each counted as 0.5 Full Time Equivalent (FTE) positions, the FY 2008 FTE total can be estimated at 214.5 FTEs. This is 36% of the 588 FTE long-term staff capacity outlined in the Prototype.

- In terms of federal and state *core funding* to support basic CIL infrastructure and operations, the FY 2008 combined core funding total of \$4.1 million is 16.9% of the \$24.3 million that would be needed to establish full CIL presence in each Michigan community, as projected in the Prototype.

The Prototype outlines a long-term vision of what it would take in Michigan to fully carry out the IL mission proclaimed in Title VII of the Rehabilitation Act. However, given current economic climate and fiscal constraints, little progress has been made during the last five years (FY 2003 – FY 2007) in achieving the vision. The prevailing sense of CIL service and fiscal reports for FY 2007 is that individual CILs and the statewide CIL Network are -- with hard work and commitment -- managing to do more with less. They are, at this time, sustaining their operations within a difficult environment, but are making little progress in moving toward the long-term vision they seek to attain. The CIL board and management also report concerns about being able to retain dedicated and skilled staff over the long-term, given the unyielding pressures of the work to be done and the few resources available to reinforce and reward individual performance.

### **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 priority categories of outcomes to be achieved, and a database system for monitoring and reporting on services and outcomes. The outcomes monitored for FY 2007 included: accessibility, assistive technology, education, employment, health care, housing, community supports, recreation, relocation, and transportation. The data system reports information on the numbers of people with disabilities served, the hours of service provided, and the outcomes achieved in each of these priority areas.

It has long been known that the reported outcomes of CIL services not only result in improved quality-of-life for individuals, families, and communities, but also reduce public expenditures in some areas and increase public revenue in other areas. Michigan’s CILs annually calculate the cost return for key service areas that are believed to produce the most significant savings: CIL involvement in long-term care, participation in prisoner release, CIL services in support of employment, and CIL youth transition services. These computations show that four dollars invested in CIL services returns more than seven dollars in savings to state taxpayers.

Information from the data system on the services provided and results achieved during FY 2007 is summarized the next section, followed by the computations of FY 2007 savings.

## II. CIL SERVICES AND OUTCOMES

As reported by the database system, the total number of persons assisted by centers in FY 2007 was 36,920 compared to 34,333 in FY 2006. These totals include people with disabilities served through information and referral, direct services to individuals and specialized group services. The data indicates an increase of 2,587 or 7.5% in the number of people served between 2006 and 2007.

This increase occurred while Michigan's CILs operated on an essentially flat budget. Given limited resources, CILs have worked to identify how best to respond to individual and community needs, often by providing more group services.

The priority categories of CIL services, numbers of persons served, and reported outcomes for FY 2007 are described below. The categories and total hours of community and individual services reported for FY 2007 include: ongoing community supports (70,245 hours), employment (49,451 hours), education (28,951 hours), housing (20,971 hours), transportation (11,610 hours), assistive technology (9,502 hours), accessibility (8,838 hours), health care (7,623 hours), relocation (3,291 hours), and recreation (2,870 hours). In addition, 12,824 combined hours of service were reported for other services that did not fit into the priority categories. The areas of greatest service activity during FY 2007 were ongoing community supports, employment, and education. In combination, these three categories accounted for more than 65% of the reported hours of service.

Details for each of the categories are provided on the following pages.

### SUMMARY OF FY 2006 CIL SERVICE DATA

Priority Service Area	Community Development Hours	Individual Service Hours	TOTAL SERVICE HOURS	INDIVIDUALS SERVED	Community Outcomes	Individual Outcomes	TOTAL OUTCOMES
Ongoing Community Supports	21,869	16,373	38,242	2,359	192	2,256	2,448
Employment	12,901	23,898	36,799	5,645	2,499	4,546	7,045
Education	12,139	14,086	26,225	2,739	400	1,831	2,231
Other	8,897	1,783	10,680	1,037	58	86	144
Housing	8,567	6,638	15,205	4,881	494	1,086	1,580
Accessibility	6,873	3,825	10,698	2,024	776	1,272	2,048
Transportation	9,477	3,393	12,870	3,055	379	3,036	3,415
Assistive Technology	6,457	5,097	11,554	1,360	228	1,719	1,947
Health Care	4,018	3,305	7,323	1,638	75	655	730
<b>TOTALS</b>	<b>91,198</b>	<b>78,398</b>	<b>169,596</b>	<b>24,738</b>	<b>5,101</b>	<b>16,487</b>	<b>21,588</b>
Unduplicated Number of Individuals				21,603			
Other Individuals (Served in Groups)				12,730			
Total Individuals Participating in Services				34,333			

### SUMMARY OF FY 2007 CIL SERVICE DATA

Priority Service Area	Community Development Hours	Individual Service Hours	TOTAL SERVICE HOURS	INDIVIDUALS SERVED	Community Outcomes	Individual Outcomes	TOTAL OUTCOMES
Ongoing Community Supports	22,595	47,650	70,245	4,772	216	1,792	2,008
Employment	16,628	32,823	49,451	7,239	1,765	3,797	5,562
Education	7,391	21,560	28,951	2,471	84	2,103	2,187
Housing	12,210	8,761	20,971	4,365	309	1,192	1,501
Other	10,143	2,681	12,824	1,949	91	169	260
Transportation	6,885	4,725	11,610	3,515	161	3,042	3,203
Assistive Technology	5,526	3,976	9,502	1,950	118	983	1,101
Accessibility	4,540	4,298	8,838	1,632	360	584	944
Health Care	3,845	3,778	7,623	1,800	94	591	685
Relocation	1,903	1,388	3,291	415	35	316	351
Recreation	1,428	1,442	2,870	1,947	3	301	304
<b>TOTALS</b>	<b>93,094</b>	<b>133,082</b>	<b>226,176</b>	<b>32,055</b>	<b>3,236</b>	<b>14,870</b>	<b>18,106</b>
Unduplicated Number of Individuals				23,565			
Other Individuals (Served in Groups)				13,355			
Total Individuals Participating in Services				36,920			

### COMPARISON OF FY 2006 AND FY 2007 CIL SERVICE DATA

	Community Development Hours	Individual Service Hours	TOTAL SERVICE HOURS	INDIVIDUALS SERVED	Community Outcomes	Individual Outcomes	TOTAL OUTCOMES
1/4/07							
<b>CHANGE</b>	1,896 2.1%	54,684 69.8%	56,580 33.4%	2,587 7.5%	-1,865 -36.6%	-1,617 -9.8%	-3,482 -16.1%

## Ongoing Community Supports

(Note that the report this year separates relocation (transition) from ongoing community supports)

This priority category reflects the single greatest investment of CIL service activity, representing more than one-quarter (31%) of reported community and individual service hours during FY 2007. One of the most significant impacts CILs have on the community is helping people with disabilities safeguard their independence by staying in their own homes – not in institutional settings. Since FY 1999, reports to the legislature have documented the very beneficial impact this program has had on the state budget.

**Preventing** people with disabilities from entering institutions is much easier and can usually be done more efficiently than relocation. A significant advantage of prevention services is that people are assisted in retaining their own housing and the support systems they have already established. In FY 2007, centers reported that they assisted 91 people in avoiding unnecessary institutionalization by securing the necessary supports (personal assistance services, durable medical equipment, home modifications, etc.) to stay in their own home, compared to 59 people assisted in FY 2006. In addition, CILs assisted 100 people with disabilities who had transitioned in previous years to *sustain* their community living and independence.

It is notable that the total cost of nursing home care continues to climb, while the cost of community-based care has remained relatively stable. However, during FY 2007, the CILs had reduced access to resources for the provision of transition services. Even with a decrease in the number of persons served, the CILs were able to produce cost savings of \$10.4 million from long-term care relocation and ongoing community supports.

CILs continue to engage in vigorous advocacy to protect and expand state programs providing long-term community supports. Recommendations of the Medicaid Long-Term Care Task Force, accepted and supported by the Governor in an executive order during FY 2005 provided opportunities for significant improvements. The CILs are actively working on these recommendations.

For purposes of calculating cost savings, CILs are very conservative in reporting the number of persons for whom services actually prevent institutional care. A much greater number of persons are assisted in obtaining and using a wide range of supports for community living.

In total, CILs reported spending 22,595 hours working to improve community supports and 47,650 hours assisting 4,772 people with disabilities with community support issues during FY 2007. This resulted in a total of 216 reported community outcomes and 1,792 reported individual outcomes.

- 870 increased their awareness of community resources to maintain community living.
- 279 acquired or maintained other necessary supports.
- 253 individuals acquired financial supports.
- 161 acquired personal assistance services.

- 100 maintained in community settings
- 91 prevented from institutionalization.
- 38 resolved other issues related to community living.

### *Personal Assistance Services Reimbursement for Employment Program (PASREP)*

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, 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 & 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.

One PASREP participant said: *“For most of us who participate in this program, there is NO other way personal assistance for employment needs could/would be met. Without this program, not only would I lose employment, which allows me to be a contributing citizen, but for each of us who became unemployed, a personal assistant would lose employment as well. The end result would not be ‘savings’, but increased expenses to the government. Losing two taxpayers and adding two Michigan residents to those unemployed and in need of assistance does not make sense. Worse, we as Michigan citizens who have disabilities would be stripped of dignity, pride and the freedom we now enjoy.”*

### *Summary of FY 2007 PASREP Participants*

At the beginning of the fiscal year, the program had 35 participants. Throughout the course of the year, three participants dropped off of the program. Of those who left the program, one left because her income had increased and she was no longer financially eligible. Two dropped off because of decreased work hours related to health problems.

Three new participants were added to program throughout the year so there were 38 participants served during the year, and 35 participants on the program at the end of the fiscal year.

Participants in the program have the following disabilities:

Spinal Cord Injury	18
Muscular Dystrophy	5
Multiple Sclerosis	1
Stroke	1
Cerebral Palsy	2
Visual impairment	2
Spinal Muscular Atrophy	1
Lymphadema	1
Multifocal Neuropathy	1
Osteo Imperfecta	1
Multiple disabilities	2

(including: arthritis, glaucoma, knee injury, movement disorder)

The year began with 12 people on the waitlist. During the year, three people joined the program and four more were added to the waitlist. The total number of people on the list at the end of the year was 13.

#### *Annual Income*

Participants must work at least 25 hours per week to be eligible for the program. Participant income ranges are as follows:

20,000 or less	5
20-30,000	7
30-40,000	6
40-50,000	8
50-60,000	1
60-70,000	5
70,000 or more	3

#### *Percent of income used for out of pocket PA expenses*

Seven participants have all of their monthly PA costs reimbursed by PASREP (maximum \$1000/mo.)

The remaining 28 participants pay between 1% to 50% of their incomes for out of pocket PA expenses, in addition to the amount reimbursed by PASREP. Of those 28, the 8 highest income earners pay from 5% to 17% of their income for out of packet PA expenses.

#### *Reimbursement amounts*

25 participants are eligible for the maximum \$1,000 monthly reimbursement. The remaining 10 participants are eligible for \$497 to \$996 monthly reimbursement.

### *Who is on PASREP?*

PASREP participants represent a wide variety of incomes, professions, disability characteristics, personal assistance needs, and family status. Additionally, of the current 35 PASREP participants:

- 11 are married, 9 of whom are the primary wage earner for their family.
- 5 support children, 2 as single parents.
- 5 participants receive some funding from DHS for home help services. PASREP helps reimburse the out of pocket costs not covered through home help services.
- At least 3 of the above 5 are on Freedom to Work.

Most of the PASREP participants have been working for many years, some have never received social security or Medicaid benefits, and as a result are not eligible for the Freedom to Work program. Most of the participants are not able to cover the full cost of their personal assistance, even with PASREP support, and rely on family, friends and co-workers to provide assistance with eating and personal hygiene at home and at work.

For some people, Medicaid income restrictions prevent them from working because they would lose necessary personal assistance services. Those who are eligible for the Freedom to Work program may still have some out of pocket costs for PAS because they need more assistance than DHS provides, or because they need to pay a higher wage to ensure reliable PAS. Some participants on the program have never received Medicaid and need PASREP in order to keep their job.

### *What makes PASREP unique?*

PASREP is the only program that does not require a person to live below the poverty level, prior to employment, to become eligible for the program.

PASREP can help a person keep their job without having to become unemployed to be eligible for benefits.

PASREP provides flexibility to participants, with who they hire as personal assistants and how much they pay.

PASREP has the flexibility of a probationary period of up to three months for a participant who is temporarily unable to work, or loses their job and is job searching.

### *A few participant comments from the annual satisfaction survey*

How does PASREP affect your life?

- *“It allows me to work full time and take care of my personal and household responsibilities and needs.”*
- *“Tremendous! Without it I think I’d cave in!”*
- *“PASREP grants my husband and my family the right amount of respite to help avoid the pressures and burdens that accompany my permanent physical disability.”*
- *“Helps me with taking care of my family on my own.”*
- *“Our family life is more “traditional.”*
- *“I would be unable to pay for personal care services on my salary, while still supporting my family, without the PASREP program.”*
- *“Couldn’t get out of bed or participate in even daily living without it.”*
- *“Without PASREP, I would not be able to afford to work, physically or financially. PASREP undoubtedly gives me the assistance I need to work and contribute, working positively affects my physical and mental health.”*
- *“Gives me security of knowing I will be ready for work.”*
- *“Relieves many stresses. It allows me to work a full 40 hr week.”*
- *“I need PASREP to continue working, to promote my good health, to maintain close personal relationships, to continue to contribute to my family and community, and to be as independent as I can be.”*
- *“This program is awesome.”*

## **Employment**

CILs provide a wide range of employment supports and services, including programs orienting people to the state’s vocational rehabilitation system, peer mentoring, assistance in goal-setting and career planning, ADA advocacy, assistance with job accommodations, assistive technology training and supports, and at some CILs, job placement and assistance with plans for self-employment. In addition, the work CILs do to help people get access to transportation, personal assistance or other supports can be critical to the achievement of employment goals.

At both state and local levels, the CILs are active in assisting Michigan’s Work First Boards to ensure employment supports and services to individuals with disabilities. Specific emphasis has been placed on implementing Michigan’s Freedom to Work Act and resolving systemic barriers to employment through activities such as job modification, reengineering, ergonomic redesign, flexible work schedules, and supervisor and peer education regarding disability awareness and workplace requirements. CILs also work with employers to meet ADA compliance expectations and realize that the costs of accommodating people with disabilities are not as burdensome as most employers fear.

In FY 2007, CILs invested 16,628 hours in working to remove systemic barriers to employment and improve community supports, and 32,823 hours in assisting 7,239 individuals with

employment issues. This resulted in 1,765 reported community outcomes and 3,797 reported individual outcomes.

- 1,567 individuals increased knowledge of employment options.
- 691 individuals increased work search skills.
- 275 individuals obtained employment.
- 147 individuals maintained employment.
- 50 individuals obtained volunteer work experience.
- 10 individuals improved job status via the Medicaid Buy-In.
- 2 individual obtained a job via the Medicaid Buy-In.

## **Education**

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 2007, CILs spent a total of 7,391 hours working to improve community education systems and 21,560 hours working with 2,471 individuals to obtain needed education. This resulted in 84 reported community outcomes and 2,103 reported individual service outcomes.

- 950 students acquired or increased Independent Living skills.
- 410 students increased self-advocacy skills.
- 357 individuals enrolled in an educational/training program.
- 355 individuals completed an educational/training program.
- 31 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% in comparison to 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 12,610 hours during FY 2007 assisting 1,462 youth with disabilities to prepare for the transition to adult life and employment.

## **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, to afford a two bedroom apartment, the typical worker must earn at least \$15.37 an hour—nearly three times the federal minimum wage.

Housing options are increasingly difficult to pursue, especially with the continuing reduction in the availability of federally subsidized Section 8 housing benefits. Individuals make choices about where to live, in order to maximize their possibilities for employment, connection to family and friends, and access to other supports. These choices are sharply limited by the lack of accessible housing options. 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 2007, CIL staff spent 12,210 hours working to improve housing conditions in their community and 8,761 hours helping 4,365 people deal with housing issues. This resulted in 309 reported community outcomes and 1,192 reported individual outcomes.

- 752 individuals increased their knowledge of housing options.
- 313 individuals were able to get affordable, accessible housing with CIL help.
- 85 individuals acquired financial resources for housing.
- 30 individuals resolved other housing issues.
- 12 individuals secured compliance with fair housing laws.

## **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
- customer 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, and even to expand, millages for well-run transit systems. 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 2007, CILs spent 6,885 hours working in their communities to improve public transportation and 4,725 hours resolving transportation issues with 3,515 people with disabilities. This resulted in 161 reported community outcomes and 3,042 reported individual outcomes.

- 2,512 individuals were able to get access to transportation with the help of CILs in FY 2007.
- 305 individuals acquired knowledge of transportation options.
- 85 individuals received CIL support and assistance with other transportation issues.
- 73 individuals acquired financial resources for transportation.
- 67 individuals acquired skills to utilize transportation.

## **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 provide direct assistance to individuals with disabilities 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.

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. Anybody who has short or long-term goals, which they cannot meet due to a physical or cognitive disability, is a candidate for AT. Acquiring AT is one step in the process of being able to live more independently, go to school, or return to work.

Some of the ways CILs provide AT services are:

- Provision of Direct AT Services. People with disabilities 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 people with disabilities 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. People with disabilities 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 Michigan Rehabilitation Services and United Cerebral Palsy of Michigan.
- AT Education. CILs provide a range of training options to people with disabilities, health care professionals, and funding agencies.
- AT Advocacy. CILs participate in national AT organizations such as Rehabilitation Engineering & Assistive Technology Society of North America (RESNA) to improve access to AT through education, advocacy, and policy.

In FY 2007, CILs spent 5,526 hours working in their communities to improve the availability of assistive technology and 3,976 hours assisting 1,950 people with disabilities on assistive technology issues. This resulted in 118 reported community outcomes and 983 reported individual outcomes.

- 408 individuals were educated on AT options.
- 377 individuals acquired new AT.
- 63 individuals acquired AT funding.
- 63 individuals acquired increased functional and safe use of AT.
- 62 individuals resolved other AT issues.
- 10 individuals had AT repaired.

## 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 with accessibility issues and to improve the accessibility of public and private facilities, programs, and services, 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!!!”

During FY, 2007 CILs continued efforts to promote accessible voting places and full implementation of the Help Americans Vote Act (HAVA).

In FY 2007, CIL staff spent 4,540 hours advocating for improved access at public and private facilities and 4,298 hours helping 1,632 individuals access goods, programs, and services. This resulted in 360 reported community outcomes and 584 reported individual outcomes.

- 251 individuals received enhanced accessibility of their home or apartment.
- 298 individuals received enhanced access to goods and services.
- 35 individuals resolved other accessibility issues.

## **Health Care**

For persons with disabilities to remain independent and productive, access to quality health care is essential. A major CIL goal is to decrease the need for hospitalization 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 people with disabilities 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 individuals to assist them in managing their own health and avoiding costly secondary disabilities.

In FY 2007, CILs spent 3,845 hours working to improve community health supports and 3,778 hours working with 1,800 people with disabilities on health care issues. This resulted in 94 reported community outcomes and 591 reported individual outcomes.

- 256 individuals increased their knowledge of healthy lifestyles and prevention of secondary disabilities.
- 191 individuals were helped by CILs to access appropriate health care services.
- 81 individuals resolved other health issues.
- 63 individuals acquired insurance coverage.

## **Relocation**

The current interest in Congress of making relocation from institutions a fifth core service for CILs reflects growing recognition at the federal level that it makes no sense to keep individuals who need 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 2007, CILs assisted 124 individuals with disabilities in moving out of institutional settings, compared to 12 individuals in FY 2006. Relocations include transitioning individuals from nursing home settings, restorative health/residential care settings, and from correctional facilities back into the community.

The small number of persons relocating from institutions reflects the unavailability of resources for this purpose. Michigan ranks 47<sup>th</sup> in the country in the amount of state money that is devoted to community-based services for long-term care. Availability of the MI Choice waiver, which is Michigan's most flexible program for meeting long-term care needs in the community, remains extremely limited. Accessible, affordable and safe housing is very difficult to find. And, there is very limited funding currently available to support services to develop and carry out plans for relocating individuals from institutional settings.

In FY 2007, CILs spent 1,903 hours working to improve relocation supports and 1,388 hours working with 415 people with disabilities on relocation issues. This resulted in 35 reported community outcomes and 316 reported individual outcomes.

- 99 individuals were moved from a nursing home to a living arrangement in the community.
- 18 individuals were moved from a correctional facility to a living arrangement in the community.
- 7 individuals were moved from other restorative health or residential care facility to a living arrangement in the community.
- 1 individual was helped with other relocation issues.

## **Recreation**

Healthy recreation is an important, but often ignored aspect of a good quality of life. Potential benefits include prevention of obesity, reduction of risk for heart attacks, decreased levels of depression, and a reduced likelihood of being hospitalized for another illness. This is especially important for people with disabilities.

Recreation can also be a first step toward family and community re-integration. Sports and recreation provide the opportunity to get out, socialize, problem-solve, gain a skill, and have fun; thus creating a better quality of life.

In FY 2007, CILs spent 1,428 hours working to improve recreation supports and 1,442 hours working with 1,947 people with disabilities on recreation issues. This resulted in 3 reported community outcomes and 301 reported individual outcomes.

- 209 individuals acquired access to recreation opportunities in their community.
- 90 individuals acquired knowledge on recreation opportunities in their community.
- 2 individuals were helped with other recreation issues.

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### **III. SUMMARY OF TAXPAYER SAVINGS**

#### **Calculating the Return on Investment in Individuals, Families, and Communities**

CILs are dedicated to providing individuals with disabilities the tools and related supports they need for personal and economic self-sufficiency and community inclusion. In working with people with disabilities, CIL staff see first-hand the results of increased abilities to direct one's own life, to manage one's own affairs, to obtain and maintain employment, and to be active in the community. Based on direct, personal feedback received by the CILs, the return on investment of the public IL program in individuals, families, and communities is clearly demonstrated in the improved quality-of-life experienced by CIL consumers.

It has long been known that the outcomes produced by the IL program are also accompanied by cost savings to the state taxpayers. The same changes in community, family, and individual capacities that lead to improved quality-of-life are known to reduce public expenditures in some areas and increase public revenue in other areas. Much attention has been given in recent years at both the national and state levels to finding improved ways of calculating these taxpayer savings resulting from CIL services. Michigan's CILs annually calculate the cost return for key service areas that are believed to produce the most significant savings. These now include four areas of CIL services: CIL involvement in long-term care, CIL participation in prisoner re-entry, CIL services in support of employment, and CIL youth transition services. Cost savings can be determined in many different ways, often involving exceedingly detailed and complex calculations. This report takes a conservative approach, seeking to describe and quantify the cost savings in a very pragmatic and common sense manner, based on the cumulative experience of the CILs. The resulting description and calculation of cost savings in the four identified areas are presented below.

#### **Savings from CIL Involvement in Long-Term Care**

Michigan CILs report on three outcomes related to long-term care for which it is possible to calculate approximate taxpayer savings: the relocation 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 relocation 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 two of the 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. According to Michigan Department of Community Health (DCH), 63% of

the people moving out of nursing homes used the Home and Community Based Services (HCBS) waiver. The remaining 37% was split in half between those using Home Help services from the Department of Human Services (DHS) and those who - remarkably - required no publicly funded personal assistance at all. In the absence of other more definitive data on individual needs, the last two figures continue to be based on the information obtained in the work done by CILs under contract with the Michigan Department of Community Health.

Taxpayer savings are calculated separately for the three outcomes. The cost of nursing home institutionalization is conservatively calculated based only upon Medicaid expenditures, which were \$132.16 per day or \$48,238.40 per year in FY 2006. That includes the additional cost of medical care paid by Medicaid for individuals receiving nursing home care. (Source: Michigan Department of Community Health). This figure does not include the patient pay amount, which would make the total cost more than \$160 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 average Medicaid cost of the HCBS waiver for FY 2006 was \$56.86 per day or \$20,754.90 per year -- about 43% of the cost of nursing home care. That includes the additional cost of medical care paid by Medicaid for individuals receiving the HCBS waiver. (Source: Michigan Department of Community Health).

And, the cost statewide for personal attendants under the Home Help program in 2006 was \$174,746,220 for 55,382 people (Source: Michigan Department of Community Health), or \$3,155 per year for the typical person requiring assistance.

Based on the above figures, the cost savings of relocation from a nursing home to the community under the HCBS "MI Choice" waiver is \$27,484.50 per year (\$48,238.40 - \$20,753.90). The cost savings of relocation from a nursing home to the community under the Home Help program is \$45,083.40 per year (\$48,238.40 - \$3,155). And, the cost savings of relocation from a nursing home to the community without other services is the full \$48,238.40 per year cost of nursing home services. Calculation of taxpayer savings assumes that the range of individual needs is the same for all three categories of individuals.

Note that there are many differing views on the cost savings that can be achieved through relocation. The experience of Michigan CILs has been that individuals can successfully be relocated from nursing homes to community settings, with significant increase in life quality and satisfaction, and with reduction of cost to Michigan taxpayers. Many of these individuals have been found not to require the intensive level of daily medical care which nursing homes are expected to provide. Even though relocations from nursing homes to community settings may not directly reduce the current census of the nursing homes (due, in large part, to the growing aging population), they certainly reduce the level of increase that nursing homes might otherwise experience. The calculations presented below reflect the cumulative experience of Michigan CILs in improving individuals' life quality and satisfaction, and reducing costs to Michigan taxpayers, through relocation from nursing homes to community settings.

The following calculations are based on CIL reports that they assisted 99 individuals in relocating from nursing homes during FY 2007, 91 in avoiding unnecessary institutionalization, and 100 who had relocated in previous years in sustaining their community living and independence.

**FY 2007 Cost Savings from IL/CIL Community/Long-Term-Care Supports**

➤ <i>Savings from FY 2007 nursing home relocations (99 individuals):</i>	
• 63% of 99 individuals using the HCBS waiver (63 x \$27,484.50)	\$ 1,731,523
• 18.5% of 99 individuals using FIA Home Help (18 x \$45,083.40)	\$ 811,501
• 18.5% of 99 individuals requiring no publicly-funded personal assistance services (18 x \$48,238)	\$ 190,472
➤ <i>Savings from FY 2007 services to prevent institutionalization (91 individuals):</i>	
• 63% of 91 individuals using the HCBS waiver (57 x \$36,792)	\$ 2,097,144
• 18.5% of 91 individuals using FIA Home Help (17 x \$44,463)	\$ 755,871
• 18.5% of 91 individuals relying on family or friends for personal assistance services (17 x \$47,618)	\$ 809,506
➤ <i>Savings from FY 2006 sustained independence of individuals assisted in previous years (100 people):</i>	
• 63% of 100 people using the HCBS waiver (63 x \$36,792)	\$ 2,317,896
• 18.5% of 100 individuals using FIA Home Help (19 x \$44,463)	\$ 844,797
• 18.5% of 100 individuals relying on family or friends for personal assistance services (19 x \$47,618)	\$ 904,742
<b>TOTAL CALCULATED FY 2006 COST SAVINGS</b>	<b>\$ 10,463,452</b>

## **Savings from CIL Participation in Prisoner Re-Entry**

A number of Michigan's CILs have been involved as partners with the Michigan Prisoner ReEntry Initiative (MPRI) in working with individuals with disabilities. The MPRI is a statewide strategic approach to create safer neighborhoods and better citizens through the delivery of a seamless plan of services and supervision developed with each offender – delivered through state and local collaboration – from the time of entry to prison through transition, reintegration, and aftercare in the community. It seeks to assure that every prisoner released from prison will have the tools needed to succeed in the community. MPRI principles mirror those of IL and include: (1) inclusion, (2) integrity, (3) excellence, (4) teamwork, and (5) focus on strength.

The MPRI approach include three phases: (1) the institutional phase, "Getting Ready", (2) the transition to the community or re-entry phase, "Going Home", and (3) the community and discharge phase, "Staying Home". Some CILs have become involved in the "Going Home" and "Staying Home" phases for individuals with disabilities. In these phases, the individual's re-entry plans are organized to address housing, employment and education, health care and substance abuse, and community and family support. Individual CILs join in delivering MPRI services through state and local collaborations for each individual's transition, re-integration, and community support. The CILs also provide similar services to some re-entering prisoners who are not part of the MPRI.

Taxpayer savings for prisoner re-entry are calculated based upon the reduced cost of institutional care and -- over time -- increased revenue to the state from increased income and sales tax revenues from former prisoners who successfully re-enter the workforce. The current cost of maintaining an individual in a correctional institution is reported by the Department of Corrections to be approximately \$30,000 a year.

Although the MPRI is committed to evidence-based practices and collects extensive data, the initiative has operated for only a couple years, making it difficult to generalize from the available data. This initial computation of cost savings from CIL involvement in MPRI services reflects CIL Network projections which have been based upon a general review of current MPRI reports, informed by CIL experience in working with released prisoners. The most reasonable projections currently identified by the CIL Network are that at least 90% of the released prisoners served by a CIL will remain in the community for the first year, that at least 60% will remain in the community for at least another ten years, and that at least 70% of those who remain in the community will be working. Their employment is also projected to result in increased revenue from the State income tax, calculated at 3.9% of an average annual income of \$18,235 (which was the average income of MRS customers (2005 figures per Project Excellence at Michigan State University), adjusted for the \$2,000 standard deduction).

The calculations reflect CIL reports of 18 prisoners released to the community during FY 2007. The initial projections upon which these calculations are based will be updated in future years based upon MPRI statistics and upon extended CIL experience with the community re-entry of prisoners with disabilities who have need for IL services.

### FY 2007 Cost Savings from Prisoner Re-Entry

➤ Reduced corrections costs for 16 individuals with disabilities (90% of 18) who were successfully released to the community during FY 2007. (16 individuals x \$30,000 annual corrections cost)	\$ 480,000
➤ Reduced corrections costs for 11 individuals (60% of 18) who are expected to remain in the community for another 10 years. (11 individuals x \$30,000 annual corrections cost, unadjusted for inflation x 10 years)	\$ 3,300,000
➤ Additional state income tax revenues over the same period, unadjusted for inflation, for 8 individuals (70% of 11) who are expected to sustain employment for the period, earning an average of \$18,235 annually. (8 individuals x (\$18,235-\$2,000) x 3.9% tax rate x 10 years of working)	\$ 50,653
<b>TOTAL CALCULATED FY 2007 COST SAVINGS</b>	<b>\$ 3,830,653</b>

### Savings from CIL Services in Support of Employment

Making investments to assist persons with disabilities to obtain and maintain employment makes good economic sense for individual employers, for Michigan, and for America. It makes good economic sense from the standpoint of effective workforce development. *“The community of people with disabilities is a huge, untapped resource of millions of talented qualified people who are not being drawn into the workplace.”* (Washington Post, July 9, 2004)

It also makes good economic sense from the standpoint of increasing Michigan’s financial picture. During FY 2007, Centers for Independent Living were successful in assisting 424 consumers in obtaining or maintaining employment, or launching small businesses. The transition of people with disabilities from dependence on public assistance to employment results in cost savings for taxpayers in many ways, including reductions in public expenditures for programs such as Supplemental Security Income (SSI), cash assistance, Food Stamps, and Medicaid. There are also returns to the state budget in the form of increased income and sales tax revenues.

The primary cost savings have been calculated from SSI and increased revenue from the state income tax. To provide a more comprehensive picture of the multiple taxpayer savings that result from employment of people with disabilities, calculations for fiscal years have also been made of cost savings in cash assistance, Food Stamp, and Medicaid payments. These computations have been based, in part, on research done by Douglas L. Kruse, a labor economist from Rutgers University, as referenced in *“America’s Largest Untapped Market”* published by the Louisiana Business Leadership Network.

A very conservative approach has been taken in calculating the cost savings. Although Michigan CILs assisted some 7,239 individuals with employment issues during FY 2007, calculations of cost savings have been done only for 424 individuals. This includes 275 individuals reported to have obtained employment, 147 individuals who maintained employment, and 2 who obtained a job through the Medicaid buy-in. The calculations reflect taxpayer savings resulting from these 424 individuals working rather than depending upon public benefit programs.

Based upon figures from “*America’s Largest Untapped Market*”, it is conservatively projected that the employment of all 424 individuals results in cost savings from average monthly SSI payments of \$637 per month or \$7,644 per year. Their employment is also projected to result in increased revenue from the State income tax, calculated at 3.9% of an average annual income of \$18,235 (which was the average income of MRS customers (2005 figures per Project Excellence at Michigan State University), adjusted for the \$2,000 standard deduction). It is further projected that cost savings for at least one-half of the individuals (212) would include, cash assistance of \$200 per month, Food Stamp payments of \$140 per month, and Medicaid payments of \$717 per month.

Much research is occurring nationally and in Michigan on cost savings resulting from employment of people with disabilities. It is expected that calculations in subsequent Legislative Reports will be able to more comprehensively reflect taxpayer savings and other economic impacts resulting from employment supports provided by Michigan’s CILs. Meanwhile, the following computations are believed to present a very conservative picture of taxpayer savings resulting from CIL employment-related services during FY 2007.

**FY 2007 Cost Savings from IL/CIL Services in Support of Employment**

➤ Reduced dependence upon public assistance for 424 persons with disabilities assisted in securing, maintaining, or returning to employment. (424 individuals x \$7,644 in annual SSI benefits)	\$ 3,241,056
➤ Increased state income tax revenues from employment of 424 persons with disabilities earning an average of \$18,235 annually. (424 individuals x (\$18,235 -\$2,000) x 3.9% tax rate)	\$ 268,462
➤ Reduced cost of cash assistance for at least one-half (212) of the individuals. (212 individuals x \$2,400 in annual cash benefits)	\$ 508,800
➤ Reduced cost of Food Stamp expenditures for at least one-half (212) of the individuals. (212 individuals x \$1,680 in annual Food Stamp benefits)	\$ 356,160
➤ Reduced Medicaid expenditures for at least one-half (212) of the individuals. (212 individuals x \$8,604 in annual Medicaid benefits)	\$ 1,824,048
<b>TOTAL CALCULATED FY 2006 COST SAVINGS</b>	<b>\$ 6,198,526</b>

## Savings from CIL Involvement in 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 CILs 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. During FY 2007, Michigan CILs assisted 1,462 youth with disabilities to prepare for the transition to adult life and employment. 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 of 10 youth illuminates the staggering long-range significance of these supports.

### FY 2007 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 \$7,644 annual SSI benefits x 45 years of work)	\$ 3,439,800
➤ Additional state income tax revenues over the same period (unadjusted for inflation) (10 individuals x (\$18,235-\$2,000) x 3.9% tax rate x 45 years working life)	\$ 284,924
<b>TOTAL CALCULATED FY 2006 COST SAVINGS</b>	<b>\$ 3,724,724</b>

## TOTAL CALCULATED COST SAVINGS

Combining the calculations of cost savings from all three service areas gives the following totals for CIL Network FY 2006 cost savings.

<b>Calculated FY 2007 CIL Network Cost Savings</b>	
➤ Savings from nursing home transitions	\$ 2,733,496
➤ Savings from work to prevent institutionalization	\$ 3,662,521
➤ Savings from sustained independence during FY 2007 of persons transitioned in previous years	\$ 4,067,435
➤ Savings from prisoner re-entry	\$ 3,830,653
➤ Savings from CIL services in support of employment	\$ 6,198,526
➤ Savings from CIL youth transition services	\$ 3,724,724
<b>TOTAL CALCULATED FY 2006 COST SAVINGS</b>	<b>\$24,217,355</b>

In comparison to FY 2006, the FY 2007 computations show the following changes in cost savings:

- Nursing home transitions increased by \$1,923,668 or 237.5%.
- Work to prevent institutionalization increased by \$846,620 or 30.1%.
- Sustained independence increased by \$2,613,444 or 179.7%.
- Prisoner re-entry, not calculated in FY 2007, increased by 3,830,653.
- Services in support of employment increased by \$139,528 or 2.3%.
- CIL youth transition services increased by \$178,274 or 5.0%.

In total, the FY 2007 cost savings represent an increase of \$9,532,187 or 64.9% from FY 2006. These computations indicate that four dollars invested in CILs from any source results in more than seven dollars in comparable savings to state taxpayers.

## **Economic Impact**

By improving the economic conditions and community integration of people with disabilities, CILs also have significant impact on the broader society.

There are 54 million people with disabilities in the U.S. with roughly 2 million residing in Michigan (about 3% of the national total). They are CEOs, secretaries, scientists, artists, parents, and children. They do not just buy wheelchairs and TTY devices. They also buy cars, houses, stocks, and toothpaste. It is estimated that the national aggregate income of people with disabilities is now at \$796 billion—roughly \$23.8 billion in Michigan.

The following trends will continue to have a great economic impact on Michigan:

- People with disabilities will work in greater numbers. According to the Census Bureau, employment rates for young adults with severe disabilities are triple that of previous generations.
- Education rates for people with disabilities are increasing. College enrollment has leapt from 29% to 44%.
- Technological advances are eliminating many of the physical and informational barriers which have long existed for people with disabilities.
- Public awareness of disability issues is growing and changing.
- America's population is aging, and disability increases with age. The number of Americans aged 65 and older is projected to increase 135% between 1995 and 2050, according to the Census Bureau.
- People with disabilities are coalescing as an increasing economic and social force. (National Organization on Disability/Harris Survey on Americans with Disabilities)

The supports Michigan's CILs provide to improve the economic condition and quality of life for individuals with disabilities have, therefore, multiple ripple effects that promote and support continued growth and recovery of the entire state.

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## IV. COMPARATIVE FUNDING OVERVIEW

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 tables provide a comprehensive overview of the diversity of budget needs and funding sources for Michigan's CIL Network.

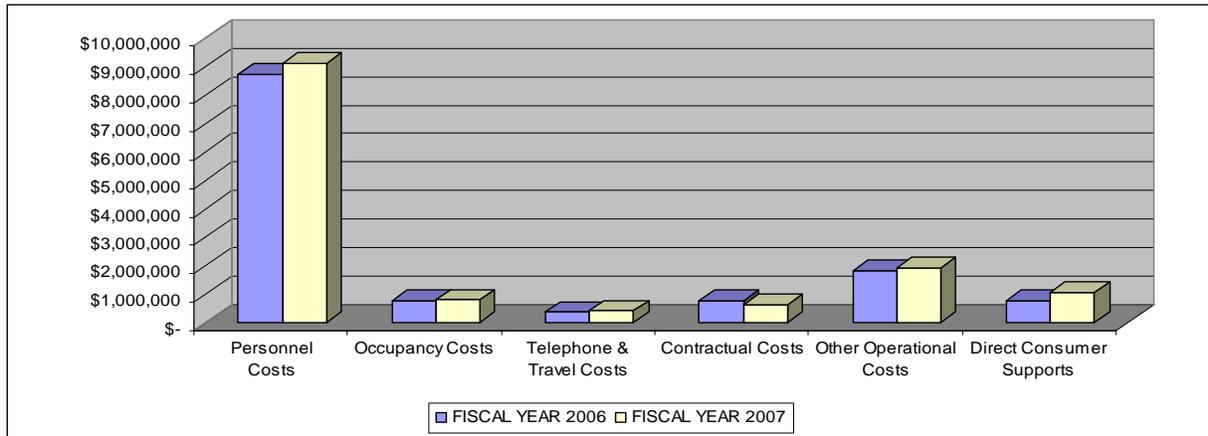
### CIL Budget Summaries

CIL budget summaries are provided for Fiscal Years 2007 and 2008, as well as comparisons with CIL Network totals for FY 2006. The budgets are summarized in relation to the following cost categories:

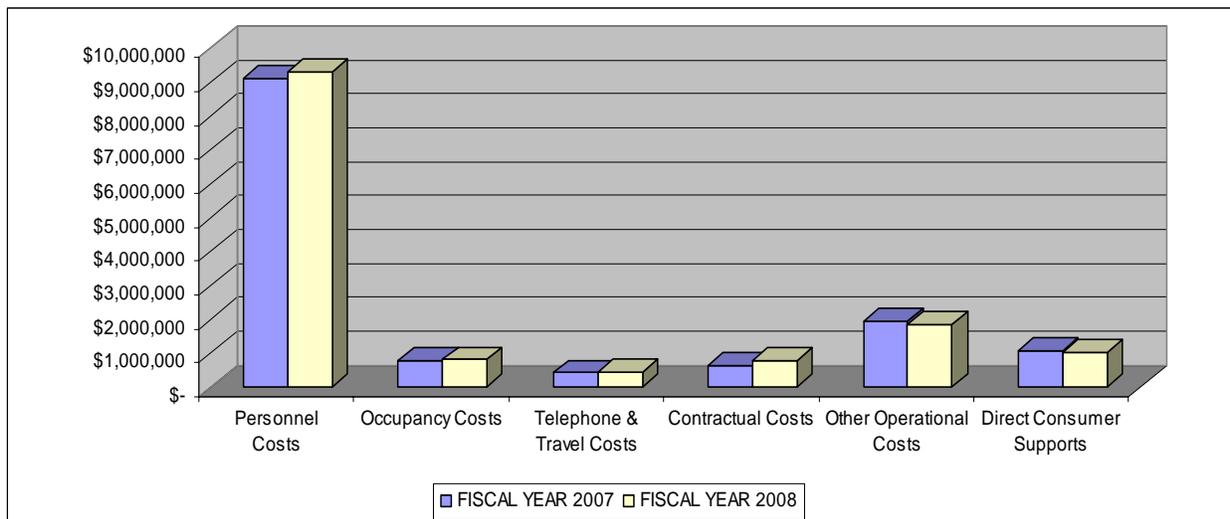
- **Personnel Costs** include salaries, wages, and fringes.
- **Occupancy Costs** include rent or other occupancy payments, utilities, and any other identified ongoing costs related to the office space.
- **Telephone and Travel Costs** include identified costs of telecommunication and staff travel.
- **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 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 2006</b>	\$ 8,756,155 65.6%	\$ 781,706 5.9%	\$ 368,570 2.8%	\$ 795,740 6.0%	\$ 1,850,862 13.9%	\$ 786,862 5.9%	\$ 13,339,895 100.0%
<b>FISCAL YEAR 2007</b>	9,121,037 65.1%	807,857 5.8%	424,471 3.0%	654,231 4.7%	1,944,192 13.9%	1,068,763 7.6%	14,020,551 100.0%
<b>CHANGE</b>	\$ 364,882 4.2%	\$ 26,151 3.3%	\$ 55,901 15.2%	\$ (141,509) -17.8%	\$ 93,330 5.0%	\$ 281,901 35.8%	\$ 680,656 5.1%



	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL TOTALS
<b>FISCAL YEAR 2007</b>	\$ 9,121,037 65.1%	\$ 807,857 5.8%	\$ 424,471 3.0%	\$ 654,231 4.7%	\$ 1,944,192 13.9%	\$ 1,068,763 7.6%	\$ 14,020,551 100.0%
<b>FISCAL YEAR 2008</b>	\$ 9,292,409 65.3%	\$ 818,216 5.8%	\$ 444,069 3.1%	\$ 782,193 5.5%	\$ 1,843,431 13.0%	\$ 1,045,792 7.4%	\$ 14,226,110 100.0%
<b>CHANGE</b>	\$ 171,372 1.9%	\$ 10,359 1.3%	\$ 19,598 4.6%	\$ 127,962 19.6%	\$ (100,761) -5.2%	\$ (22,971) -2.1%	\$ 205,559 1.5%



The projected FY 2008 **CIL Network budget total** of \$14,226,110 represents a \$205,559 or 1.5% increase from FY 2007. Changes in individual budget totals from FY 2007 to FY 2008 show mixed experiences across the CIL Network. This includes six CILs with increases ranging from 6.2% to 36.1%, and nine CILs with decreases ranging from 0.2% to 9.5%

These varied experiences reflect individual CIL efforts to deal with ever-increasing costs and a diversity of federal and local funding reductions, and – when possible -- to take advantage of specific opportunities for diversification of funding or development of new programs or projects addressing identified community and consumer needs. Common themes continuing throughout the CIL Network during the last year have been to re-examine local priorities and re-focus or consolidate programs, to take other steps to increase efficiency, to find and access new funding or other resources that will help them better carry out their many varied community and consumer responsibilities, and – when necessary – to discontinue programs or services that they do not have the resources to maintain. This has resulted in CILs restructuring some programs and dropping others, which is reflected in their respective budgets.

The CIL Network totals show that **Personnel Costs** continue to be the major expense, representing an average of about 65% of the cost of operating a CIL, with the remaining 35% of budgeted costs spread across the other five identified budget categories. One CIL reports FY 2008 **Personnel Costs** at more than 80%, five at more than 70%, six at more than 60%, two at more than 50%, and one at almost 50%. This 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.

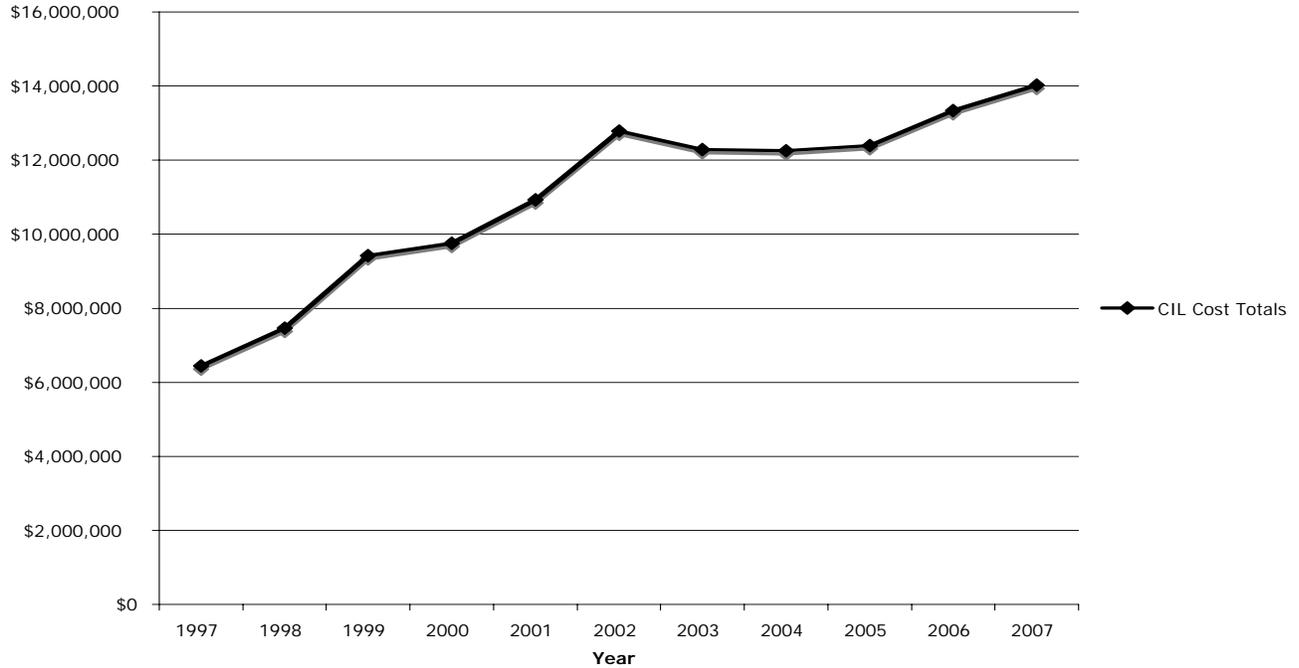
The statewide average percentage for **Personnel Costs** is expected to remain at about the same level for FY 2008 (65.3%) as in FY 2007 (65.1%). This includes increased costs for nine CILs, ranging from 0.2% to 40%, and decreased costs for six CILs ranging 1.5% to 13.7%. The larger increases (40% and 19%) are for small CILs that have obtained funding for new service initiatives. Based on CIL staff profiles, the statewide total of staff working for the 15 CILs is expected to increase by 2% between FY 2007 and FY 2008 (from 256 to 261 individuals), including a decrease of 8 full-time staff, and an increase of 5 part-time and 8 contractual staff.

The statewide totals for **Contractual Costs** are expected to increase by \$127,962 or 19.6% for FY 2008. This includes increased costs for eight CILs ranging from 89.3% to the establishment of contractual arrangements which did not previously exist, decreased costs for six CILs ranging from 5.6% to 34.1%, and no change for one CIL. These changes reflect, in part, the reduction in full-time staff and increase in part-time and contractual staff which is a general business trend in efforts to reduce the ever-growing costs of staff benefits, especially health care costs.

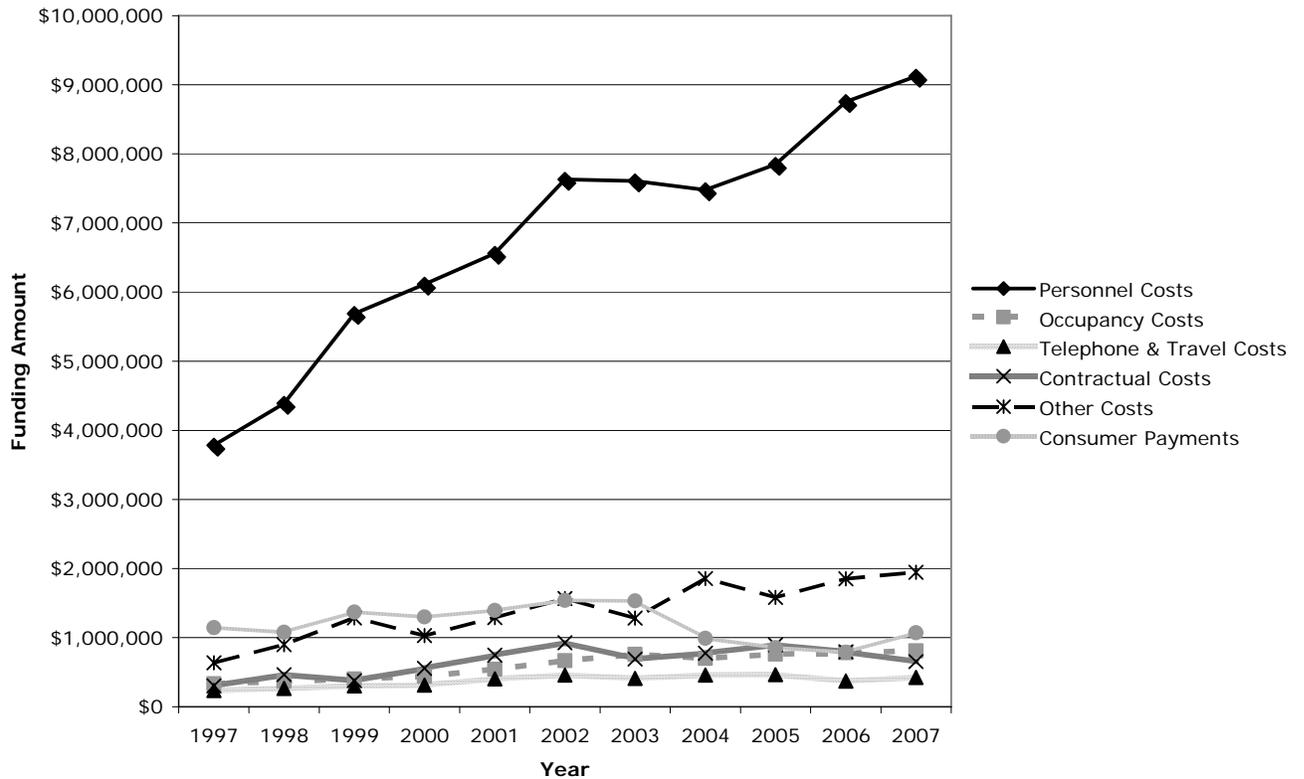
It is also notable that the statewide totals for **Other Operational Costs** are expected to decrease by \$100,761 or 5.2% for FY 2008. This includes decreased costs for nine CILs ranging from 0.2% to 41.2%, offset only in part by increased costs for six CILs ranging from 0.8% to 105.9%. In general, the individual increases reflect the costs of new initiatives, while the statewide decrease reflects the ongoing efforts of all CILs to reduce their costs of operation.

# CIL Budget Summaries Over Past 10 Years

## CIL Budget Summary Totals



## CIL Budget Summaries



A review of the *budget summary totals* reveals three separate trends over the decade of data that was analyzed. There is a fairly significant increase from FY 1997 through FY 2002 (an average 20% increase per year). It should be noted that, during these years, the number of CILs in the Network increased from 11 to 15. There are slight changes with essentially flat funding from FY 2002 through FY 2005 (an average 1% decrease per year). There is, then, a modest increase from 2005 through 2007 (an average 6.5% increase per year).

The budget category of *personnel* represents the largest (approximately 65%) and most consistently increasing cost for CILs. There is a fairly significant increase from FY 1997 through FY 2002 (an average 20% increase per year). This includes the growth of the CIL Network during this period from 11 CILs to 15 CILs. From FY 2002 through FY 2004, there is essentially flat funding of *personnel* costs, with only slight changes (an average 1% decrease per year). From FY 2004 through FY 2007 there is, then, a significant increase (an average 7% increase per year).

Taken together, the *other five cost categories* make up only about one-half of the amount of *personnel costs*. Grouped together near the bottom of the chart, the *other five categories* reflect only slight changes over the decade that was analyzed. The most notable change appears to be an increase in *other operational costs*, especially over the last four years of the decade.

## CIL BUDGET SUMMARIES – FY 2007

	Personnel Costs	Occupancy Costs	Telephone and Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL Totals
<b>Ann Arbor CIL</b>	1,029,829	163,018	68,561	74,118	218,411	367,625	1,921,562
- Ann Arbor	53.6%	8.5%	3.6%	3.9%	11.4%	19.1%	100.0%
<b>Blue Water CIL</b>	906,335	45,096	36,815	50,187	100,310		1,138,743
- Port Huron	79.6%	4.0%	3.2%	4.4%	8.8%	0.0%	100.0%
<b>Capital Area CIL</b>	595,104	84,059	21,735	211,766	96,051	-	1,008,715
- Lansing	59.0%	8.3%	2.2%	21.0%	9.5%	0.0%	100.0%
<b>Community Connections</b>	241,250	23,107	8,350	-	14,592	-	287,299
- Benton Harbor	84.0%	8.0%	2.9%	0.0%	5.1%	0.0%	100.0%
<b>Disability Advocates of Kent County</b>	941,352	76,751	34,222	52,068	331,710		1,436,103
- Grand Rapids	65.5%	5.3%	2.4%	3.6%	23.1%	0.0%	100.0%
<b>Disability Connection</b>	398,283	20,300	16,350	36,403	63,571	30,000	564,907
- Muskegon	70.5%	3.6%	2.9%	6.4%	11.3%	5.3%	100.0%
<b>disAbility Connections</b>	408,101	10,000	6,458	4,000	255,142	-	683,701
- Jackson	59.7%	1.5%	0.9%	0.6%	37.3%	0.0%	100.0%
<b>Disability Network/Lakeshore</b>	478,137	43,644	14,200	44,500	120,975	5,000	706,456
- Holland	67.7%	6.2%	2.0%	6.3%	17.1%	0.7%	100.0%
<b>Disability Network/Mid Michigan</b>	917,515	29,003	86,490	-	153,438	-	1,186,446
- Midland	77.3%	2.4%	7.3%	0.0%	12.9%	0.0%	100.0%
<b>Disability Network/Northern Michigan</b>	210,520	19,000	16,200	72,250	69,758	-	387,728
- Traverse City	54.3%	4.9%	4.2%	18.6%	18.0%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	473,574	99,355	21,543	8,304	109,516	1,923	714,215
- Sterling Heights	66.3%	13.9%	3.0%	1.2%	15.3%	0.3%	100.0%
<b>Disability Network/S.W. Michigan</b>	819,214	71,717	40,908	4,586	195,778	32,239	1,164,442
- Kalamazoo	70.4%	6.2%	3.5%	0.4%	16.8%	2.8%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	487,206	26,600	15,900	8,000	31,893	-	569,599
- Detroit	85.5%	4.7%	2.8%	1.4%	5.6%	0.0%	100.0%
<b>Superior Alliance for IL</b>	261,054	31,856	14,337	12,500	19,117	-	338,864
- Marquette	77.0%	9.4%	4.2%	3.7%	5.6%	0.0%	100.0%
<b>The Disability Network</b>	953,563	64,351	22,402	75,549	163,930	631,976	1,911,771
- Flint	49.9%	3.4%	1.2%	4.0%	8.6%	33.1%	100.0%
<b>NETWORK</b>	9,121,037	807,857	424,471	654,231	1,944,192	1,068,763	14,020,551
<b>TOTALS</b>	65.1%	5.8%	3.0%	4.7%	13.9%	7.6%	100.0%

## CIL BUDGET SUMMARIES – FY 2008

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL
<b>Ann Arbor CIL</b>	1,060,048	157,580	61,570	54,410	177,401	370,000	1,881,009
- Ann Arbor	56.4%	8.4%	3.3%	2.9%	9.4%	19.7%	100.0%
<b>Blue Water CIL</b>	988,838	56,560	28,340	95,000	163,220	-	1,331,958
- Port Huron	74.2%	4.2%	2.1%	7.1%	12.3%	0.0%	100.0%
<b>Capital Area CIL</b>	603,056	87,988	22,491	197,940	74,994	-	986,469
- Lansing	61.1%	8.9%	2.3%	20.1%	7.6%	0.0%	100.0%
<b>Community Connections</b>	337,846	23,500	14,063	3,850	11,736	-	390,995
- Benton Harbor	86.4%	6.0%	3.6%	1.0%	3.0%	0.0%	100.0%
<b>Disability Advocates of Kent County</b>	827,259	88,200	44,100	49,167	290,742	-	1,299,468
- Grand Rapids	63.7%	6.8%	3.4%	3.8%	22.4%	0.0%	100.0%
<b>Disability Connection</b>	379,057	20,300	12,860	33,547	58,500	35,800	540,064
- Muskegon	70.2%	3.8%	2.4%	6.2%	10.8%	6.6%	100.0%
<b>disAbility Connections</b>	485,539	11,200	9,982	4,000	215,193	-	725,914
- Jackson	66.9%	1.5%	1.4%	0.6%	29.6%	0.0%	100.0%
<b>Disability Network/Lakeshore</b>	479,315	42,042	15,816	89,701	117,038	16,500	760,412
- Holland	63.0%	5.5%	2.1%	11.8%	15.4%	2.2%	100.0%
<b>Disability Network/Mid Michigan</b>	904,018	29,220	85,601	7,120	154,661	-	1,180,620
- Midland	76.6%	2.5%	7.3%	0.6%	13.1%	0.0%	100.0%
<b>Disability Network/Northern Michigan</b>	219,335	30,700	22,400	47,599	94,517	-	414,551
- Traverse City	52.9%	7.4%	5.4%	11.5%	22.8%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	519,720	102,054	23,850	20,372	109,300	-	775,296
- Sterling Heights	67.0%	13.2%	3.1%	2.6%	14.1%	0.0%	100.0%
<b>Disability Network/S.W. Michigan</b>	901,843	67,863	44,000	32,985	115,202	-	1,161,893
- Kalamazoo	77.6%	5.8%	3.8%	2.8%	9.9%	0.0%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	426,101	22,600	10,800	58,795	43,600	-	561,896
- Detroit	75.8%	4.0%	1.9%	10.5%	7.8%	0.0%	100.0%
<b>Superior Alliance for IL</b>	225,389	17,238	21,570	28,780	39,371	-	332,348
- Marquette	67.8%	5.2%	6.5%	8.7%	11.8%	0.0%	100.0%
<b>The Disability Network</b>	935,045	61,171	26,626	58,927	177,956	623,492	1,883,217
- Flint	49.7%	3.2%	1.4%	3.1%	9.4%	33.1%	100.0%
<b>NETWORK</b>	9,292,409	818,216	444,069	782,193	1,843,431	1,045,792	14,226,110
<b>TOTALS</b>	65.3%	5.8%	3.1%	5.5%	13.0%	7.4%	100.0%

## VALUE OF VOLUNTEER HOURS – FY 2007

	Volunteer Hours	Rate	Volunteer Value	FY 2007 Budget	Total Budget & Value	Volunteer Value % of Budget
<b>Ann Arbor CIL</b>						
- Ann Arbor	3,112	18.77	58,412	1,921,562	1,979,974	2.95%
<b>Blue Water CIL</b>						
- Port Huron	7,940	18.77	149,034	1,138,743	1,287,777	11.57%
<b>Capital Area CIL</b>						
- Lansing	5,178	18.77	97,191	1,008,715	1,105,906	8.79%
<b>Community Connections</b>						
- Benton Harbor	355	18.77	6,663	287,299	293,962	2.27%
<b>Disability Advocates of Kent County</b>						
- Grand Rapids	10,837	18.77	203,410	1,436,103	1,639,513	12.41%
<b>Disability Connection</b>						
- Muskegon	5,252	18.77	98,580	564,907	663,487	14.86%
<b>disAbility Connections</b>						
- Jackson	6,450	18.77	121,067	683,701	804,768	15.04%
<b>Disability Network/Lakeshore</b>						
- Holland	3,237	18.77	60,758	706,456	767,214	7.92%
<b>Disability Network/Mid Michigan</b>						
- Midland	1,003	18.77	18,826	1,186,446	1,205,272	1.56%
<b>Disability Network/Northern Michigan</b>						
- Traverse City	2,385	18.77	44,766	387,728	432,494	10.35%
<b>Disability Network/Oakland &amp; Macomb</b>						
- Sterling Heights	768	18.77	14,415	714,215	728,630	1.98%
<b>Disability Network/S.W. Michigan</b>						
- Kalamazoo	5,208	18.77	97,754	1,164,442	1,262,196	7.74%
<b>Disability Network/Wayne County-Detroit</b>						
- Detroit	1,925	18.77	36,132	569,599	605,731	5.97%
<b>Superior Alliance for IL</b>						
- Marquette	1,109	18.77	20,816	338,864	359,680	5.79%
<b>The Disability Network</b>						
- Flint	1,476	18.77	27,705	1,911,771	1,939,476	1.43%
<b>NETWORK</b>	56,235		1,055,531	14,020,551	15,076,082	7.00%
<b>TOTALS</b>						
<b>Statewide Independent Living Council</b>	3,606	18.77	67,685	371,474	439,159	15.41%
- Lansing						
<b>Disability Network/Michigan</b>	0	18.77	0		0	#DIV/0!
- Haslett						
<b>GRAND TOTAL</b>	59,841		1,123,216	14,392,025	15,515,241	7.24%

## *Value of Volunteer Services*

Volunteers are an important part of CIL capacity. As community-based organizations which developed in part from the volunteer and consumer movements of the 1960s and 1970s, CILs depend heavily upon the contributions of volunteers in carrying out their organizational missions. The use of volunteers also helps CILs make more efficient use of paid staff. CILs benefit from volunteers in a wide variety of activities, including both administrative support (such as greeting visitors and organizing resource materials) and service provision (such as peer support and mentoring). For some CILs (such as new, developing CILs, or well-established CILs that have wide-ranging community involvement) volunteers are an essential part of their “workforce” capacity.

*It is very difficult to put a dollar value on volunteer time. Volunteers provide many intangibles that can not be easily qualified. For example, volunteers demonstrate the amount of support an organization has within the community, provide work for short periods of time, and provide support on a wide range of projects.*

*The value of volunteer time presented here is the average wage of non-management, non-agricultural workers. This is only one way to show the immense value volunteers provide to an organization.*

During FY 2007, Michigan’s CILs reported a total of 56,235 volunteer hours. This is the equivalent of more than 28 full-time staff. A rate of \$18.77 per hour has been established as a national standard for the valuing of volunteer services. Calculated at this rate, the CIL Network received volunteer services worth \$1,055,531 in FY 2007, which was 7% of the combined total CIL Network budgets (including the volunteer time).

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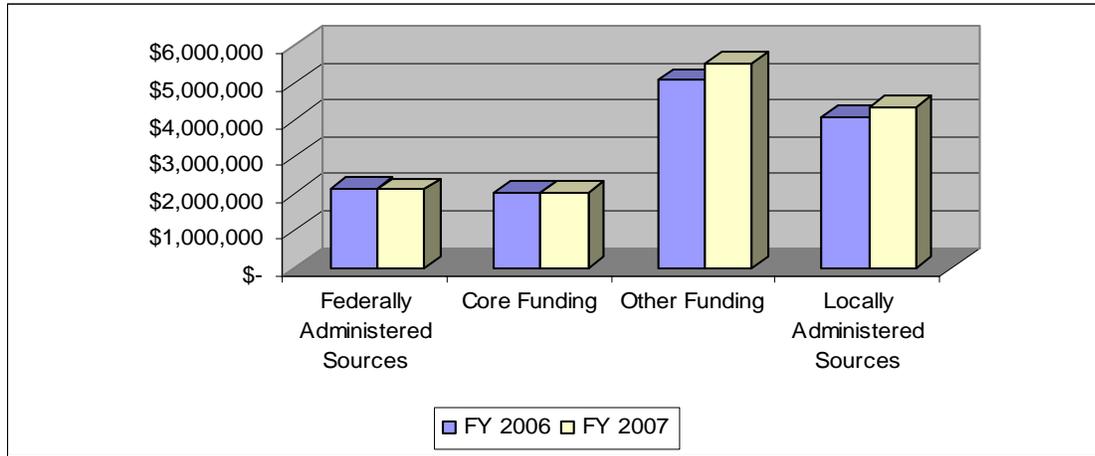
## *CIL Funding by Source*

Summaries of CIL funding by source are provided for Fiscal Years 2007 and 2008, as well as comparisons with CIL Network totals for FY 2006. Funding sources have been summarized in relation to the following categories:

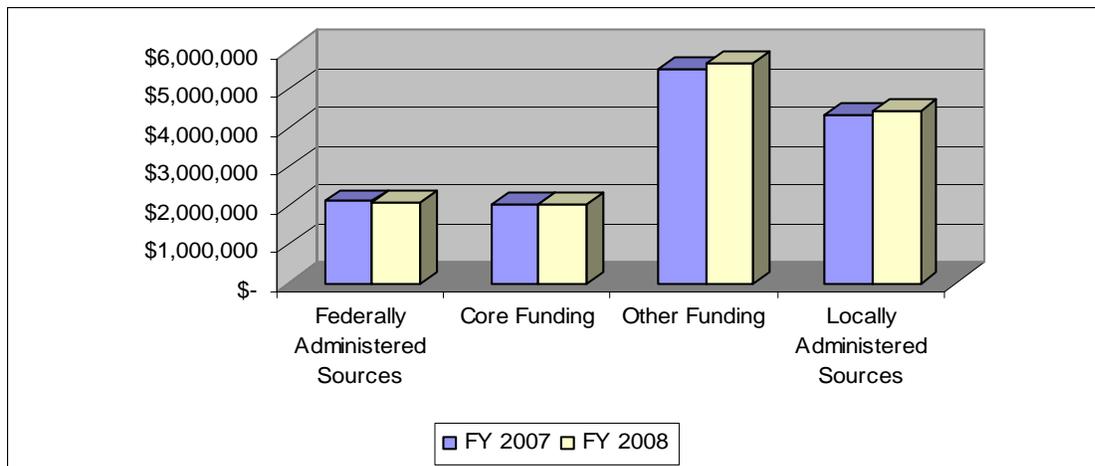
- **Federally Administered Sources** include the core funding grants received by 10 CILs directly from the federal Rehabilitation Services Administration under Title VII of the Rehabilitation Act. In addition, one CIL receives another direct federal grant -- Disability Connection CIL in Muskegon receives a grant for housing services.
- **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 fund-raising.

## COMPARISON OF CIL FUNDING BY SOURCE

	Federally Administered Sources	State Administered Sources		Locally Administered Sources	CIL TOTALS
		Core Funding	Other Funding		
<b>FY 2006</b>	\$ 2,139,689 16.0%	\$ 2,043,951 15.3%	\$ 5,072,013 38.0%	\$ 4,084,242 30.6%	\$ 13,339,895 100.0%
<b>FY 2007</b>	2,106,607 15.3%	2,049,067 14.6%	5,524,254 36.2%	4,340,623 29.1%	\$ 14,020,551 100.0%
<b>CHANGE</b>	\$ (33,082) -1.5%	\$ 5,116 0.3%	\$ 452,241 8.9%	\$ 256,381 6.3%	\$ 680,656 5.1%



	Federally Administered Sources	State Administered Sources		Locally Administered Sources	CIL TOTALS
		Core Funding	Other Funding		
<b>FY 2007</b>	\$ 2,106,607 15.0%	\$ 2,049,067 14.6%	\$ 5,524,254 39.4%	\$ 4,340,623 31.0%	\$ 14,020,551 100.0%
<b>FY 2008</b>	2,089,132 14.8%	2,046,758 14.4%	5,656,390 38.8%	4,433,830 30.5%	\$ 14,226,110 100.0%
<b>CHANGE</b>	\$ (17,475) -0.8%	\$ (2,309) -0.1%	\$ 132,136 2.4%	\$ 93,207 2.1%	\$ 205,559 1.5%



The CIL reports on funding sources show that *State Administered Other Funding* provides almost 40% (38.8%) of the CIL Network totals, with *Locally Administered Sources* providing about another 30% (30.5%). These two sources continue to account for about two-thirds of the CIL Network funding. In combination, *State Administered Core Funding* and *Federally Administered Sources* provide the remaining 30% (29.2%) of the CIL 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.

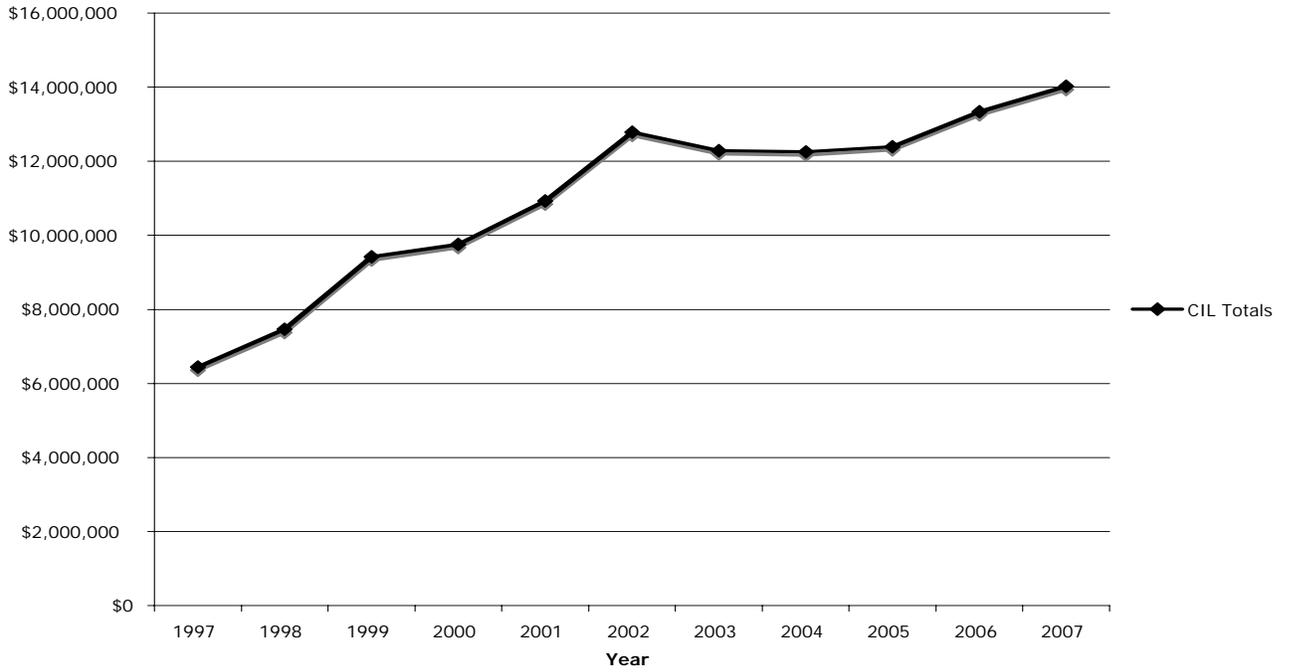
The statewide totals show only moderate changes in CIL funding sources from FY 2007 to FY 2008. Totals for *State Administered Other Funding* and *Locally Administered Sources* each increased by slightly more than 2% (2.4% and 2.1% respectively). By contrast, *Federally Administered Sources* and *State Administered Core Funding* each decreased slightly (0.8% and 0.1% respectively), consistent with small decreases in both federal and state core funding

The net change in each of the four categories reflected very mixed patterns of increases and decreases in funding for individual CILs. These varied changes included reallocations of MRS Cash Match funds to improve equity of IL services in support of employment outcomes, increased CIL cash match agreements with MCB, changes in other grants including grants from the Developmental Disabilities Council, the Disability Network/Michigan, and the Michigan Disability Rights Coalition, and other contractual or fee-for-service arrangements. The changes in *Federally Administered Sources* and *State Administered Core funding* also include adjustments made to coordinate federal and state core (operational) funding for the CILs, in accord with requirements of the State Plan for Independent Living.

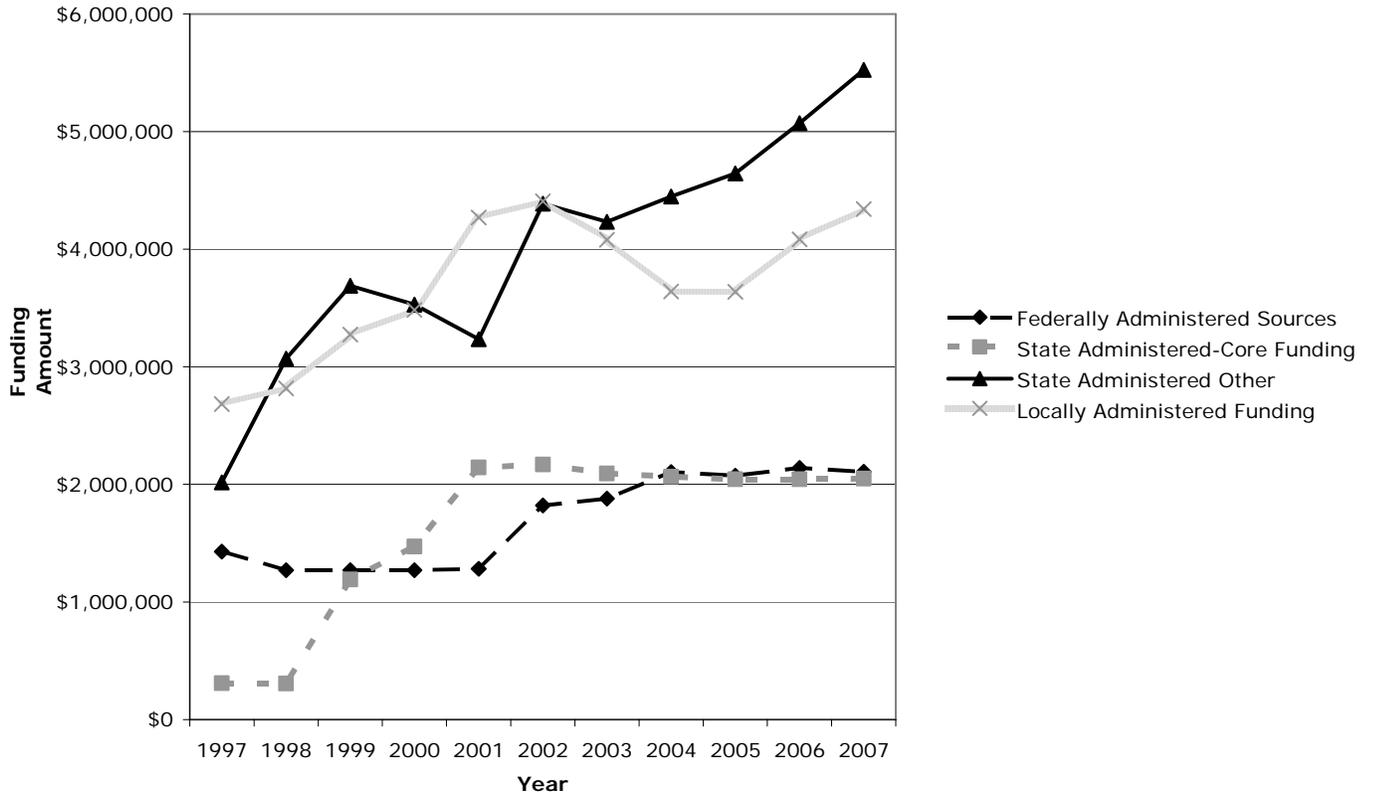
Comparison of the FY 2007 and FY 2008 CIL reports on funding sources reveal no major statewide trends. Consistent with the state's overall economy, most changes appear to be local or program related. The most useful interpretation may be that the reports reflect individual CILs working within a volatile environment of constrained resources to make the best possible use of existing funding, and to access whatever limited additional funding may be made available.

# Comparison of CIL Funding by Source Over Past 10 Years

CIL Funding by Source Totals



CIL Funding by Source



A review of the *CIL source totals* reveals three separate trends over the decade of data that was analyzed. There is a fairly significant increase from FY 1997 through FY 2002 (an average 20% increase per year). It should be noted that, during these years, the number of CILs in the Network increased from 11 to 15. There are slight changes with essentially flat funding from FY 2002 through FY 2005 (an average 1% decrease per year). There is, then, a modest increase from FY 2005 through FY 2007 (an average 6.5% increase per year).

*State administered other funding* and *locally administered funding* show a fairly similar pattern of significant overall increase over the decade analyzed. For the ten-year period, *state administered other funding* shows an average 17% increase in funding and *locally administered funding* shows an average 16% increase in funding. The *state administered other funding* started around three-quarters of a million dollars less in FY 1997 than *locally administered funding*. In FY 2007, *state administered other funding* ends up being over a million dollars more than *locally administered funding*. Within the decade of overall increase, the *state administered other funding* does demonstrate a significant period of decrease from FY 1999 through FY 2001. *Locally administered funding* demonstrates a similar decrease from FY 2002 through FY 2005. However, *locally administered funding* in FY 2007 is slightly less than in FY 2002. This probably reflects reductions in community health funding and generally constrained resources at the community level.

*Federally administered sources* (mostly federal core funding) shows an initial level in FY 1997 more than \$1.1 million greater than *state administered core funding*, but over the course of the decade, the two funding sources come together to about the same level in FY 2007. The *federally administered sources* shows little change during the first four years of the decade (FY 1997 to FY 2001), significant increases averaging about 21% per year for the next three years (FY 2001 to FY 2004), and returns to little change for the remaining three years of the decade (FY 2004 to FY 2007). *State administered core funding* shows no significant change from FY 1997 to FY 1998, significant changes averaging more than 130% per year for the next three years (FY 1998 to FY 2001), then returning to little change for the remaining six years of the decade (FY 2001 to FY 2007).

**CIL FUNDING BY SOURCE – FY 2007**

	Federally Administered Sources	State Administered Sources		Locally Administered Funding	CIL Totals
		Core Funding	Other Funding		
<b>Ann Arbor CIL</b>	211,478	137,198	994,637	578,249	1,921,562
- Ann Arbor	11.0%	7.1%	51.8%	30.1%	100.0%
<b>Blue Water CIL</b>	211,478	109,578	699,050	118,637	1,138,743
- Port Huron	18.6%	9.6%	61.4%	10.4%	100.0%
<b>Capital Area CIL</b>	211,478	126,252	359,810	311,175	1,008,715
- Lansing	21.0%	12.5%	35.7%	30.8%	100.0%
<b>Community Connections</b>	-	88,159	186,820	12,320	287,299
- Benton Harbor	0.0%	30.7%	65.0%	4.3%	100.0%
<b>Disability Advocates of Kent County</b>	211,478	109,579	422,767	692,279	1,436,103
- Grand Rapids	14.7%	7.6%	29.4%	48.2%	100.0%
<b>Disability Connection</b>	30,000	176,413	214,540	143,954	564,907
- Muskegon	5.3%	31.2%	38.0%	25.5%	100.0%
<b>disAbility Connections</b>	-	125,120	165,890	392,691	683,701
- Jackson	0.0%	18.3%	24.3%	57.4%	100.0%
<b>Disability Network/Lakeshore</b>	211,478	109,579	307,449	77,950	706,456
- Holland	29.9%	15.5%	43.5%	11.0%	100.0%
<b>Disability Network/Mid Michigan</b>	211,478	109,579	311,716	553,673	1,186,446
- Midland	17.8%	9.2%	26.3%	46.7%	100.0%
<b>Disability Network/Northern Michigan</b>	-	233,075	154,653	-	387,728
- Traverse City	0.0%	60.1%	39.9%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	211,478	123,661	340,233	38,843	714,215
- Sterling Heights	29.6%	17.3%	47.6%	5.4%	100.0%
<b>Disability Network/S.W. Michigan</b>	211,478	109,579	465,615	377,770	1,164,442
- Kalamazoo	18.2%	9.4%	40.0%	32.4%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	-	347,856	186,743	35,000	569,599
- Detroit	0.0%	61.1%	32.8%	6.1%	100.0%
<b>Superior Alliance for IL</b>	173,305	33,859	74,334	57,366	338,864
- Marquette	51.1%	10.0%	21.9%	16.9%	100.0%
<b>The Disability Network</b>	211,478	109,580	639,997	950,716	1,911,771
- Flint	11.1%	5.7%	33.5%	49.7%	100.0%
<b>NETWORK</b>	2,106,607	2,049,067	5,524,254	4,340,623	14,020,551
<b>TOTALS</b>	15.0%	14.6%	39.4%	31.0%	100.0%

## CIL FUNDING BY SOURCE – FY 2008

	Federally Administered Sources	State Administered Sources		Locally Administered Funding	CIL Totals
		Core Funding	Other Funding		
<b>Ann Arbor CIL</b>	209,680	137,350	985,109	548,870	1,881,009
- Ann Arbor	11.1%	7.3%	52.4%	29.2%	100.0%
<b>Blue Water CIL</b>	209,680	109,861	837,344	175,073	1,331,958
- Port Huron	15.7%	8.2%	62.9%	13.1%	100.0%
<b>Capital Area CIL</b>	209,680	126,252	350,260	300,277	986,469
- Lansing	21.3%	12.8%	35.5%	30.4%	100.0%
<b>Community Connections</b>	-	87,743	269,334	33,918	390,995
- Benton Harbor	0.0%	22.4%	68.9%	8.7%	100.0%
<b>Disability Advocates of Kent County</b>	209,680	109,861	259,858	720,069	1,299,468
- Grand Rapids	16.1%	8.5%	20.0%	55.4%	100.0%
<b>Disability Connection</b>	30,000	175,580	174,856	159,628	540,064
- Muskegon	5.6%	32.5%	32.4%	29.6%	100.0%
<b>disAbility Connections</b>	-	124,529	171,590	429,795	725,914
- Jackson	0.0%	17.2%	23.6%	59.2%	100.0%
<b>Disability Network/Lakeshore</b>	209,680	109,861	352,871	88,000	760,412
- Holland	27.6%	14.4%	46.4%	11.6%	100.0%
<b>Disability Network/Mid Michigan</b>	209,860	109,579	256,616	604,565	1,180,620
- Midland	17.8%	9.3%	21.7%	51.2%	100.0%
<b>Disability Network/Northern Michigan</b>	-	231,975	182,576	-	414,551
- Traverse City	0.0%	56.0%	44.0%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	209,680	123,877	403,223	38,516	775,296
- Sterling Heights	27.0%	16.0%	52.0%	5.0%	100.0%
<b>Disability Network/S.W. Michigan</b>	209,680	109,861	490,875	351,477	1,161,893
- Kalamazoo	18.0%	9.5%	42.2%	30.3%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	-	346,214	185,849	29,833	561,896
- Detroit	0.0%	61.6%	33.1%	5.3%	100.0%
<b>Superior Alliance for IL</b>	171,832	34,354	126,162	-	332,348
- Marquette	51.7%	10.3%	38.0%	0.0%	100.0%
<b>The Disability Network</b>	209,680	109,861	609,867	953,809	1,883,217
- Flint	11.1%	5.8%	32.4%	50.6%	100.0%
<b>NETWORK</b>	2,089,132	2,046,758	5,656,390	4,433,830	14,226,110
<b>TOTALS</b>	14.7%	14.4%	39.8%	31.2%	100.0%

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

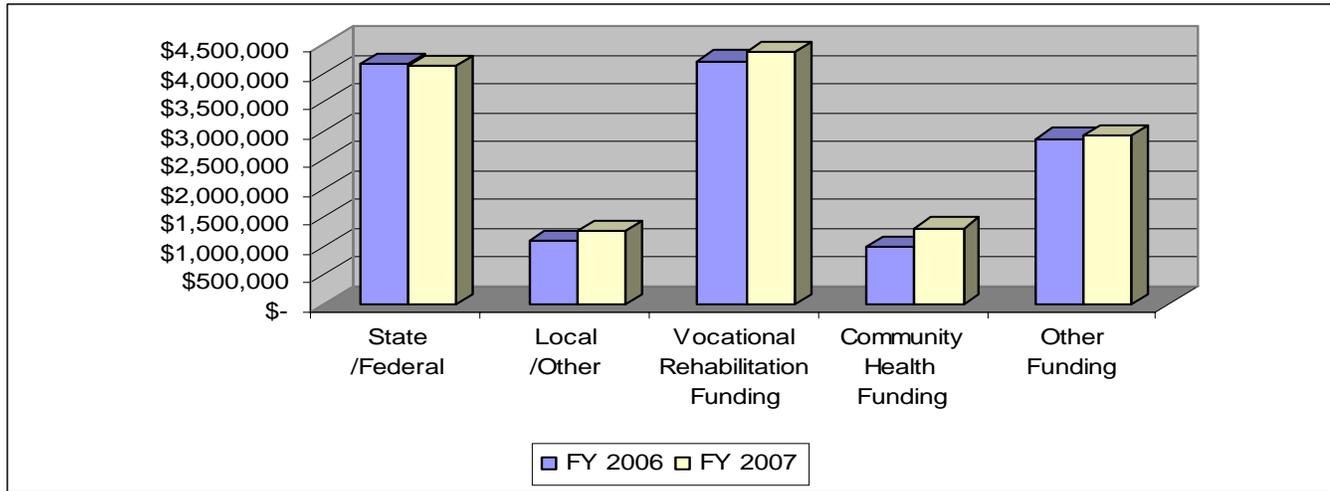
Summaries of CIL funding by major program areas are provided for Fiscal Years 2007 and 2008, as well as comparisons with CIL Network totals for FY 2006. CILs receive funding for basic organizational development and operations, as well as for specific IL services and supports that help other programs 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

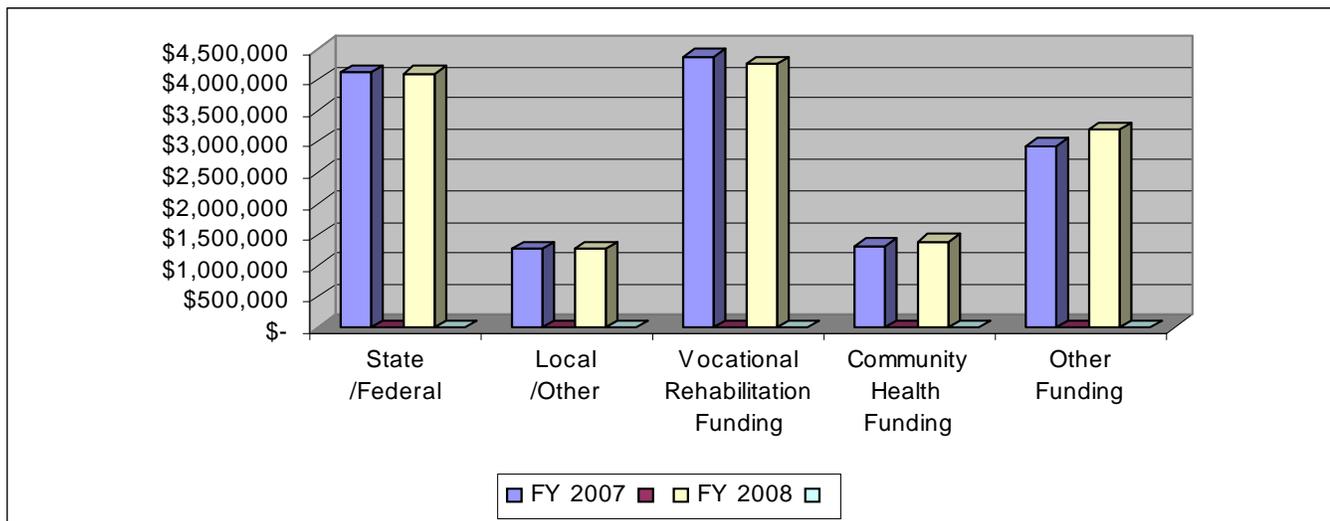
### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2006</b>	\$ 4,151,640 31.1%	\$ 1,101,251 8.3%	\$ 4,210,575 31.6%	\$ 1,005,718 7.5%	\$ 2,870,711 21.5%	\$ 13,339,895 100.0%
<b>FY 2007</b>	\$ 4,125,674 29.4%	\$ 1,279,346 9.1%	\$ 4,366,933 31.1%	\$ 1,319,729 9.4%	\$ 2,928,869 20.9%	\$ 14,020,551 100.0%
<b>CHANGE</b>	\$ (25,966) -0.6%	\$ 178,095 16.2%	\$ 156,358 3.7%	\$ 314,011 31.2%	\$ 58,158 2.0%	\$ 680,656 5.1%



### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2007</b>	\$ 4,125,674 29.4%	\$ 1,279,346 9.1%	\$ 4,366,933 31.1%	\$ 1,319,729 9.4%	\$ 2,928,869 20.9%	\$ 14,020,551 100.0%
<b>FY 2008</b>	\$ 4,105,890 28.9%	\$ 1,272,662 8.9%	\$ 4,252,510 29.9%	\$ 1,401,153 9.8%	\$ 3,193,895 22.5%	\$ 14,226,110 100.0%
<b>CHANGE</b>	\$ (19,784) -0.5%	\$ (6,684) -0.5%	\$ (114,423) -2.6%	\$ 81,424 6.2%	\$ 265,026 9.0%	\$ 205,559 1.5%



CIL reports on program funding for FY 2008 show that **State and Federal IL Core Funding** programs make up about 30% (28.9%) of the CIL Network's revenue, **Vocational Rehabilitation Funding** provides about another 30% (29.9%) of the total revenue, and the other three program categories account for the remaining 40% (41.2%). 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 customers to achieve vocational goals.

The most consistent change from FY 2007 to FY 2008 is a 0.5% decrease in **State and Federal IL Core Funding** received by all fifteen CILs. This reflects decreases in both direct federal funding and state core funding, with coordinating adjustments in the state core funding grants. The adjustments were made to spread the reductions equitably among all fifteen CILs.

The greatest percentage change in CIL Network program totals for FY 2008 is a 9% increase in **Other Program Funding**. Nine CILs report increases ranging from 4.9% to 888.0%. Five CILs report decreases ranging from 3.7% to 89.7%. One CIL reports no change, and has no funding in this category. These changes reflect continuing CIL efforts to obtain additional sources of funding for IL services.

There is also a 6.2% increase in **Community Health Funding**. This reflects significant increases of more than \$100,000 for each of two CILs, offset in part by decreases for six CILs ranging from 0.5% to 100.0%. One CIL reported no change in the existing funding, and 6 did not report any funding in this category. The net increase clearly reflects the increased diversification of funding by two CILs that had not previously received any **Community Health Funding**.

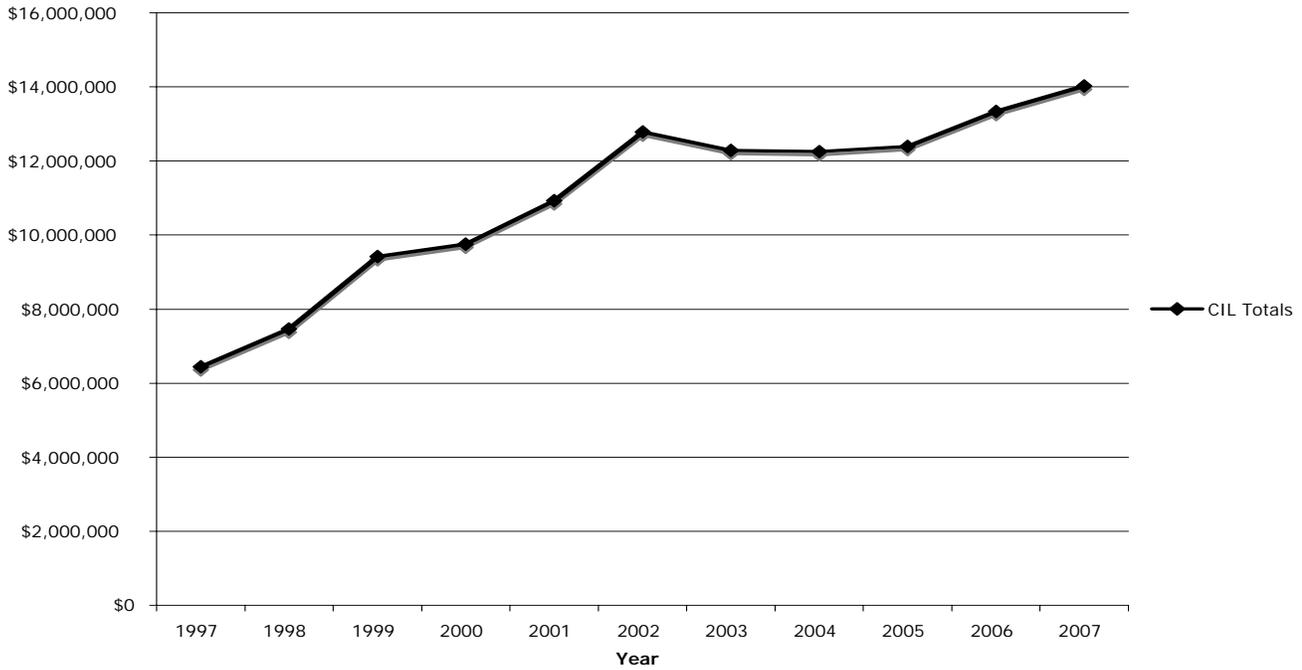
The reports show a net decrease of 2.6% in statewide totals for **VR Program Funding**. The net decrease reflects seven CILs with increases ranging from 3.9% to 61.8%, and eight CILs with decreases ranging from 1.2% to 49.7%. These changes reflect reallocations of MRS Cash Match Allocations to improve equity of IL services in support of employment outcomes, newly established CIL cash match agreements with MCB, and a variety of other contractual and fee-for-service arrangements between the CILs and vocational rehabilitation agencies. CILs are clearly continuing to demonstrate the effectiveness of their services in helping people with disabilities achieve vocational outcomes.

FY 2008 represents the second year of a five-year plan to bring all CILs within a range of 85% to 130% of defined equity targets. A total of \$60,424 in Cash Match Allocations was reallocated for FY 2008 from seven CILs above the equity range to five CILs below the equity range. As a result, there are six CILs within the equity range for FY 2008, compared to two for FY 2007.

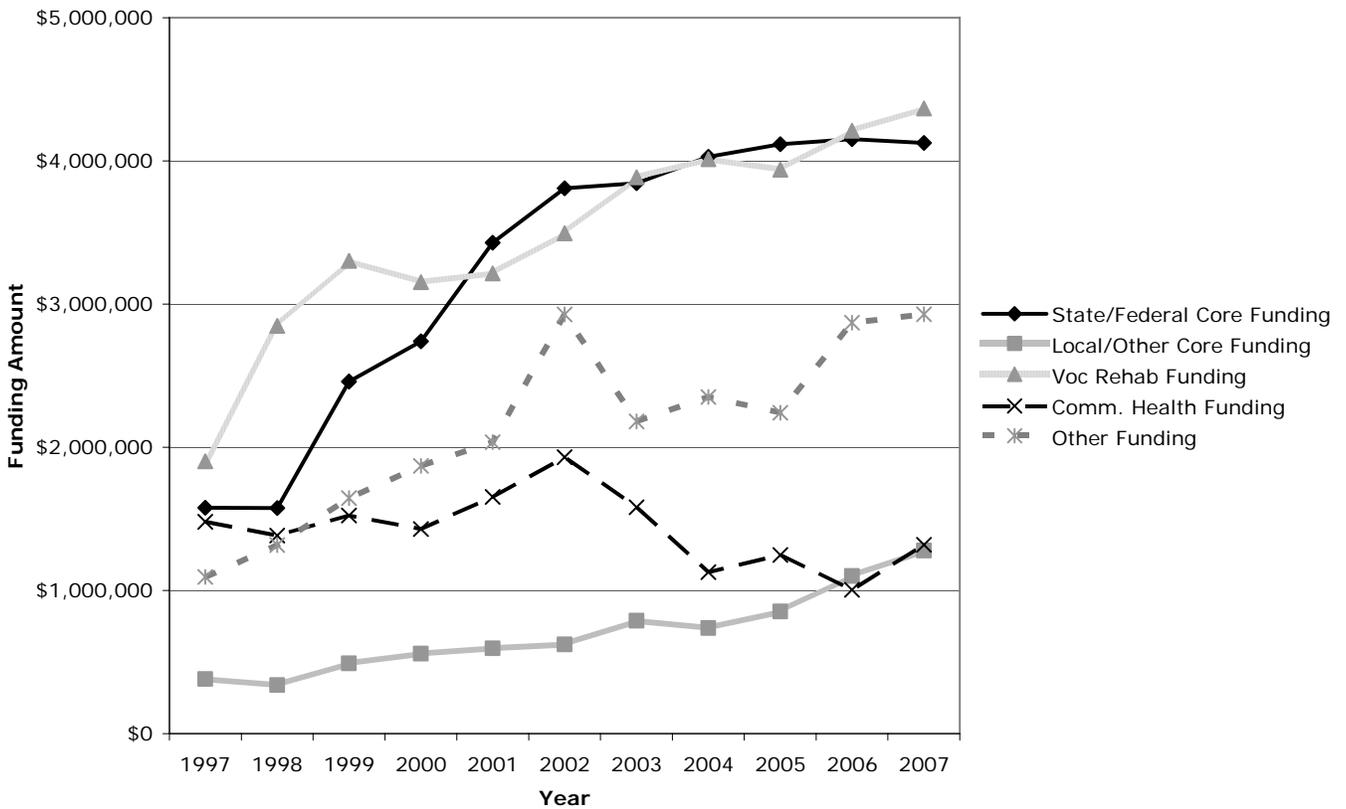
**All programs except for Federal and State Core** show some CILs with increases and some with decreases. Comparison of the FY 2007 and FY 2008 CIL reports reveal no clear statewide trends. Analysis of the program changes leads to the same conclusions as that of the funding sources. Consistent with the state's overall economy, significant changes appear to be local. The most useful interpretation may be that the reports reflect individual CILs working within a volatile environment of constrained resources to make the best possible use of existing funding, and to access whatever limited additional funding may be made available.

# Comparison of CIL Funding by Program Over Past 10 Years

## CIL Funding by Program Totals



## CIL Funding by Program



A review of the **CIL program totals** reveals three separate trends over the decade of data that was analyzed. There is a fairly significant increase from FY 1997 through FY 2002 (an average 20% increase per year). It should be noted that, during these years, the number of CILs in the network increased from 11 to 15. There are slight changes with essentially flat funding from FY 2002 through FY 2005 (an average 1% decrease per year). There is, then, a modest increase from FY 2005 through FY 2007 (an average 6.5% increase per year).

**State/federal core funding** and **vocational rehabilitation funding** show a similar pattern of significant overall increase over the decade analyzed. For the ten-year period, **state/federal core funding** shows an average 17% annual increase in funding and **vocational rehabilitation funding** shows an average 13% increase in funding. It is notable that the greatest increases are during the period of FY 1997 to FY 2002, with respective average annual increases of 28% and 17%. The increases then level off for the period of FY 2002 to FY 2007, the respective average annual increases being 1.7% and 5%. However, it is clear that **state/federal core funding** demonstrates minimal changes during the last two years of the decade – even having a decrease in FY 2007 – while vocational **rehabilitation funding** continues to increase.

**Other funding** shows an overall pattern of increase of 16% for the ten-year period, but with a very significant 25% decrease from FY 2002 to FY 2003, and a 5% decrease from FY 2004 to FY 2005.

**Community health funding** shows an overall decline of 11% for the ten-year period, but with an increase of 30% for the period of FY 1997 to FY 2002, followed by a net decrease of 32% for FY 2002 to FY 2007.

Finally, **local/other core funding** shows a generally consistent pattern of increase over the ten-year period, with a 236% increase for the period, averaging 23.6% annually.

## CIL FUNDING BY PROGRAM – FY 2007

	CIL Core Funding		Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL Totals
	State/ Federal	Local Other				
<b>Ann Arbor CIL</b>	348,676	271,530	961,192	27,140	313,024	1,921,562
- Ann Arbor	18.1%	14.1%	50.0%	1.4%	16.3%	100.0%
<b>Blue Water CIL</b>	321,056	65,000	232,763	36,000	483,924	1,138,743
- Port Huron	28.2%	5.7%	20.4%	3.2%	42.5%	100.0%
<b>Capital Area CIL</b>	337,730	57,331	359,810	-	253,844	1,008,715
- Lansing	33.5%	5.7%	35.7%	0.0%	25.2%	100.0%
<b>Community Connections</b>	88,159	6,000	182,820	-	10,320	287,299
- Benton Harbor	30.7%	2.1%	63.6%	0.0%	3.6%	100.0%
<b>Disability Advocates of Kent County</b>	321,057	277,068	327,767	-	510,211	1,436,103
- Grand Rapids	22.4%	19.3%	22.8%	0.0%	35.5%	100.0%
<b>Disability Connection</b>	176,413	25,000	128,540	227,306	7,648	564,907
- Muskegon	31.2%	4.4%	22.8%	40.2%	1.4%	100.0%
<b>disAbility Connections</b>	125,120	237,451	53,940	-	267,190	683,701
- Jackson	18.3%	34.7%	7.9%	0.0%	39.1%	100.0%
<b>Disability Network/Lakeshore</b>	321,057	55,670	174,921	67,930	86,878	706,456
- Holland	45.4%	7.9%	24.8%	9.6%	12.3%	100.0%
<b>Disability Network/Mid Michigan</b>	321,057	38,500	311,716	415,094	100,079	1,186,446
- Midland	27.1%	3.2%	26.3%	35.0%	8.4%	100.0%
<b>Disability Network/Northern Michigan</b>	233,075	-	154,653	-	-	387,728
- Traverse City	60.1%	0.0%	39.9%	0.0%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	335,139	14,520	318,776	-	45,780	714,215
- Sterling Heights	46.9%	2.0%	44.6%	0.0%	6.4%	100.0%
<b>Disability Network/S.W. Michigan</b>	321,057	172,312	334,300	66,988	269,785	1,164,442
- Kalamazoo	27.6%	14.8%	28.7%	5.8%	23.2%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	347,856	25,000	186,743	-	10,000	569,599
- Detroit	61.1%	4.4%	32.8%	0.0%	1.8%	100.0%
<b>Superior Alliance for IL</b>	207,164	-	74,334	-	57,366	338,864
- Marquette	61.1%	0.0%	21.9%	0.0%	16.9%	100.0%
<b>The Disability Network</b>	321,058	33,964	564,658	479,271	512,820	1,911,771
- Flint	16.8%	1.8%	29.5%	25.1%	26.8%	100.0%
<b>NETWORK</b>	4,125,674	1,279,346	4,366,933	1,319,729	2,928,869	14,020,551
<b>TOTALS</b>	29.4%	9.1%	31.1%	9.4%	20.9%	100.0%

## CIL FUNDING BY PROGRAM – FY 2008

	CIL Core Funding		Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL Totals
	State/ Federal	Local Other				
<b>Ann Arbor CIL</b>	347,030	266,750	949,329	27,000	290,900	1,881,009
- Ann Arbor	18.4%	14.2%	50.5%	1.4%	15.5%	100.0%
<b>Blue Water CIL</b>	319,541	130,073	249,713	25,000	607,631	1,331,958
- Port Huron	24.0%	9.8%	18.7%	1.9%	45.6%	100.0%
<b>Capital Area CIL</b>	335,932	55,704	350,260	-	244,573	986,469
- Lansing	34.1%	5.6%	35.5%	0.0%	24.8%	100.0%
<b>Community Connections</b>	87,743	3,200	254,502	-	45,550	390,995
- Benton Harbor	22.4%	0.8%	65.1%	0.0%	11.6%	100.0%
<b>Disability Advocates of Kent County</b>	319,541	330,438	164,858	120,000	364,631	1,299,468
- Grand Rapids	24.6%	25.4%	12.7%	9.2%	28.1%	100.0%
<b>Disability Connection</b>	175,580	5,000	109,526	174,392	75,566	540,064
- Muskegon	32.5%	0.9%	20.3%	32.3%	14.0%	100.0%
<b>disAbility Connections</b>	124,529	159,400	49,640	111,950	280,395	725,914
- Jackson	17.2%	22.0%	6.8%	15.4%	38.6%	100.0%
<b>Disability Network/Lakeshore</b>	319,541	42,000	185,541	67,930	145,400	760,412
- Holland	42.0%	5.5%	24.4%	8.9%	19.1%	100.0%
<b>Disability Network/Mid Michigan</b>	319,439	52,000	244,616	413,381	151,184	1,180,620
- Midland	27.1%	4.4%	20.7%	35.0%	12.8%	100.0%
<b>Disability Network/Northern Michigan</b>	231,975	-	182,576	-	-	414,551
- Traverse City	56.0%	0.0%	44.0%	0.0%	0.0%	100.0%
<b>Disability Network/Oakland &amp; Macomb</b>	333,557	12,000	331,223	-	98,516	775,296
- Sterling Heights	43.0%	1.5%	42.7%	0.0%	12.7%	100.0%
<b>Disability Network/S.W. Michigan</b>	319,541	165,274	421,992	-	255,086	1,161,893
- Kalamazoo	27.5%	14.2%	36.3%	0.0%	22.0%	100.0%
<b>Disability Network/Wayne County-Detroit</b>	346,214	12,885	177,849	-	24,948	561,896
- Detroit	61.6%	2.3%	31.7%	0.0%	4.4%	100.0%
<b>Superior Alliance for IL</b>	206,186	-	120,242	-	5,920	332,348
- Marquette	62.0%	0.0%	36.2%	0.0%	1.8%	100.0%
<b>The Disability Network</b>	319,541	37,938	460,643	461,500	603,595	1,883,217
- Flint	17.0%	2.0%	24.5%	24.5%	32.1%	100.0%
<b>NETWORK</b>	4,105,890	1,272,662	4,252,510	1,401,153	3,193,895	14,226,110
<b>TOTALS</b>	28.9%	8.9%	29.9%	9.8%	22.5%	100.0%

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# **SUMMARY REPORTS BY MICHIGAN CILS AND PROVIDERS OF CIL 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.**

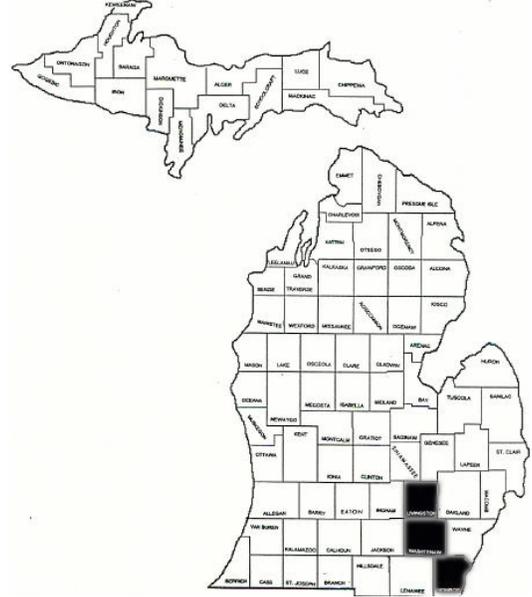




**Ann Arbor Center for Independent Living (AACIL)**  
 3941 Research Park Drive, Ann Arbor, MI 48108  
 Phone Number: 734-971-0277 • Fax Number: 734-971-0826  
 www.aacil.org • jmagyar@aacil.org



<i>Counties Served</i>	Livingston, Washtenaw, Monroe
<i>Year Established</i>	1976
<i>Number of Staff:</i> - Full-time	17
- Part-time	6
- Contractual	11
<i>Volunteer Hours 10/01/06-9/30/07</i>	3,112
<i>Consumers Served 10/01/06-9/30/07</i>	2,264
<i>Reported FY 2007 Budget</i>	\$1,921,562
<i>Projected FY 2008 Budget</i>	\$1,881,009



***CIL Description***

**Mission:** The Ann Arbor Center for Independent Living is dedicated to the success of children, youth and adults with disabilities at home, at school, at work and in the community.

**Major Goals:** We seek to **amplify the voice** of people with disabilities and **connect people** to community resources in order to **transform lives**, one person at a time.

**General Description:** The Ann Arbor CIL was established in February of 1976. With a talented staff and volunteer corps, we serve Washtenaw, Livingston, and Monroe Counties, which are a mix of both urban and rural areas. Ann Arbor CIL programs and services include individual and systems advocacy; information and assistance; peer support and youth mentorship; independent living supports; assistive technology evaluations, recommendations and training; crisis assistance; vocational counseling, job development and placement; small business development assistance; nursing home transition assistance; youth leadership development; and adaptive sports and recreation activities.

## ***Community Impact for FY 2007***

### **Amplifying the Voice of People with Disabilities**

- We continued to actively engage our community in problem solving dialog in order to increase options for people with disabilities for affordable and accessible housing, transportation, personal assistance, and access to health care, employment, and polling places.
- We facilitated disability awareness workshops for nearly 1000 public school students in our service area to promote positive interactions and inclusion of people with disabilities.
- We continued to apply steady pressure on local municipalities and other public entities to ensure curb ramp installation compliance.
- We worked with the University of Michigan Health System to educate new physicians about disability issues.
- We worked diligently to implement the Help America Vote Act in our local community.

### **Connecting People with Community Resources**

- We connected 2,264 people with disabilities to vital community resources that are essential for living meaningful and productive lives in our community.
- We assisted 61 individuals to obtain meaningful employment.
- We provided adapted and inclusive tennis, bowling, cycling, basketball and other sports and recreation opportunities for 175 people with disabilities and their friends and family. Among our many events was a 4-day cycling ride from Holland to Ann Arbor called IRide. Riders with and without disabilities completed the 250-mile journey on hand cycles, bicycles, and tandem cycles. In Monroe, we collaborated with the national organization, AMBUC's that donated custom-built tricycles to 35 children with neuromuscular diseases.

## ***Priorities for FY 2008***

- We will engage in strategic planning to determine how to best use our new office space.
- We will work with community partners to complete a comprehensive, community-based needs assessment in Washtenaw, Monroe and Livingston Counties.

# Blue Water Center for Independent Living (BWCIL)

310 Water Street • Port Huron • 48060

Phone Number: 810-987-9337 • Fax Number: 810-987-9548

www.bwcil.org • bwcilph@yahoo.com



"Where disability ends and ability begins."

<i>Counties Served</i>	Huron, Lapeer, Sanilac, St. Clair, Tuscola
<i>Year Established</i>	1986
<i>Number of Staff:</i>	
- Full-time	18
- Part-time	7
- Contractual	4
<i>Volunteer Hours 10/01/06-9/30/07</i>	7,940
<i>Consumers Served 10/01/06-9/30/07</i>	6,446
<i>Reported FY 2007 Budget</i>	\$1,138,743
<i>Projected FY 2008 Budget</i>	\$1,331,958



## CIL Description

### Mission:

Independent Living is the right of all people to make informed choices, to have personal control over their own lives, and to participate in the everyday activities of work, school, home, family, and community. BWCIL is a non-profit, consumer-based organization that advocates, informs and supports persons with disabilities in our community. BWCIL is run by and for people with disabilities in the five counties of Michigan's Thumb.

### Major Goals:

The BWCIL will be:

- The advocate for people with disabilities in our community.
- The first resource people contact for disability solutions in our community.
- Not only the first contact: BWCIL will be the best advocate.
- The leader in changing community perceptions of disability.
- The recognized voice for people with disabilities in regional, state and federal arenas.

### General Description:

The Blue Water Center for Independent Living (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. One of the unique features of the BWCIL is its ability to maintain branch offices in the county seat in 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. The BWCIL programs and services include individual and systems advocacy, information and referral, peer support,

independent living support services and training, housing education and support services, substance abuse services, youth education and employment services, and school-to-life transition services.

### ***Community Impact for FY 2007***

- The BWCIL assisted 53 youth (ages 16-21) with education and employment support services in the Youth Opportunities Unlimited (YOU) program. This resulted in 9 youth completing their GED, 4 youth enrolling in college, and 12 youth finding and maintaining employment.
- The BWCIL provided transitional housing support services to 27 adults, permanent housing support services to 20 adults, and housing education and supports to 302 adults and 195 children.
- The BWCIL collaborated with 4 local community mental health authorities and the local community action agency to increase housing opportunities for homeless people with serious mental illness.
- The BWCIL Access Team played an active role in providing technical assistance to the St. Clair County Community Foundation for accessible recreation projects.
- BWCIL staff was featured in a PBS program promoting the benefits of Ticket to Work.
- The BWCIL provided employment services to released prisoners through the Michigan Prisoner Re-Entry Initiative.

### ***Priorities for FY 2008***

- Expand the Access Team to Sanilac County and increase community awareness of the ADA.
- Expand substance abuse services to Lapeer County.
- Develop a basic skills training program for adults to increase reading and math skills.
- Develop a successful nursing home transition program.
- Continue to expand the role of volunteers throughout the BWCIL.

# Capital Area Center for Independent Living (CACIL)

1048 Pierpont Suite 9-10 • Lansing • 48911

Phone Number: 517-241-0393 • Fax Number: 517-241-0438

www.cacil.org • eweaver@cacil.org



Capital Area Center for  
Independent Living  
"Your Disability Resource"

*Counties Served* Ingham, Eaton, Clinton, Shiawassee

*Year Established* 1976

*Number of Staff:* - Full-time 11

- Part-time 0

- Contractual 1

*Volunteer Hours 10/01/06-9/30/07* 5178

*Consumers Served 10/01/06-9/30/07* 1940-unduplicated

*Reported FY 2007 Budget* \$905,570

*Projected FY 2008 Budget* \$889,278



## **CIL Description**

**Mission:** To enhance the quality of life of people with disabilities.

**Major Goals:** 1) To continue working with the CATA system to improve services to people with disabilities.  
2) To begin working with the VA system to form collaboration and begin services to Veterans with disabilities.

**General Description:** CACIL, one of the first CILs in Michigan, 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 three major systems that impact the lives of people with disabilities - transportation, long term care, and vocational services. Our CIRCLE I and II program provides not only soft pre-employment skills, but also job seeking skills such as resume writing. CACIL's 19 year partnership with CATA has enabled CACIL to be on the forefront of advocacy in transportation. CACIL has taken a lead in long term care reform, remodeling the long term care system with the ultimate goal of Money Follows the Person through advocacy and participation on statewide committees. With a staff that consists of 85% persons with disabilities, CACIL provides mentoring, role modeling and peer support to persons with disabilities.

## **Community Impact for FY 2007**

- 79 ASL interpreter invoices were processed for MRS, enabling 79 persons with deafness to receive appropriate services.
- CACIL was able to positively impact the LTC system by serving on various committees including the Long Term Care Commission to voice the needs of persons with disabilities.

- CACIL continues a strong partnership with MRS and MCB and helps ensure appropriate services.
- CACIL has certified 1413 persons with disabilities to ride the Para-transit system and has two members including the chair of the LAC.
- CACIL supports three advocacy groups, the RICC, People First and the Advocacy group. All three have had active letter writing and telephone campaigns on issues that effect people with disabilities-housing, healthcare and transportation. They also have testified at many hearings regarding these issues.
- CACIL continues to inform voters of issues and encourages people with disabilities to register to vote.
- CACIL, through individual advocacy provides people with disabilities not only access to health care but educates people with disabilities on how to manage their health and take control of their disability.

### ***Priorities for FY 2008***

- Resurrect the Puppet program to continue addressing disability awareness in elementary and preschools.
- Continue to take a very active role in over hauling the long term care system.
- Continue to encourage all three of our advocacy groups to work on health care, transportation and housing.
- Continue to lead the way in the provision of professional rehabilitation nursing services and health advocacy, both system and individual.
- Continue to seek ways to diversify funding.
- Continue barrier removal efforts and respond to access issues in the community.
- Continue and strengthen CACIL's work with the VA addressing independent living issues.
- Begin selling items on EBay or Mission Fish that our micro enterprise program has designed.

*Community Connections of SW Michigan (CC)*  
 133 East Napier Ave. Suite 2 • Benton Harbor • 49022  
 Phone Number: 269-925-6422 • Fax Number: 269-925-7141  
 www.miconnect.org • cil@miconnect.org



<i>Counties Served</i>	Berrien, Cass
<i>Year Established</i>	2000
<i>Number of Staff:</i>	
- Full-time	5
- Part-time	3
- Contractual	0
<i>Volunteer Hours 10/01/06-9/30/07</i>	355
<i>Consumers Served 10/01/06-9/30/07</i>	1041
<i>Reported FY 2007 Budget</i>	\$287,299
<i>Projected FY 2008 Budget</i>	\$390,995



***CIL Description***

Community Connections is a developing Center for Independent Living serving citizens in two rural counties in Michigan’s Great Southwest. Community Connections is committed to partnerships and the building of inclusive communities for all. Grassroots advocacy and systems change is the essence of our existence and drive. As well as providing core services of information and referral, peer supports, and independent living skills/supports, Community Connections has made a positive impact on the lives of persons with disabilities in the areas of accessibility, assistive technology, leadership, wellness/recovery, work incentives and increasing opportunities for employment.

***Community Impact for FY 2007***

- Planned and hosted the sixth annual regional “Connecting to Your Community” conference and resource fair, in collaboration with other community partners. Over 350 people participated in Time Banking-Talent Exchange topics.
- Strengthened partnership with the local Housing Resource Network to increase affordable, accessible housing options and assisted persons at risk of homelessness.
- Strengthened partnership with the local Michigan Works! providing systems change and disability awareness through the Disability Navigator project.
- Built partnerships to strengthen disability awareness, pride and relationships with citizens with varying ages and disabilities, along with Michigan Rehabilitation Services, Michigan Works, Transition Councils, Intermediate School Districts, Social Security, local public transit providers, and other community resources.

## ***Priorities for FY 2008***

- Continue to impact and influence Long-Term Care Connections for all people within Southwest Michigan.
- Expand employment options using Micro-Enterprise and non-traditional job exploration.
- Outreach to minority at risk youth and transition age students with disabilities along with underserved areas within Berrien and Cass counties.
- Continue to promote the use and acquisition of assistive technology as tools to improve the lives of persons with disabilities for work, school and personal life.
- Build leadership capacity and skills of persons with disabilities to improve services utilizing grass roots advocacy, community organizing, and feedback.
- Continue to connect and link people with disabilities and their families with vital information, supports and community resources building an inclusive, livable community.
- Continue to increase and diversify our funding base to ensure and retain a well-trained and supportive staff.

# Disability Advocates of Kent County (DAKC)

3600 Camelot Dr. SE • Grand Rapids • 49546

Phone Number: 616-949-1100 • Fax Number: 616-949-7865

www.dakc.us • dave.b@dakc.us



<i>Counties Served</i>	Kent
<i>Year Established</i>	1981
<i>Number of Staff:</i>	
- Full-time	17
- Part-time	9
- Contractual	0
<i>Volunteer Hours 10/01/06-9/30/07</i>	10,837
<i>Consumers Served 10/01/06-9/30/07</i>	2,870
<i>Reported FY 2007 Budget</i>	\$1,436,103
<i>Projected FY 2008 Budget</i>	\$1,299,468



## ***CIL Description***

Disability Advocates of Kent County celebrated its 25<sup>th</sup> anniversary in October 2006. Starting as part of Hope Network in 1981, DAKC became incorporated as a separate nonprofit on October 1, 1993 as the Grand Rapids Center for Independent Living. In May 2002, our name changed to 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:

- Provide the four core services: Information and Referral, Independent Living Skills, Advocacy, and Peer Support.
- Engage a constituency of persons with disabilities and supporters in Kent County.
- Continue our networking in the wider community.
- Maintain financial soundness.
- 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, housing, long-term care and transit.

## ***Community Impact for FY 2007***

- DAKC had a very successful FY 2007 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, 10,837 hours of volunteer time were documented!
- In the area of support for individuals, DAKC continued to work with a significantly growing number of persons with disabilities on IL issues and individual advocacy. This was most evidenced in the partnership between the MRS District Office and DAKC's Business Services Team (BST). This team provided services to 1,185 persons with disabilities seeking to obtain or maintain employment through direct supports and the removal of barriers to employment. In addition, the BST became the disability navigator for the Michigan works! Sites in Kent and Allegan counties.
- In the areas of systems change, DAKC's Core Services Team (CST) continued to work on the priorities set at the 2005 Citizen Transit Summit. In January, the Rapid board was convinced to place a tax increase on the ballot and on May 8, 2007, voters approved the third increase for area transit services since 2000! In the area of long-term care reform, DAKC's systems change facilitator and Long Term Care Reform Workgroup were very engaged on the local and state levels. Finally, the CST's housing specialist and the Housing Workgroup worked on the expansion of local affordable housing options for persons with disabilities.
- DAKC's ZeroStep Team worked extensively on the development of the ZeroStep Guidelines which will support builders, architects and designers as they build and design homes for all (see [www.zerostep.org](http://www.zerostep.org)).
- Finally, DAKC's Resource Development Team organized a highly successful 25<sup>th</sup> anniversary celebration that featured John Hockenberry presenting at both the DAKC event and the Grand Rapids Economics Club luncheon. Overall, the team's development efforts surpassed the FY 2007 goal which was significantly higher than the FY 2006 totals.

## ***Priorities for FY 2008***

- Strengthening DAKC's delivery of the four core services.
- Engaging our constituency more in the work of DAKC and the wider community through leadership development and engagement in systems change workgroups and through volunteer opportunities in service provision.
- Developing the partnership between area employers and DAKC's Business Services Team to provide employment opportunities for persons with disabilities. This includes the continuation of the disability navigator project for the local Michigan Works sites and a joint effort to provide IL supports for persons who are deaf and hard of hearing.
- Continuing ZeroStep's development through increased direct marketing efforts to builders, remodelers, other professionals and the general public.
- Continuing the work of the Resource Development Team to grow our diverse funding base to support our operations and, in particular, our systems advocacy work.

## *Disability Connection (DCCIL)*

1871 Peck Street • Muskegon • 49441

Phone Number: 231-722-0088 • Fax Number: 231-722-0066

www.dcilmi.org • susanc@dcilmi.org

*Counties Served* Mason, Muskegon, Newaygo, Oceana

*Year Established* 2000

*Number of Staff:* - Full-time 7

- Part-time 13

- Contractual 2

*Volunteer Hours 10/01/06-9/30/07* 5,252

*Consumers Served 10/01/06-9/30/07* 719

*Reported FY 2007 Budget* \$564,907

*Projected FY 2008 Budget* \$540,064



## ***CIL Description***

### **Mission:**

Disability Connection's mission is to advocate, educate, empower, and provide resources for persons with disabilities and promote accessible communities.

### **Major Goals:**

1. To provide the four core services of: Information and Referrer, Individual and Systems Advocacy, Peer Support, and Independent Living Skill
2. Development of collaborative partnerships which will result in significant changes for all persons with disabilities in our communities.
3. Financial soundness
4. Increase quality of services to consumers which are tailored to individual needs

### **General Description:**

Disability Connection a Center for Independent Living was founded June 14, 1999. We serve Mason, Muskegon, Newaygo and Oceana Counties which covers almost 2,500 square miles. It is our goal to create opportunities for "livable communities" by engaging person with disabilities and the community to address gaps in services and work on systems change through coalition-building and the promotions of self advocacy.

### ***Community Impact for FY 2007***

- Through the Transportation Voucher Grant, 68 consumers who did not have reliable public transportation, received 100,000 miles in total of transportation voucher reimbursements. This provided them an opportunity to become more involved in their communities by job seeking, obtaining employment, getting to medical services needed and engaging in leisure and recreational activities.
- The Access Team completed an accessibility review of 35 facilities and parks for the City of Muskegon.
- Provided peer support/mentoring services to over 156 people.
- Assisted over 30 people in finding employment.

### ***Priorities for FY 2008***

- Educate the community about the value and importance of public transit and the role it can take in our community from a personal, economically and social value.
- Expand outreach services to people in Mason and Oceana Counties
- To develop a formal sensitivity training that we can offer to employers, schools, non-profits, governmental entities.
- Develop a monthly news broadcast related to currently trends and issues that persons with disabilities face.
- Seek alternative funding that will provide opportunities to enhance the lives of persons with disabilities.
- Continue to develop a stronger relationship with the Veterans Administration for services to returning veterans.

*disAbility Connections, Inc. (dAC)*

409 Linden • Jackson • 49203

Phone Number: 517-782-6054 • Fax Number: 517-782-3118

www.disabilityconnect.org • joann@disabilityconnect.org

*Counties Served* Jackson, Hillsdale, Lenawee

*Year Established* 1925

*Number of Staff:* - Full-time 3

- Part-time 9

- Contractual 0

*Volunteer Hours 10/01/06-9/30/07* 6450

*Consumers Served 10/01/06-9/30/07* 1,135

*Reported FY 2007 Budget* \$683,701

*Projected FY 2008 Budget* \$725,914



***CIL Description***

*Mission:* disAbility Connections seeks to advance independence, productivity and full-inclusion into the community children and adults who live with disabilities.

*Major Goals:* To provide IL core services along with loan closet services, ramp building program, transportation voucher program, counseling, technology center and related assistive technology services, respite services, and parent education resource center services to people with disabilities.

*General Description:*

disAbility Connections is a non-profit agency that assists and advocates on behalf of individuals and families with disabilities throughout all aspects of our shared community.

## *Community Impact for FY 2007*

- **Respite:** provided respite care services for an average of 12 to 17 families each month; for an average of 189 hours each month. **Ramps:** built 39 ramps. **Loan Closet:** total of 755 people were assisted through our loan closet. **Social/Recreational:** provided social/recreational opportunities to individuals including exercise class, Helping Friends Together Club, Teens Networking Together, Games and Crafts Day, Parkinson's Support Group, Girls Rule! Group, and through Board membership on the Jackson Fitness Council.
- We continued the **Transportation Voucher Project** with funding through the Michigan Developmental Disabilities. To date, we have 100 individuals enrolled in the project. We achieved all of our second year milestones outlined in the grant work plan.
- We assisted 51 individuals to **transition** from an institutional setting to the community.
- We assisted the 211 system by active participation on both the local and regional boards of directors.

## *Priorities for FY 2008*

- Secure fee-for-service contract with VA services covering Jackson, Hillsdale and Lenawee Counties.
- Continue advocacy efforts to improve opportunities and options for people with disabilities in Jackson County via County Commissioners, Representatives and State Senators.
- Strengthen collaborative relationships with MRS-Jackson to ensure strong service delivery to our mutual consumers.
- Continue to build footprints in Lenawee and Hillsdale Counties.
- Continue efforts with Fitness Council of Jackson on Walk-able Communities Task Force for infra-structural advancements/complete sidewalks.

## *Disability Network/Lakeshore*

426 Century Lane • Holland • 49423

Phone Number: 616-396-5326 • Fax Number: 616-396-3220

www.dnlakeshore.org • ruth@dnlakeshore.org



*Counties Served* Ottawa, Allegan

*Year Established* 1992

*Number of Staff:* - Full-time 10

- Part-time 0

- Contractual 1

*Volunteer Hours 10/01/06-9/30/07* 3,237

*Consumers Served 10/01/06-9/30/07* 1,790

*Reported FY 2007 Budget* \$706,456

*Projected FY 2008 Budget* \$760,412



### ***CIL Description***

**Mission:** Connecting people with disabilities to resources and opportunities, while developing communities where everyone can participate, contribute, and belong.

#### **Major Goals:**

- Places of employment are disability-friendly
- Usable transportation is readily available
- People with disabilities acquire and maintain employment and maximize income
- Youth with disabilities are prepared for work and responsible adulthood
- Individuals access supports necessary for employment and enhanced independence
- Community members, donors, and partners increase their awareness of current disability issues and opportunities for involvement and support
- Disability Network/Lakeshore builds and maintains an environment in which audacious goals can be achieved

**General Description:** Most people equate disability with limitations. But it's our job to change the perceptions and realities that prevent people with disabilities from participating in our communities. Every year, we provide training, mentoring, and referrals to help people with disabilities and their families live productive lives. Because disability touches so many people, we also work on a larger scale, helping governments and business make changes that benefit not just those with disabilities, but everyone in the community.

### ***Community Impact for FY 2007***

- Identified transportation needs through a community-wide study
- Teamed with key stakeholders on first steps for regional transportation planning
- Helped 133 people find and analyze housing options
- Surveyed 28 businesses, leading to 72 facility and program accessibility improvements
- Assisted 75 people to increase their work search skills
- Helped 49 people acquire, improve, or maintain employment
- Assisted 119 youth develop critical employment and life skills
- Helped 151 people navigate long-term support services

### ***Priorities for FY 2008***

- Develop an employment network with five or more committed employers
- Assist ten people to secure housing of their choice
- Develop an integrated business service package
- Increase accessibility of 12 workplaces
- Assist Allegan County to implement a transportation marketing plan
- Secure commitment for comprehensive regional transportation planning
- Continue to assist youth to develop employment skills through mentoring and Youth Employment Summit opportunities
- Develop and implement a consistent marketing strategy

## Disability Network/Mid-Michigan

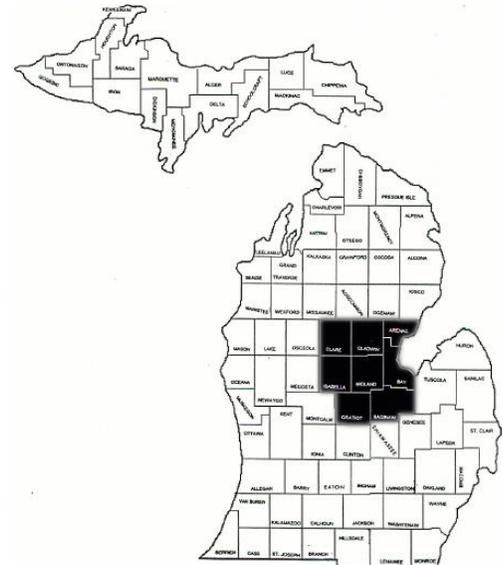
1160 James Savage Road • Midland • 48640

Phone Number: (989) 835-4041 • Fax Number: (989) 835-8121

[info@dnmm.org](mailto:info@dnmm.org) • [www.dnmm.org](http://www.dnmm.org)



<i>Counties Served</i>		Arenac, Bay, Clare, Gratiot, Gladwin, Isabella, Midland, Saginaw
<i>Year Established</i>		1990
<i>Number of Staff:</i>	- Full-time	19
	- Part-time	2
	- Contractual	0
<i>Volunteer Hours 10/01/06-9/30/07</i>		1,003
<i>Consumers Served 10/01/06-9/30/07</i>		1,038
<i>Reported FY 2007 Budget</i>		\$1,186,446
<i>Projected FY 2008 Budget</i>		\$1,180,620



### **CIL Description**

**Mission:** To promote and encourage independence for all people with disabilities.

**Major Goals:** To provide consumer advocacy to help people with disabilities get the necessary support services from other sources in the community; provide community advocacy through creating activities to promote full participation in all aspects of community living; provide opportunities for people with disabilities to allow others to benefit from their experiences; to be a comprehensive resource for pertinent information; and provide individual and/or group training to help people with disabilities gain skills that would enable them to live independently.

**General Description:** Headquartered in Midland, the Center for Independent Living of Mid-Michigan (CIL), now known as the Disability Network/Mid-Michigan (DNMM), serves individuals with disabilities and the communities at large in four urban and four rural counties in mid-Michigan. The CIL is committed to coalition building and actively advocates for improved transportation in Bay, Midland and Saginaw counties. Unique to our center is a 30-minute, informational public access television show viewed by over 110,000 households monthly. The CIL also rents an accessible apartment, the Skills CITE that provides independent living skills development opportunities for youth and adults with disabilities. The CIL has grown into a major community outreach organization supported by the United Way of Midland County, fundraising events, and fee-for-service activities.

## ***Community Impact for FY 2007***

- Implemented a new data collection software program that more accurately reports the activities, outcomes and impact of the DNMM.
- Expand supports coordination in Bay County.
- Created an educational program series for parents of children with disabilities.
- Expanded marketing efforts to businesses to conduct disability awareness trainings, accessibility reviews, and ADA consultations.
- Enhanced consumer involvement in all aspects of the DNMM.
- We recorded 1,002.75 volunteer hours this year, 1 ½ times more hours than last year.
- Added three new programs this year: VA services, Nursing Home Transition, and Job Placement services.
- The Discover program was expanded to MRS Mt. Pleasant.
- The number of consumers served increased by 11% from last year.
- The number of Hispanic consumers served increased by 28% from last year.
- The number of Africa-American consumers served increased by 45% from last year.
- The number of consumer I&Rs completed increased by 18% from last year.
- Community activity hours increased 65% over last year. This is a result of our agencies increased and focused community efforts and staff receiving training on how to accurately and consistently report their community activities in our new database system.

## ***Priorities for FY 2008***

- Locate and purchase a new office building.
- Increase consumer and community knowledge and awareness of disability topics by conducting disability seminars and presentations.
- Systems advocacy by consumers will be increased through their participation in the Advocacy In Motion (AIM) grant and peers support group activities.
- Increase Business Services through provision of disability awareness trainings, accessibility reviews and ADA consultations to employers, businesses, and community partners to increase their knowledge about disabilities and applicable laws.
- Continue administering the Access to Recreation grant to improve the accessibility of recreation sites in Midland County.
- Facilitate Discover sessions resulting in participants becoming more empowered and prepared to enter into employment.
- Create a support network to increase the opportunity for parents with disabilities to keep their children in their home.
- Conduct independent facilitator trainings and increase consumer support coordination.
- Ensure our cash and state match collaborative grants are meeting the needs of MRS and students in the transition program.
- Expand assistive technology training through MRS and MCB.
- Promote and expand Nursing Home Transition services, VA services, and job placement services.
- Expand our community presence through marketing and public relations campaigns.
- Increase fundraising efforts.
- Increase systems advocacy in the priority areas of housing, transportation and employment.
- Continue to be a lead agency in the Midland County Mental Health Task Force.

## Disability Network/Northern Michigan

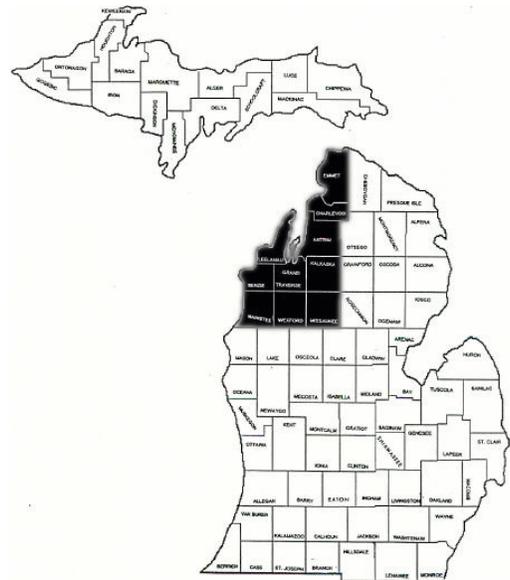
333 State Street • Traverse City • 49684

Phone Number: 231-922-0903 • Fax Number: 213-922-2597

www.disabilitynetwork-nmi.org • jimmoore@chartermi.net



<i>Counties Served</i>	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford
<i>Year Established</i>	2002
<i>Number of Staff:</i>	
- Full-time	4
- Part-time	2
- Contractual	2
<i>Volunteer Hours 10/01/06-9/30/07</i>	2,385
<i>Consumers Served 10/01/06-9/30/07</i>	1,022
<i>Reported FY 2007 Budget</i>	\$387,728
<i>Projected FY 2008 Budget</i>	\$414,551



### CIL Description

**Mission:** Mission: To promote personal empowerment and positive social change for persons with disabilities.

**Major Goals:** The Disability Network/ Northern Michigan (DN/NM) works with people with disabilities to eliminate the disparities in employment, community participation, health, and mobility that exist between people with disabilities and the general population.

The Disability Network/Northern Michigan serves a large, primarily rural, ten county region in Northwest Lower Michigan. Through education, advocacy, and outreach, DN/NM is developing a growing network of supports and services for persons with disabilities by forming community partnerships, collaborations, and a corps of volunteers. Some of our services include: systems change advocacy, pre-employment training, information and referral, and life skills programs for students and young adults with disabilities. DN/NM strives to eliminate structural, communication, and attitudinal barriers that can prevent persons with disabilities from living a life of self-determination and participating fully in life's activities.

## ***Community Impact for FY 2007***

- Provided training on disability awareness and disability law to over 200 employees at northern Michigan's one-stop centers for employment.
- Provided a high school transition programs called Learning Independence From Experience (L.I.F.E.) to 200 students in 12 area schools through the Traverse Bay Area Intermediate School District. The LIFE 101 & 102 programs provide empowerment and skill building to assist students with disabilities in the transition from school to community.
- Formed a Youth Advocacy Council that develops leadership skills and provides peer-to-peer support and mentoring for young adults with disabilities.
- In collaboration with Grand Traverse Industries and Michigan Rehabilitation Services, the Lis'n program provided services for over 200 individuals. This program provides access to interpreter services, works with employers who are hiring persons who are deaf or hard of hearing, and assists in providing information of assistive technology devices.
- Through a grant from the Michigan Disability Rights Coalition, provided training in community asset mapping for seven team projects designed to create positive change for persons with disabilities. Projects included developing a talent exchange, a pedestrian safety program, and an outreach program to the elderly.
- Through a collaboration of human service agencies, DN/NM provided leadership for the Northwest Michigan Transportation Alliance which delivered over 1,500 non-emergency medical rides for people with disabilities.

## ***Priorities for FY 2008***

- Provide pre-employment assessment services for MRS clients to assist in removing barriers to successful employment.
- Work with the Veteran's Administration to provide independent living assessments and outreach.
- Provide nursing home transition services.
- Develop a peer support/mentoring program for older adults with disabilities.
- Continue to expand our work with the Northwest Michigan Transportation Alliance to include employment and training rides.
- Continue to provide independent living skill training to over 200 high school students.

## Disability Network Oakland & Macomb (DNOM)

16645 15 Mile Road • Clinton Township • 48035

Phone Number: 586-268-4160 • Fax Number: 586-285-9942

www.dnom.org • info@dnom.org



<i>Counties Served</i>	Oakland, Macomb
<i>Year Established</i>	1987
<i>Number of Staff:</i>	
- Full-time	10
- Part-time	2
- Contractual	2
<i>Volunteer Hours 10/01/06-9/30/07</i>	768
<i>Consumers Served 10/01/06-9/30/07</i>	1049
<i>Reported FY 2007 Budget</i>	\$714,215
<i>Projected FY 2008 Budget</i>	\$775,296



### ***CIL Description***

**Mission:** We are committed to advancing personal choice, independence, and positive social change for persons with disabilities through advocacy, education and outreach.

**Major Goals:** DNOM's focus in the future is on expanding transition services for high school and post secondary students. DNOM is also placing emphasis on advocacy in transportation, housing and development of skills to obtain self-sufficiency. DNOM has begun providing independent living services to veterans and will continue to focus on providing these services.

**General Description:** DNOM provides Information & Referral, Peer Support, Advocacy Services and Independent living skills training services for Oakland and Macomb counties. DNOM independent living specialists provide these services in local MRS offices, MI Works! offices, and local schools.

DNOM offers an assistive technology center that provides the community the ability to access the internet, learn basic computer skills, and utilize state of the art assistive technology.

### ***Community Impact for FY 2007***

- DNOM has begun providing Independent Living Assessments and Independent Living Skills Training for veterans through a collaboration with the Veterans Administration.
- DNOM began an art program “IMAGINE” to showcase and sell art created by people with disabilities.
- DNOM facilitated a “We Lead” summer leadership day camp for youth with and without disabilities.
  
- DNOM moved to a new office in Clinton Township on a line haul bus line to increase access to consumers living in both Oakland and Macomb counties.
- DNOM has worked with the SMART bus transportation system to change the guidelines for the reduced fare application changing the discriminatory language affecting people with mental illness.

### ***Priorities for FY 2008***

- Begin school transition services to students in the southwest quadrant of Oakland County.
- Increase membership for support group for people with disabilities.
- Increase trainings to the community to increase disability awareness and sensitivity training.
- Raise funds for consumer programming (consumer festivals, expansion of the IMAGINE program)

## *Disability Network/ Wayne County- Detroit (DN/WC)*

5555 Conner, Suite 2075 • Detroit • 48213

Phone Number: (313) 923-1655 • Fax Number: (313) 923-1404

<http://www.bwcil.org/wayne> • [rick@bwcil.org](mailto:rick@bwcil.org)

<i>Counties Served</i>	Wayne
<i>Year Established</i>	2003
<i>Number of Staff:</i>	
- Full-time	10
- Part-time	1
- Contractual	0
<i>Volunteer Hours 10/01/06-9/30/07</i>	1,925
<i>Consumers Served 10/01/06-9/30/07</i>	3,267
<i>Reported FY 2007 Budget</i>	\$479,645
<i>Projected FY 2008 Budget</i>	\$589,230



### ***CIL Description***

**Mission:** The Disability Network/Wayne County-Detroit is a consumer driven organization dedicated to maximizing the ability of persons with disabilities to live as independently as they choose. We encourage full participation in the everyday activities of living by providing a nurturing and supportive environment; advocating for an inclusive community; serving as a community resource; and providing a unified voice in the community.

**General Description:** The Detroit 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 populations. The population of Wayne County is 2,061,162 (2000 Census) with approximately 433,000 people with disabilities.

### ***Community Impact for FY 2007***

- Provided core services for all who request services.
- Development new strategic community collaborations within Western Wayne County.
- Continued to 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.

### ***Priorities for FY 2008***

- Continue the marketing of new name: Disability Network/Wayne County-Detroit.
- Develop and implement a comprehensive transition plan.
- Develop a staffed satellite office in Western Wayne County.
- Provide a comprehensive outreach program within Western Wayne County.
- Complete re-development and become a free-standing organization.

**Disability Network Southwest Michigan**  
*(formerly Disability Resource Center)*

517 E. Crosstown Parkway • Kalamazoo • 49001

Phone Number: 269-345-1516 • Fax Number: 269-345- 0229

jcooper@drccil.org • www.drccil.org



<i>Counties Served</i>	Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
<i>Year Established</i>	1981
<i>Number of Staff:</i>	
- Full-time	15
- Part-time	6
- Contractual	1
<i>Volunteer Hours 10/01/06-9/30/07</i>	5,208
<i>Consumers Served 10/01/06-9/30/07</i>	4,474
<i>Reported FY 2007 Budget</i>	\$1,164,442
<i>Projected FY 2008 Budget</i>	\$1,161,893



***CIL Description***

**Mission:** Disability Network Southwest Michigan educates and empowers people with disabilities to create change in their own lives and advocates for social change to create inclusive communities.

**Major Goals:** To act as a catalyst for change so communities include, empower, and support all people with disabilities.

**General Description:** Disability Network Southwest Michigan was founded in 1981 and is one of Michigan’s oldest CILs. Our main office in Kalamazoo and our branch office in Battle Creek are located in the urban centers of our service area. Our reputation as the **first** place to call for disability information and assistance is evidenced by the nearly 2,500 calls we received last year. We are widely recognized for our expertise in the area of brain injury and our provision of specialized driver education and training for people with disabilities. We are the only CIL that has a Community Work Incentive Coordinator, part of the Ticket to Work and Freedom to Work initiatives. We are one of four pilot sites in the State for the Nursing Facility Transition program through the Department of Community Health. We actively partner at the local and State level to create change. We are proud of the significant support we receive from volunteers, particularly our Advocacy Teams that work diligently to move our agenda for social change forward.

## ***Community Impact for FY 2007***

- Partnered with the AIA-Southwest Michigan Chapter to produce a conference on Universal Design that was attended by over 100 architects, builders, advocates & designers.
- Disability Network advocates were appointed chairpersons of the Local Advisory Councils (LACs) in both Battle Creek and Kalamazoo.
- Built on the success of our Ramp Up project in Kalamazoo by holding a Ramp Summit in Calhoun County to create a coordinated community response to ramp needs.
- Created successful workshop for employers –*What to do when an employee discloses a disability* – as part of a partnership with Michigan’s ADA Steering Committee.
- Transitioned 25 people receiving Medicaid funds out of nursing homes into a community-based living arrangement of their choice.
- Assessed the independent living needs of over 860 customers of Michigan Rehabilitation Services and provided additional intensive support and services for 144 adults and 36 youth.
- CIL director was appointed to the Board of Directors for the Single Point of Entry (SPE) pilot program, Southwest Michigan Long Term Care Connections.

## ***Priorities for FY 2008***

- Create a sustainable Ramp Up program in Calhoun County modeled on the success of our Kalamazoo program.
- Work with the new administration at WMU to address the numerous deficits in ADA compliance and to create a welcoming environment for students with disabilities.
- Create a plan to address the disparity in healthcare for women with mobility disabilities.
- Enhance our developing partnership with the Veterans Administration (VA) to provide IL services to veterans returning from Iraq and other wars.
- Advocating for an increase in the hours and days of service of public transportation provided in Kalamazoo County.
- Continue to engage in system changes with State long term care reform, inclusive of the pilot program for Single Point of Entry with Southwest Michigan Long Term Care Connections to ensure that choices are offered for community living and Medicaid savings are realized.

## Superior Alliance for Independent Living (SAIL)

129 W. Barage Ave. Suite H • Marquette • 49855

Phone Number: 906-228-5744 • Fax Number: 906-228-5573

www.upsail.com • amym@upsail.com



<i>Counties Served</i>	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Marquette, Menominee, Ontonagon, and Schoolcraft
<i>Year Established</i>	1998
<i>Number of Staff:</i>	
- Full-time	6
- Part-time	3
- Contractual	3
<i>Volunteer Hours 10/01/06-9/30/07</i>	1,109
<i>Consumers Served 10/01/06-9/30/07</i>	398
<i>Reported FY 2007 Budget</i>	\$338,864
<i>Projected FY 2008 Budget</i>	\$332,348



### ***CIL Description***

**Mission:** SAIL promotes the inclusion of people with disabilities into our communities on a full and equal basis through empowerment, education, participation and choice.

**Major Goals:** To assure that the entire Upper Peninsula receives independent living services.

**General Description:** SAIL serves 15 counties in the Upper Peninsula, and covers approximately 16,420 square miles, one fourth of the geographic area of the state of Michigan with a staff that includes 6 full time, 3 part time and 3 contract employees.

### ***Community Impact for FY 2007***

- SAIL continued to expand both individual and group services throughout the U.P. Specifically, SAIL engaged in statewide activities to coordinate systems change in the U.P. regarding the availability of housing and health care and long term care supports.
- SAIL implemented an on-line E-mentoring program for transition youth which promoted U.P.-wide youth involvement in mentoring programs designed to promote independent living skills, including employment, careers and leadership.

- SAIL continued to increase employment services and independent living skills development to the Native American communities throughout the U.P.
- SAIL continued to increase awareness and availability of the use of Assistive Technology as a means of increasing or maintaining independence.

### ***Priorities for FY 2008***

- SAIL will provide Community Systems Advocacy by continuing to respond to requests for accessibility surveys or assistance on making community facilities and program accessible throughout the U.P.
- SAIL will provide Community Systems Advocacy by assisting with the Marquette, Delta and Houghton Housing Coalitions to increase accessible and affordable housing options in the U.P.
- SAIL will provide Community Systems Advocacy by promoting Transportation service improvement and expansions of local transit systems throughout the U.P.
- SAIL will provide Individual Advocacy services throughout the U.P. regarding Employment, Health Care and Long Term Care supports, Transportation, Housing.
- SAIL will coordinate a U.P. Youth Leadership Forum and an Action Day Conference \*2008 to promote leadership, self-advocacy and self-determination for individuals with disabilities in the U.P.

## *The Disability Network (TDN)*

3600 S. Dort Hwy, Ste. 54 • Flint • 48507

Phone Number: 810-742-1800 • Fax Number: 810-742-7647

www.disnetwork.org • tdn@disnetwork.org



<i>Counties Served</i>	Genesee
<i>Year Established</i>	1992
<i>Number of Staff:</i>	
- Full-time	16
- Part-time	3
- Contractual	0
<i>Volunteer Hours 10/01/06-9/30/07</i>	1,476
<i>Consumers Served 10/01/06-9/30/07</i>	8,425
<i>Reported FY 2007 Budget</i>	\$1,911,771
<i>Projected FY 2008 Budget</i>	\$1,883,217



### ***CIL Description***

The Disability Network (TDN) is a non-profit organization that provides supports to over 8,000 citizens with disabilities in Genesee County, which includes Flint's 54% minority population and several rural out-county cities. Over 80% of TDN's board and staff and 60% of TDN's volunteers are people with disabilities. TDN focuses on community awareness, systems advocacy in transportation, housing, employment, education and technology and inclusion for the 86,000 residents with disabilities in Genesee County. TDN participates in over 80 local, state and national boards, councils and commissions – *"Nothing About Us Without Us!"*

### ***Community Impact for FY 2007***

TDN served 8,425 people with disabilities in 2007 with a very good/good satisfaction rating from 93% of all respondents using TDN services.

#### Assistive and Information Technology:

- Over 1,000 individuals accessed over 7,500 hours of assistive and information technology services including over 1,400 volunteer hours and more than 2,500 visits to TDN's Community Technology Center.
- 227 individuals completed computer technology courses to improve their employability.
- 85 college students from UM Flint, Baker College and Eastern MI University received assistive technology and disability training.

#### Education:

- 175 high school students received School to Work transition services.
- 36 high school students completed the TDN/MRS Summer youth Leadership program and gained self advocacy, leadership, employment seeking and employment retention skills.

#### Employment:

- 32 jobseekers with disabilities in the TDN/MRS Employment Mentoring program were matched with community businesses.

#### Housing:

- 48 low income individuals with disabilities received ramps and accessible home modifications to increase their independence.
- 31 new accessible homes were built as a result of advocacy and partnerships with Metro Housing, Mt. Morris, Land Bank, Salem Housing and Genesee County Planning Commission.

#### Peer Support:

- 875 individuals participated in TDN's annual Employer Luncheon, ADA Day Celebration, Freedom Bus Tour Event and Holiday Party.

#### ***Priorities for FY 2008***

- Build a Universal Design "Complete Streets" Coalition to change Genesee County road planning policy to be accessible, usable and welcoming to all citizens, including those with disabilities.
- Maintain and fund the TDN state-of-the-art Community Technology Center serving and training over 1,000 individuals with disabilities.
- Continue advocacy and leadership in transportation, housing, long-term care and technology for the 86,000 citizens with disabilities in Genesee County and the 80 boards, commissions and councils we participate in.

***Disability Network/Michigan***  
***(Formerly MACIL)***

1476 Haslett Rd. • Haslett • 48840

Phone Number: 517-339-0539 • Fax Number 517-339-0805

www.dnmichigan.org



<i>Counties Served</i>	Statewide (15 Member CILs)
<i>Year Established</i>	1993
<i>Number of Staff:</i>	
- Full-time	3
- Part-time	4
- Contractual	0
<i>Reported FY 2007 Budget</i>	\$675,000
<i>Projected FY 2008 Budget</i>	\$643,000

***Description***

Disability Network/Michigan strengthens and organizes the collective and individual voices of people with disabilities across Michigan in order to assure equality of opportunity, full participation, independent living and economic self-sufficiency.

The DN/M 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.

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

***Community Impact for FY 2007***

- A new website was developed and launched.
- A "Smart Book" consisting of resources for CILs was developed and made available on the new website.
- A workshop on housing was provided for CIL staff.
- A training on working with the VA and VA benefits was held.
- A new database called CFAL was installed at all CILs, DN/M and SILC.
- A statewide newsletter called, "We're Networked" was launched.
- CIL Directors met quarterly with MRS District Managers.
- DN/M staff participated in the statewide Quality Improvement Team and helped in the review process for MRS grants.

- A new handbook called, “Telling Our Story” was developed, which covers state and federal regulations, data collection and data reporting for all CIL staff.
- A training on “Telling Our Story” was held for CIL staff
- New logic models for recreation and relocation were created.
- A training on IL History & Philosophy, and Michigan’s disability network was held CIL staff and partners.
- A CIL salary survey was created and distributed for completion at all CILs.
- DN/M staff and SILC staff began having monthly meetings.
- A template was created and distributed for completion at all CILs that will provide a listing of network expertise.
- A meeting with VA representatives and CIL staff to discuss how to work more/better with the VA.
- A training on “Database 101,” the World Institute on Disability (WID) disability benefits planning database was held.
- An episode of “Disabilities Today” was created aimed at promoting Freedom to Work.
- WorkWORLD software was distributed to all CILs, which is decision support software designed to help people with disabilities, advocates, benefits counselors, and others to explore and understand how to best use the work incentives associated with the various federal and state disability and low income benefits programs.
- A self determination conference was held in Grand Rapids and Detroit with Erin Riehle presenting on *Project Search*, which is an employment program that focuses on people’s skills and desires and encourages employment of people with significant disabilities.
- The first statewide *Great Lakes Independence Ride*, or IRide was held for fundraising and disability awareness.

### ***DN/M’s Priorities for FY 2008***

- The Michigan Network of CILs and SILC will have a systemized and efficient data collection and reporting method, and will have accurate data for use in determining how best to serve persons with disabilities, and for reporting outcomes.
- Disability Network/Michigan and its member CILs will have valuable collaborative relationships with state-level partners who work together in providing necessary IL/VR supports and services to people with disabilities.
- CILs will increase their capacity to provide IL/VR supports and services to youth and adults with disabilities.
- CILs and people with disabilities will be informed through interaction with their peers about national, statewide and local issues that affect people with disabilities, and will learn various advocacy tools and techniques to address barriers to independence and employment.
- People with disabilities will have greater successes at home, at school, at work, and in the community.
- CIL Directors and staff will utilize a strong relationship with their peers to provide/receive consultation and support, thus allowing them to improve the performance of their CIL and to better serve people with disabilities in achieving independence and employment.
- DN/M will maintain a comprehensive IL/VR library of resources relevant to people with disabilities that is made available to CILs and partners

# Michigan Statewide Independent Living Council (SILC)

417 Seymour, Ste. 10 • Lansing • 48933

Phone Number: 517-371-4872 • Fax Number: 517-371-4875

www.misilc.org • info@misilc.org



<i>Counties Served</i>	Statewide (83)
<i>Year Established</i>	1994 via Michigan Executive Order 1994-21 and Amendments to the Federal Rehabilitation Act
<i>Number of Staff:</i>	
- Full-time	3
- Part-time	1 (MSU PhD. Student)
<i>Volunteer Hours 10/01/06-9/30/07</i>	3,606.50
<i>Reported FY 2007 Budget</i>	\$371,474
<i>\$67,000 was added to this year's budget for a one-time grant for a statewide data system. This brought the SILC Total Budget to \$436,474</i>	
<i>Projected FY 2008 Budget</i>	\$369,720

## **Description**

The Michigan Statewide Independent Living Council (SILC) is a cross disability Governor appointed council, who represents the interests of all people with disabilities across Michigan. In addition, there are non-voting ex-officio members that provide a vital link to state agencies, which offer services to people with disabilities. The Council promotes and advocates a philosophy of Independent Living (IL). It works in partnership with the Michigan Department of Labor & Economic Growth-Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) to develop and submit the Statuary required State Plan for Independent Living (SPIL) and to ensure individuals with disabilities are represented in disability policy development. The SILC also works to identify and to promote the partnership infrastructure needed for success in addressing barriers and creating the opportunities for persons with disabilities and promotes appropriate forms of collaboration.

Independent Living is (IL) defined as, the right of all people to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, school, home, family and community.

**Vision:** "For Independent Living to become a reality for all people in Michigan."

## **Community Impact for FY 2007**

- \$5.3 million in grants, including \$2.4 million for CIL operations and outreach, \$2.4 million in title I VR funding for vocationally related services and \$0.5 million for personal assistance services with a certified in kind match of \$40,076.
- Submitted to the Department of Education, Rehabilitation Services Administration (RSA) on behalf of the SPIL Partners the Michigan 2008-2010 State Plan for Independent Living.

- Convened 4 Partnership SPIL Implementation Workgroups to Develop options for revising Michigan's SPIL.
- Hosted the CIL Network "Quality Improvement Team" and IL Grant Review Process.
- Staff and council members continued to advocate at the national, state, and local level for increased inclusion and disability rights.
- A new database called CFAL was installed at all CILs, DN/M and SILC.
- Council members remained involved in monitoring Michigan's "Help America Vote Act" (we "HAVA" vote). Provided voter registration opportunities.
- Coordinated a wide variety of action steps necessary to overcome barriers and increase community inclusion and participation of people with disabilities, and create livable communities.
- Provided 449.25 hours of ongoing Quality Improvement (T.A.) assistance to the independent living network in meeting the established federally mandated quality standards and indicators, operational redevelopment, reorganization, and administrative support.
- 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 care access, and long-term care.

### ***Priorities for FY 2008***

- Continue to meet State and Federal statutory requirements for Council operation.
- Continue to foster collaborative efforts with partners to implement Michigan's 2008-2010 State Plan for Independent Living.
- Work to increase both state and federal CIL funding through involvement with the NCIL committee, Disability Network/Michigan Resource Development Team, National IL Network, and The Research and Training Center on Disabilities-University of Montana, MRS and MCB.
- The Michigan Network of CILs and SILC will have a systemized and efficient data collection and reporting method, and will have accurate data for use in determining how best to serve persons with disabilities, and for reporting outcomes.
- Work with the Michigan IL Network on issues of equity.
- Coordinate Partnership review, updating and publication of the "Common Disability Agenda".
- Continue efforts to involve individuals with disabilities in the area of civic involvement and public policy providing opportunities to develop leadership. Develop and utilize opportunities to move and implement the "Common Disability Agenda."
- Continue to coordinate efforts to ensure non-duplication of roles and support efforts of independent living partners.
- Continue to support efforts to expand community planning, coordination and capacity-building necessary to overcome barriers and increase community inclusion of people with disabilities through strengthening and developing the CIL/IL network.
- Nationally, Michigan's SILC will work to develop better regional and national communication between SILCs.

This report and the described CIL programs are funded in part by state and federal grants.  
January 30, 2008