



# **MICHIGAN CENTERS FOR INDEPENDENT LIVING**

**A Report to the Legislature**

*October 1, 2004-September 30, 2005*

**Submitted by:  
Michigan Statewide  
Independent Living Council  
&  
Michigan Association of  
Centers for Independent Living**



**MICHIGAN STATEWIDE INDEPENDENT LIVING COUNCIL**

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**MICHIGAN ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING**

**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 Department of Labor & Economic Growth-Commission for the Blind**
- **Jaye Shamsiddeen, Director, Michigan Department of Labor & Economic Growth-Rehabilitation Services**
- **Duncan Wyeth, Director, Michigan Department of Labor & Economic Growth-Commission on Disability Concerns**

**From:**

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

**Date:**

**January 27, 2006**

**Re: FY 2005 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 the Michigan Association of Centers for Independent Living, in compliance with Section 404 of Public Act 156 of 2005. Background information is provided on the mission of CILs to extend independent living supports to every Michigan citizen who needs them and their partnership with the state through funding under the vocational rehabilitation independent living line item.

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

Respectfully submitted,

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**Charis Austin, Vice Chair**  
**Michigan Statewide Independent**  
**Living Council**

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

**In Memory of Robert DeVary**  
**SILC Council Member and Chair 2000-2005**  
**Executive Director, Blue Water Center for Independent Living 1991-2005**

## EXCERPT—Public Act 156 of 2005

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 which are in compliance with federal standards for such centers, for the development of new centers in areas presently unserved or underserved, 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 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 pages 27-28]*

(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 29-30]*

(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 27-38]*

(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 30-32]*

(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 47-104]*

(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 39-46]*

(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.

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## **REPORT BRIEF**

### **Michigan Centers for Independent Living / October 1, 2004 – September 30, 2005**

The Michigan Statewide Independent Living Council (SILC) and the Michigan Association of Centers for Independent Living (MACIL) have prepared this report in response to Section 404 of Michigan Public Act 156 of 2005. It addresses:

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

Background is provided on the independent living program established under Title VII of the federal Rehabilitation Act:

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

Michigan's investment in independent living is described:

- ✓ 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 2005 efforts to enhance statewide access to IL supports and services centered around implementation of a long-range planning template. Analysis shows that, with about 18% of the total core funding that appears to be needed for a fully developed statewide CIL network, Michigan's CILs report that only 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.
- ✓ In the face of diminished resources since FY 2002, CILs are working to maintain service delivery through consolidation or refocusing of programs and other steps to make the best possible use of available resources.

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

- ✓ FY 2005 CIL network totals included at least 75,558 hours spent in community services and at least 72,875 hours spent in assisting 29,977 people with disabilities, with 8,405 reported community outcomes and 14,137 reported individual outcomes.
- ✓ In comparison to FY 2004, this represented an increase of 14,800 hours or 10% in service hours, 5,061 or 23% increase in outcomes, and an increase of about 1,036 or 3% in individuals served.
- ✓ Cost savings to the state computed for FY 2005 from select service areas totals \$13,855,961.

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

- ✓ Collectively, they reported FY 2005 operating budgets from all sources totaling \$12,398,650.
- ✓ This supported about 252 staff operating out of 22 offices across the state. (166 full-time, 71 part-time, and 17 contractual, a majority of whom are people with disabilities) In addition, there were a total of 51,507 hours of donated volunteer time.
- ✓ The major expense was personnel, representing some 65% of the total.
- ✓ About one-third of the revenue was from state and federal grants for core operations, another third from a combination of vocational rehabilitation grants and service fees, and the final third from a mix of other funding sources.
- ✓ Budget comparisons show that, although the statewide total has remained essentially unchanged since the major reductions of FY 2003, budgets of individual CILs have shown very mixed results reflecting the diversity of local efforts to more efficiently and effectively use available resources.

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**MICHIGAN CENTERS FOR INDEPENDENT LIVING:  
A Report to the Legislature  
October 1, 2004 – September 30, 2005**

**EXECUTIVE SUMMARY**

The Michigan Statewide Independent Living Council (SILC) and the Michigan Association of Centers for Independent Living (MACIL) have prepared this report in response to Section 404 of Michigan Public Act 156 of 2005 which provides for appropriations to the Department of Labor and Economic Growth. Section 404 requires the SILC and MACIL to annually supply information on the use of funding under the vocational rehabilitation independent living line item that supports the work of centers for independent living, and on the impact of that work on the lives of Michigan citizens with disabilities.

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

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

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

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

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

The IL approach is to seek ways of enhancing and making the best possible use of individual capacities and community resources. Michigan's IL program is committed to the principles of 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 chart on the following page.

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

The Rehabilitation Act requires CILs to adhere to a set of standards and indicators related to independent living principles and to sound organizational management. The SILC, Michigan Rehabilitation Services, and the Michigan Commission for the Blind, in collaboration with MACIL, Michigan Protection and Advocacy Service, and the Michigan Rehabilitation Council, provide technical assistance and monitoring to ensure achievement of these standards. This includes a new process for on-site 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. Addition of a fifth Core Service – transition from institutions – is currently being considered by Congress. Accountability measures include quarterly and annual reporting by CILs, supplemented by the total continuous quality improvement on-site reviews.

<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 one-third of all funding for Michigan CILs during FY 2005. Most CILs also receive various types of categorical (restricted) funding, which can be used only for specific services, populations, geographic areas, or disability types. The most significant categorical funding for Michigan CILs is for vocational rehabilitation, with grants and fee-for-services revenue accounting for another third of all Michigan CIL funding during FY 2005. Other funding sources for CILs include local fee-for-service arrangements, support from foundations and donations, local fundraisers, and other fund development activities. Non-vocational and other miscellaneous revenue accounted for the remaining third of Michigan CIL funding during FY 2005.

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

Effective allocation and coordination of funds has been most difficult during the economic downturn of the last few years. Funding for the CIL network continues in the shadow of the significant 4% decrease that was experienced between FY 2002 and FY 2003. This included cuts in state funding, as well as shrinkage in an array of other revenue sources in an increasingly competitive environment for grant-seekers from such sources as foundations and corporate donors. The reported total CIL funding from all sources for FY 2005 only exceeds FY 2002 levels by a slight amount (1.1%) – and this only because of the merger of one CIL with another organization. With operational costs continuing to rise – such as the escalating costs of health care coverage for employees – the CILs are now in the fourth year of progressively reduced organizational and service-delivery capacity. The emphasis for CILs in both FY 2004 and FY 2005 has been to strive to maintain service delivery through consolidation or refocusing of programs, and other steps to achieve maximum efficiency.

*[Further information about IL as an investment in individuals and communities is provided in Section I of the report, pages 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 MACIL, as expressed in the State Plan for Independent Living, remains the same: to establish a statewide IL/CIL network that affords every Michigan citizen ready access to effective IL supports and services in each local community. Currently, CILs report that only about 19% of Michigan residents are in areas they have capacity to serve, with 48% in areas that are significantly underserved, and 33% in areas that lack any access to IL supports. This includes people living in 16 counties that are not affiliated with any CIL.

During FY 2005, MACIL and SILC continued collaborative efforts to apply the long-range planning template which was developed in FY 2004. 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 FYs 2004 and 2005, Michigan's CILs had about 18% of the total core funding that would be required for a fully developed statewide CIL network.

Although a long-term planning template was available, continuing reduction in CIL network capacity during FY 2005 precluded any significant progress in expanding access to IL supports and services. Each CIL struggled to respond to constrained resources by re-examining priorities and re-focusing efforts to more efficiently and effectively use available resources. By dropping some programs, restructuring others, and taking advantage of the few funding opportunities that did become available, the CILs were able to increase the level of service, with 29,977 individuals participating in services during FY 2005, up by 3.5% from 28,941 in FY 2004. This is, however, still 12% less than the 34,000+ individuals participating in FY 2002.

Despite continuing reduction in CIL network capacity, the SILC, MACIL, MRS, MCB, and other IL partners moved ahead during FY 2005 with increased collaboration in providing on-site technical assistance and peer mentoring, and identifying resources for CIL board development. A process of on-site reviews was implemented to promote 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 report (funding), pages 47 through 66, and Section V (individual CIL descriptions), pages 67 through 104.]*

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

The CILs have collaborated in jointly defining eight priority categories of outcomes to be achieved, and developing a database system for regularly monitoring and reporting on services and outcomes. Computations indicate that, at a minimum, every dollar invested in the IL program from any source results in more than a comparable dollar of savings to state taxpayers. The minimum savings are often compounded by many related financial returns, as well as quality-of-life improvements for individuals, families, and communities. The priority categories and outcomes in general order of activity for FY 2005 include the following:

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

It makes no sense to keep individuals who need long-term care in expensive institutional settings that foster dependency, if they can be successfully supported in their own homes, with a higher quality of life and generally at less expense. During FY 2005, CILs devoted 17,195 hours in working to eliminate community barriers and 15,224 hours assisting 4,569 individuals with ongoing community supports. This resulted in 2,613 reported community outcomes and 1,806 reported individual service outcomes. Institutionalization was prevented for 59 individuals, 21 were assisted in moving from nursing homes or other restrictive settings, and 59 were maintained in community settings.

Major barriers to the successful transition of people from nursing homes and other institutions to the community during the last couple years have been the lack of funding for transition services, very limited availability of “waiver” resources to support needed in-home services, and the lack of affordable, accessible housing. During FY 2005, the Governor-appointed Medicaid Long-Term Care Reform Task Force completed its assignment and issued recommendations for future improvements in long-term care in Michigan. The recommendations were adopted by the Governor, who issued an executive order for their implementation. The CILs individually and through their association, MACIL, are continuing their efforts to work for an effective “money-follows-the-person” long-term care system in Michigan that will produce significant savings to the state and improve the quality-of-life for citizens in need of long-term care services.

➤ **Education and Youth Transition**

Education is a major factor in helping people with disabilities successfully manage their lives and maintain independent living. Assisting people with disabilities in developing the skills for independent living is one of the CIL core services. During FY 2005, CILs spent 10,967 hours working to improve community education systems and 18,765 hours working with 1,790 individuals to obtain needed education. This resulted in 513 reported community outcomes and 1,817 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 17,677 hours during FY 2005 assisting 2,214 youth with disabilities to prepare for the transition to adult life and employment.

➤ **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 2005, CIL spent 9,681 hours working to improve community employment systems and 15,525 hours assisting 5,625 individuals in removing or reducing barriers to employment. This investment resulted in 2,420 reported positive community outcomes and

3,753 reported positive employment-related outcomes for individuals, including 225 individuals who obtained or maintained employment or launched new businesses.

➤ **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 2005, CIL staff spent 5,735 hours working to improve housing conditions in their communities and 5,793 hours helping 3,804 people deal with housing issues. This resulted in 686 reported community service outcomes and 908 reported individual service outcomes.

➤ **Accessibility**

Community programs, services, facilities, and buildings must be accessible if people with disabilities are to work, play, shop, vote, pursue an education, raise families, and participate in their communities like everyone else. CILs work in a variety of ways to assist people with disabilities with accessibility issues and to improve the accessibility of public and private facilities, programs, and services. During FY 2005, Michigan's CILs spent 8,097 hours working to improve community accessibility, and 3,097 hours in assisting 1,450 individuals in resolving accessibility issues. This resulted in 629 reported community service outcomes, and 646 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 2005, CILs spent 5,976 hours working in their communities to improve public transportation, and 5,571 hours assisting 3,023 people with disabilities in resolving transportation issues. This resulted in 410 reported community service outcomes and 2,939 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 2005, CILs spent 4,900 hours working to improve community availability of AT and 3,581 hours assisting 1,530 individuals with information, training or support related to AT. This resulted in 273 reported community services outcomes and 1,210 reported individual services outcomes.

➤ **Health Care**

Access to quality health care is essential for people with disabilities to remain independent and productive. CILs work to ensure that 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 2005, CILs spent 2,514 hours working to improve access to health care within the community and 3,004 hours assisting 1,098 individuals in resolving health care issues. This resulted in 529 reported community services outcomes and 863 reported individual services outcomes.

➤ **Other**

There are other specific barriers to independent living in each community. CILs work to identify the most important barriers in their individual communities, and to provide community and individual services that address those barriers. During FY 2005, Michigan CILs spent 10,495 hours working in their communities to address such barriers, and spent 2,315 hours working with 1,602 people to resolve their issues about other service needs. This resulted in 332 reported community service outcomes, and 195 reported individual service outcomes.

Public Act 156 of 2005 requires the SILC and MACIL to provide information on how CIL outcomes can be monitored over time. In collaboration with SILC and MRS, the CILs and MACIL have developed, implemented, and regularly update a statewide reporting system to provide consistent, meaningful information on CIL activities and outcomes statewide. Data from the system is used throughout this report. Maintaining and refining the reporting system is the collective responsibility of MACIL and the individual CILs, in collaboration with SILC and MRS. Michigan's unique outcomes reporting model has been the topic of national and regional trainings for the nation's CILs.

Comparison of FY 2005 services data with that of the preceding year shows that total reported service hours have increased by 14,577 hours or 10%, and reported services outcomes have increased by 4,011 or 48% for community outcomes and 1,412 or 10% for individual outcomes. Considering that the total number of CIL staff was essentially the same in FY 2005 as FY 2004, these findings reflect the continued 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.

*[Further information about the services provided and return on the investment is provided in Section II of the report, pages 27 through 38.]*

## 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 2005, the cost savings to the State of Michigan are computed to be as follows:

<b>Calculated FY 2005 CIL Network Cost Savings</b>	
➤ Savings from FY 2005 nursing home transitions	\$ 470,955
➤ Savings from FY 2005 work to prevent institutionalization	\$ 2,315,529
➤ Savings from sustained independence during FY 2005 of persons transitioned in previous years	\$ 1,687,589
➤ Savings from CIL services in support of employment	\$ 5,997,667
➤ Savings from CIL youth transition services	\$ 3,384,221
<b>TOTAL CALCULATED FY 2005 COST SAVINGS</b>	<b>\$13,855,961</b>

The impact 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 39 through 46.]*

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# **MICHIGAN CENTERS FOR INDEPENDENT LIVING**

**A Report to the Legislature**

*October 1, 2004-September 30, 2005*

**Submitted by:  
Michigan Statewide  
Independent Living Council  
&  
Michigan Association of  
Centers for Independent Living**

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## **I. INTRODUCTION**

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

Michigan invests in independent living (IL) to assist individuals with disabilities in taking charge of their lives and becoming participating, productive, and tax-paying members of their communities. Disability is a natural part of the human experience. Approximately one of every five individuals has a disability, and essentially every extended family includes one or more individuals with disabilities. Unnecessary dependency of 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. The independent living program reflects Congressional findings that Americans with disabilities form one of the most disadvantaged groups in society, encountering discrimination and barriers in a number of critical life areas. The Act sets a national goal of providing individuals with disabilities the tools they need to make informed choices and decisions, and to achieve equality of opportunity in education, the pursuit of economic and personal self-sufficiency, civic involvement, and participation in community life. This recognizes that an individual cannot successfully obtain and maintain a job if basic living needs are not met, and that the community cannot achieve workforce and economic development goals if two-thirds of the population with disabilities remains personally and financially dependent.

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

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

## **Guiding Principles of CIL Operations**

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

The 15 CILs form a network of grassroots, 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 in their quest for self-determination, successful employment, and community inclusion. They work to correct community buildings and public works which fail to take the needs of people with physical or sensory disabilities into account, segregation of individuals in educational or institutional settings, and health systems that fail to comprehend what it takes to be a healthy person with a disability.

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

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

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

## **The Core IL Services**

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

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

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

1. **Information and Referral.** Because the need for information is among the first problems faced by people with disabilities and their families, it is usually the first service new CILs try to provide. Over time, center staff 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. **Transition 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 transitioning individuals from institutions to community life. 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 principle sources of funding for new CILs trying to build organizational capacity. Under the terms of the state appropriations act, the distribution of funds must be consistent with the State Plan for Independent Living.

Most Michigan CILs (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 beginning in FY 2002.

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

The SILC and MACIL 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 MACIL 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 third of CIL funding.

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

quarterly and annual reporting by CILs, supplemented by total continuous quality improvement on-site reviews.

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

The Michigan CIL network is in the forefront of national efforts to define and report the return on investment in the IL Program. The CILs have collaborated in defining eight priority categories of outcomes to be achieved, and a database system for monitoring and reporting on services and outcomes. The outcomes monitored for FY 2005 included: accessibility, assistive technology, education, employment, health care, housing, community supports, 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 three key service areas that are believed to produce the most significant savings: CIL involvement in long-term care, CIL services in support of employment, and CIL youth transition services. These computations show that every dollar invested in CIL services results in a dollar returned in savings to state taxpayers.

Information from the data system on the services provided and results achieved during FY 2005 is summarized the next section, followed by the computations of FY 2005 savings.

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

As reported by the database system, the total number of persons assisted by centers in FY 2005 was 29,977 compared to 28,941 in FY 2004. These totals include people with disabilities served through information and referral, direct services to individuals and specialized group services. They indicate an increase of 1,036 or 3.5% in the number of people served between 2004 and 2005.

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 2005 are described below. The categories and total hours of community and individual services reported for FY 2005 include: transition from institutions and ongoing community supports (32,419 hours), education and youth transition services (29,732 hours), employment (25,206 hours), transportation (11,547 hours), housing (11,528 hours), accessibility (11,194 hours), assistive technology (8,481 hours), and health care (5,518 hours). In addition, 12,810 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 2005 were transition from institutions and ongoing community supports, education, and employment. In combination, these three categories accounted for more than 58% of the reported hours of service.

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

**SUMMARY OF FY 2005 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	17,195	15,224	32,419	4,569	2,613	1,823	4,436
Education	10,967	18,765	29,732	1,790	513	1,817	2,330
Employment	9,681	15,525	25,206	5,625	2,420	3,753	6,173
Other	10,495	2,315	12,810	1,602	332	195	527
Transportation	5,976	5,571	11,547	3,023	410	2,939	3,349
Housing	5,735	5,793	11,528	3,804	686	908	1,594
Accessibility	8,097	3,097	11,194	1,375	629	365	994
Assistive Technology	4,900	3,581	8,481	1,530	273	1,149	1,422
Health Care	2,514	3,004	5,518	1,098	529	1,550	2,079
<b>TOTALS</b>	<b>75,560</b>	<b>72,875</b>	<b>148,435</b>	<b>24,416</b>	<b>8,405</b>	<b>14,499</b>	<b>22,904</b>
Unduplicated Number of Individuals				18,960			
Other Individuals (Served in Groups)				11,017			
Total Consumers Participating in Services				29,977			

**SUMMARY OF FY 2004 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	20,624	13,444	34,068	4,472	354	2,210	2,564
Education	10,341	13,519	23,860	1,200	181	2,169	2,350
Employment	6,939	16,036	22,975	4,929	2,193	2,680	4,873
Housing	5,653	5,940	11,593	5,203	407	1,158	1,565
Other	7,934	2,584	10,518	1,438	121	71	192
Accessibility	7,081	2,048	9,129	1,367	407	534	941
Transportation	5,233	3,261	8,494	2,552	140	2,563	2,703
Assistive Technology	4,288	3,402	7,690	1,452	439	1,133	1,572
Health Care	2,591	2,940	5,531	1,384	152	569	721
<b>TOTALS</b>	<b>70,684</b>	<b>63,174</b>	<b>133,858</b>	<b>23,997</b>	<b>4,394</b>	<b>13,087</b>	<b>17,481</b>
Unduplicated Number of Individuals				16,251			
Other Individuals (Served in Groups)				12,690			
Total Individuals Participating in Services				28,941			

**COMPARISON OF FY 2004 & FY 2005 CIL SERVICE DATA**

	Community Development Hours	Individual Service Hours	TOTAL SERVICE HOURS	INDIVIDUALS SERVED	Community Outcomes	Individual Outcomes	TOTAL OUTCOMES
12/20/05							
<b>CHANGE</b>	4,876	9,701	14,577	1,036	4,011	1,412	5,423
	6.5%	13.3%	9.8%	3.5%	47.7%	9.7%	23.7%

## **Transition from Institutions and Ongoing Community Supports**

This priority category reflects the single greatest investment of CIL service activity, representing more than one-quarter (25%) of reported community and individual service hours during FY 2005. One of the most significant impacts CILs have on the community is helping people 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.

The current interest in Congress in making transition 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 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 2005, CILs assisted 12 individuals move out of institutional settings, up from 8 individuals in FY 2004.

The small number of persons transitioning from institutions reflects the unavailability of resources for this purpose. Assisting people to transition from institutions and obtain the array of services needed to support community living is very time-intensive and costly. Unfortunately, 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 transitioning individuals from institutional settings.

Preventing people from entering institutions is much easier and can usually be done more efficiently. A significant advantage of prevention services is that people are assisted to retain their own housing and the support systems they have already established. In FY 2005, centers reported that they assisted 59 people avoid unnecessary institutionalization by securing the necessary supports (personal assistance services, durable medical equipment, home modifications, etc.) to stay in their own home, compared to 154 people assisted in FY 2004. In addition, CILs assisted 43 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 2005, 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 \$4.4 million from institutional transition 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, provide opportunity for significant improvement in coming years. The CILs are actively promoting the successful implementation of 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 17,195 hours working to improve community supports and 15,224 hours assisting 4,569 people with disabilities with community support issues during FY 2005. This resulted in a total of 2,613 reported community outcomes and 1,823 reported individual outcomes.

- 886 increased their awareness of community resources to maintain community living.
- 354 resolved other issues related to community living.
- 225 acquired or maintained other necessary supports.
- 146 individuals acquired financial supports.
- 73 acquired personal assistance services.

#### *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 2005 PASREP Participants*

The PASREP program began FY 2005 with 36 participants. During the year four people dropped off of the program. One participant got married, her household income increased and because she had relatively low monthly person assistance expenses she was no longer eligible for reimbursement. One participant lost his job after a period of probation and was taken off the program. One participant died and one participant gave notice that he is moving out of state in October, so September was his last month.

During the year, four new participants were added to the program which brought the total up to 36 participants, to begin fiscal year 2006.

There are currently 23 people on the wait list. The person who currently has been on the list the longest has been waiting since October 9, 2001. People often inquire about the program but are discouraged by the long wait and do not follow through with submitting an application to be placed on the list.

Of the 37 participants, 23 have spinal cord injuries, 3 have cerebral palsy, 3 have muscular dystrophy, and one each has spinal muscular atrophy, multi-focal neuropathy, rheumatoid arthritis, lymphadema, post-polio, stroke, and osteo imperfecta.

*Income ranges*

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

\$10,000 or less	1
\$10,000 - \$20,000	7
\$20,000 - \$30,000	6
\$30,000 - \$40,000	7
\$40,000 - \$50,000	6
\$50,000 - \$60,000	2
\$60,000 - \$70,000	3
\$70,000 or more	5

*Reimbursements*

26 people were eligible for the maximum monthly reimbursement amount of \$1,000. The average monthly reimbursement eligibility was \$924. Participants paid between \$0 and \$1291 per month toward their PA services that was not reimbursed by PASREP. The average was \$206.

*Other CIL Involvement in Personal Assistance Issues*

CILs are actively involved in PAS issues. They work with people with disabilities to secure the supports they need through the Home and Community Based Services waiver, the Habilitation Supports (HAB) waiver for the recipients of community mental health services, the Home Help

program operated by the Department of Human Services, and other programs. At the state level, MACIL and its member CILs have advocated vigorously to protect and expand funding for the waiver and Home Help programs. The services available under these programs are, and will continue to be, essential if the State of Michigan is to comply with the Supreme Court's mandate under the *Olmstead* decision that long-term care be provided in the most integrated setting, consistent with an individual's needs. Expanding these programs will also prevent or delay nursing home placement, which is vital for controlling the increasing cost to Medicaid for long-term care.

An issue of increasing importance both in Michigan and at the national level is the critical shortage of direct care workers. Most in-home support is actually provided by family members. In light of the rapid growth in both the aging population and the number of adults with disabilities, it is ever more critical to address issues such as how to provide adequate support to family members who have taken on caretaker roles, and how to attract, screen, train, compensate and support competent, reliable personal assistants. During FY 2005, MACIL and its member CILs continued collaboration with other advocates and the Michigan Department of Community Health in supporting efforts of the Quality Home Care Council to strengthen and coordinate state policies related to direct care workers.

## **Education and Youth Transition**

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

In FY 2005, CILs spent a total of 10,967 hours working to improve community education systems and 18,765 hours working with 1,790 individuals to obtain needed education. This resulted in 513 reported community outcomes and 1,817 reported individual service outcomes.

- 695 students acquired or increased independent living skills.
- 495 students increased self-advocacy skills.
- 288 individuals completed an educational/training program.
- 253 individuals achieved other education outcomes.
- 86 individuals enrolled in an educational/training program.

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 17,677 hours during FY 2005 assisting 2,214 youth with disabilities to prepare for the transition to adult life and employment.

## **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 2005, CILs invested 9,681 hours in working to remove systemic barriers to employment and improve community supports, and 15,525 hours in assisting 5,625 individuals with employment issues. This resulted in 2,420 reported community outcomes and 3,753 reported individual outcomes.

- 1,942 individuals increased knowledge of employment options.
- 587 individuals increased work search skills.
- 225 individuals obtained employment.
- 185 individuals maintained employment.
- 95 individuals obtained volunteer work experience.
- 22 individuals started a small business.
- 8 individuals improved job status via the Medicaid Buy-In.
- 1 individual obtained a job via the Medicaid Buy-In.

## **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 2005, CIL staff spent 5,735 hours working to improve housing conditions in their community and 5,793 hours helping 3,804 people deal with housing issues.

- 487 individuals increased their knowledge of housing options.
- 208 individuals resolved other housing issues.
- 151 individuals were able to get affordable, accessible housing with CIL help.
- 45 individuals acquired financial resources for housing.
- 17 individuals secured compliance with fair housing laws.

## **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 2005, the MACIL Housing Work Group succeeded in introducing the Inclusive Home Design Act into the Michigan House of Representatives. This Act would increase the stock of visitable homes in Michigan by requiring visitability of homes built with funding assistance from MSHDA. The CILs also continued efforts during the year to promote accessible voting places and full implementation of the Help Americans Vote Act (HAVA).

In FY 2005, CIL staff spent 8,097 hours advocating for improved access at public and private facilities and 3,027 hours helping 1,375 individuals access goods, programs, and services.

- 310 individuals received enhanced access to goods and services.
- 169 individuals resolved other accessibility issues.
- 167 individuals received enhanced accessibility of their home or apartment.

## **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 2005, CILs spent 5,976 hours working in their communities to improve public transportation and 5,571 hours resolving transportation issues with 3,023 people with disabilities.

- 2,325 individuals were able to get access to transportation with the help of CILs in FY 2005.
- 348 individuals acquired knowledge of transportation options.
- 121 individuals acquired skills to utilize transportation.
- 118 individuals received CIL support and assistance with other transportation issues.
- 27 individuals acquired financial resources for transportation.
- 11 CILs educated their communities and advocated for other improvements in transportation for persons with disabilities.
- 6 CILs were able to enhance accessibility of local services to people with disabilities.
- 2 CILs advocated successfully for the expansion of public transportation service hours.
- Through successful advocacy, three CILs achieved the expansion of the geographic area covered by its community's public transit system.

## **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 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 2005, CILs spent 4,900 hours working in their communities to improve the availability of assistive technology and 3,581 hours assisting 1,530 people with disabilities on assistive technology issues. This resulted in 273 reported community outcomes and 1,149 reported individual outcomes.

- 778 individuals were educated on AT options.
- 222 individuals acquired new AT.
- 74 individuals acquired AT funding.
- 69 individuals resolved other AT issues.
- 39 individuals acquired increased functional and safe use of AT.

- 28 individuals had AT repaired.

## **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 2005, CILs spent 2,514 hours working to improve community health supports and 3,004 hours working with 1,098 people with disabilities on health care issues. This included 1,070 hours spent advocating with individuals, and 896 hours spent educating individuals on health care and how to access it.

- 377 individuals increased their knowledge of healthy lifestyles and prevention of secondary disabilities.
- 190 individuals were helped by CILs to access appropriate health care services.
- 154 individuals acquired insurance coverage.
- 142 individuals resolved other health 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 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 the 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 include three areas of CIL services: CIL involvement in long-term care, CIL services in support of employment, and CIL youth transition services. Description and computation of cost savings in these three areas for FY 2005 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 transitioning of individuals from nursing homes to independent living; preventing institutionalization of individuals; and sustained independent living in the community on the part of people who received transition assistance in previous years. For purposes of outcomes measurement, individuals are considered to have avoided institutionalization if they receive supports or services necessary for them to remain in the community. The latter generally include help in securing personal assistance services, home modifications (ramps, widened bathroom doors, etc.), or assistive technology (AT). In this context, AT is often thought of in terms of durable medical equipment, but even practical, inexpensive household items such as microwave ovens have been surprisingly valuable tools to help people with disabilities manage by themselves.

Taxpayer savings for all three outcomes are calculated based upon a comparison of the average yearly cost of institutionalization with the average yearly cost of support for people living independently. The cost of independence varies significantly from one person to the next, depending upon individual needs. The four years of work done by CILs under contract with the Michigan Department of Community Health generated some important information about the range of need of people transitioned from nursing homes. First, it appears that the "average" person requires six hours a day of personal assistance. Second, of the individuals transitioned in the last two years of this work, only about half required the level of support provided by the MI

Choice waiver. One-fourth required assistance under the Home Help program operated by the Department of Human Service, and – remarkably – one-fourth required no publicly funded personal assistance at all. In the absence of other more definitive data on individual needs, the information obtained in the demonstration grants is used as a basis for computing the cost savings.

Taxpayer savings are calculated separately for the three outcomes. The cost of institutionalization is conservatively calculated based only upon Medicaid expenditures, which were \$125 per day in FY 2005. (Source: Michigan Department of Community Health). This figure does not include the patient pay amount, which would make the total cost more than \$150 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 \$125 daily cost of nursing home care represents an annual cost of \$45,625. The average cost of the MI Choice waiver for FY 2005 was \$7,830 per year. And, the average wage statewide for personal attendants under the Home Help program is about \$6 per hour (Source: Michigan Department of Community Health), or \$13,140 per year for the typical person requiring six hours per day of assistance. Compared to the cost of nursing home care, the annual cost of the MI Choice waiver is \$38,890 less, the annual cost under the Home Help program is \$33,580 less, and the annual cost for people with disabilities not requiring any publicly funded personal assistance is \$45,625 less. Calculation of taxpayer savings assumes that the range of individual needs is the same for all categories as for people seeking to leave nursing homes.

**FY 2005 Cost Savings from IL/CIL Community/Long-Term-Care Supports**

➤ Savings from FY 2005 nursing home transitions (12 consumers):	
• 50% of 12 consumers using the HCBS waiver (6 x \$38,890)	\$ 233,340
• 25% of 12 consumers using FIA Home Help (3 x \$33,580)	\$ 100,740
• 25% of 12 consumers requiring no publicly-funded personal assistance services (3 x \$45,625)	\$ 136,875
➤ Savings from FY 2005 services to prevent institutionalization (59 consumers):	
• 50% of 59 consumers using the HCBS waiver (29.5 x \$38,890)	\$ 1,147,255
• 25% of 59 consumers using FIA Home Help (14.75 x \$33,580)	\$ 495,305
• 25% of 59 consumers relying on family or friends for personal assistance services (14.75 x \$45,625)	\$ 672,969
➤ Savings from FY 2005 sustained independence of individuals assisted in previous years (43 people):	
• 50% of 43 people using the HCBS waiver (21.5 x \$38,890)	\$ 836,135
• 25% of 43 consumers using FIA Home Help (10.75 x \$33,580)	\$ 360,985
• 25% of 43 consumers relying on family or friends for personal assistance services (10.75 x \$45,625)	\$ 490,469
<b>TOTAL CALCULATED FY 2005 COST SAVINGS</b>	<b>\$ 4,474,073</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 2005, Centers for Independent Living were successful in assisting 432 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.

In earlier reports to the Legislature, calculations were made only of cost savings from SSI and increased revenue from the state income tax. To provide a more accurate picture of the multiple taxpayer savings that result from employment of people with disabilities, calculations for fiscal years 2004 and 2005 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 5,625 individuals with employment issues during FY 2005, calculations of cost savings have been done only for 432 individuals. This includes 225 individuals reported to have obtained employment, 185 individuals who maintained employment, 1 who obtained a job through the Medicaid buy-in, and 22 who launched new businesses. The calculations reflect taxpayer savings resulting from these 432 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 432 individuals results in cost savings from average monthly SSI payments of \$580 per month. 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 \$16,910 (which was the average income of Michigan Work First participants whose cases were closed in FY 2002), adjusted for the \$2,000 standard deduction. It is further projected that cost savings for at least one-half of the individuals (216) 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 2005.

### **FY 2005 Cost Savings from IL/CIL Services in Support of Employment**

➤ Reduced dependence upon public assistance for 432 persons with disabilities assisted in securing, maintaining, or returning to employment. (432 individuals x \$6,960 in annual SSI benefits)	\$ 3,006,720
➤ Increased state income tax revenues from employment of 432 persons with disabilities earning an average of \$16,910 annually. (432 individuals x (\$16,910-\$2,000) x 3.9% tax rate)	\$ 251,203
➤ Reduced cost of cash assistance for at least one-half (216) of the individuals. (216 individuals x \$2,400 in annual cash benefits)	\$ 518,400
➤ Reduced cost of Food Stamp expenditures for at least one-half (216) of the individuals. (216 individuals x \$1,680 in annual Food Stamp benefits)	\$ 362,880
➤ Reduced Medicaid expenditures for at least one-half (216) of the individuals. (216 individuals x \$8,604 in annual Medicaid benefits)	\$ 1,858,464
<b>TOTAL CALCULATED FY 2005 COST SAVINGS</b>	<b>\$ 5,997,667</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. It is impossible to predict how many of the hundreds of students helped through CIL intervention will achieve these outcomes. The use of even a miniscule success rate, however, illuminates the staggering long term significance of these supports.

### FY 2005 Cost Savings from IL/CIL Youth Transition Services

➤ Estimated savings from reduced dependence upon public assistance of 10 young people over a 45 year working life (unadjusted for inflation) (10 individuals x \$6,939 annual SSI benefits x 45 years of work)	\$ 3,122,550
➤ Additional state income tax revenues over the same period (unadjusted for inflation) (10 individuals x (\$16,910-\$2,000) x 3.9% tax rate x 45 years working life)	\$ 261,670
<b>TOTAL CALCULATED FY 2005 COST SAVINGS</b>	<b>\$ 3,384,221</b>

Combining the calculations of cost savings from all three service areas gives the following totals for CIL network FY 2005 cost savings.

### Calculated FY 2005 CIL Network Cost Savings

➤ Savings from FY 2005 nursing home transitions	\$ 470,955
➤ Savings from FY 2005 work to prevent institutionalization	\$ 2,315,529
➤ Savings from sustained independence during FY 2005 of persons transitioned in previous years	\$ 1,687,589
➤ Savings from CIL services in support of employment	\$ 5,997,667
➤ Savings from CIL youth transition services	\$ 3,384,221
<b>TOTAL CALCULATED FY 2005 COST SAVINGS</b>	<b>\$13,855,961</b>

## Economic Impact

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

It has been reported that the Wall Street Journal has discussed people with disabilities as being the “Next Consumer Niche.” According to Tony Coelho of the PCEPD (President’s Committee on Employment of People With Disabilities), “49 million Americans with disabilities currently control \$175 billion in discretionary income—twice as much as the teen market, which is heavily courted by many companies.”

There are 54 million people with disabilities in the U.S. with roughly 2 million residing in Michigan (about 3%). They are not just people with disabilities—they are CEOs, secretaries, scientists, artists, parents, and children—all customers in a market any one of us could belong to

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

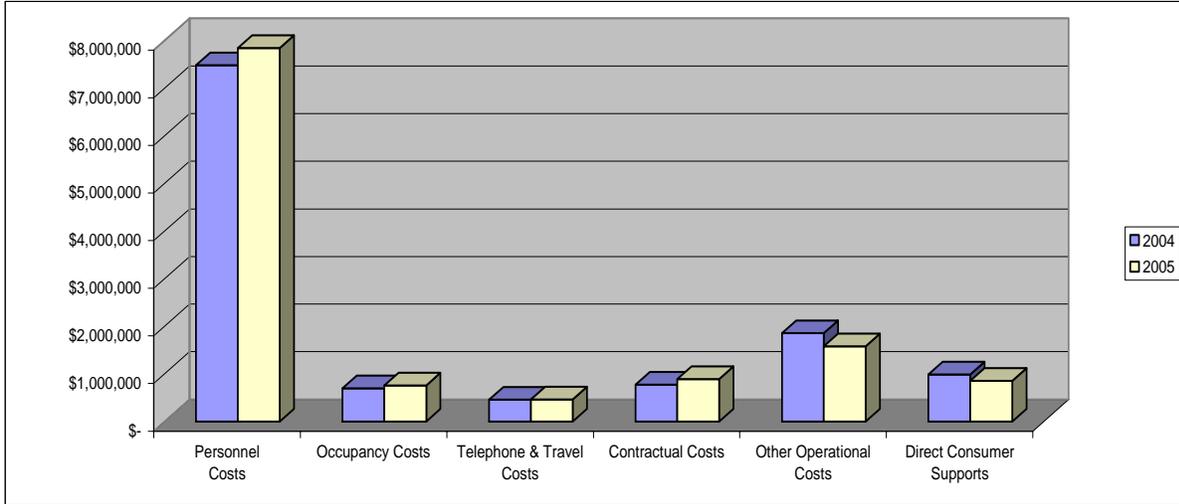
### CIL Budget Summaries

CIL budget summaries are provided for Fiscal Years 2005 and 2006, as well as comparisons with CIL network totals for FY 2004. The budgets are summarized in relation to the following cost categories:

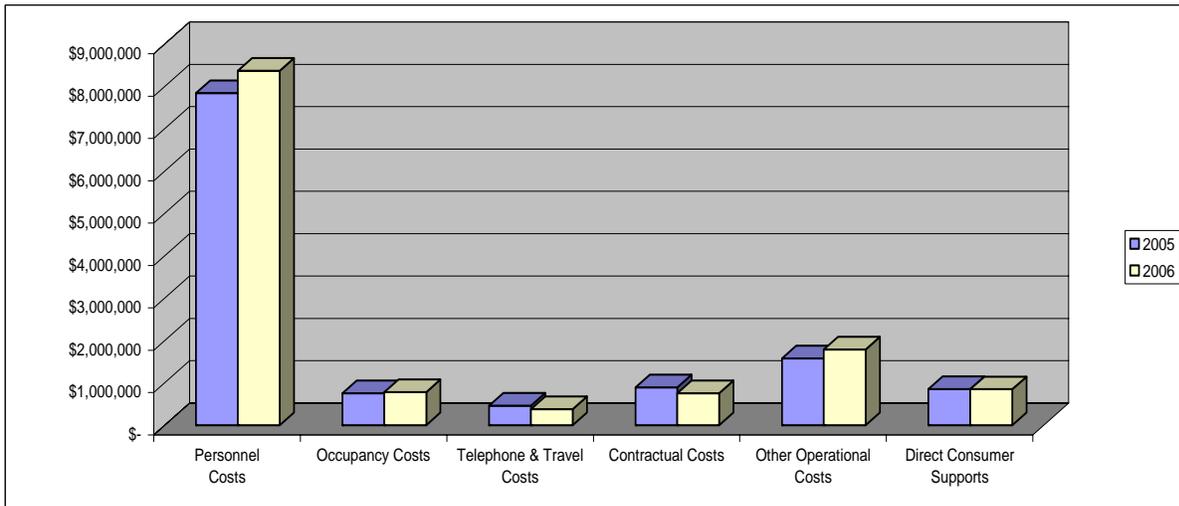
- **Personnel Costs** include salaries, wages, and fringes.
- **Occupancy Costs** include rent or other occupancy payments, utilities, and any other identified ongoing costs related to the office space.
- **Telephone and Travel Costs** include identified costs of telecommunication and staff travel.
-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

### COMPARISON OF CIL BUDGET SUMMARIES

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL TOTALS
<b>FISCAL YEAR 2004</b>	\$ 7,480,207 61.0%	\$ 701,338 5.7%	\$ 457,738 3.7%	\$ 773,973 6.3%	\$ 1,855,951 15.1%	\$ 988,715 8.1%	\$ 12,257,922 100.0%
<b>FISCAL YEAR 2005</b>	\$ 7,846,642 63.3%	\$ 759,246 6.1%	\$ 464,676 3.7%	\$ 893,697 7.2%	\$ 1,580,455 12.7%	\$ 853,934 6.9%	\$ 12,398,650 100.0%
<b>CHANGE</b>	\$ 366,435 4.9%	\$ 57,908 8.3%	\$ 6,938 1.5%	\$ 119,724 15.5%	\$ (275,496) -14.8%	\$ (134,781) -13.6%	\$ 140,728 1.1%



	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL TOTALS
<b>FISCAL YEAR 2005</b>	\$ 7,846,642 63.3%	\$ 759,246 6.1%	\$ 464,676 3.7%	\$ 893,697 7.2%	\$ 1,580,455 12.7%	\$ 853,934 6.9%	\$ 12,398,650 100.0%
<b>FISCAL YEAR 2006</b>	\$ 8,373,408 64.8%	\$ 778,985 6.0%	\$ 377,340 2.9%	\$ 756,991 5.9%	\$ 1,790,699 13.9%	\$ 850,911 6.6%	\$ 12,928,334 100.0%
<b>CHANGE</b>	\$ 526,766 6.7%	\$ 19,739 2.6%	\$ (87,336) -18.8%	\$ (136,706) -15.3%	\$ 210,244 13.3%	\$ (3,023) -0.4%	\$ 529,684 4.3%



CIL network budget 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. Six CILs even report FY 2006 *Personnel Costs* that exceed 70%. The statewide average percentage for *Personnel Cost* shows an increase from 63% in FY 2005 to almost 65% in FY 2006, reflecting, in part, the increasing costs of health care. The extensive investment in personnel is consistent with the CILs' mission and nature, including their commitment to establish a constructive systems-change presence in local communities and to provide effective community and consumer services.

Budget changes from FY 2005 to FY 2006 show mixed experiences across the CIL network. Six CILs report budget decreases, ranging from about \$14,885 to \$319,992, while eight report budget increases, ranging from about \$18,878 to \$204,632. In addition, one CIL reports a \$471,052 increase that resulted from the merger of a small CIL (the Jackson CIL) with a larger individual advocacy and services organization (disAbility Connections). These varied experiences reflect individual CIL efforts to deal with a diversity of state and local funding reductions, offset only in part by federal funding increases, and – when possible -- to take advantage of specific funding opportunities for development of new programs or projects addressing identified community and consumer needs. A common theme throughout the CIL network during the last year has been to respond to constrained resources by re-examining priorities and re-focusing efforts to more efficiently and effectively use available resources to carry out their missions. This has resulted in CILs dropping some programs and restructuring others, which is reflected in their respective budgets.

The pattern of total funding for the CIL network continues in the shadow of the significant 4% decrease that was experienced between FY 2002 and FY 2003 – from \$12,784,234 to \$12,282,176. The projected FY 2006 CIL network budget total of \$12,929,334 represents a 4.3% increase from FY 2005, and finally achieves a small increase (1.1%) from the FY 2002 total. However, the statewide net increases of \$529,684 (for FY 2005 to FY 2006) and \$144,010 (for FY 2002 to FY 2006) include the \$471,052 increase resulting from the merger of the Jackson CIL and disAbility Connections. If the Jackson CIL / disAbility Connections is excluded from the computation, the FY 2006 statewide total is \$346,381 or 2.7% less than the FY 2002 total. Considering the continuing increases in operational costs – especially staff health care insurance coverage – the statewide CIL network has entered FY 2006 with less total capacity than it had in FY 2002. If consideration is given to continuing increases in operational costs – such as the escalating costs of health care coverage for employees – the FY 2006 figure of \$12,929,334 provides proportionally less CIL network funding capacity than was available in any year since FY 2002.

## FY 2005 BUDGET SUMMARY

	Personnel Costs	Occupancy Costs	Telephone & Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL
<b>Ann Arbor CIL</b>	1,058,307	147,895	85,882	77,887	169,942	363,465	1,903,378
- Ann Arbor	55.6%	7.8%	4.5%	4.1%	8.9%	19.1%	100.0%
<b>Blue Water CIL</b>	836,196	44,696	38,357	77,875	70,309		1,067,433
- Port Huron	78.3%	4.2%	3.6%	7.3%	6.6%	0.0%	100.0%
<b>Capital Area CIL</b>	598,769	85,990	25,765	196,345	89,949		996,818
- Lansing	60.1%	8.6%	2.6%	19.7%	9.0%	0.0%	100.0%
<b>CIL of Mid Michigan</b>	636,838	29,203	55,235	31,115	284,724	3,000	1,040,115
- Midland	61.2%	2.8%	5.3%	3.0%	27.4%	0.3%	100.0%
<b>Community Connections</b>	266,000	19,330	54,000	20,000	138,958	10,890	509,178
- Benton Harbor	52.2%	3.8%	10.6%	3.9%	27.3%	2.1%	100.0%
<b>Disability Advocates of Kent County</b>	759,305	73,500	18,150	19,300	128,598		998,853
- Grand Rapids	76.0%	7.4%	1.8%	1.9%	12.9%	0.0%	100.0%
<b>Disability Connection</b>	238,975	14,400	14,055	30,035	40,674		338,139
- Muskegon	70.7%	4.3%	4.2%	8.9%	12.0%	0.0%	100.0%
<b>disAbility Connections</b>	75,870	20,500	5,180	7,600	14,366		123,516
- Jackson	61.4%	16.6%	4.2%	6.2%	11.6%	0.0%	100.0%
<b>Disability Network</b>	989,280	73,633	36,355	172,917	187,122	469,579	1,928,886
- Flint	51.3%	3.8%	1.9%	9.0%	9.7%	24.3%	100.0%
<b>Disability Resource Center</b>	807,377	50,500	42,514	23,341	214,401		1,138,133
- Kalamazoo	70.9%	4.4%	3.7%	2.1%	18.8%	0.0%	100.0%
<b>Detroit/Wayne County CIL</b>	367,615	28,000	16,760	14,106	40,173		466,654
- Detroit	78.8%	6.0%	3.6%	3.0%	8.6%	0.0%	100.0%
<b>Lakeshore CIL</b>	370,718	36,263	16,000	42,480	39,700	7,000	512,161
- Holland	72.4%	7.1%	3.1%	8.3%	7.8%	1.4%	100.0%
<b>Northern Michigan Alliance for IL</b>	183,199	18,668	12,036	120,438	40,372		374,713
- Traverse City	48.9%	5.0%	3.2%	32.1%	10.8%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	458,502	106,000	28,643	57,958	107,148		758,251
- Sterling Heights	60.5%	14.0%	3.8%	7.6%	14.1%	0.0%	100.0%
<b>Superior Alliance for IL</b>	199,691	10,668	15,744	2,300	14,019		242,422
- Marquette	82.4%	4.4%	6.5%	0.9%	5.8%	0.0%	100.0%
<b>NETWORK</b>	7,846,642	759,246	464,676	893,697	1,580,455	853,934	12,398,650
<b>TOTALS</b>	63.3%	6.1%	3.7%	7.2%	12.7%	6.9%	100.0%

## FY 2006 PROJECTED BUDGET SUMMARY

	Personnel Costs	Occupancy Costs	Telephone and Travel Costs	Contractual Costs	Other Operational Costs	Direct Consumer Supports	CIL Totals
<b>Ann Arbor CIL</b>	1,053,928	162,663	32,000	82,850	134,592	370,000	1,836,033
- Ann Arbor	57.4%	8.9%	1.7%	4.5%	7.3%	20.2%	100.0%
<b>Blue Water Cil</b>	951,335	48,660	24,600	40,000	81,373		1,145,968
- Port Huron	83.0%	4.2%	2.1%	3.5%	7.1%	0.0%	100.0%
<b>Capital Area CIL</b>	579,680	82,340	23,400	195,595	70,231		951,246
- Lansing	60.9%	8.7%	2.5%	20.6%	7.4%	0.0%	100.0%
<b>CIL of Mid Michigan</b>	577,637	22,998	77,714	6,400	340,481		1,025,230
- Midland	56.3%	2.2%	7.6%	0.6%	33.2%	0.0%	100.0%
<b>Community Connections</b>	136,770	15,440	13,754	4,100	13,942	5,180	189,186
- Benton Harbor	72.3%	8.2%	7.3%	2.2%	7.4%	2.7%	100.0%
<b>Disability Advocates of Kent County</b>	807,673	76,450	24,755	57,489	237,118		1,203,485
- Grand Rapids	67.1%	6.4%	2.1%	4.8%	19.7%	0.0%	100.0%
<b>Disability Connection</b>	331,570	20,040	9,323	33,750	88,454		483,137
- Muskegon	68.6%	4.1%	1.9%	7.0%	18.3%	0.0%	100.0%
<b>disAbility Connections</b>	324,440	11,000	8,287	14,000	236,841		594,568
- Jackson	54.6%	1.9%	1.4%	2.4%	39.8%	0.0%	100.0%
<b>Disability Network</b>	989,927	79,910	26,808	55,668	141,757	475,731	1,769,801
- Flint	55.9%	4.5%	1.5%	3.1%	8.0%	26.9%	100.0%
<b>Disability Resource Center</b>	827,193	59,700	39,960	5,060	189,743		1,121,656
- Kalamazoo	73.7%	5.3%	3.6%	0.5%	16.9%	0.0%	100.0%
<b>Detroit/Wayne County CIL</b>	458,735	40,407	13,856	31,507	20,050		564,555
- Detroit	81.3%	7.2%	2.5%	5.6%	3.6%	0.0%	100.0%
<b>Lakeshore Cil</b>	412,305	38,906	14,654	37,364	57,183		560,412
- Holland	73.6%	6.9%	2.6%	6.7%	10.2%	0.0%	100.0%
<b>Northern Michigan Alliance for IL</b>	187,914	20,352	23,000	117,980	44,345		393,591
- Traverse City	47.7%	5.2%	5.8%	30.0%	11.3%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	506,637	89,000	27,213	51,600	112,682		787,132
- Sterling Heights	64.4%	11.3%	3.5%	6.6%	14.3%	0.0%	100.0%
<b>Superior Alliance for IL</b>	227,664	11,119	18,016	23,628	21,907		302,334
- Marquette	75.3%	3.7%	6.0%	7.8%	7.2%	0.0%	100.0%
<b>NETWORK</b>	8,373,408	778,985	377,340	756,991	1,790,699	850,911	12,928,334
<b>TOTALS</b>	64.8%	6.0%	2.9%	5.9%	13.9%	6.6%	100.0%

## *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.

During FY 2005, Michigan’s CILs reported a total of 51,507 volunteer hours. This is the equivalent of more than 25 full-time staff. A rate of \$16.54 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 \$851,917 in FY 2005, which was 6.29% of the combined total CIL network budgets (including the volunteer time).

## FY 2005 VALUE OF VOLUNTEER SERVICES

	<b>Volunteer Hours</b>	<b>Rate</b>	<b>Volunteer Value</b>	<b>FY 2005 Budget</b>	<b>Total Budget &amp; Value</b>	<b>Volunteer Value % of Budget</b>
<b>Ann Arbor CIL</b>						
- Ann Arbor	15,075	16.54	249,341	1,903,378	2,152,719	11.58%
<b>Blue Water CIL</b>						
- Port Huron	2,915	16.54	48,214	1,067,433	1,115,647	4.32%
<b>Capital Area CIL</b>						
- Lansing	1,550	16.54	25,637	996,818	1,022,455	2.51%
<b>CIL of Mid Michigan</b>						
- Midland	690	16.54	11,413	1,040,115	1,051,528	1.09%
<b>Community Connections</b>						
- Benton Harbor	480	16.54	7,939	509,178	517,117	1.54%
<b>Disability Advocates of Kent County</b>						
- Grand Rapids	7,000	16.54	115,780	998,853	1,114,633	10.39%
<b>Disability Connection</b>						
- Muskegon	3,610	16.54	59,709	338,139	397,848	15.01%
<b>disAbility Connections</b>						
- Jackson	260	16.54	4,300	123,516	127,816	3.36%
<b>Disability Network</b>						
- Flint	3,200	16.54	52,928	1,928,886	1,981,814	2.67%
<b>Disability Resource Center</b>						
- Kalamazoo	5,995	16.54	99,157	1,138,133	1,237,290	8.01%
<b>Detroit/Wayne County CIL</b>						
- Detroit	145	16.54	2,398	466,654	469,052	0.51%
<b>Lakeshore CIL</b>						
- Holland	3,860	16.54	63,844	512,161	576,005	11.08%
<b>Northern Michigan Alliance for IL</b>						
- Traverse City	1,461	16.54	24,165	374,713	398,878	6.06%
<b>Oakland &amp; Macomb CIL</b>						
- Sterling Heights	1,363	16.54	22,536	758,251	780,787	2.89%
<b>Superior Alliance for IL</b>						
- Marquette	1,278	16.54	21,138	242,422	263,560	8.02%
<b>NETWORK TOTALS</b>	48,882		808,499	12,398,650	13,207,149	5.94%
<b>Michigan Statewide Independent Living Council</b>						
- Lansing	2,625	16.54	43,418	332,881	376,299	11.54%
<b>Michigan Association of CILs</b>						
- Haslett	0	16.54	0	453,496	453,496	0.00%
<b>GRAND TOTAL</b>	51,507		851,917	13,185,027	14,036,944	6.29%

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## *CIL Funding by Source*

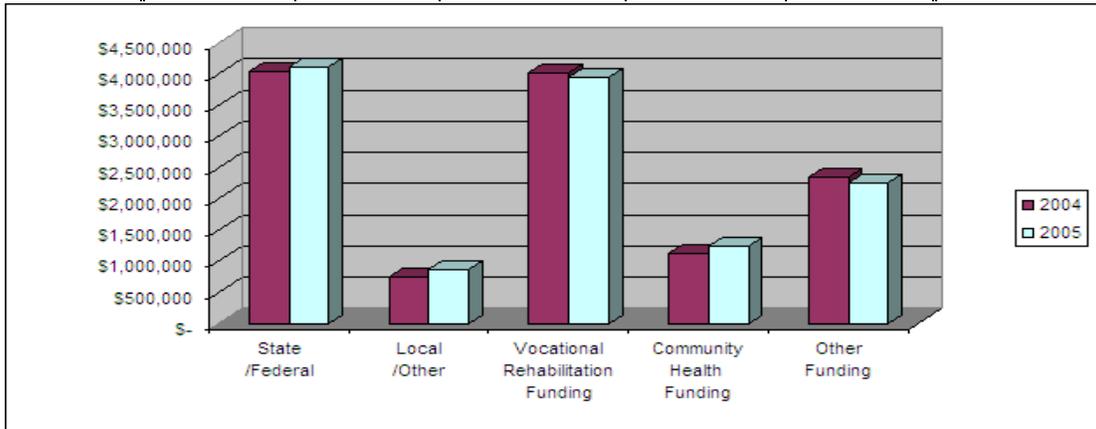
Summaries of CIL funding by source are provided for Fiscal Years 2005 and 2006, as well as comparisons with CIL network totals for FY 2004. Funding sources have been summarized in relation to the following categories:

- **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 (Disability Connection CIL in Muskegon) receives a direct federal 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 PROGRAM

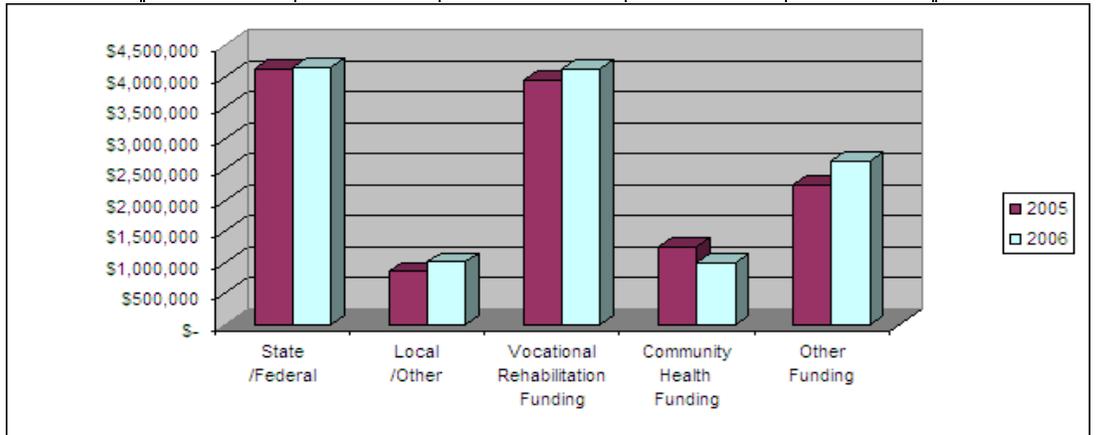
### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2004</b>	\$ 4,028,808 32.9%	\$ 738,040 6.0%	\$ 4,011,528 32.7%	\$ 1,128,519 9.2%	\$2,351,027 19.2%	\$ 12,257,922 100.0%
<b>FY 2005</b>	\$ 4,116,151 33.2%	\$ 852,647 6.9%	\$ 3,939,359 31.8%	\$ 1,248,410 10.1%	\$2,242,083 18.1%	\$ 12,398,650 100.0%
<b>CHANGE</b>	\$ <b>87,343</b> 2.2%	\$ <b>114,607</b> 15.5%	\$ <b>(72,169)</b> -1.8%	\$ <b>119,891</b> 10.6%	\$ <b>(108,944)</b> -4.6%	\$ <b>140,728</b> 1.1%



### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2005</b>	\$ 4,116,151 33.2%	\$ 852,647 6.9%	\$ 3,939,359 31.8%	\$ 1,248,410 10.1%	\$2,242,083 18.1%	\$ 12,398,650 100.0%
<b>FY 2006</b>	\$ 4,152,968 32.1%	\$ 1,006,798 7.8%	\$ 4,124,525 31.9%	\$ 1,000,246 7.7%	\$2,643,797 20.4%	\$ 12,928,334 100.0%
<b>CHANGE</b>	\$ <b>36,817</b> 0.9%	\$ <b>154,151</b> 18.1%	\$ <b>185,166</b> 4.7%	\$ <b>(248,164)</b> -19.9%	\$ <b>401,714</b> 17.9%	\$ <b>529,684</b> 4.3%



CIL network totals show that *State Administered Other Funding* provides 38% of the CIL network totals, with *Locally Administered Sources* providing another 30%. 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 one-third 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.

There were a few specific changes in statewide CIL funding sources from FY 2005 to FY 2006. These included a small (less than 2%) cost-of-living increase in *Federally Administered CIL* funding, an increase (9%) by MRS in a component of *State Administered Other Funding* to improve the statewide equity of IL services in support of employment outcomes, and readjustments in *State Administered Core Funding* that were supported by the state's federally funded CILs in order to provide partial cost-of-living allowances to CILs that do not receive direct federal funding. These changes, combined with the increased funding brought into the CIL network by merger of the Jackson CIL with disAbility Connections, contributed to statewide figures that reflect very mixed patterns of increases and decreases in funding sources for the individual CILs. Comparison of the FY 2005 and FY 2006 CIL reports on funding sources reveal no clear statewide trends. 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 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.

## FY 2005 FUNDING BY SOURCE

	Federally Administered Sources	State Administered Sources		Locally Administered Funding	CIL Totals
		Core Funding	Other Funding		
<b>Ann Arbor CIL</b>	211,156	137,530	1,078,678	476,014	1,903,378
- Ann Arbor	11.1%	7.2%	56.7%	25.0%	100.0%
<b>Blue Water CIL</b>	211,156	109,711	649,443	97,123	1,067,433
- Port Huron	19.8%	10.3%	60.8%	9.1%	100.0%
<b>Capital Area CIL</b>	211,156	126,505	383,556	275,601	996,818
- Lansing	21.2%	12.7%	38.5%	27.6%	100.0%
<b>CIL of Mid Michigan</b>	211,156	108,399	236,525	484,035	1,040,115
- Midland	20.3%	10.4%	22.7%	46.5%	100.0%
<b>Community Connections</b>		86,288	55,000	367,890	509,178
- Benton Harbor	0.0%	16.9%	10.8%	72.3%	100.0%
<b>Disability Advocates of Kent County</b>	211,156	109,711	185,043	492,943	998,853
- Grand Rapids	21.1%	11.0%	18.5%	49.4%	100.0%
<b>Disability Connection</b>		175,179	24,600	138,360	338,139
- Muskegon	0.0%	51.8%	7.3%	40.9%	100.0%
<b>disAbility Connections</b>		123,516		-	123,516
- Jackson	0.0%	100.0%	0.0%	0.0%	100.0%
<b>Disability Network</b>	211,156	109,713	483,922	1,124,095	1,928,886
- Flint	10.9%	5.7%	25.1%	58.3%	100.0%
<b>Disability Resource Center</b>	211,157	109,521	715,003	102,452	1,138,133
- Kalamazoo	18.6%	9.6%	62.8%	9.0%	100.0%
<b>Detroit/Wayne County CIL</b>		347,860	118,794		466,654
- Detroit	0.0%	74.5%	25.5%	0.0%	100.0%
<b>Lakeshore CIL</b>	211,157	109,711	142,381	48,912	512,161
- Holland	41.2%	21.4%	27.8%	9.6%	100.0%
<b>Northern Michigan Alliance for IL</b>		232,250	142,463		374,713
- Traverse City	0.0%	62.0%	38.0%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	211,157	123,896	398,451	24,747	758,251
- Sterling Heights	27.8%	16.3%	52.5%	3.3%	100.0%
<b>Superior Alliance for IL</b>	173,041	33,111	30,394	5,876	242,422
- Marquette	71.4%	13.7%	12.5%	2.4%	100.0%
<b>NETWORK</b>	2,073,448	2,042,901	4,644,253	3,638,048	12,398,650
<b>TOTALS</b>	16.7%	16.5%	37.5%	29.3%	100.0%

## FY 2006 CIL FUNDING BY SOURCE

	Federally Administered Sources	State Administered Sources		Locally Administered Funding	CIL Totals
		Core Funding	Other Funding		
<b>Ann Arbor CIL</b>	214,985	136,207	1,044,971	439,870	1,836,033
- Ann Arbor	11.7%	7.4%	56.9%	24.0%	100.0%
<b>Blue Water CIL</b>	214,985	108,388	494,753	327,842	1,145,968
- Port Huron	18.8%	9.5%	43.2%	28.6%	100.0%
<b>Capital Area CIL</b>	214,985	125,182	338,713	272,366	951,246
- Lansing	22.6%	13.2%	35.6%	28.6%	100.0%
<b>CIL of Mid Michigan</b>	214,985	108,389	236,525	465,331	1,025,230
- Midland	21.0%	10.6%	23.1%	45.4%	100.0%
<b>Community Connections</b>		88,795	80,891	19,500	189,186
- Benton Harbor	0.0%	46.9%	42.8%	10.3%	100.0%
<b>Disability Advocates of Kent County</b>	214,985	108,389	373,607	506,504	1,203,485
- Grand Rapids	17.9%	9.0%	31.0%	42.1%	100.0%
<b>Disability Connection</b>	30,000	177,686	134,495	140,956	483,137
- Muskegon	6.2%	36.8%	27.8%	29.2%	100.0%
<b>disAbility Connections</b>		126,023	193,832	274,713	594,568
- Jackson	0.0%	21.2%	32.6%	46.2%	100.0%
<b>Disability Network</b>	213,985	107,390	519,918	928,508	1,769,801
- Flint	12.1%	6.1%	29.4%	52.5%	100.0%
<b>Disability Resource Center</b>	214,985	108,389	499,263	299,019	1,121,656
- Kalamazoo	19.2%	9.7%	44.5%	26.7%	100.0%
<b>Detroit/Wayne County CIL</b>		349,914	125,740	88,901	564,555
- Detroit	0.0%	62.0%	22.3%	15.7%	100.0%
<b>Lakeshore CIL</b>	214,985	108,389	204,579	32,459	560,412
- Holland	38.4%	19.3%	36.5%	5.8%	100.0%
<b>Northern Michigan Alliance for IL</b>		234,757	158,834		393,591
- Traverse City	0.0%	59.6%	40.4%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	213,685	123,896	371,830	77,721	787,132
- Sterling Heights	27.1%	15.7%	47.2%	9.9%	100.0%
<b>Superior Alliance for IL</b>	176,129	32,480	89,725	4,000	302,334
- Marquette	58.3%	10.7%	29.7%	1.3%	100.0%
<b>NETWORK</b>	2,138,694	2,044,274	4,867,676	3,877,690	12,928,334
<b>TOTALS</b>	16.5%	15.8%	37.7%	30.0%	100.0%

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

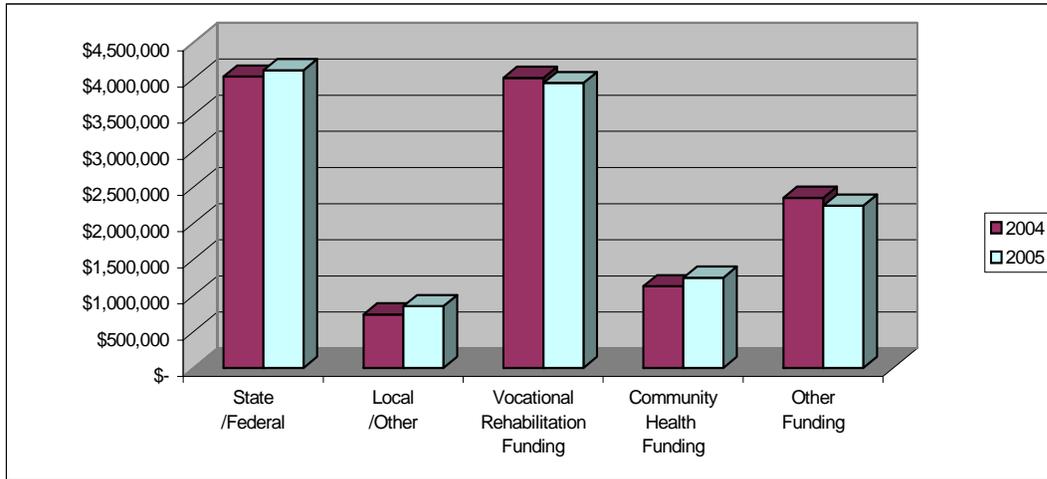
Summaries of CIL funding by major program areas are provided for Fiscal Years 2005 and 2006, as well as comparisons with CIL network totals for FY 2004. CILs receive funding for basic organizational development and operations, as well as for specific IL services and supports that help other programs 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

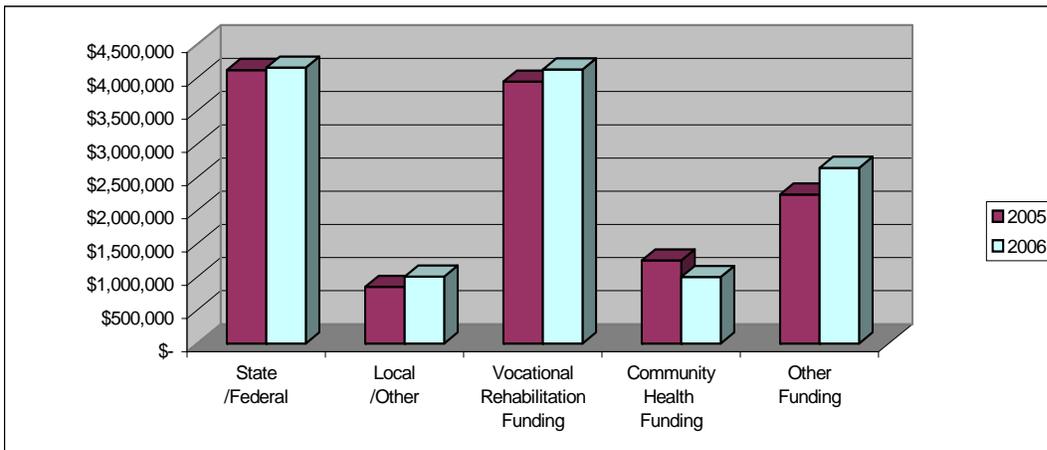
### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2004</b>	\$ 4,028,808 32.9%	\$ 738,040 6.0%	\$ 4,011,528 32.7%	\$ 1,128,519 9.2%	\$ 2,351,027 19.2%	\$ 12,257,922 100.0%
<b>FY 2005</b>	\$ 4,116,151 33.2%	\$ 852,647 6.9%	\$ 3,939,359 31.8%	\$ 1,248,410 10.1%	\$ 2,242,083 18.1%	\$ 12,398,650 100.0%
<b>CHANGE</b>	\$ 87,343 2.2%	\$ 114,607 15.5%	\$ (72,169) -1.8%	\$ 119,891 10.6%	\$ (108,944) -4.6%	\$ 140,728 1.1%



### Core Funding

	State /Federal	Local /Other	Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL TOTALS
<b>FY 2005</b>	\$ 4,116,151 33.2%	\$ 852,647 6.9%	\$ 3,939,359 31.8%	\$ 1,248,410 10.1%	\$ 2,242,083 18.1%	\$ 12,398,650 100.0%
<b>FY 2006</b>	\$ 4,152,968 32.1%	\$ 1,006,798 7.8%	\$ 4,124,525 31.9%	\$ 1,000,246 7.7%	\$ 2,643,797 20.4%	\$ 12,928,334 100.0%
<b>CHANGE</b>	\$ 36,817 0.9%	\$ 154,151 18.1%	\$ 185,166 4.7%	\$ (248,164) -19.9%	\$ 401,714 17.9%	\$ 529,684 4.3%



CIL network totals show that *State and Federal IL Core Funding* programs make up about one-third (32%) of the CIL network's revenue, *Vocational Rehabilitation Funding* provides another third (32%) of the total revenue, and the other three program categories account for the remaining third (36%). 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 customer to achieve vocational goals.

The most consistent change from FY 2005 to FY 2006 is a 0.9% increase in *State and Federal IL Core Funding* received by all fifteen CILs. This reflects increases in direct federal funding and coordinating adjustments in the state core funding grants, including re-adjustments in the state core grants that were supported by the federally funded CILs in order to provide partial cost-of-living allowances to CILs that do not receive direct federal funding.

The greatest change in CIL network program totals for FY 2006 is a 20% decrease in *Community Health Funding*. However, only six CILs report *Community Health Funding*, with three reporting increases and three reporting decreases. In addition, most of the statewide decrease is attributable to the expiration of a single grant project (with Community Connections in Benton Harbor).

Significant statewide increases are reported both for *Local and Other Core* and *Other Funding* (18% each). Both categories show several CILs with increases, and several with decreases. However, most of the increase in *Other Funding* is attributable to the merger of the Jackson CIL with disAbility Connections.

All programs except for *Federal and State Core* show some CILs with increases and some with decreases. Comparison of the FY 2005 and FY 2006 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 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.

## FY 2005 CIL FUNDING BY PROGRAM

	CIL Core Funding		Vocational	Community	Other	CIL Totals
	State/ Federal	Local Other	Rehabilitation Funding	Health Funding	Funding	
<b>Ann Arbor CIL</b>	348,686	272,500	1,047,975	25,000	209,217	1,903,378
- Ann Arbor	18.3%	14.3%	55.1%	1.3%	11.0%	100.0%
<b>Blue Water CIL</b>	320,867	45,097	232,263	18,000	451,206	1,067,433
- Port Huron	30.1%	4.2%	21.8%	1.7%	42.3%	100.0%
<b>Capital Area CIL</b>	337,661	65,601	383,556		210,000	996,818
- Lansing	33.9%	6.6%	38.5%	0.0%	21.1%	100.0%
<b>CIL of Mid Michigan</b>	319,555	35,547	236,525	406,082	42,406	1,040,115
- Midland	30.7%	3.4%	22.7%	39.0%	4.1%	100.0%
<b>Community Connections</b>	86,288		55,000	325,000	42,890	509,178
- Benton Harbor	16.9%	0.0%	10.8%	63.8%	8.4%	100.0%
<b>Disability Advocates of Kent County</b>	320,867	275,280	205,713		196,993	998,853
- Grand Rapids	32.1%	27.6%	20.6%	0.0%	19.7%	100.0%
<b>Disability Connection</b>	175,179		24,600	115,820	22,540	338,139
- Muskegon	51.8%	0.0%	7.3%	34.3%	6.7%	100.0%
<b>disAbility Connections</b>	123,516					123,516
- Jackson	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
<b>Disability Network</b>	320,869	18,613	448,241	358,508	782,655	1,928,886
- Flint	16.6%	1.0%	23.2%	18.6%	40.6%	100.0%
<b>Disability Resource Center</b>	320,678	102,452	476,003		239,000	1,138,133
- Kalamazoo	28.2%	9.0%	41.8%	0.0%	21.0%	100.0%
<b>Detroit/Wayne County CIL</b>	347,860		118,794			466,654
- Detroit	74.5%	0.0%	25.5%	0.0%	0.0%	100.0%
<b>Lakeshore CIL</b>	320,868	29,998	139,381	-	21,914	512,161
- Holland	62.6%	5.9%	27.2%	0.0%	4.3%	100.0%
<b>Northern Michigan Alliance for IL</b>	232,250		142,463			374,713
- Traverse City	62.0%	0.0%	38.0%	0.0%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	334,855	7,559	398,451	-	17,386	758,251
- Sterling Heights	44.2%	1.0%	52.5%	0.0%	2.3%	100.0%
<b>Superior Alliance for IL</b>	206,152		30,394		5,876	242,422
- Marquette	85.0%	0.0%	12.5%	0.0%	2.4%	100.0%
<b>NETWORK TOTALS</b>	4,116,151 33.2%	852,647 6.9%	3,939,359 31.8%	1,248,410 10.1%	2,242,083 18.1%	12,398,650 100.0%

## FY 2006 PROJECTED FUNDING BY PROGRAM

	CIL Core Funding		Vocational Rehabilitation Funding	Community Health Funding	Other Funding	CIL Totals
	State/ Federal	Local Other				
<b>Ann Arbor CIL</b>	348,686	272,500	1,047,975	25,000	209,217	1,903,378
- Ann Arbor	18.3%	14.3%	55.1%	1.3%	11.0%	100.0%
<b>Blue Water CIL</b>	320,867	45,097	232,263	18,000	451,206	1,067,433
- Port Huron	30.1%	4.2%	21.8%	1.7%	42.3%	100.0%
<b>Capital Area CIL</b>	337,661	65,601	383,556		210,000	996,818
- Lansing	33.9%	6.6%	38.5%	0.0%	21.1%	100.0%
<b>CIL of Mid Michigan</b>	319,555	35,547	236,525	406,082	42,406	1,040,115
- Midland	30.7%	3.4%	22.7%	39.0%	4.1%	100.0%
<b>Community Connections</b>	86,288		55,000	325,000	42,890	509,178
- Benton Harbor	16.9%	0.0%	10.8%	63.8%	8.4%	100.0%
<b>Disability Advocates of Kent County</b>	320,867	275,280	205,713		196,993	998,853
- Grand Rapids	32.1%	27.6%	20.6%	0.0%	19.7%	100.0%
<b>Disability Connection</b>	175,179		24,600	115,820	22,540	338,139
- Muskegon	51.8%	0.0%	7.3%	34.3%	6.7%	100.0%
<b>disAbility Connections</b>	123,516					123,516
- Jackson	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
<b>Disability Network</b>	320,869	18,613	448,241	358,508	782,655	1,928,886
- Flint	16.6%	1.0%	23.2%	18.6%	40.6%	100.0%
<b>Disability Resource Center</b>	320,678	102,452	476,003		239,000	1,138,133
- Kalamazoo	28.2%	9.0%	41.8%	0.0%	21.0%	100.0%
<b>Detroit/Wayne County CIL</b>	347,860		118,794			466,654
- Detroit	74.5%	0.0%	25.5%	0.0%	0.0%	100.0%
<b>Lakeshore CIL</b>	320,868	29,998	139,381	-	21,914	512,161
- Holland	62.6%	5.9%	27.2%	0.0%	4.3%	100.0%
<b>Northern Michigan Alliance for IL</b>	232,250		142,463			374,713
- Traverse City	62.0%	0.0%	38.0%	0.0%	0.0%	100.0%
<b>Oakland &amp; Macomb CIL</b>	334,855	7,559	398,451	-	17,386	758,251
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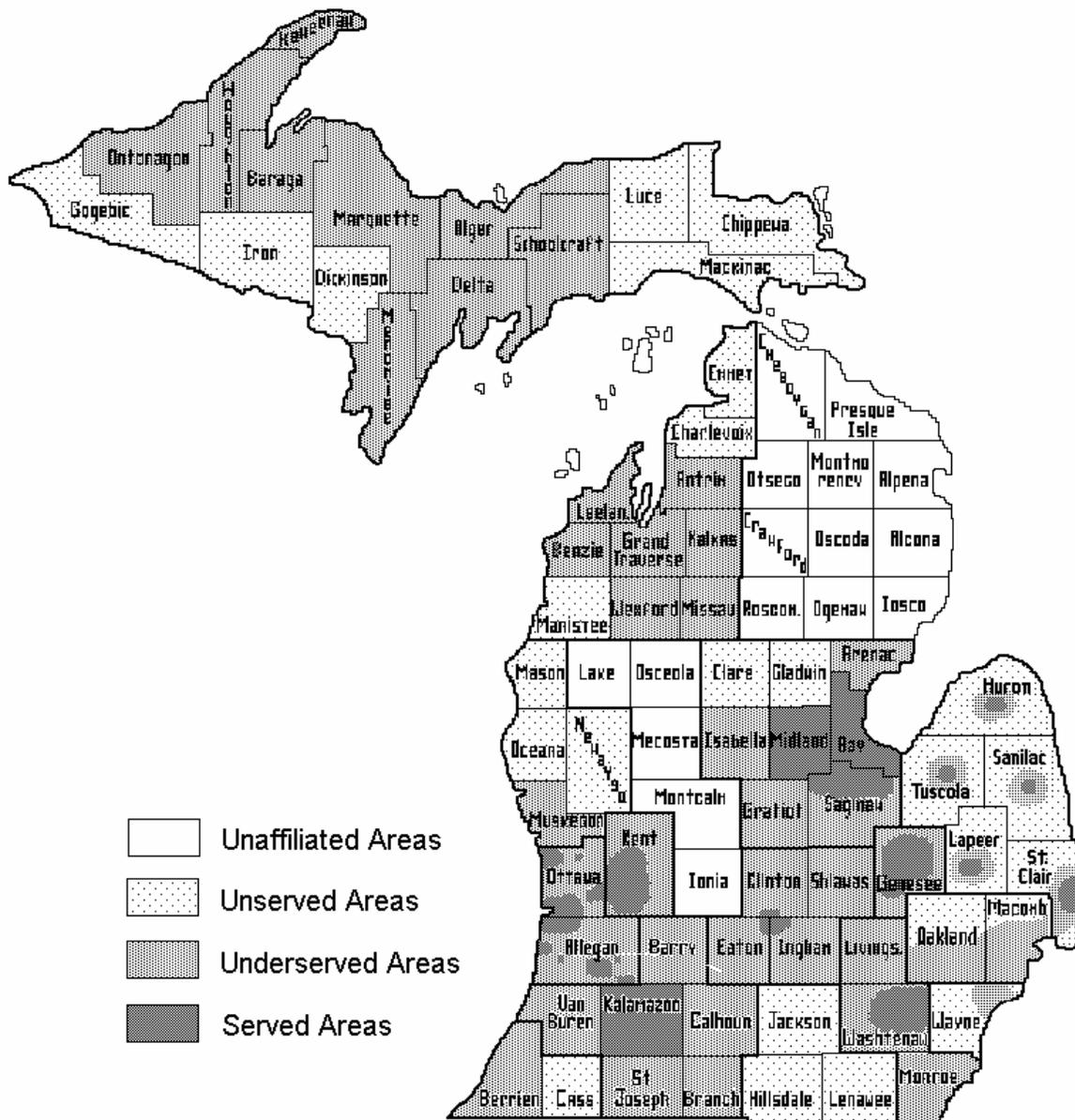
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# **SUMMARY REPORTS BY MICHIGAN CILS AND PROVIDERS OF CIL NETWORK SUPPORT**

**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.**



## Access to CIL Services in Michigan 2005



# Ann Arbor Center for Independent Living (AACIL)

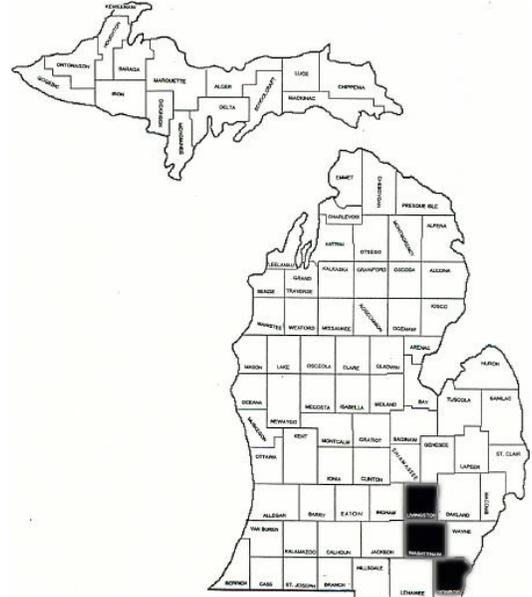
2568 Packard Road • Ann Arbor • 48104

Phone Number: 734-971-0277 • Fax Number: 734-971-0310

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	37
- Part-time	6
- Contractual	2
<i>Volunteer Hours 10/01/04-9/30/05</i>	15,075
<i>Consumers Served 10/01/04-9/30/05</i>	3,920
<i>Reported FY 2005 Budget</i>	\$1,903,378
<i>Projected FY 2006 Budget</i>	\$1,836,033



## ***CIL Description***

Mission: To improve the quality of life of people with disabilities.

Major Goals: The Ann Arbor Center for Independent Living seeks to **Amplify** the voice of people with disabilities, to **Connect** people to community resources, and to **Transform** lives.

General Description: The Ann Arbor Center for Independent Living 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 referral, peer support, independent living supports, assistive technology, rehabilitation engineering and information technology, crisis assistance, vocational counseling and job development, placement and small business development assistance, nursing home transition assistance, youth mentorship, and adaptive sports and recreation activities.

## ***Community Impact for FY 2005***

- Amplifying the Voice of People with Disabilities
  - We continued systems advocacy efforts to improve accessible and affordable transportation which remained a focus of providers and policy makers.
  - We continued to apply steady pressure on three local municipalities to ensure curb ramp installation compliance.
- Connecting People with Community Resources
  - We connected 974 people with disabilities and their families to vital community resources.

- Transforming Lives
  - We worked with 9 individuals on either preventing institutionalization or helping them move out of nursing homes.
  - We offered computer training and financial literacy courses for 57 consumers interested in improving their employment or economic prospects.
  - We expanded recreation and social activities, increasing the participation of youths with disabilities.
- Continuous Quality Improvement Activities
  - We initiated a new CQI process that linked staff, board members, volunteers, and community partners.
  - We were awarded an SBC Exceleator grant to enhance our computer hardware and create an e-CIL capacity.

### ***Priorities for FY 2006***

- Amplifying the Voice of People with Disabilities
  - We will continue to apply steady pressure on local municipalities to enforce curb ramp specifications and improve public transportation
- Connecting People with Community Resources
  - We will increase our capacity to conduct community outreach through our TIME/DOLLAR program, the Washtenaw Talent Exchange.
- Transforming Lives
  - We will continue to advocate for, and strongly support, Nursing Facility Transitions and work collaboratively with the emerging single point of entry pilot projects.
  - We will continue to enhance Youth Services and Youth Mentorship.
  - We will build a Business Leadership Network to add a new dimension to our Employment Services program.
- Continuous Quality Improvement Activities
  - We will introduce the “Disability Navigator” concept as part of our approach to connecting people with resources and new opportunities.
  - We will develop a plan to launch an Ann Arbor CIL e-CIL.

# 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 • bwcil@bwcil.org



*"Where disability ends and ability begins."*

<i>Counties Served</i>	St. Clair, Lapeer, Sanilac, Huron, Tuscola
<i>Year Established</i>	1986
<i>Number of Staff:</i>	
- Full-time	24
- Part-time	12
- Contractual	2
<i>Volunteer Hours 10/01/04-9/30/05</i>	2915
<i>Consumers Served 10/01/04-9/30/05</i>	2529
<i>Reported FY 2005 Budget</i>	\$1,067,433
<i>Projected FY 2006 Budget</i>	\$1,145,968



## ***CIL 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. The BWCIL has established branch offices in the county seat in each of these five counties. The offices are located so that no one residing in the Thumb needs to travel more than an hour in order to get independent living services. All five offices offer core services. In addition, the BWCIL maintains fee-for-service contracts with local partners such as the Area Agency on Aging, St. Clair County Community Mental Health, and the Human Development Commission.

## ***Community Impact for FY 2005***

- Continued to provide the core services.
- Continued to facilitate the development of the CIL in Wayne County.
- Continued to develop and strengthen community collaborations in order to assist with systems change objectives.
- Continued barrier removal efforts in response to community access.
- Participated in RICCs throughout the Michigan Thumb region.

### ***Priorities for FY 2006***

- Enhance our relationship with the local Michigan Department of Labor & Economic Growth-MRS.
- Continue to seek alternative funding to enhance the lives of persons with disabilities.
- Initiate a planned giving program.
- Continue to enhance program design to address the multiple needs of persons with mental illness.
- Continue outreach efforts to persons with disabilities who are homeless or are transitioning from hospitals/institutions.

# 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 • cacil@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 10
- Part-time 3
- Contractual 2

*Volunteer Hours 10/01/04-9/30/05* 1550

*Consumers Served 10/01/04-9/30/05* 2007

*Reported FY 2005 Budget* \$996,818

*Projected FY 2006 Budget* \$951,246



## **CIL Description**

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

**Values:** 1) Consumer driven governance of the organization, 2) The right and responsibility of self determination, 3) Cooperation and collaboration, 4) A focus on solutions, 5) Social justice for all, 6) Integrity and ethical behavior.

**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 18 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 2005**

- Our puppet program (CACIL's PALS) is up and running but due to lack of trained volunteers not as fast as we'd like. We performed 7 shows to 320 children.
- Our ADA picnic, in collaboration with partners, celebrated 15 years of the ADA and was attended by over 150 people plus media.

- The Ingham county RICC sponsored a diversity conference (40 people attended) and mini town hall on issues effecting people with disabilities.
- Our Advocacy group (5 core people) is developing nicely with participants writing letters, telephoning, and visiting CACIL legislators to discuss Medicaid, transportation, LTC and housing.
- CACIL is taking an active lead on long term care reform and Medicaid, both in advocacy and participating with our partners on state committees. There is now a policy in place for Nursing Home transition billing (the state put a pot of \$600,000 in place).
- The partnership between CACIL and MRS continues to be strong. The flexibility and collaboration ensures consumers appropriate services.
- CACIL continues to grow stronger in the fundraising arena, raising over \$27,000 this year.
- CACIL partnered with SILC, MACIL, and MDRC for the first Lansing Walk and Roll to raise money and awareness; this will be a yearly event.

### ***Priorities for FY 2006***

- The Puppet Program will continue to expand to reach more children and become a fee-for-service program.
- Continue to aggressively explore different avenues of funding diversity and strengthen our proven events. CACIL will raise over \$30,000.
- CACIL's Advocacy group will develop to the point that the consumers will testify at hearings for issues that are important to people with disabilities.
- Nursing Home transition will be totally integrated into CACIL's services for consumers.
- Continue to lead the way in provision of rehabilitation services and health advocacy both in systems and individually.
- Continue to help remove both attitudinal and physical barriers in our community.
- CIRCLE Tier II program will continue to grow and evolve to meet the changing needs of our consumers.

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

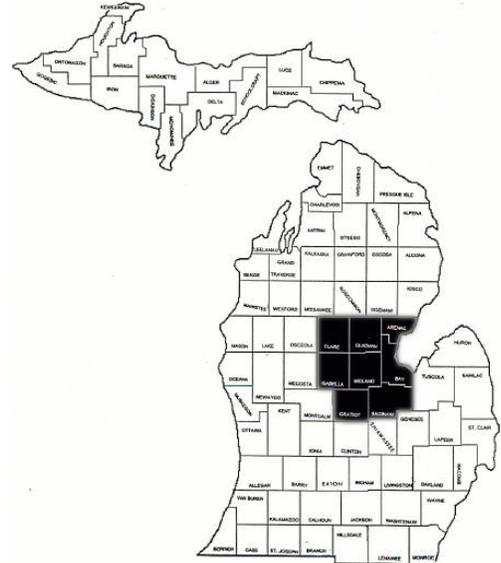
1160 James Savage Road • Midland • 48640

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

info@cilmm.org



<i>Counties Served</i>	Arenac, Bay, Clare, Gratiot, Gladwin, Isabella, Midland, and Saginaw
<i>Year Established</i>	1990
<i>Number of Staff:</i>	
- Full-time	11
- Part-time	6
- Contractual	2
<i>Volunteer Hours 10/01/04-9/30/05</i>	690
<i>Consumers Served 10/01/04-9/30/05</i>	568
<i>Reported FY 2005 Budget</i>	\$1,040,115
<i>Projected FY 2006 Budget</i>	\$1,025,230



## ***CIL Description***

Headquartered in Midland, the Center for Independent Living of Mid-Michigan serves individuals with disabilities and the communities-at-large in four urban and four rural counties of mid-Michigan. The CILMM is committed to coalition building and actively advocates for improved transportation in the Saginaw, Bay and Midland areas, as well as improving accessibility throughout the region. Unique to our CIL is the production and distribution of a 30- minute informational public television program viewed by over 110,000 households monthly. The CILMM also offers a Skills CITE, which is an accessible apartment, for our consumers to further enhance their independent living skills. The CILMM continues to expand our partnerships with area agencies and conduct community outreach. Our funding sources are becoming more diversified through the United Way of Midland County, fundraising events and fee-for-service activities.

## ***Community Impact for FY 2005***

- Our television program “Access Mid-Michigan” continued to be a vital public forum regarding disability issues. Guests included people with disabilities, legislators, social workers, advocates and community leaders.
- The S.T.A.G.E.S. transition project served youth with disabilities in Bay, Midland and Saginaw counties, assisting them to be prepared for responsible adulthood and ran their summer program to improve socialization skills and offer peer support for students.
- Continued to offer independent living skills training at the Skills CITE, the accessible apartment the CILMM developed. Our consumers had an opportunity to spend a couple nights on their own in a realistic setting to be better prepared for independent living settings.

- Provided independent living service coordination for consumers in Midland and Saginaw counties.
- Facilitated person-centered planning sessions for consumers in Bay, Arenac, Saginaw, Huron and Tuscola counties.
- Provided pre-employment skills development training through our READY program to customers of Michigan Rehabilitation Services in Bay, Saginaw and Midland counties.
- Coordinated peer support activities for consumers in Midland County.

### ***Priorities for FY 2006***

In addition to continuing the above activities, the CIL will:

- Develop a website to educate and inform consumers and community partners about the CILMM and the services we offer.
- Expand peer support activities in Saginaw and Bay Counties.
- Introduce the Discover program at Michigan Rehabilitation Services to provide empowerment training to persons seeking employment.
- Expand services to persons who are visually impaired, deaf, or hard-of-hearing.
- Continue to develop diversified funding sources.
- Engage in a collaborate project in Saginaw County to develop a Skills CITE for that area.
- Begin discussions with the Veterans Administration, Rehabilitation Services on how the CILMM can assist returning soldiers with disabilities with independent living skills.
- Re-establish ACCESS teams for CILMM consumers and other community members to focus on legislative awareness, accessibility issues and other disability concerns.
- Change name of television program to ACCESS AMERICA and explore national distribution opportunities and offerings to other CILs across the state and country.
- Explore partnerships with area colleges to provide internship opportunities for college students with disabilities.

*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.cil.match.org • communityconnections@match.org



<i>Counties Served</i>	Berrien, Cass
<i>Year Established</i>	2000
<i>Number of Staff:</i>	
- Full-time	4
- Part-time	3
- Contractual	0
<i>Volunteer Hours 10/01/04-9/30/05</i>	480
<i>Consumers Served 10/01/04-9/30/05</i>	585
<i>Reported FY 2005 Budget</i>	\$509,178
<i>Projected FY 2006 Budget</i>	\$189,186



***CIL Description***

Community Connections is a developing Center for Independent Living serving citizens in Berrien and Cass rural counties in Michigan’s Great Southwest. Our mission is to “promote full participation for all people with disabilities in our communities, in order to create a society of equal opportunity.” Community Connections members, board and staff are primarily composed of people with all types of disabilities, and varying ages. Our focus is to:

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

***Community Impact for FY 2005***

- Successfully planned and hosted the fourth annual regional “Connecting to Your Community” conference and resource fair, in collaboration with major community service providers. 380 people participated in 18 sessions on community and disability-related topics with 25 resource booths.
- Partnered with Region IV Area Agency on Aging to provide training opportunities on Long Term Care and Michigan’s Medicare/Medicaid Assistance Program.

- Successfully completed a Peer Mentoring project in which 18 people with disabilities obtained employment to assist 125 people with disabilities within the community.
- The ADA 15<sup>th</sup> Anniversary Celebration was attended by 400 people with disabilities and community members, including 4 legislators.
- Partnership building included strengthening relationships with people with varying disabilities, along with Michigan Rehabilitation Services, Michigan Works, Transition Councils, Intermediate School Districts, Social Security, local public transit providers, local housing authorities/commissions, and many other community members.

### ***Priorities for FY 2006***

- Outreach and build awareness to underserved areas of southern Berrien and Cass counties.
- Impact the number of new home builds with visitability standards to include zero step entrance, wider hallways, and accessible space in restroom.
- Increase our local financial support and further diversify our funding base.
- Build access experts to increase access to polling places and other community locations along with promoting assistive technology to assist people with disabilities in work and home settings.
- Expand our employment services in the area of empowerment training.

## *Detroit Wayne County Center for Independent Living (DWCCIL)*

5555 Conner, Suite 2075 • Detroit • 48213

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

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

<i>Counties Served</i>	Wayne
<i>Year Established</i>	2003
<i>Number of Staff:</i>	
- Full-time	9
- Part-time	0
- Contractual	2
<i>Volunteer Hours 10/01/04-9/30/05</i>	145
<i>Consumers Served 10/01/04-9/30/05</i>	1702
<i>Reported FY 2005 Budget</i>	\$466,654
<i>Projected FY 2006 Budget</i>	\$564,555



### ***CIL Description***

**Mission:** The Detroit Wayne County Center for Independent Living 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 2005***

- Increased the provision of core services in Wayne County to 1702.
- Developed a relationship with the Detroit Area Agency on Aging and transitioned 8 individuals from nursing homes.
- Developed a strong grassroots organization that is able to respond to the needs in the community.
- Worked with the Department of Justice and Federal Transit Authority to provide people with disabilities the opportunity to testify on the problems with the Detroit Department of Transportation.

## ***Priorities for FY 2006***

- Provide a comprehensive transition program to students enrolled in special education programs in Washington Career Center and Henry Ford High School.
- Conduct summer Youth Leadership Training for students enrolled in special education programs.
- Continue to provide comprehensive community outreach to underserved areas of Wayne County.
- Continue to advocate for a transportation system that treats all people in Wayne County with respect. We will continue to work with the Department of Justice, Federal Transit Authority, and the City of Detroit.

# 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 • contact@dakc.us



*Counties Served* Kent—sometimes parts of Ionia, Montcalm and Mecosta

*Year Established* 1981

*Number of Staff:* - Full-time 14

- Part-time 7

- Contractual 0

*Volunteer Hours 10/01/04-9/30/05* 7,000

*Consumers Served 10/01/04-9/30/05* 3,201

*Reported FY 2005 Budget* \$998,853

*Projected FY 2006 Budget* \$1,203,485



## ***CIL Description***

**Mission:** To advocate, assist, educate and inform on independent living options for persons with disabilities and to create a barrier-free society for all.

### **Major Goals:**

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

### **General Description:**

Disability Advocates believes that all persons:

- Have the right to live as independently as possible;
- Have worth, dignity and the capacity to contribute;
- Have the right to affect decisions that impact upon the successes or failures in their lives;
- Have the right to make choices and to have a voice; and
- Have the right to share and participate in community activities.

Disability Advocates is consumer-responsive and seeks to be consumer-driven and values acting in a manner that exemplifies integrity and credibility.

## ***Community Impact for FY 2005***

- Further developed the partnership with MRS-Grand Rapids District Office through IL review process and case supports.
- Hired a Spanish-speaking staff person to support MRS client-customers through the partnership with MRS and DAKC.
- Developed ZeroStep business plan and launched the new project with support of the Grand Rapids Community Foundation, the Steelcase Foundation, the Slemons Foundation, the Kennedy Family Foundation, and the Wolters Family Foundation.
- Increased funding from Kent County Senior Millage, thus increased the number of low-income seniors who are able to remain in their own homes via home assessments and equipment provision.
- Secured funding for and hosted the Kent County Transit Summit in October 2005 to prioritize what the citizens of Kent County and eastern Ottawa County want to see in a public transit system.

## ***Priorities for FY 2006***

- Continue to market ZeroStep and promote Universal Design in housing so as to have a more usable and hospitable housing stock for all.
- Continue to educate the community about the personal, economic, and social value of public transit for all.
- Continue and increase efforts to advocate for long term care reform.
- Continue to develop partnerships with the MRS Grand Rapids District Office in order to increase successful employment outcomes for persons with disabilities.
- Expand outreach to persons newly acquiring a disability and their families.
- Continue to expand opportunities to engage volunteers and interns in DAKC efforts.

# *Disability Connection: A Center for Independent Living (DCCIL)*

*(formerly Disability Awareness Center for Independent Living)*

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 6

- Part-time 9

- Contractual 1

*Volunteer Hours 10/01/04-9/30/05* 3,610

*Consumers Served 10/01/04-9/30/05* 797

*Reported FY 2005 Budget* \$338,139

*Projected FY 2006 Budget* \$483,137



## ***CIL Description***

**Mission:** Disability Connection assists in the advancement of independence, self-determination and participation of persons with disabilities in all areas of community life.

**Major Goals:** Transition, Housing, Transportation, Employment, Accessibility to Programs & Services, and Advocacy

**General Description:** Disability Awareness Center for Independent Living was founded June 14, 1999. In May of 2005, our name changed to Disability Connection. We serve Mason, Muskegon, Newaygo and Oceana Counties. It is our goal to create opportunities for independent living by engaging persons with disabilities and the community to address gaps in services and work on systems change through coalition-building, information and referral, and the promotions of self advocacy.

## ***Community Impact for FY 2005***

- Empowerment courses were provided to over 500 people resulting in a more informed consumer regarding resources and services.
- Developed transitional services for youth: social/leadership club, budgeting, and a summer camp.
- In collaboration with many service providers, we hosted two consumer conferences titled “My Place in My Community” in Muskegon and Newaygo Counties.
- Money Smart Budgeting Class was provided to over 50 people; individuals learned about credit ratings, savings, and budgeting.

- We were successful in getting the Muskegon City Post Office to install a curb cut.
- Provided Sensitivity Training to all county public transportation drivers.
- Formed a task force addressing long term care issues in our community. Accomplishments included a legislative luncheon with 35 in attendance and 20 consumers participating in a legislative rally.
- Provided guidance and feedback to 3 polling places in Muskegon County.
- Provided support to the Downtown Development/Imagine Muskegon redevelopment plan.
- The Muskegon Moves Coalition has 25 members and has formed sub-committees to continue the efforts of improving transportation in Muskegon.
- Provided Cultural Diversity trainings to the community with 70 attendees.
- Completed 25 accessibility reviews for area businesses and churches giving suggestions and ADA information in making the community more accessible.
- Through funding administered by Muskegon United Way, we participated in the Federal Emergency Management Agency's community efforts to provide food, shelter provisions, permanent and supportive housing to the homeless and low-income families of disabled people in our community. Twenty people received funds through Disability Connection.

### ***Priorities for FY 2006***

- To expand outreach services to Mason, Newaygo, and Muskegon Counties.
- Continue to develop and expand our youth leadership and transition services to students.
- Development and implementation of mentoring/life coach supports.
- Continue to provide ADA information to business and other local service providers.
- Focus on successful employment outcomes and long-term supports.
- Focus on transition services including: returning veterans, ex-offenders, and individuals who are currently living in nursing homes.
- Continue and expand the transportation efforts in Muskegon and Newaygo Counties through developing the transportation voucher program.
- Continue to complete community accessibility reviews for businesses and churches.
- Continue efforts of serving low-income and homeless persons with disabilities with supportive housing, food, and shelter plans for the future.
- Continue to provide independent living skills training including: peer support, information and referral, individual advocacy, and systems change efforts for persons with disabilities in order to assist them in becoming more independent.

*disAbility Connections, Inc. (dAC)*  
 (formerly Jackson Center for Independent Living)  
 409 Linden • Jackson • 49203  
 Phone Number: 517-782-6054 • Fax Number: 517-782-3118  
 www.disabilityconnect.org • monicas@disabilityconnect.org



<i>Counties Served</i>	Jackson, Hillsdale, Lenawee	
	<u>dAC</u>	<u>JCIL</u>
<i>Year Established</i>	1925	1998
<i>Number of Staff:</i>		
<i>- Full-time</i>	1	1
<i>- Part-time</i>	6	5
<i>- Contractual</i>	0	1
<i>Volunteer Hours 10/01/04-9/30/05</i>	5424	260
<i>Consumers Served 10/01/04-9/30/05</i>	1,692	73
<i>Reported FY 2005 Budget</i>	\$297,900	\$123,516
<i>Projected FY 2006 Budget</i>	As a merged agency – \$594,568	



***CIL Description***

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

**Major Goals:** To provide IL core services along with loan closet services, a 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.

***Community Impact for FY 2005***

- **Respite:** provided 160 clients a total of 329 shifts for a total of 1,874.5 hours of respite care during the last 12 months. **Ramps:** built 28 ramps and tore down 4 to be reused. **Loan Closet:** total of 2,449 equipment loans were made. **Social/Recreational:** provided social/recreational opportunities to 966 individuals including exercise class, Helping Friends Together Club, Teens Networking Together, gardening and cooking classes.

- Received a Transportation Voucher Grant through the Michigan Developmental Disabilities Council for \$65,000 a year for three years. Also received a \$35,000 grant from the Weatherwax Foundation to begin shooting episodes for a 13-episode series.
- Completed merger between Jackson CIL with disAbility Connections, including staff and board members, with a formal start up date of October 1, 2005.

### ***Priorities for FY 2006***

- Strengthen outreach to Hillsdale and Lenawee counties.
- Continue merger efforts in all aspects of the agency.
- Implement nursing home transition into CIL services array.
- Strengthen collaborative relationship with the local MRS office.
- Develop contract with Jackson County Intermediate School District to provide library and resource information for special education students.

## *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	17
- Part-time	4
- Contractual	1
<i>Volunteer Hours 10/01/04-9/30/05</i>	3,200
<i>Consumers Served 10/01/04-9/30/05</i>	5449
<i>Reported FY 2005 Budget</i>	\$1,928,886
<i>Projected FY 2006 Budget</i>	\$1,769,801



### ***CIL Description***

The Disability Network (TDN) is a 12-year old CIL that provides supports to over 4,000 citizens with disabilities in Genesee County, including Flint's 54% minority population and several rural out-county cities. Over 75 % of our Board and staff and 60% of our 120 active volunteers are individuals with disabilities. TDN's focus is on community awareness, systems advocacy in transportation, housing, long term care, education and technology and inclusion for the 86,000 residents with disabilities in Genesee County. TDN's community technology center (CTC) is a state-of-the-art facility that features the latest in assistive technology (AT) for people with and without disabilities. TDN collaborates with over 40 local organizations and, committed to the principle of "nothing about us without us," participates in over 80 local, state and national boards, councils and committees.

### ***Community Impact for FY 2005***

- Created a new innovative Assistive Technology outreach and training system using a DVD platform approach in collaboration with the Mott Foundation and SBC.
- Designed, developed, and completed a gap analysis of the Genesee Intermediate School District (GISD) technology and training systems in Genesee County to address AT issues.
- Designed, developed, and completed an environmental scan of transportation, housing, and employment related faith-based services and supports for citizens with disabilities in Flint and Genesee County.
- Trained staff and volunteers to evaluate accessibility of voting facilities and assessed 61 voting precincts in response to the City of Flint Voting Clerk's request to meet HAVA requirements.

- 34 homes were made more accessible with Community Development Block Grant funds from the City of Flint.
- 165 students high school students with disabilities increased their self advocacy skills.

### ***Priorities for FY 2006***

- Continue strong participation and leadership in the local, state, and federal workforce systems to improve inclusion and accommodation of jobseekers with disabilities, including participation in the new Governor-appointed Michigan State Council on Labor and Economic Development, which oversees the Michigan workforce system.
- Continue to participate in the new U.S. Department of Labor Office of Disability Employment Policy's \$3 million dollar, 5-year grant to Flint's Career Alliance to develop customized employment for individuals with disabilities. Assist Career Alliance to insure that outcomes of the grant influence local and state workforce policy, which will provide customized employment initiatives for all jobseekers, including those with disabilities.
- Lead local and state advocacy for new visitability ordinances to improve the availability of affordable, accessible, safe, and scattered site housing for individuals with disabilities.
- Continue advocacy and leadership transportation, housing, long-term care, education, and technology and inclusion for the 86,000 residents with disabilities in Genesee County.

## Disability Resource Center of Southwest Michigan (DRC)

517 E. Crosstown Parkway • Kalamazoo • 49001

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

104 Calhoun St. • Battle Creek, MI • 49017

Phone Number: 269-288-0047

www.drccil.org



<i>Counties Served</i>	Allegan (southeast quarter), Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
<i>Year Established</i>	1981
<i>Number of Staff:</i>	
- Full-time	15
- Part-time	5
- Contractual	1
<i>Volunteer Hours 10/01/04-9/30/05</i>	5,995
<i>Consumers Served 10/01/04-9/30/05</i>	3253
<i>Reported FY 2005 Budget</i>	\$1,138,133
<i>Projected FY 2006 Budget</i>	\$1,121,656



### ***CIL Description***

**Mission:** Disability Resource Center of 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 Goal:** To act as a catalyst for change so communities include, empower, and support all persons with disabilities.

**General Description:** Disability Resource Center (DRC) is one of Michigan's oldest CILs and serves seven counties in Southwest Michigan. Our main office in Kalamazoo and our branch office in Battle Creek are located in the urban centers of our service area, encircled by five predominately rural counties. Our reputation as *the* place to call for information and assistance is evidenced by the 2,000 + calls we receive each year. We are widely recognized for our expertise in the area of brain injury, as well as for the education, advocacy, and peer support we offer. Disability Resource Center is unique among CILs in our provision of driver education and training for people with disabilities. We are the only CIL that is part of the Michigan Coalition of Benefits Planning Assistance and Outreach in relationship to the Ticket to Work initiative in Michigan. Disability Resource Center has a long history of collaboration with community partners in order to meet the varied needs of people with disabilities. We are proud of the significant support we receive from volunteers, who provided 6,000 hours this past year of their time to support the organization's work toward improving the lives of people with disabilities in our communities.

## ***Community Impact for FY 2005***

- Established a Housing Advocacy Team to impact future trends in accessible housing.
- Significant partner in promoting changes with MSHA to support accessible housing with federal and state funding.
- Disability Resource Center's Access Team completed a Guide to Accessible Restaurants for Kalamazoo Area.
- Founded Friends of Transit – a broad-based community coalition seeking a county-wide transit authority for Kalamazoo County.
- Provided area educators with material to help them accommodate students with brain injuries in their classrooms.
- Expanded Home Base Program - support to independent community chronic health/disabilities support groups - to include two Spinal Cord Injury Support Groups.
- Opened a 'store front' branch office in Calhoun County and hired a Battle Creek Outreach Advocate.
- Successfully offered 'Building Your Financial Future' class series that will continue throughout next year for students at the Michigan Career and Technical Institute.
- Became the host organization for the Brain Injury Association of Southwest Michigan.
- Provided a series of Americans with Disabilities Act training seminars.

## ***Priorities for FY 2006***

- Investigating access to health care for persons with disabilities in Calhoun County.
- Partner with MRS to develop Customer Advisory Councils.
- Provide Long Term Community Supports in partnership with the Department of Community Health as a Nursing Home Transition Agent.
- Stabilize local funding for public transit with the passage of a millage in Kalamazoo County.
- Engage our communities in recognizing Disability Resource Center's 25<sup>th</sup> Anniversary.

*Lakeshore Center for Independent Living (LCIL)*  
 426 Century Lane • Holland • 49423  
 Phone Number: 616-396-5326 • Fax Number: 616-396-3220  
 www.lcil.org • ruth@lcil.org



<i>Counties Served</i>	Ottawa, Allegan
<i>Year Established</i>	1992
<i>Number of Staff:</i>	
- Full-time	8
- Part-time	3
- Contractual	1
<i>Volunteer Hours 10/01/04-9/30/05</i>	3,860
<i>Consumers Served 10/01/04-9/30/05</i>	2,512
<i>Reported FY 2005 Budget</i>	\$512,161
<i>Projected FY 2006 Budget</i>	\$560,412



***CIL Description***

The Lakeshore Center for Independent Living (LCIL) serves two West Michigan counties – Allegan and Ottawa – with urban and rural populations. We have a strong commitment to building a grassroots network and engaging persons with disabilities and the community in the work of systems change. Issue-directed rather than program-driven, our staff provide both individual advocacy and systems advocacy, the individual work illustrating and clarifying the challenges to be addressed in systems work. Our talented staff and volunteers provide capable community leadership in areas such as transportation, accessibility, housing, employment, and transition.

***Community Impact for FY 2005***

- Provided leadership for creating a 5-year plan for public transit expansion, acquiring unanimous support from 3 elected bodies. Developed a Friends of Transit group to build community support for public transit.
- Initiated a team in Allegan County to build LCIL presence.
- Trained Grand Valley State University students in ADA and ADAAG, resulting in a survey of the entire campus and agreement with the administration for 60 accessibility improvements, 3 of which have already been completed.
- Mentored nine 2004 Leadership Summit participants in community projects. Trained eight new participants in 2005.

- Engaged 160 volunteers in our work, and developed leadership skills in 14 of those.

### ***Priorities for FY 2006***

- Create a center of expertise on housing for people with disabilities with a 4-year grant from the Developmental Disabilities Council. Help people navigate housing services and help them build financial assets. Expand public knowledge of Housing for a Lifespan.
- With the Allegan Team, complete an assessment of disability issues in Allegan County and develop plans and ownership to address priority issues.
- Work with Friends of Transit to plan and implement a millage campaign to support transit expansion and educate the community about the benefits of public transit.
- Collaborate with partners in Ottawa and Allegan counties to identify rural transit needs and design services that help people get to work, as well as medical, educational, and other events.
- Implement youth mentoring to build knowledge and skills for success in employment and adult life.

# Northern Michigan Alliance for Independent Living (NMAIL)

2301 Garfield, Suite A • Traverse City • 49684

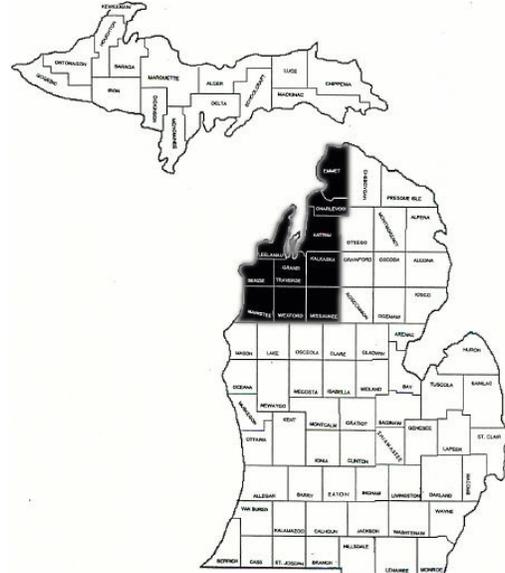
Phone Number: 231-922-0903 • Fax Number: 213-922-2597

www.NMAILonline.org • jimmoore@chartermi.net



Northern Michigan  
Alliance for Independent Living  
Empowering independence™

Counties Served	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford
Year Established	2002
Number of Staff:	
- Full-time	5
- Part-time	0
- Contractual	1
Volunteer Hours 10/01/04-9/30/05	1,461
Consumers Served 10/01/04-9/30/05	1,038
Reported FY 2005 Budget	\$ 374,713
Projected FY 2006 Budget	\$ 393,591



## CIL Description

**Mission:** To promote personal empowerment and positive social change for persons with disabilities through outreach, education, and advocacy.

The Northern Michigan Alliance for Independent Living (NMAIL) is a developing CIL that serves a large, primarily rural, ten county region in Northwest Lower Michigan. NMAIL's vision is that *people with disabilities will achieve their full potential in a community that supports equality for all*. Through education, advocacy, and outreach, NMAIL 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. NMAIL 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 2005

- In collaboration with the Traverse Bay Area Intermediate School District and MRS, we expanded our high school transition program called Learning Independence From Experience (L.I.F.E.) to include 12 area schools. The L.I.F.E. program provides empowerment and skill building to assist students with

disabilities in the transition from school to community living. In the 2004-2005 school year, the L.I.F.E. 101 & 102 programs were conducted in 12 schools involving 240 students.

- In collaboration with GTP Industries and MRS, the Deaf and Hard of Hearing Services Clearinghouse provided services for over 200 people. 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 on assistive technology devices.
- Provided independent living skills training for 240 individuals. Topics include: managing finances, learning basic employment skills and goal setting, and attending to social and recreational needs.
- Working with the Benzie County Coordinating Council and the Michigan Land Use Institute, several public forums were held in Benzie County to gather feedback on the need to expand public transportation for that county.
- Continue to expand our presence and build capacity in the region through volunteer development. This past year, NMAIL recruited over 50 volunteers working to advance our mission.
- Working with the Grand Traverse RICC, we hosted a Disability Voice Town Hall Meeting. Over 60 persons attended and provided important feedback on a wide range of topics including transportation, employment, housing, accessibility, community supports, health care, and recreation.
- Sponsored a public forum on Long Term Care Reform for area agencies and residents. Over 60 people were in attendance.
- Working with area human services agencies to provide coordinated transportation services utilizing volunteer drivers through the Northwest Michigan Transportation Alliance (NMTA).

### ***Priorities for FY 2006***

- Expand the L.I.F.E. 101 & 102 programs to include more school districts.
- Continue to expand NMAIL's presence in the ten county service area through volunteer recruitment and leadership development.
- Continue to promote Long Term Care Reforms for the region and begin to develop strategies to increase nursing home transition.
- Develop Friends of Benzie Bus to plan for a millage campaign in 2006.
- Educate local builders, architects, and home buyers about accessible housing and visitability.
- Continue to provide assistance to area businesses and organizations regarding the Americans with Disabilities Act (ADA).
- Continue to expand the NMTA services to include employment rides.

# Oakland & Macomb Center for Independent Living (OMCIL)

13213 East Fourteen Mile Rd • Sterling Heights • 48312

Phone Number: 586-268-4160 • Fax Number: 586-268-4720

www.omcil.org • info@omcil.org



*Counties Served* Oakland, Macomb

*Year Established* 1987

*Number of Staff:* - Full-time 10

- Part-time 3

- Contractual 2

*Volunteer Hours 10/01/04-9/30/05* 1362.5

*Consumers Served 10/01/04-9/30/05* 2147

*Reported FY 2005 Budget* \$758,251

*Projected FY 2006 Budget* \$787,132



## ***CIL Description***

Oakland & Macomb Center for Independent Living services Oakland and Macomb Counties, two of Michigan's largest counties. The center is committed to empowering people with disabilities through advocacy, peer support and independent living skills. OMCIL provides nursing home transition, resources on accessible housing and transportation, and specializes in empowerment, youth transition, job readiness, and a vast array of services that are vital to the population we serve. The majority of staff, volunteers, and board involved with the center are people with disabilities.

## ***Community Impact for FY 2005***

- Successfully transitioned one consumer from a nursing home to an independent living environment. The center also provided advocacy, peer support and information and referral to effectively educate numerous consumers about the alternative choices to nursing homes.
- Participated in a statewide initiative to evaluate polling site accessibility. These evaluations were vital to ensuring full inclusion of people with disabilities in the voting process.
- A fundraiser was held in August which brought consumers, community partners, and local businesses together. The fundraiser brought in revenues that will allow the center to maintain and expand various programs.

- The center actively participated in promoting legislation that will allow consumers the option to use their thumbprint as a signature rather than an X. The Thumbprint Bill will be a significant example of systems advocacy for the center and our consumers.
- Partnered with Sign Language Services of Michigan to host mentoring meetings for signers and teachers. This has also increased OMCIL's interaction with our service area's deaf population.
- OMCIL's Knowledge Is Power (KIP) program was expanded to two local high schools. Students ranging from grades 9-12 were taught a combination of job readiness, empowerment, self-advocacy, and community resource skills to better prepare them for the transition from school to work.

### ***Priorities for FY 2006***

- Fundraising and outreach are two areas that OMCIL would like to strengthen. To address this need we have created a position that will focus on outreach to unserved and underserved areas. This position will also coordinate fundraising activities for the center.
- The creation of a computer resource center for consumers has been planned and will be realized through a partnership with LaSalle Bank.
- Build relationships with local, state, and federal legislators to promote awareness of issues that affect people with disabilities.
- Initiate an accessibility team that will promote community awareness of transportation, long term care, ADA compliance, and a variety of issues affecting our consumers.
- A strategic plan involving board, staff, and management will be implemented in the first quarter of FY 2006. This will establish our organizational goals and direction for the remainder of FY 2006. The strategic plan will place particular emphasis on Board training, development, and expansion.

*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	5
- Part-time	0
- Contractual	4, including 1 Consultant & 3 STARSS Native Outreach Workers
<i>Volunteer Hours 10/01/04-9/30/05</i>	1278
<i>Consumers Served 10/01/04-9/30/05</i>	196
<i>Reported FY 2005 Budget</i>	\$242,422
<i>Projected FY 2006 Budget</i>	\$302,334



***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 5 full time and 4 contract employees.

***Community Impact for FY 2005***

- STARSS is a new interagency initiative in Michigan’s Upper Peninsula (UP) created to address the employment needs of under served Native American people with disabilities living on or near reservation lands. Currently, four of the five tribes in the UP are participating: Hannahville Indian Community, Keweenaw Bay, Bay Mills and Sault Ste. Marie. This one year pilot project was developed through a collaboration among Michigan Rehabilitation Services (MRS), the Tribes, the Social Security Administration, and **SAIL** – the UP’s Center for Independent Living. Hence, the acronym STARSS: SAIL, Tribes, Rehabilitation, and Social Security.
- In collaboration with Michigan Protection & Advocacy Service, held a block party to celebrate the ADA Anniversary. Over 300 people were in attendance.

- Worked with the USDA and local government agencies on updating accessibility to their town halls, senior centers, and other municipalities that are receiving federal funding throughout the Upper Peninsula. Outcome: Seven UP communities will be reimbursed for the costs of improving polling place access for voters with disabilities under the first of three grant awards. The communities will receive a total of more than \$26,000 under the first phase of Michigan's "Improving Access for All Program." The funds will help communities meet the requirements of the Americans with Disabilities Act which include parking spaces, drop-off areas, interior and exterior paths of travel, building entrances and voting areas. Communities receiving the grants are Mathias, Onota, Fairbanks, Duncan, Garfield, and Carp Lake townships, and the city of Ironwood.
- Continued to coordinate Regional Interagency Consumer Committee meetings.
- A Visioning Session was held with the staff and board to reprioritize.
- Collaborated with Michigan Tech. University Biomedical-engineering students, the Commission on Aging, the Assistive Technology Center of the United Cerebral Palsy Association of Michigan, and Marquette General Hospital Rehabilitation Services on a prototype of assistive technology device that would help keep seniors or people with disabilities in their homes. Outcome: the assistive technology device was completed, demonstrated and found to be an effective means of providing independence to seniors and persons with disabilities.
- SAIL, the Marq-Tran Local Advisory Committee and Marquette-Alger Regional Coordinating Committee petitioned for increased transportation routes that would provide transportation in a timely manner and increase convenience to consumers trying to get to work, shopping, and recreation. Outcome: Marquette County now has shopper shuttles which has increased routes and has cut the time in half for traveling to work, shopping, and recreation.
- Worked together with the Marquette-Alger National Alliance on Mental Illness (NAMI) on providing a NAMI education program called "In Our Own Voice" *Living with a Mental Illness*; this is a recovery education presentation given by trained consumer presenters for other consumers, family members, friends, professionals, and lay audiences.
- Worked with Veterans to increase awareness of community supports, emergency funding, and health care in order to maintain community living.
- Worked with Medallion Management, Alger-Marquette Community Action Board, the Department of Health and Human Services, the Domestic Violence Shelter, Lutheran Social Services, and Pathways Community Mental Health on increasing affordable accessible housing for people with disabilities and the homeless in Baraga, Alger, and Marquette Counties.

### ***Priorities for FY 2006***

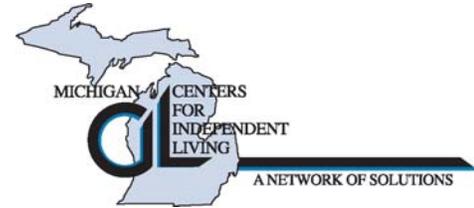
- Continue STARSS program.
- Co-host the bi annual ACTION DAY conference at Northern Michigan University. Over 300 people from across the Upper Peninsula are expected to attend.
- Work with 9-12 area transition students to increase leadership skills.
- Expand staff in another part of the Upper Peninsula and increase Upper Peninsula representation on the Board.
- SAIL will work diligently on core-funding.

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

1476 Haslett Rd. • Haslett • 48840

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

www.macil.net • info@macil.net



*Counties Served* Statewide (15 Member CILs)

*Year Established* 1993

*Number of Staff:* - Full-time 3

- Part-time 3

- Contractual 0

*Reported FY 2005 Budget* \$453,496

*Projected FY 2006 Budget* \$500,000

## ***Description***

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

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

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

MACIL's goals for FY 2005 included 1) the creation of a coordinated, persistent and effective grassroots advocacy capacity that will achieve effective statewide systems change and strong support for consumer and community-based independent living values; 2) to provide IL/CIL network peer support, technical assistance and training that promotes information sharing, continuous quality improvement and increased accountability of IL/CIL organizations, and; 3) to assure viable organizational capacity and structure of the Michigan Association of Centers for Independent Living that results in an efficient and effective IL/CIL network.

## ***Community Impact for FY 2005***

- Very active participation in the Governor's Medicaid Long Term Care Task Force resulting in nine recommendations to the Governor on Medicaid reform.
- Development of a curriculum on nursing facility transition to community-based living and diversion.
- Participation with the MiJob Coalition in the Medicaid Infrastructure Grant project of the Michigan Department of Community Health to improve employment supports for individuals with disabilities.

- Outreach and education on the Freedom to Work for Individuals with Disabilities Act, including brochures, posters, a website, and trainings
- Signed on to the Common Disability Agenda in collaboration with several disability organizations around the state.
- Held the first Walk-n-Roll fundraiser in collaboration with the Capital Area Center for Independent Living, Michigan Disability Rights Coalition, and the Statewide Independent Living Council.
- Greater communication and collaboration with Michigan Rehabilitation Services and Michigan Commission for the Blind.
- Helped in forming procedure, and participated in several CIL site reviews.
- Provided technical assistance to several CILs in financial management, organizational infrastructure, and personnel issues.
- Participated in a statewide technical assistance team that provides assistance to CILs.
- Started the planning process for developing training curricula for new CIL directors, staff, board members, and volunteers.
- In collaboration with Michigan Disability Rights Coalition, started a new website through Get Active, which provided outreach, engagement, and cultivation people with disabilities and others concerned with the same issues. It will enable us to engage people to participate in advocacy, fundraising, events, or community networking.

### ***Priorities for FY 2006***

- Provide IL/CIL network peer support, technical assistance and training that promotes information sharing, continuous quality improvement and increased accountability of IL/CIL.
- Create a coordinated, persistent and effective grassroots advocacy capacity that will achieve effective statewide systems change and strong support for consumer and community-based independent living and vocational rehabilitation services.
- Educate IL and VR staff on their respective visions, missions, values, customers, goals, and area of commonality.
- Assure viable organizational capacity and structure of the Michigan Association of Centers for Independent Living that results in an efficient and effective IL/CIL network.

# 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	0
- Contractual	0
<i>Volunteer Hours 10/01/04-9/30/05</i>	2625
<i>Reported FY 2005 Budget</i>	\$332,881.00
<i>Projected FY 2006 Budget</i>	\$350,080.00

## **Description**

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

**Mission:** Independent Living is 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.

**Major Goals:** To ensure the inclusion of consumers in the development and implementation of all programs providing services to Michigan's citizens with disabilities while promoting consumer sovereignty, equal access, responsive programs and services, and community capacity building

## **Community Impact for FY 2005**

- SILC, MRS, and MCB facilitated the allocation of independent living grants that totaled \$ 5,073,182 plus a certified in-kind match of \$ 26,811 for a program total of \$ 5,099,993.
- Convened 5 focus groups and 3 Disability Voice Town Halls across Michigan, securing input on disability issues. Responses were compiled and shared with Michigan's disability councils, organizations, state departments, the Governor's office and federal Rehabilitation Services Administration (RSA).

- Staff and council members continued to advocate at the national, state, and local level for increased inclusion and disability rights.
- Council members remained involved in Michigan's "Help America Vote Act" (we "HAVA" vote) collaborating in local communities to assist in assuring voter accessibility, providing voter registration opportunities, and facilitating a coordinated statewide presence of people with disabilities at election-related events.
- Continued refining and coordinating action steps necessary to overcome barriers and increase community inclusion and participation of people with disabilities.
- Participated in the federal Department of Education-Rehab Service Administration reorganization of the monitoring process for Title I funds.
- Provided 1,830.25 hours of ongoing technical assistance to the independent living network in meeting the established federally mandated quality standards and indicators, and operational redevelopment and reorganization.
- 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 2006***

- Continue to meet State and Federal statutory requirements for Council operation.
- Continue to foster collaborative efforts with partners to implement Michigan's 2005-2007 State Plan for Independent Living while undertaking initial development of the 2008-2010 State Plan for Independent Living.
- Work to increase both state and federal CIL funding through involvement with the NCIL committee, MACIL Resource Development Team, IL Network, The Research and Training Center on Disabilities-University of Montana, MRS and MCB.
- Work with the IL Network on issues of equity.
- Continue efforts to involve individuals with disabilities in the area of civic involvement and public policy. 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.
- Nationally, Michigan's SILC will work to develop better regional and national communication between SILCs.
- Continue to support efforts to expand community planning, coordination and capacity-building necessary to overcome barriers and increase community inclusion of people with disabilities through strengthening and developing the CIL/IL network.

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