# Reporting Instrument

OMB Control Number: 0985-0061

 Expiration Date: January 31, 2022

CIL Program Project Performance Report

**(To be completed by Centers for Independent Living)**

### Fiscal Year: 2020

### Grant #: 2005IAILCL

**Name of Center: League of Human Dignity Southwest Iowa Center for Independent Living**

**Acronym for Center (if applicable): SWIL**

**State: IA**

**Counties Served: Cass (IA), Fremont (IA), Harrison (IA), Mills (IA), Page (IA), Pottawattamie (IA), Shelby (IA)**

**SECTION 1 - GENERAL FUNDING INFORMATION**

Section 725(c)(8)(D) of the Act

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

### Item 1.1.1 - All Federal Funds Received

|  |  |
| --- | --- |
| Title VII, Ch. 1, Part B | $14772.00 |
| Title VII, Ch. 1, Part C | $171138.00 |
| Title VII, Ch. 2  | $0.00  |
| Other Federal Funds | $0.00 |
| **Subtotal - All Federal Funds** | **$185910.00** |

### Item 1.1.2 - Other Government Funds

|  |  |
| --- | --- |
| State Government Funds | $0.00 |
| Local Government Funds | $1834.00 |
| **Subtotal - State and Local Government Funds** | **$1834.00** |

### Item 1.1.3 - Private Resources

|  |  |
| --- | --- |
| Foundations, Corporations, or Trust Grants | $2250.00 |
| Donations from Individuals | $525.00 |
| Membership Fees  | $0.00 |
| Investment Income/Endowment | $0.00 |
| Fees for Service (program income, etc.)  | $6742.00 |
| Other resources (in-kind, fundraising, etc.) | $119.00 |
| **Subtotal - Private Resources** | **$9636.00** |

### Item 1.1.4 - Total Income

|  |  |
| --- | --- |
| Total income = (1.1.1)+(1.1.2)+(1.1.3) | $197380.00 |

### Item 1.1.5 - Pass Through Funds

|  |  |
| --- | --- |
| Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds) | $28991.10 |

### Item 1.1.6 - Net Operating Resources

|  |  |
| --- | --- |
| Total Income (Item 1.1.4) <minus> amount paid out to Consumers(Item 1.1.5) = Net Operating Resources  | $168389.00 |

**Item 1.2 IL Resource Development Activities**

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

In 2020 the League of Human Dignity was awarded a grant from Pottawattamie County Foundation for Medical Equipment.

 Our annual Golf fundraiser was held on 8/27/2021. There was 8 teams (31 golfers) participated in the event. Several area agencies participated as well as donated items for the silent auction and prizes. Lunch as well as dinner was provided.

 The League of Human Dignity continues to have an annual holiday letter that targets those that have given a monetary donation to the League. This is done through a holiday letter that is designed to not only solicit donations, but to provide disability awareness through its design and message. We are also part of the Omaha Gives fundraising umbrella that covers Pottawatomie County. They have two annual "give days" and these are promoted through our office.

 Another means of resource development is through the League's newsletter "On the Level" that reaches readers electronically. This is a bi-monthly publication that devotes a section to both honor donors and to request donations. Additionally, the League updated it's website giving it a modern design while maintaining accessibility. The League also continues to maintain a Facebook page and Twitter account, which allows consumers to have quick and easy access to league information, news, donation information, and advocacy updates.

**SECTION 2 - COMPLIANCE INDICATOR 1: PHILOSOPHY**

**Item 2.1 - Board Member Composition**

Enter requested staff information in the table below:

|  |  |
| --- | --- |
| **Total Number of Board Members** | **Number of Board Members with Significant Disabilities** |
| 10 | 10 |

|  |  |
| --- | --- |
| Percentage of Board Members with Significant Disabilities | 100.00% |

**Item 2.2 - Staff Composition**

Enter requested staff information in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Number****of****FTEs** | **FTEs****Filled by Individuals with Disabilities** | **FTEs Filled by Individuals From Minority Populations**  |
| **Decision-Making Staff** | 0.58 | 0.58 | 0.05 |
| **Other Staff** | 0.25 | 0.25 | 0 |
| Total Number of Employees | 0.83 | 0.83 | 0.05 |

**Item 2.2.1 - Staff With Disabilities**

|  |  |
| --- | --- |
| Percentage of Staff Members with Significant Disabilities | 100.00% |

**SECTION 3 - INDIVIDUALS RECEIVING SERVICES**

Section 704(m)(4)(D) of the Act; Section 725(b)(2) of the Act; Section 725(c)(8)(B) of the Act

**Item 3.1 - Number of Consumers Served During the Reporting Year**

Include Consumer Service Records (CSRs) for all consumers served during the year

|  |  |
| --- | --- |
|  | **# of CSRs** |
| 1. Enter the number of active CSRs carried over from the previous reporting period
 | 29 |
| 1. Enter the number of CSRs started since the first day of the reporting period
 | 54 |
| (3) Add lines (1) and (2) to get the ***total number of consumers served*** | 83 |

**Item 3.2 - IL Plans and Waivers**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| 1. Number of consumers who signed a waiver
 | 0 |
| 1. Number of consumers with whom an ILP was developed
 | 83 |
| 1. ***Total number of consumers*** served during the reporting year
 | 83 |

**Item 3.3 - Number of CSRs Closed by September 30 of the Reporting Year**

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

|  |  |
| --- | --- |
|  | **# of CSRs** |
| 1. Moved
 | 0 |
| 1. Withdrawn
 | 0 |
| 1. Died
 | 1 |
| 1. Completed all goals set
 | 16 |
| 1. Other
 | 10 |
| 1. Add lines (1)+(2)+(3)+(4)+(5) to get ***total CSRs closed***
 | 27 |

**Item 3.4 - Age**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| 1. Under 5 years old
 | 0 |
| 1. Ages 5 – 19
 | 19 |
| 1. Ages 20 – 24
 | 6 |
| 1. Ages 25 – 59
 | 29 |
| 1. Age 60 and Older
 | 29 |
| 1. Age unavailable
 | 0 |
| 1. **Total number of consumers by age**
 | **83** |

**Item 3.5 - Sex**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| 1. Number of Females served
 | 38 |
| 1. Number of Males served
 | 45 |
| 1. **Total number of consumers by sex**
 | **83** |

**Item 3.6 - Race And Ethnicity**

Indicate the number of consumers served in each category below. ***Each consumer may be counted under ONLY ONE of the following categories in the PPR/704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).***

|  |  |
| --- | --- |
|  | **# of Consumers** |
| (1) American Indian or Alaska Native | 3 |
| (2) Asian  | 0 |
| (3) Black or African American | 4 |
| (4) Native Hawaiian or Other Pacific Islander | 0 |
| (5) White | 74 |
| (6) Hispanic/Latino of any race or Hispanic/ Latino only  | 2 |
| (7) Two or more races | 0 |
| (8) Race and ethnicity unknown  | 0 |
| **(9) Total number of consumers served by race/ethnicity** | **83** |

**Item 3.7 - Disability**

Indicate the number of consumers in each category below.

|  |  |
| --- | --- |
|  | **# of Consumers** |
| 1. Cognitive
 | 15 |
| 1. Mental/Emotional
 | 25 |
| 1. Physical
 | 39 |
| 1. Hearing
 | 3 |
| 1. Vision
 | 0 |
| 1. Multiple Disabilities
 | 1 |
| 1. Other
 | 0 |
| 1. **Total number of consumers served by disability**
 | **83** |

**Item 3.8 - Individuals Served by County During the Reporting Year**

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

|  |  |  |
| --- | --- | --- |
|  **County Name** |  **Number of County Residents Served** |   |
|  Cass, IA | 1 |  |
|  Fremont, IA | 1 |  |
|  Harrison, IA | 4 |  |
|  Mills, IA | 8 |  |
|  Page, IA | 2 |  |
|  Pottawattamie, IA | 66 |  |
|  Shelby, IA | 1 |  |
|  **Total number of consumers served by county** | **83** |   |

#

**SECTION 4 - INDIVIDUAL SERVICES AND ACHIEVEMENTS**

**Item 4.1 - Individual Services**

For the reporting period, indicate in the table below how many consumers requested and received each of the following IL services.

| Services | **Consumers Requesting****Services** | **Consumers Receiving Services** |
| --- | --- | --- |
| (A) Advocacy/Legal Services | 4 | 4 |
| (B) Assistive Technology | 5 | 5 |
| (C) Children’s Services | 0 | 0 |
| (D) Communication Services | 0 | 0 |
| (E) Counseling and Related Services | 0 | 0 |
| (F) Family Services | 0 | 0 |
| (G) Housing, Home Modifications, and Shelter Services | 17 | 17 |
| (H) IL Skills Training and Life Skills Training  | 83 | 83 |
| (I) Information and Referral Services | 1072 | 1072 |
| (J) Mental Restoration Services | 0 | 0 |
| (K) Mobility Training  | 0 | 0 |
| (L) Peer Counseling Services | 17 | 17 |
| (M) Personal Assistance Services | 11 | 11 |
| (N) Physical Restoration Services | 0 | 0 |
| (O) Preventive Services | 83 | 83 |
| (P) Prostheses, Orthotics, and Other Appliances | 0 | 0 |
| (Q) Recreational Services | 0 | 0 |
| (R) Rehabilitation Technology Services | 0 | 0 |
| (S) Therapeutic Treatment | 0 | 0 |
| (T) Transportation Services | 3 | 3 |
| (U) Youth/Transition Services | 20 | 20 |
| (V) Vocational Services | 3 | 3 |
| (W) Other Services | 68 | 68 |

**Item 4.2 - I&R Information**

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

 The service provider did X / did not engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

Describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services.

Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

ILA's attends resource meetings in person or online in all 8 SW Iowa Counties to stay informed on all services and changes in services. ILA's & Director continue to look for new grants and training to assist individuals with services. CIL publications, brochures, newsletters, and forms are all available in alternate formats including languages other than English and Braille. The League maintains an accessible website. Consumers are encouraged to request needed alternate formats, and when alternate formats are requested, we provide them. We also provide an interpreter if that is needed or requested. Interpreter lists were updated and verified during this grant year. During this PPR year, we had a total of 747 units of outreach. We sent mailings and had phone calls with churches, community groups, municipalities, medical offices, and current and past consumers regarding COVID and the services we had to offer. Regarding covid health care we provided masks, hand sanitizer, soap, cleaning products, thermometers and gloves to consumers in need of health care support. We also were able to provide 537 pieces of assistive technology items for consumers in need. These items included shower chairs, bed rails, wheel chairs, commodes, walkers, tub transfer benches, toilet seat raisers, toilet seat safety frames and canes.

**Item 4.3 - Peer Relationships and Peer Role Models**

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

The League of Human Dignity SWIL has developed and promoted its Peer Mentoring program through informing the public through all outreach activities, by contacts with community agencies serving people with disabilities, through current consumers, and through other personal contacts. If Consumers and other people with disabilities are identified who are self-advocates, confident, and comfortable in their life situations, staff will ask them about participating in the peer mentoring program. If they agree, training is provided and they can be matched with a consumer who is interested in working with a peer.

 Groups have been held that are structured to provide independent living information to consumers through the Living Well with a Disability and the Working Well with a Disability curriculum. These group settings provide the opportunity for peer support to occur with the guidance of an Independent Living Adviser. During these peer groups it is not uncommon for League Staff to invite a community partner to give a presentation to our peer group to support our consumers with additional resources so they are better able to self-advocate. Fifteen consumers participated in peer support through this process during this grant year.

 Groups have been held with teens and young adults for the Living Well with a Disability and Working Well with a Disability curriculum. The groups were held over Zoom with the guidance of an Independent Living Advisor. During the groups there is peer support between each other as conversations bring out ideas of needs and support.

 Because the League of Human Dignity employs a majority of people with disabilities, staff and consumers can also develop informal Peer Mentoring relationships. This can be anything from just talking through a mental health crisis or talking about ways to get the additional support needed.

**Item 4.4 - Goals Related to Increased Independence in a Significant Life Area**

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

| **Significant Life Area** | **Goals Set** | **Goals Achieved** | **In Progress** |
| --- | --- | --- | --- |
| 1. Self-Advocacy/Self-Empowerment
 | 8 | 1 | 5 |
| 1. Communication
 | 3 | 1 | 2 |
| 1. Mobility/Transportation
 | 1 | 1 | 0 |
| 1. Community-Based Living
 | 22 | 6 | 10 |
| 1. Educational
 | 3 | 0 | 3 |
| 1. Vocational
 | 2 | 1 | 1 |
| 1. Self-care
 | 94 | 23 | 91 |
| 1. Information Access/Technology
 | 7 | 0 | 7 |
| 1. Personal Resource Management
 | 67 | 13 | 48 |
| 1. Relocation from a Nursing Home or Institution to Community-Based Living
 | 0 | 0 | 0 |
| 1. Community/Social Participation
 | 1 | 0 | 1 |
| 1. Other
 | 3 | 0 | 3 |

**Item 4.5 - Improved Access To Transportation, Health Care Services, and Assistive Technology**

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

|  **Areas** | **# of Consumers** **Requiring Access** | **# of Consumers Achieving Access** | **# of Consumers Whose Access is in Progress** |
| --- | --- | --- | --- |
| (A) Transportation | 0 | 0 | 0 |
| (B) Health Care Services | 0 | 0 | 0 |
| (C) Assistive Technology | 537 | 537 | 0 |

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

**Item 4.6 - Self-Help and Self-Advocacy**

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

Consumers who contact our offices are informed that self-advocacy and self-help are one of our core services, by reviewing the information that is printed in our agency brochure or informing them in conversation. Our advocacy efforts consist of teaching or assisting consumers in learning self-advocacy skills. We have developed modules that include training materials on self-advocacy.

 The Living Well with a Disability and Working Well with a Disability groups we have conducted this year contain a module of advocacy. There were 65 consumers who participated in this class during the grant period.

 Many of the calls received under the service of Information and Referral are making contact to call upon the League's knowledge and work as advocates. All League contacts have a component of the provision or encouragement of self-advocacy.

**Item 4.7 - Additional Information Concerning Individual Services or Achievements**

Please provide any additional description or explanation concerning individual services or achievements reported in Section 4, including outstanding success stories and/or major obstacles encountered.

 This fiscal year has been a challenge due to Covid 19 Pandemic. SW Iowa League of Human Dignity was able to have a few amazing success stories.

 1. Staff was successful with one consumer (KO) in applying for social security benefits. They were awarded benefits and a back payment of $6,000.

 2. Staff was successful with one consumer (RC) He was able to gain employment as well as new transportation. With his new job he was able to afford his rent as well.

 3. Staff were successful with getting several items of PPE (ie; mask, hand soap, sanitizer) to several consumers. This was beneficial in keeping the consumer, family and care-givers healthy.

**SECTION 5 - PROVISION OF SERVICES**

**Item 5.1 - Compliance Indicator 2: Provision of Services on a Cross-Disability Basis**

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

At the time of intake, the League of Human Dignity mission, philosophy, and services are reviewed with each consumer in accordance with agency policies. Consumers know about their rights while receiving services, and are informed about how the League strives to protect consumers' privacy, by holding information about consumers and services provided in confidence.

 Staff assists consumers to understand that they are in control of developing independent living goals, and the methods to achieve those goals. They know that they may choose to develop an ILP or waive developing an ILP, and consumers are actively encouraged to take control of their own lives.

 Consumers learn that their feedback regarding the quality-of-service provision is important and that consumer satisfaction is paramount. Accordingly, each consumer is provided with a stamped, self-addressed Center for Independent Living comment card. Feedback regarding satisfaction may be given at any time while receiving services and at the end of service provision.

 -100% of consumers who responded to the statement "my advisor is pleasant, respectful, and considerate" stated always or usually.

 -100% of respondents replied "always" to the question "my advisor is knowledgeable and helpful".

 -88% of respondents replied "always" to the statement "my advisor is on time for appointments".

 -94% of respondents replied "always" to the statement "my advisor keeps my business private".

 -100% of respondents replied "always" to the statement "if I have a quest or concern I feel I can call the League".

 -100% of respondents replied "always" or "usually" to the statement "League staff members help me quickly".

 -100% of respondents replied "always" to the statement "I decide what is the best plan for services".

 -94% of respondents replied "always" to the statement "League services have helped me be more independent".

 -88% of respondents replied "always" or "usually" to the statement "I get to choose my providers".

 -94% of respondents replied "always" to the statement "my providers keep my business private".

 Comments were summarized, and presented to the CEO, board of directors, supervisors and the Independent Living Advisors. Comments are used to improve the quality of working relationships between consumers and Advisors, and to strengthen the quality of services offered in general at the League of Human Dignity.

 Consumers are encouraged to contact Supervisors, Directors, the CEO, the Board of Directors, or the Client Assistance Program if they are not satisfied with the services they are receiving.

**Item 5.2 - Alternative Formats**

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

CIL publications, brochures, newsletters, and forms are all available in alternate formats including languages other than English and Braille. The League maintains an accessible website. Consumers are encouraged to request needed alternate formats, and when alternate formats are requested, we provide them. We also provide an interpreter if that is needed or requested. Interpreter lists were updated and verified during this grant year.

**Item 5.3 - Equal Access**

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

League of Human Dignity staff have promoted equal access by:

 \*Making sure all buildings and parking areas are accessible;

 \*Providing LHD publications, brochures, and forms are available in alternative formats, including Braille and languages other than English;

 \*Consumers may request special accommodations, and staff work diligently to accommodate the consumer based on her/his unique needs as prescribed by her/his disability;

 \*Consumers receive information verbally, in written, and/or in other formats as requested;

 \*The website is accessible;

 \*Staff travels to consumers' homes to provide services in both urban and rural areas:

 \*Interpreters are utilized whenever needed for communication with consumers who need ASL or a language other than English.

(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities.

Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

During the reporting year staff advocated on behalf of individuals with significant disabilities in the area of education, health care, acquisition of benefits/services, vocational services, housing, transportation, and by empowering consumers to be strong self and systems advocates, and by serving as advocates upon request of and behalf of consumers. CIL staffs have also promoted equal access by:

 \*Attend meetings and provided input to the IA State Wide Independent Living Council.

 \*Participation in the SWING Meetings

 \*Participation on the Human Services Advisory Council

 \*Active involvement in the development of the State Independent Living Plan

 \*Participation on the Human Services Advisory Council's transportation committee

 \*Participation on the Human Service Advisory Council Housing committee.

 \*Participation in the Shelby County Human Service group.

 \*Participation in the Montgomery County Human Service group

 \*Participation in the Fremont County Human Service group

 \*Participation in the Page County Human Service group

 \*Participation on the Human Service Advisory Aging Committee

 \*Participation in Mills County Inter-agency Collation

 \*Participation in Cass County Healthy Family Collation

 \*Working with the Legal Aid and Fair Housing to assist consumers to lodge accessibility complaints

 \*Assist people with disabilities to apply for benefits, including disability benefits through Social Security and healthcare benefits through Medicaid and other insurance options they may be eligible for.

 \*Promoting equal access on our Facebook page, on twitter, in all publications, and in provision of services and outreach to organizations/businesses, schools, and churches

 \*Olmstead Task Force

**Item 5.4 - Consumer Information**

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

At the time of intake, the League of Human Dignity mission, philosophy, and services are reviewed with each consumer in accordance with agency policies. Consumers know about their rights while receiving services, and are informed about how the League strives to protect consumers' privacy, by holding information about consumers and services provided in confidence.

 Staff assists consumers to understand that they are in control of developing independent living goals, and the methods to achieve those goals. They know that they may choose to develop an ILP or waiver developing an ILP, and consumers are actively encouraged to take control of their own lives.

 Consumers learn that their feedback regarding the quality-of-service provision is important and that consumer satisfaction is paramount. Accordingly, each consumer is provided with a stamped, self-addressed Center for Independent Living comment card. Feedback regarding satisfaction may be given at any time while receiving services and at the end of service provision.

 Comments were summarized, and presented to the CEO, board of directors, supervisors and the Independent Living Advisors. Comments are used to improve the quality of working relationships between consumers and Advisors, and to strengthen the quality of services offered in general at the League of Human Dignity.

 Consumers are encouraged to contact Supervisors, Directors, the CEO, the Board of Directors, or the Client Assistance Program if they are not satisfied with the services they are receiving.

**Item 5.5 - Consumer Service Record Requirements**

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

The League has developed internal Independent Living services standards that are also inclusive of federal record keeping requirements. The League has also developed an internal quality assurance program that is designed to assure consistency of services across the League's entire service area. Standards have been developed to assure that Consumer Service Records are current and relevant to consumer needs. All Consumer Service Records are reviewed by the supervisor following intake. The staff responsible for the Consumer Service Record develops a Corrective Action Plan if necessary and makes corrections when needed. The CSR is reviewed again at the termination of services and filed with inactive cases in a locked filing cabinet for 3 years.

**Item 5.6 - Community Activities**

**Community Activities Table**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Issue Area** | **Activity Type** | **Hours Spent** |  **Objective(s)** |  **Outcomes(s)** |   |
|  Community Services Issues | Collaboration/Networking | 4 | ADRC Network-Iowa | Part of the team that is helping to establish a good ADRC network. |   |
|  Assistive Technology Community service issues Health care housing other  | Community Education/Public Information  | 9 | For Iowa Consumers to be independent and having direct control of their services and where they choose to live. Cost effectiveness of receiving home and community-based services.  | In SW Iowa staff worked with the local AAA, Medicaid in Iowa and the providers, 3 hospitals and the transportation agency in assisting our consumers to remain independent.  |   |
|  Other | Community Education/Public Information  | 1 | For Iowa to produce Facebook posts to provide consumers with alternate ways to receive information  | 28 Posts were made that impacted SW Iowa, they were promoting our fundraiser, loan and rental program and general services.  |   |
|  Community Service Issues Health Care Other  | Community Education/Public Information  | 0 | In Iowa produce public service announcements.  | 7 PSA's were made that impacted SW Iowa; Fundraising event (1), Independent Living (3), Loan and Rental program (3). They were audio clips that were sent to 7 radio stations in SW Iowa  |   |
|  Community Service Issues Health Care Other  | Community Education/Public Information  | 117 | In Iowa Increase awareness and referral for IL services in Part B Counties.  | SW Iowa staff set up remote offices in 5 communities, meet with 2 interagency groups, joined SWING meetings and Rotary Clubs in the rural area. 1 Booth was set up in a local YMCA.  |   |
|  Assistive Technology Community Services Issues Housing Other | Community Education/Public Information | 5 | In Iowa increase awareness and referrals for IL services.  | SW Iowa staff spoke with Medicaid providers, HSAC communities.  |   |
|  Assistive Technology Other | Collaboration Networking  | 181 | In Iowa Outreach to private business for Fundraising/sponsorships.  | 618 outreach letters were mailed for the annual golf tournament/fundraising event  |   |
|  Employment Other | Community Education/Public Education | 30 | In Iowa provide services LHD has to offer to assist youths who experience a disability.  | SW Iowa staff mailed/dropped off transition class flyers and emails. Presentations were made to community members about the course. The course was presented to high school students.  |   |
|  Community Service Issues  | Community Education Public Information  | 20 | In Iowa provide system change advocacy in statewide, regional and global movements.  |  SW Iowa staff went to 3 IDAAN meeting, joined the Iowa Capitol Chat meetings, Legislative coffee's as well as a meeting about Direct Care Workers.  |   |
|  Community Service Issues Employment Health Care Housing Other Transportatio | Community Education/Public Information  | 57 | In Iowa To promote equal access to all service, programs, activities and resources.  | SW Iowa staff joined the HSAC meetings for transportation and over all community engagement 7 times, the Olmstead taskforce was joined 7 times, there were also meeting with Medicaid of Iowa and the providers of the service.  |   |
|  Assistive Technology Transportation  | Community Education/Public Information  | 3 | In Iowa to promote the use of the Equipment and Loan program  | SW Iowa staff gave presentations to the community on the IL program, spoke with community members, 5 agencies and 2 hospitals,  |   |
|  Assistive Technology Community Service Issues Employment Health Care | Community Education/Public Information  | 92 | In Iowa worked with agencies to identify local resources for un and underserved individuals and groups  | SW Iowa staff worked with the local shelters, County Agencies Meetings, HSAC meetings, VNA and Medicaid Providers.  |   |
|  Community Services issues Employment Health Care Housing Other  | Community Education/Public Education  | 22 | Iowa Staff will receive ongoing training to ensure staff is current on issues & items regarding independent living and other disability issues.  | SW Iowa staff joined training with the Olmstead and Americans with disability act, the APRIL Conference, Disability Awareness, Cultural Competency Training, ACL. As well as several with different agency thought the Disability community.  |   |

**Item 5.7 - Description of Community Activities**

For the community activities mentioned above, provide additional details such as the role of the CIL staff board members and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

The League of Human Dignity (LHD) Public Information Specialist distributed information through various modes of communication to inform the public about LHD events, advocacy issues and news. Numerous hours were spent with public relations activities such as producing and publishing a bi-monthly newsletter that is distributed electronically. 7 public service announcements were sent to 7 southwest Iowa media outlets. There were 28 Facebook which impacted southwest Iowa.

 LHD continued to provide equipment rental, and loan program to people with disabilities in SWIA. The program was promoted during outreach contacts, at networking meetings, and advertisements were placed in our newsletter to solicit donations for the program as well as to educate consumers about the availability of equipment.

 LHD has been and will continue to work with the Iowa Statewide Independent Living Council (SILC), Iowa Statewide Association of Independent Living (ISAIL), Iowa Vocational Rehabilitation Services (IVRS), Iowa Department of the Blind and other community disability organizations to build a unified community of people with disabilities and advocates to bring change to Iowa. We are actively involved in identifying the barriers for Iowans with disabilities to live their life in the way they choose and where they choose.

 We continue representation on numerous human service councils, including the Human Services Advisory Council (HSAC). We participate in monthly interagency meetings that cover service providers in all 8 counties (Pottawattamie, Page, Harrison, Fremont, Mills, Montgomery, Cass, and Shelby). In addition to the Interagency Councils and HSAC, LHD participates on the following task forces, coalitions, committees, and boards: HSAC Housing and transportation Committees, Iowa Disability and Aging Advocacy Network IDAAN, Southwest Iowa Networking Group (SWING), Children at Home (provides grants to children with disabilities), Henry K Peterson Foundation (provides grants to agencies that supports consumers with disabilities), Iowa Transportation Coordinating Council, Southwest Iowa ARDC advisory committee, Iowa State Association of Independent Living (ISAIL), and Statewide Independent Living Council. The Co-CEO for the League of Human Dignity attends and participates in the SILC meetings.

 LHD continues to educate citizens in SWIA of LHD services and the independent living philosophy, and providing information to area agencies and businesses, churches, community centers, senior centers, and schools.

 The CIL Director and Independent Living Advisor continue to look for consumers interested in systems advocacy. Consumers are given practical tools to help them advocate for themselves and others. Consumers are provided information regarding advocacy related to disability. The CIL director and ILA also attends the Legislative meetings sponsored by the Chamber of Commerce during the legislative session. LHD staff wrote letters to legislators to provide public comments on proposed legislation. Relationships are developed with the State, Federal and Local office holders who are kept informed of the needs identified by our consumers. Advocating for consumers that had issues with the transition of Iowa Medicaid to a managed care system was front and center this year. (

 LHD's Barrier Removal Program continued to provide services to consumers to make their home accessible and thus removing barriers which threatened their independence. In 2020-2021 the Barrier Removal Program succeeded in completed 1 project.

 Transportation, or lack of it, continues to be an important issue for Consumers in SWIA. LHD staff regularly attends meetings with the Human Service Advisory Council Transportation Committee, South West Iowa Transit Authority, and Council Bluffs Special Transit Services in order to provide feedback on services and advocate for changes that benefit people with disabilities. The center director continues to participate as a member of the Iowa Department of Transportation Coordination Council to assure transportation for people who experience disability receives state wide recognition.

 LHD was able to collaborate with area businesses to promote the LHD mission and fund raise at the same time. The League of Human Dignity will continue to promote awareness and raise money with partnerships with businesses. We will continue to pursue these opportunities in the next year and approach new businesses with proposals to do similar fundraising with them.

**SECTION 6 - ANNUAL PROGRAM AND FINANCIAL**

**PLANNING OBJECTIVES**

**6.1 - Work Plan for the Reporting Period**

**Item 6.1.1 - Achievements**

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

Goal 1: The League of Human Dignity will comply with evaluation standards.

 Objective 1: The League promoted self-help and self-advocacy with at least ten (10) consumers.

 Achievements:

 \* Staff worked with consumers during intake and goal development to ensure that consumers are in control of identifying and setting all Independent Living Goals and the steps used to achieve those goals.

 \* Staff has informed consumers of their rights and documented as part of the intake process.

 \* Staff has informed consumers how to address possible grievances. This includes the agency grievance procedure and information about the Client Assistance Program process.

 \*Advocacy was the stated goal for three consumers during the year.

 \*All 83 consumers who received Life Skills Training obtained some self-help and advocacy training.

 Objective 2: League staff will continue to provide self-help through Independent Living Skills development and coaching with forty-six (46) consumers.

 Achievements:

 \* Staff has provided coaching with 83 consumers to promote skill development.

 Objective 3: League of Human Dignity staff will continue to promote the development of peer relationships for at least four (4) consumers.

 Achievements:

 \* Mentoring and peer support did occur as a function of the Living Well with a Disability classes that were held as well as during the Advocacy training class. 65 participated in these activities.

 Objective 4: The League of Human Dignity will continue to ensure equal access to center services, programs, activities, resources, and facilities regardless of funding sources.

 Achievements:

 \* All League of Human Dignity publications, brochures, and forms continue to be available in alternate formats, including other languages and Braille.

 \* All League of Human Dignity buildings continue to be accessible.

 \*Interpreter services were provided to consumers who required or requested the service.

 Objective 5: The League of Human Dignity will continue to mandate through policies and procedures that people with disabilities be served without regard to race, creed, national origin, religion, gender, disability, age, or the ability to pay.

 Achievements:

 \* Services were provided to all eligible individuals from cross disability groups.

 \* Staff has ensured that consumers understand that they are in control of developing independent living goals, and the methods to achieve those goals.

 \* League of Human Dignity Policy and Procedures continue to mandate that people with disabilities be serves without regard to race, Creed, notional origin, religion, gender, disability, age or the ability to pay.

 Objective 6: Consumers will be afforded the opportunity to express satisfaction with services.

 Achievements:

 \* Consumers have received stamped, addressed satisfaction/comment cards at the time of intake, periodically during his/her working association, and at the end of service delivery.

 \* Responses have been presented to the CEO, Board of Directors, Directors, Supervisors, and direct service staff.

 Objective 7: League of Human Dignity staff will maintain a Consumer Service Record for all eligible/active people.

 Achievements:

 \* Records are maintained in hard cover binders.

 \* Records are stored in secure locations.

 \* CSR's are divided into the following sections: Demographics, Assessment, Eligibility/Waiver, Intake, Contacts, Independent Living Plan, Fee Agreement, Release of Information, and Correspondence.

 \*information has been entered in CIL manager at least monthly as documented through supervisory review.

**Item 6.1.2 - Challenges**

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

Due to Covid, while limited at times we learned how to work with our consumers via mail, over the internet, and from six feet distance. While we tried, to maintain our peer group, consumers were not interested in meeting on line.

 Southwest Iowa receives calls and requests for service in the counties surrounding our service area. These communities include: Calhoun, Crawford, Carroll, Greene, Guthrie, Adair, Adams and Taylor. Iowa CIL's cover only the southwest corner of the state (8 out of 99 counties). The League continues to provide training for staff to assist them in providing quality services to consumers.

**Item 6.1.3 - Comparison with Prior Reporting Period**

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

 Our organization has continued a strong usage of our equipment rental and loan program. This resulted from a combination of our ability to purchase additional equipment, expanding efforts to obtain donations of used equipment and our collaboration with community agencies that often have first contact with people who need the equipment resulting in them referring the consumers to us for service. We have placed a heavier focus on promoting awareness about our organization and our services in these specific areas: housing, transportation, peer to peer relationships, independent living skills training, outreach and youth and nursing home transition. Our ability to reach consumers through providing Living Well With A Disability classes has resulted in an increase in service provision in all areas. We also have significantly focused more in the area of resource development. Our efforts to collaborate with potential fee for service partners in the community has resulted in us working toward becoming an employment network.

**6.2 - Work Plan for the Period Following the Reporting Period**

**Item 6.2.1 - Annual Work Plan**

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

Goal 1: The League of Human Dignity will continue to provide services to people with disabilities living in the eight counties that comprise the Center's service delivery area. (Pottawatomie, Shelby, Harrison, Page, Montgomery, Mills, Cass, and Fremont.)

 Objective 1: League staff will collaborate with Five (5) consumers to improve and/or learn the skills to be self and/or systems change advocates.

 Objective 2: The League of Human Dignity will continue to work on housing issues.

 Objective 3: The League of Human Dignity will continue to work on systems change projects which aim to change disability support services in ways both large and small, so that users of these services have real, empowering choices to make about the types of services they receive.

 Objective 4: The League of Human Dignity has continued to advocate with transportation providers to make transportation costs affordable for people with disabilities.

 Objective 5: The League of Human Dignity will continue its Barrier Removal Programs for people experiencing disabilities. The program will assess the need for, and assist in the removal, and/or modification of accessibility barriers in the residences of low and moderate income families. Two to Four (2-4) Barrier Removal Program Projects will be completed.

 Objective 6: The League will provide Information and Referral to Nine Hundred (900) individuals.

 Objective 7: Two (2) individuals will receive Personal Assistance referral services and/or Personal Assistance Management Training.

 Objective 8: Ten (10) people will receive Social and Recreational Information, and referrals.

 Objective 9: One Hundred pieces (300) of equipment will be sent out of the agency through equipment loan and rental services.

 Objective 10: Two (2) Individuals will access Interpreter services.

 Objective 11: Fifteen (15) people will participate in Independent Living Skills Training.

 Objective 12: Pre-employment skills training will be conducted.

 Objective 13: Living Well with a Disability Training will be conducted.

 Objective 14: The League of Human Dignity will issue newsletters Six (6) times next year, engage in Public Awareness activities and in providing information to educate people about Independent Living Philosophy and the League mission and services.

 Objective 15: The League of Human Dignity will engage in outreach activities.

 Goal 2: The League of Human Dignity will conduct resource development activities.

 Objective 1: Staff will generate $5,000 through resource development activities.

 Goal 3: The League of Human Dignity will provide training to staff and the Board of Directors.

 Objective 1: Staff will be given opportunities to receive training that is determined to be pertinent to job function and/or will help staff meet their identified plan for professional growth.

 Goal 4: Ensure quality service delivery.

 Objective 1: Staff will participate in the League of Human Dignity's Quality Assurance program.

**Item 6.2.2 - SPIL Consistency**

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

The LHD CEO participates and provides input regarding services and needs to the SILC as well as being actively involved in the development of the SPIL. LHD goals are consistent with the State Plan for Independent Living. The SPIL and the SWIA CIL activities both maintain the same IL philosophy. Specifically, the SPIL states they will: "support the philosophy that IL services are provided in a consumer controlled and directed environment for all disability groups. The term IL service is intended to include, but not be limited to, peer counseling, advocacy, IL skills training, information and referral, youth and nursing facility transition and other services as necessary to promote increased independence among Iowa's disability community." This statement alone shows consistency between the five(5) core services of the SWIA-CIL and how we provide services to consumers. The League signed the new SPIL developed by the SILC this year.

**SECTION 7 - ADDITIONAL INFORMATION**

**Item 7.1 - Other Accomplishments, Activities and Challenges**

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

While the Southwest Iowa office was short staffed for part of the year and Covid 19, the goals set for the League of Human Dignity were meet.

 During this year peer support was built within the students that attended the transition course. They were able to talk with each other in an open and safe environment. A partnership with the school was obtained. As well as a day program for adults with Intellectual Disabilities. Computers were able to be provided to those without to be able to stay in touch with doctors and personal supports.

**SECTION 8 - TRAINING AND TECHNICAL ASSISTANCE**

**Item 8.1 - Training And Technical Assistance Needs**

|  |  |
| --- | --- |
| Training And Technical Assistance Needs | **Choose up to 10 Priority Needs ---****Rate items 1-10 with 1 being most important** |
| **Advocacy/Leadership Development** |  |
|  General Overview |  |
|  Community/Grassroots Organizing |  |
|  Individual Empowerment |  |
|  Systems Advocacy | 5 |
|  Legislative Process |  |
| Applicable Laws |  |
|  General overview and promulgation of various disability laws |  |
|  Americans with Disabilities Act |  |
|  Air-Carrier’s Access Act |  |
|  Fair Housing Act | 6 |
|  Individuals with Disabilities Education Improvement Act |  |
|  Medicaid/Medicare/PAS/waivers/long-term care |  |
|  Rehabilitation Act of 1973, as amended |  |
|  Social Security Act |  |
|  Workforce Investment Act of 1998 |  |
|  Ticket to Work and Work Incentives Improvement Act of 1999 |  |
|  Government Performance Results Act of 1993 |  |
| **Assistive Technologies** |  |
|  General Overview |  |
| **Data Collecting and Reporting**  |  |
|  General Overview |  |
|  704 Reports |  |
|  Performance Measures contained in 704 Report |  |
|  Dual Reporting Requirements |  |
|  Case Service Record Documentation |  |
| **Disability Awareness and Information** |  |
|  Specific Issues |  |
|  **Evaluation** |  |
|  General Overview |  |
|  CIL Standards and Indicators |  |
|  Community Needs Assessment |  |
|  Consumer Satisfaction Surveys |  |
|  Focus Groups |  |
|  Outcome Measures |  |
| **Financial: Grant Management** |  |
|  General Overview  |  |
|  Federal Regulations |  |
|  Budgeting |  |
|  Fund Accounting |  |
| **Financial: Resource Development** |  |
|  General Overview  |  |
|  Diversification of Funding Base | 2 |
|  Fee-for-Service Approaches | 1 |
|  For Profit Subsidiaries |  |
|  Fund-Raising Events of Statewide Campaigns |  |
|  Grant Writing |  |
| **Independent Living Philosophy** |  |
|  General Overview |  |
| **Innovative Programs** |  |
|  Best Practices | 7 |
|  Specific Examples |  |
| **Management Information Systems** |  |
|  Computer Skills |  |
|  Software |  |
| **Networking Strategies** |  |
|  General Overview |  |
|  Electronic | 10 |
|  Among CILs & SILCs |  |
|  Community Partners |  |
| **Program Planning** |  |
|  General Overview of Program Management and Staff Development |  |
|  CIL Executive Directorship Skills Building |  |
|  Conflict Management and Alternative Dispute Resolution |  |
|  First-Line CIL Supervisor Skills Building |  |
|  IL Skills Modules |  |
|  Peer Mentoring | 9 |
|  Program Design |  |
|  Time Management |  |
|  Team Building |  |
| **Outreach to Unserved/Underserved Populations** |  |
|  General Overview |  |
|  Disability  |  |
|  Minority  |  |
|  Institutionalized Potential Consumers | 8 |
|  Rural  | 3 |
|  Urban  | 4 |
| **SILC Roles/Relationship to CILs** |  |
|  General Overview |  |
|  Development of State Plan for Independent Living |  |
|  Implementation (monitor & review) of SPIL |  |
|  Public Meetings |  |
|  Role and Responsibilities of Executive Board |  |
|  Role and Responsibilities of General Members |  |
|  Collaborations with In-State Stakeholders |  |
| **CIL Board of Directors** |  |
| General Overview |  |
| Roles and Responsibilities |  |
|  Policy Development |  |
|  Recruiting/Increasing Involvement |  |
| **Volunteer Programs** |  |
|  General Overview |  |
| **Optional Areas and/or Comments (write-in)** |  |

**Item 8.2 - Additional Information**

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

The changes made to Medicaid by moving to a managed care system in Iowa has created significant stress to many of our consumers. The need to choose between two managed care companies to provide services required. Each consumer must research on their own which providers would provide the most benefit. Consumers who had multiple medical providers sometimes had to choose which one was the most important to them and change the others. Some consumers have to choose if they wanted to keep their doctor or their in-home service provider. Many lost the case managers they had been working with for years and were sent long applications with the expectation that they complete and return them if they wanted to continue to have in home services. Much of our Independent skills training and personal and systems advocacy has been helping consumers who were negatively affected by the manner in which Iowa implemented these changes. As changes continue on a state and national level additional support will be essential to the well-being of these consumers. There is now a long waiver wait list, average of 3 years, which also is a hardship for our consumers.

# SECTION 9 - signatures

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

Kathy Kay - Executive Director

NAME AND TITLE OF CENTER DIRECTOR PHONE NUMBER

Kathy Kay - Signed Digitally 01/27/2022

SIGNATURE OF CENTER DIRECTOR DATE

NAME AND TITLE OF CENTER BOARD CHAIRPERSON PHONE NUMBER

SIGNATURE OF CENTER BOARD CHAIRPERSON