

REPORTING INSTRUMENT

OMB Control Number: 0985-0043
Expiration Date: March 31, 2024

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
OFFICE OF INDEPENDENT LIVING PROGRAMS

SECTION 704 ANNUAL PERFORMANCE REPORT for STATE INDEPENDENT LIVING SERVICES PROGRAM (Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended) INSTRUMENT

(To be completed by Designated State Entities
and Statewide Independent Living Councils)

Reporting Fiscal Year: 2023

State: OREGON

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. Public reporting burden for this collection of information is estimated to average 35 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Peter Nye, or email peter.nye@acl.hhs.gov and reference the OMB Control Number 0985-0043. Note: Please do not return the completed Program Performance Report to this address.

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

Sections 704(c) and 704(m)(3) and (4) of the Act

Indicate amount received by the DSE as per each funding source. Enter “0” for none.

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$348,060
(B) Title VII, Ch. 1, Part C – For Section 723 states Only	\$0
(C) Title VII, Ch. 2	\$0
(D) Other Federal Funds	\$309,999

Item 2 - Other Government Funds

(E) State Government Funds	\$993,126
(F) Local Government Funds	\$45,779

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$212,585
(H) Other resources	\$53,424

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$1,962,973
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Item 5 – Pass-Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)	\$0
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Item 6 - Net Operating Resources

[Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$1,962,973
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Section B – Distribution of Title VII, Chapter 1, Part B Funds

Section 713 of the Act; 45 CFR 1329.10

What Activities were Conducted with Part B Funds?	Expenditures of Part B Funds for Services by DSE Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$0.00	\$0.00
(2) Provided IL services to individuals with significant disabilities	\$0.00	\$43,507
(3) Demonstrated ways to expand and improve IL services	\$0.00	\$0.00
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$0.00	\$304,553
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$0.00	\$0.00
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$0.00	\$0.00
(7) Provided training regarding the IL philosophy	\$0.00	\$0.00
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$0.00	\$0.00

Section C – Grants or Contracts Used to Distribute Title VII, Chapter 1, Part B Funds

Sections 704(f) and 713 of the Act

Enter the requested information for all DSE grants or contracts, funded at least in part by Part B funds, in the chart below. If a column is not applicable to a particular grant or contract, enter “N/A.” If there were no non-Part B funds provided to this grantee or contractor for the purpose listed, enter “\$0” in that column. Add more rows as necessary.

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Subpart I, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSE or Provider	Consumer Service Records (CSRs) Kept With DSE or Provider
ABILITREE	GENERAL OPERATION OF CILS	\$42,918.69	\$81,651.06	Provider	Provider
EASTERN OREGON CENTER FOR INDEPENDENT LIVING	GENERAL OPERATION OF CILS	\$42,952.29	\$225,275.13	Provider	Provider
HASL INDEPENDENT ABILITIES CENTER	GENERAL OPERATION OF CILS	\$43,348.83	\$94,490.74	Provider	Provider
INDEPENDENT LIVING RESOURCES	GENERAL OPERATION OF CILS	\$46,400.14	\$98,261.94	Provider	Provider
LANE INDEPENDENT LIVING ALLIANCE	GENERAL OPERATION OF CILS	\$43,466.44	\$240,056.01	Provider	Provider
SPOKES UNLIMITED	GENERAL OPERATION OF CILS	\$42,626.33	\$55,577.23	Provider	Provider

UMPQUA VALLEY DISABILITIES NETWORK	GENERAL OPERATION OF CILS	\$42,840.28	\$112,979.89	Provider	Provider
OREGON COMMISSION FOR THE BLIND	INDEPENDENT LIVING SERVICES	\$43,507	4,838	Provider	Provider
Total Amount of Grants and Contracts		\$348,060	\$913,126		

Section D - Grants or Contracts for Purposes Other than Providing IL Services or for the General Operation of Centers

Section 713 of the Act

Describe the objectives, activities and results for each Part B grant or contract awarded for purposes other than IL services or the general operation of centers.

The DSE's Public Health Worker Fund grant was distributed to Oregon's two CILs that are not federally funded. The funds were split equally between EOCIL and LILA (\$60,540.50 each) with the objective to recruit, hire, and train public health workers to respond to the COVID-19 pandemic and prepare for future public health challenges. For details about their activities and results, see the Public Health Worker reporting data at the end of this report. In addition, see some outcomes listed within Subpart VI, Section A, Item 1 – Progress in Achieving Objectives and Goals.

Section E – Monitoring Title VII, Chapter 1, Part B Funds

Provide a summary of the program or fiscal review, evaluation and monitoring conducted by the state of any of the grantees/contractors receiving Part B funds during the reporting year.

The DSE joined representatives of the Network of CILs using a peer review process (PerForm) to monitor Rehab Act Section 725 and fiscal compliance of Abilitree. The review process took place at the very end of this reporting year, so the final report was not available to Abilitree until the next reporting period. Limited corrective actions will be recommended, with anticipation those will be completed during FFY2024.

Mid-year and end-of-year Program Performance Reports (PPRs) were also collected by the DSE from all CILs as a contract deliverable, to identify potential changes in compliance requirements.

In the distribution table in Section C above, the amount of non-Part B funds distributed to Oregon Commission for the Blind (the State Part B match) was not distributed through the same contract process as the Part B Federal funds. Oregon's SPIL describes these funds as being provided directly by the Oregon Commission for the Blind through its agency budget. A contract between the DSE, the Commission and the SILC documents the arrangement, including a reporting mechanism where the Commission reports expenditure of these matching funds to the DSE for inclusion in the DSE's Part B grant report.

Section F – Administrative Support Services and Staffing

Section 704(c)(2) and 704 (m)(2) and (4) of the Act

Item 1 – Administrative Support Services

Describe any administrative support services, including staffing, provided by the DSE to the Part B Program.

The DSE provided support to carry out contract administration, accounting and monitoring for Part B funds received and distributed according to the SPIL.

Item 2 – Staffing

Enter requested staff information for the DSE and service providers listed in Section C, above (excluding Part C funded CILs):

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	7.54	7.5
Other Staff	9.03	8.75

Section G – For Section 723 States ONLY

Section 723 of the Act, 45 CFR 1329.12

Item 1 – Distribution of Part C Funds to Centers

In the chart below, please provide the following information:

- A) name of each center within your state that received Part C funding during the reporting year;
- B) amount of Part C funding each center received;
- C) whether the Part C funding included a cost-of-living increase;
- D) whether the Part C funding included any excess funds remaining after cost-of-living increases were provided;
- E) whether any of the centers received its Part C funding pursuant to a competition for a new center in the state; and
- F) whether the center was the subject of an onsite compliance review conducted by the DSE during the reporting year.

Name of CIL	Amount of Sub-chapter C Funding Received	Cost of Living Increase? (Yes/No)	Excess Funds After Cost of Living Increase? (Yes/No)	New Center? (Yes/No)	Onsite Compliance Review of Center? (Yes/No)
N/A					

Add additional rows as necessary.

Item 2 – Administrative Support Services

Section 704(c)(2) of the Act

Describe the administrative support services used by the DSE to administer the Part C program.

N/A

Item 3 – Monitoring and Onsite Compliance Reviews

Section 723(g), (h), and (i)

Provide a summary of the monitoring activities involving Part C centers conducted by the state during the current reporting year, including the onsite reviews of at least 15% of centers receiving Part C funds under section 723. The summary should include, at least, the following:

- A) centers' level of compliance with the standards and assurances in Section 725 of the Act;
- B) any adverse actions taken against centers;
- C) any corrective action plans entered into with centers; and
- D) exemplary, replicable or model practices for centers.

N/A

Item 4 – Updates or Issues

Provide any updates to the administration of the Part C program by the DSE, if any, including any significant changes in the amount of earmarked funds or any changes in the order of priorities in the distribution of Part C funds. Provide a description of any issues of concern addressed by the DSE in its administration of the Part C program.

N/A

SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 704(m)(4) of the Act; 45 CFR 1329.12(a)(3–4)

In this section, provide data from all service providers (DSE, grantees, contractors) who received Part B funds and who were listed in Subpart I, Section C of this report, except for the centers that receive Part C funds. Part C centers will provide this data themselves on their annual CIL PPRs.

Section A – Number of Consumers Served During the Reporting Year

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

	# of CSRs
(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	264

(2) Enter the number of CSRs started since October 1 of the reporting year	287
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	551

Section B –Number of CSRs Closed by September 30 of the Reporting Year

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

	# of CSRs
(1) Moved	5
(2) Withdrawn	53
(3) Died	0
(4) Completed all goals set	88
(5) Other	17
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	163

Section C –Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30th of the reporting year.

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	388

Section D – IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	55
(2) Number of consumers with whom an ILP was developed	496
(3) <i>Total number of consumers</i> served during the reporting year	551

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	1
(2) Ages 5 – 19	14
(3) Ages 20 – 24	45
(4) Ages 25 – 59	364
(5) Age 60 and Older	127
(6) Age unavailable	0

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	292
(2) Number of Males served	259

Section G – Race and Ethnicity

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

**This section reflects a new OMB directive.
Please refer to the Instructions before completing.**

	# of Consumers
(1) American Indian or Alaska Native	12
(2) Asian	4
(3) Black or African American	8
(4) Native Hawaiian or Other Pacific Islander	5
(5) White	428
(6) Hispanic/Latino of any race or Hispanic/ Latino only	55

(7) Two or more races	17
(8) Race and ethnicity unknown	22

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	57
(2) Mental/Emotional	131
(3) Physical	91
(4) Hearing	9
(5) Vision	38
(6) Multiple Disabilities	225
(7) Other	0

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS FUNDED THROUGH TITLE VII, CHAPTER 1, PART B FUNDS

Sections 13 and 704(m)(4); 45 CFR 1329.12(a)(3–4); Government Performance Results Act (GPRA) Performance Measures

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

Section A – Individual Services and Achievements

For the reporting year, indicate in the chart below how many consumers requested and received each of the following IL services. Include all consumers who were provided services during the reporting year through Part B funds, either directly by DSE staff or via grants or contracts with other providers. Do not include consumers who were served by any centers that received Part C funds during the reporting year.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	692	670

Services	Consumers Requesting Services	Consumers Receiving Services
(B) Assistive Technology	83	77
(C) Children's Services	1	1
(D) Communication Services	85	80
(E) Counseling and Related Services	95	95
(F) Family Services	4	4
(G) Housing, Home Modifications, and Shelter Services	181	179
(H) IL Skills Training and Life Skills Training	430	426
(I) Information and Referral Services	1641	1632
(J) Mental Restoration Services	74	74
(K) Mobility Training	46	34
(L) Peer Counseling Services	1107	1103
(M) Personal Assistance Services	40	40
(N) Physical Restoration Services	93	93
(O) Preventive Services	42	42
(P) Prostheses, Orthotics, and Other Appliances	0	0
(Q) Recreational Services	42	33
(R) Rehabilitation Technology Services	8	8
(S) Therapeutic Treatment	5	5
(T) Transportation Services	59	59
(U) Youth/Transition Services	13	13
(V) Vocational Services	130	116
(W) Other Services	67	64

Section B – Increased Independence and Community Integration

Item 1 – Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the

number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self-Advocacy/Self-Empowerment	102	75	14
(B) Communication	46	30	14
(C) Mobility/Transportation	86	47	29
(D) Community-Based Living	105	51	38
(E) Educational	9	8	0
(F) Vocational	50	27	17
(G) Self-care	133	89	33
(H) Information Access/Technology	45	30	14
(I) Personal Resource Management	215	125	60
(J) Relocation from a Nursing Home or Institution to Community-Based Living	1	1	0
(K) Community/Social Participation	25	22	3
(L) Other	4	2	1

Item 2 – Improved Access to Transportation, Health Care and Assistive Technology

(A) Table

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the 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	148	98	49

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(B) Health Care Services	87	67	19
(C) Assistive Technology	62	46	13

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

(B) I&R Information

To inform 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.

Section C – Additional Information Concerning Individual Services or Achievements

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

Oregon Commission for the Blind (OCB):

A discrepancy appeared in the number of Consumer Service Records reported by Oregon Commission for the Blind for the beginning of this reporting year compared to what was reported at the end of FFY2022. Upon investigation, the Commission found that in 2022 staff choose an incorrect closure code in their data system for five consumers. Correcting that coding brought FFY2022 data into balance with their data reported for FFY2023.

In regard to data, the number of consumers served in FFY2023 were virtually identical to FFY2022 (within 1). They have not seen the massive growth of referrals in the IL program as compared to the Older Blind program. OCB requests an immediate change in reporting consumer gender beyond male & female. This does not accurately reflect the makeup of consumers self-defining responses regarding gender.

The Commission’s Part B program provides IL services specifically to individuals under 55 who are not seeking employment and are legally blind. Their Rehabilitation

Instructors work hand in hand with the Part B consumers to assist them in meeting their goals. This population is often not in the job market due to extensive complications with multiple health related disabilities. Fragile or changing health issues create the need for the consumer to cancel many appointments. Sometimes this leads to closing their case or not meeting their original plan goals and not receiving services requested. Changes of this kind are always made by the consumer. This is reflected in Subpart III Section A and Subpart III Section B, Item 1, where the original service request or goal is not completed due to the consumer declining at a later date. Sadly, there is no mechanism to report this.

In light of this unique population served by the Commission's Part B program, they reported a significant achievement of assisting a 35-year-old consumer with Lebers Hereditary Optic Neuropathy (LHON) to gain skills and confidence to seek employment. LHON is a rapidly progressive optic nerve degenerative disease that is very rare and affects both eyes. The consumer reported their central vision gone and a reliance on peripheral vision.

When they first came to OCB, they did not know what services were provided. They were using a smartphone and tablet for magnification but having challenges using it in practical settings like grocery stores and reading the mail, due to unsteady hands. This was remedied with the simple tip of taking a picture to enlarge using magnification. They were shown a digital magnifier called a Magnolux that they felt was perfect for their needs. Budgetary constraints of both OCB and the consumer made it unaffordable, even with the discounted price OCB was able to get.

OCB was able to provide them a donated CCTV which thrilled the consumer and has been a game changer for reading mail and completing other daily living tasks.

The consumer was also issued a long white mobility cane and given instructions on its use. Since then, the consumer has voiced how much they love their cane. They have used it on a vacation to a different state and continued to improve their ability to use it as a tool that reduces risk when traveling and helps them be more seen.

Their confidence in their abilities continued to grow and they began to consider employment but didn't know what they could do and were to begin looking for guidance. They were referred to the Vocational Rehabilitation program and were accepted, transferring the case from IL to VR. Since then, the consumer continues to update their IL instructor periodically. The amount of hope fostered through the IL department is apparent. Helping people like this is a true testament to what OCB does... provides guidance, fosters hope, and increases quality of life.

State Funded Centers for Independent Living:

Lane Independent Living Alliance (LILA) reported 17 fewer consumers at the start of this reporting year than were reported at the close of the prior year. It is believed that staff made changes after this report was prepared. They are looking into the issue and putting protections in place to ensure constancy of data from year to year.

LILA operates a successful Mental Health Peer Support Club (PSC). Some of the PSC participants have learned skills and confidence to transition to staff positions after formerly living with barriers to employment. Some, who have never had leadership roles, have successfully stepped into leadership.

The PSC offers a place of acceptance, encouragement, and socialization as a foundation for fostering growth in individuals living with mental health conditions. Skills and encouragement gained by participants helps them to achieve a variety of goals for greater independence. LILA offered the following success story for one of their PSC participants.

This particular consumer experienced Cerebral Palsy. He initially came to LILA because he was troubled by his housing situation where he felt unsafe. His neighbors in the tiny house village were harassing him and bullying him. At first, his Independent Living Specialist (ILS) helped him learn strategies for coping and becoming less anxious in his own home. Soon, he felt he had to move out of his own place because he feared for his safety. He moved in with family.

His ILS worked with him on how to set boundaries for himself with his housemates. Through LILA's work and his goals, he learned to tell the difference between acceptable and unacceptable behavior of others. Also, he was able to set limits and know how to handle situations when his limits are pushed.

He started spending time at LILA's Peer Support Club and making new friends that were positive and allowed him to be himself. He went through a time period when he felt down and had poor self-confidence, but the staff and members at the PSC were extremely supportive of him. He regularly attended the club and calls the folks there his "family".

He needed a place to live by himself, with his emotional support dog. He showed much patience and tenacity while looking for stable housing.

With the verbal support of the Peer Support Specialists, he was persistent at looking for housing every day. His tenacity showed other peers that he was not deterred by his disability.

Ultimately, he reached his final goal of finding an apartment for himself. No more roommates, just him and his dog!

Now that he has been through the process of receiving and using his housing voucher, he is available to help others with their troubles. He has many personal experiences that he shares with his peers to encourage them to be persistent in their goals.

Eastern Oregon Center for Independent Living (EOCIL) serves an area with four state correctional facilities, so it is natural that they are asked for assistance from individuals with disabilities struggling to regain independence after incarceration. Many times, that requires health-related supports which EOCIL is very engaged in.

A success story EOCIL shared involved a consumer with mental health disabilities who was recently released from corrections and was houseless. The individual deals with high levels

of anxiety and was experiencing suicidal thoughts. Due to conditions of his release, he was unable to use methods available to him for managing his anxiety.

Due to EOCIL’s involvement in the arena of health, they understood supports that may be needed for this individual to transition to stability. The CIL was able to provide documentation for the consumer to stay in a particular location while houseless, which prevented him from being forced by law enforcement to keep finding new locations to camp.

In addition, EOCIL helped the consumer with self-advocacy steps for requesting a waiver from some of his restrictions so that he could manage his anxiety. The waiver was granted, leading to the calming of his anxiety and suicidal thoughts.

He was then able to get on a waiting list for an apartment that would be available following a remodel and was able to obtain employment!

SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

Section 704(i), (l), and (m)(4) of the Act; 45 CFR 1329.17(c)

Section A – Community Activities

Item 1 – Community Activities Table

In the table below, summarize the community activities involving the DSE, SILC and CILs in the Statewide Network of Centers (excluding Part C fund recipients) during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Indicate the entity(ies) primarily involved and the time spent. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

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

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Assistive Technology	Collaboration/Networking	LILA	2	Learn how Artificial Intelligence (AI) can help you be a better communicator.	Gained an understanding of how AI could help accessibility requirements for people with disabilities.
Assistive Technology	Collaboration/Networking	OCB	4	Educate 12 different eye care providers on the services offer by OCB and how to refer their clients.	Have seen steady increases in referrals from eye care providers for the last 5 years.

					Consumers are finding out about OCB's resources earlier in diagnosis, giving hope.
Assistive Technology	Collaboration/Networking	OCB	1	Provide people with low vision with information regarding OCB's services.	16 low vision support group members have better knowledge of services.
Assistive Technology	Collaboration/Networking	EOCIL	11	Develop service improvements.	Worked with ADRC Network and community at large to promote services, systems change, training, and collaboration opportunities.
Assistive Technology	Community Education & Public Information	LILA	2	Boost hybrid communication productivity.	Learned hybrid productivity through in-person and computer communication.
Assistive Technology	Community/Systems Advocacy	EOCIL	2	Revamp and improve the assistive technology program post-COVID.	Collaborated with Assistive Technology, Inc.
Assistive Technology	Community/Systems Advocacy	SILC	5	Make services needed by people with disabilities more available and useful.	Policy makers gained information needed to improve programming options & accessibility for people with disabilities.
Assistive Technology	Outreach	OCB	18	Make residents of Assisted Living Facilities aware of free services available to them from the Oregon Commission for the Blind.	150 consumers at 6 facilities who had or were at risk of losing vision received information and

					assistive equipment and techniques were demonstrated.
Assistive Technology	Outreach	EOCIL	2	Increase potential referrals for assistive technology.	Shared information about available assistive technology with community-based agencies.
Assistive Technology	Technical Assistance	LILA	2	Learn about Internal Revenue Service (IRS) job opportunities for people with disabilities.	Improved understanding of the options for people with disabilities to work with the IRS. Gained valuable knowledge for consumers who are searching for a career.
Employment	Collaboration/Networking	EOCIL	11	Develop service improvements.	Worked with ADRN Network and community at large to promote services, systems change, training, and collaboration opportunities.
Employment	Community Education & Public Information	EOCIL	93	Improve community awareness of resources.	Improved awareness of CIL services and philosophy through conference presentations.
Employment	Community/Systems Advocacy	EOCIL	9	Identify systems change and resource development needs around employment opportunities for youth.	Collaboration was done with peer support groups and peer-based community

					partners.
Employment	Outreach	LILA	4	Support transition (high school graduates who will turn 18) who need to maintain Supplemental Security Income (SSI) benefits.	Students and parents now have knowledge of how the process of SSI benefits works as they transition.
General Accessibility	Community/ Systems Advocacy	LILA	4	Debrief accessibility in Eugene Oregon. Areas of concern included airport parking, bike paths, accessible signage for parking, and city sponsored festivals including sports events.	City staff now have an awareness of accessibility issues that need to be included in future plans.
General Consumer Support	Collaborating/ Networking	LILA	16	Discuss and review the efficacy of agency services, as delivered to Lane County adults with disabilities.	Bi-monthly meetings improved service delivery systems and communication between local providers.
General Consumer Support	Collaborating/ Networking	OCB	4	Help individuals experiencing vision loss obtain foundational Orientation & Mobility Skills.	12 people gained Orientation & Mobility skills and information about OCB's services through collaboration with Hull Park Foundation.
General Consumer Support	Collaboration/ Networking	SILC	234	Expand the use of services, programs & activities by people with disabilities.	Participation in multiple coalitions and programs created a variety of enhancements to improve the delivery of services and information to people with disabilities.

General Consumer Support	Community/ Systems Advocacy	EOCIL	72	Educate elected officials regarding disability issues/impact to enhance independence of people with disabilities.	Provided informational and educational materials to state representatives on legislation perceived as harmful to a large majority of consumers.
General Consumer Support	Community/ Systems Advocacy	SILC	106	Make services needed by people with disabilities more available and useful.	Policy makers gained information needed to improve programming options & accessibility for people with disabilities.
General Consumer Support	Outreach	OCB	9	Assist Oregon Academy of Ophthalmologists and Ophthalmologist clients who have uncorrectable vision loss.	Have seen steady increases in referrals from eye care providers for the last 5 years. This means consumers are finding out about OCB resources earlier in diagnosis, giving them hope.
General Consumer Support	Technical Assistance	OCB	1	Emergency preparedness - educate Mid-Willamette Valley Community Action.	This group was provided education allowing them to provide assistance not only to people with vision loss but a wider group of people with disabilities when assistance is needed during an

					emergency.
Health Care	Collaboration/ Networking	OCB		Improve care provision for people experiencing vision loss.	Through collaboration with the Oregon Home Care Commission, approximately 100 caregivers were educated on how to support people with vision loss, and when to refer them to OCB.
Health Care	Collaboration/ Networking	EOCIL	10	Disaster readiness awareness.	Participated in emergency preparedness meetings where disaster readiness and persons with disabilities were crucial topics of discussion.
Health Care	Collaboration/ Networking	SILC	5	Expand the use of services, programs & activities by people with disabilities.	By participating in the Health Authority's Community Connection sessions, the IL Network was informed re: health info and recommendations including CIL opportunities to apply for Healthy Home grants.
Health Care	Community/ Systems Advocacy	LILA	22	Collaborate to increase services for people with TBI (Traumatic Brain Injury).	During participation on the TBI Council, information was shared with TBI peers and community partners. A

					supportive bill was passed by the Legislature.
Health Care	Community/ Systems Advocacy	LILA	18	Bring justice, equity, diversity, and inclusion into behavioral healthcare services for people in our community.	Collaboration between many community partners resulted in the benefit of sharing ideas and practices towards the ultimate goals of the committee.
Health Care	Community/ Systems Advocacy	LILA	4	Discuss the past year's collaboration with Trillium Coordinated Care Organization Behavioral Health Team to review positive and negative issues and build on those for following year.	Agreement on future funding and activities for LILA's drop-in center. Set goals for emphasizing services that fall under the social determinants of health and garnering support from Trillium to pursue such goals.
Health Care	Community/ Systems Advocacy	LILA	16	Develop and maintain resources for Oregonians living with Traumatic Brain Injury (TBI), including using an equity lens, and putting forward a legislative bill.	Success of Senate Bill 420 which provides funding for TBI Navigators. This successful outcome will enable TBI survivors to access services they may require.
Health Care	Community/ Systems Advocacy	LILA	4	Feature LILA staff in a behavioral health video to show others the benefits of peer support services.	The video is available for all to see on YouTube and provides information and personal testimony on the

					benefits of peer support services.
Health Care	Community/ Systems Advocacy	LILA	1	Educate about LILA's Independent Living Services, True North (TN) mental health services and IL housing services.	Made three contacts and explained at length the TN program that increases the likelihood of more consumer and I&R contacts.
Health Care	Community Education & Public Information	LILA	2	Learn and provide Traumatic Brain Injury (TBI) services to families in need within rural Oregon.	Gained necessary skills to provide appropriate training for rural communities.
Health Care	Community Education & Public Information	LILA	3	Inform about evidence-based practices for communication with people living with Traumatic Brain Injury (TBI).	Gained new understanding of TBI and the change in memory and aggression following a TBI.
Health Care	Community Education & Public Information	LILA	6	Gain the skills to be an effective provider when a consumer may need suicide prevention support.	IL Specialists now know how to appropriately persuade, refer, and provide suicide prevention to a consumer in crisis.
Health Care	Community Education & Public Information	LILA	2	Learn how best to screen for Traumatic Brain Injury (TBI) from post-incarceration.	Staff now have the knowledge to screen and then connect consumers with resources for those living with TBI.
Health Care	Community Education & Public	EOCIL	61	Improve community awareness of resources.	Improved awareness of CIL services and

	Information				philosophy through conference presentations.
Health Care	Community/ Systems Advocacy	EOCIL	237	Develop service improvements.	Collaboration conducted with peer support groups, peer-based community partners, Oregon Health Authority's Public Health Modernization Funding Committee, and mental health providers to address gaps in accessing services.
Health Care	Community/ Systems Advocacy	SILC	31	Make services needed by people with disabilities more available and useful.	Policy makers gained information needed to improve programming options & accessibility for people with disabilities.
Health Care	Outreach	EOCIL	32	Improve community awareness of available resources specific to health care.	Conducted activities in our communities to promote the IL philosophy, IL movement, and IL services. Service information was shared with individuals with disabilities and partners about available services

					and resources in their community.
Health Care	Outreach	LILA	3	Compare and celebrate business success within Lane County developmental disability services.	Gained knowledge of the Pearl Buck job placement program which will enhance LILA services to consumers.
Housing	Collaboration/Networking	EOCIL	13	Develop service improvements.	Collaborated with peer support groups, peer-based community partners and the ADRC Network to provided information about CIL's philosophy and services, including promotion of systems change, training, and collaboration opportunities.
Housing	Collaboration/Networking	SILC	2	Expand the use of services, programs & activities by people with disabilities.	Researcher improved their understanding of how transportation options can determine whether housing developments meet accessibility needs of people with disabilities.
Housing	Community/Systems Advocacy	LILA	4	Discuss mutual services and collaboration strategies on housing with representative of Springfield-Eugene Tenants Association (SETA).	LILA has access to current local housing issues, city regulations for tenants' rights etc. Has greater understanding to

					support consumers in their individual housing issues.
Housing	Community Education & Public Information	LILA	3	Understand housing instability & brain injury.	Gained skills to better serve brain injury survivors on Hud Fair Market rents, and housing instability amongst those with brain injuries.
Housing	Community Education & Public Information	LILA	2	Gain understanding of the new homeless prevention and diversion programs for both those unstably housed and those who were homeless.	Have greater understanding and ability to provide helpful I&R to consumers who are without housing.
Housing	Community Education & Public Information	EOCIL	66	Improve community awareness of resources.	Improved awareness of CIL services and philosophy through c conference presentations, committee meetings and presentations.
Housing	Community/ Systems Advocacy	EOCIL	144	Develop accessible/affordable housing options.	Served on local and state housing taskforces and coalitions, including the State Health Improvement Plan Council, advocating for improvements to housing for people with disabilities.

Housing	Community/ Systems Advocacy	SILC	28	Make services needed by people with disabilities more available and useful.	Policy makers gained information needed to improve programming options & accessibility for people with disabilities.
Housing	Outreach	EOCIL	6	Connect consumers to services, especially related to housing.	Collaborated with peer support groups and peer-based community partners and provided information about CIL's philosophy and services.
Housing	Technical Assistance	SILC	5	Make resources and facilities more accessible to individuals with disabilities.	Public/private entities are more able to adjust materials & facilities, so they are accessible to people with disabilities.
IL Program Maintenance	Technical Assistance	SILC	200	Maintain & improve Independent Living Programs.	Knowledge was shared between various entities and their members through participation with national IL associations and through provision of a Statewide IL Conference for Oregon.
Other	Collaboration/ Networking	EOCIL	34	Increase community awareness of the IL movement, IL culture and its unique service philosophy, and disability rights.	Launched a media campaign. Participated in conferences, networking sessions, and

					seminars that addressed effective advocacy in our communities.
Other	Collaboration/Networking	EOCIL	36	Develop resources and impact public policy in alignment with CIL's philosophy and services.	Collaborated with state-level organizations to provide information.
Other	Collaboration/Networking	SILC	56	Strengthen IL Network relationships within the State of Oregon.	Facilitated meetings of the IL Network to provide peer support, training/technical assistance. Gained and shared information related to operations specific to Oregon.
Service Information	Community Education & Public Information	LILA	2	Inform Human Services employees and others about successes for employees with disabilities, plus recognize and celebrate the 33rd anniversary of the Americans with Disabilities Act (ADA).	A few hundred participants have a better understanding of CIL services, due to serving as a Webinar panelist to talk about Oregon Centers for Independent Living, IL philosophy, core services, job readiness training programs and vocational services.
Service Information	Outreach	EOCIL	50	Increase awareness of IL culture and its unique service philosophy.	Conducted outreach activities in various

					communities to promote the IL philosophy, IL movement, and IL services, including a media campaign to increase awareness.
Service Information	Outreach	EOCIL	35	Increase awareness of the services provided by the Aging and Disability Resource Connection (ADRC).	Worked with ADRC Network to promote CIL/ADRC services.
Service Information	Outreach	LILA	3	Educate about LILA service information to Temporary and Needy Family (TANF) recipients. Discuss issues related to disability management and employment for those with disabilities.	Participants have a clearer understanding of LILA services, philosophy and overcoming disability-related barriers to employment, the Work Incentives program, True North program, and LILA Peer Support Club.
Service Information	Outreach	SILC	3	Increase public awareness of IL services.	Members of the public and service providers have greater understanding of IL services and how to direct people with disabilities to IL services.
Service Information	Technical Assistance	OCB	1	Improve accuracy of information provided to consumers.	5 primary staff at Coastal Casey Eye Clinic can provide accurate information to consumers regarding free

					services available from OCB.
Traumatic Brain Injury-Related Accessibility	Community Education & Public Information	LILA	1	Improve accessibility for individuals experiencing Traumatic Brain Injury (TBI).	Skills gained on how to lead TBI groups at a slower pace.
Transportation	Community Education & Public Information	EOCIL	56	Improve community awareness of resources.	Improved awareness of CIL services and philosophy through conference presentations.
Transportation	Community/Systems Advocacy	SILC	154	Make services needed by people with disabilities more available and useful.	Policy makers gained information needed to improve programming options & accessibility for people with disabilities.
Transportation	Community/Systems Change	EOCIL	18	Develop service improvements.	Worked with peer support groups, peer-based community partners and the ADRC Network to provided information about CIL's philosophy and services, including promotion of systems change, training, and collaboration opportunities.
Transportation	Technical Assistance	OCB	6	Make improvements in Portland's transportation system.	Barriers to independence were witnessed and identified by Tri-Met, including an

					opportunity to observe the inaccessibility of data in the public trip planning software when using a screen reader.
Transportation	Technical Assistance	SILC	5	Make resources and facilities more accessible to individuals with disabilities.	Public/private entities are more able to adjust materials & facilities, making them accessible to people with disabilities.
Voting Accessibility	Collaboration/Networking	OCB	3	Improve access to voting for people with vision loss.	Representatives of county voting agencies met, resulting in improvements in the ability of persons experiencing vision loss to vote independently.
Youth	Outreach	EOCIL	16	Improve youth awareness of disability issues and services.	Conducted outreach at area high schools. Recruited for annual Disability Mentoring Day event and drop-in center for 2SLGBTQIA+ youth with disabilities. Coordinated with area colleges to recruit eligible undergraduate students as well.

Item 2 – Description of Community Activities

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

Lane Independent Living Alliance expects its staff and board members to provide information on the Independent Living philosophy, core services, and the CIL's non-core services at any and every opportunity, particularly when engaging with community partners. LILA staff participate in community opportunities particular to their role and specialties. They use every opportunity to attend public meetings addressing the needs of people with disabilities. As members of many community and statewide committees, they are able to advocate for the rights of people with disabilities.

EOCIL staff attended disability-focused conferences and workshops where they participated in session activities and attempted to enhance their knowledge base about crucial contemporary issues. Issues discussed included but were not limited to indigenous communities, higher education and disability, COVID-19, human trafficking, termination of parental rights codes, a population-based funding formula, IL services, HIV services, available housing, the Death with Dignity Act, 2SLGBTQIA+ services, mandatory abuse reporting, trauma-informed and responsive services, and disabled youth incarceration rates.

Several of the EOCIL staff attended weekly/monthly meetings on issues concerning disability policy, education/awareness, public health, crime, and hate/bias. EOCIL participated in tabling events to raise awareness about the food pantry, community garden, and EOCIL's core services.

SILC details regarding activities in the table above include:

- Advocacy of SILC members through participation in city transit commissions; and advisory groups including their local housing and transit coalitions, as well as groups facilitated by Area Agencies on Aging such as disability services advisory councils, and an accessible parking and Life Long Housing committee focused on accessibility.
- Members also worked together with a nonprofit operated by a SILC member - Disabled United in Direct Empowerment (DUDE) and the City of Ashland's Transit Commission to do advocacy with the Oregon Department of Transportation to address safety issues for pedestrian crossings and new curb cuts on certain state highways running through the community of Ashland. Some of these issues were resolved or improved.
- One member did advocacy with Flix Bus (formerly Greyhound) regarding stops serving individuals in the Ashland area that were unsafe during night hours and had locked bathrooms without any on-site staff. There is now a new stop at an improved location.
- SILC members also advocated with Southern Oregon University's Disability Services office, resulting in an Assistive Technology training, and opening a relationship with that office that had been closed to collaboration for some time.
- The SILC maintained relationships with national partners that facilitated training around program maintenance and administration. This included Independent Living Resource Utilization, the National Council on Independent Living, the Association of Programs for

Rural Independent Living, and the National Association of SILCs. These relationships also allowed the SILC to advocate regarding national issues in the IL movement.

- Additional details regarding many community activities noted in the table above are provided in the next section, under Working Relationships among Various Entities.

Section B – Working Relationships among Various Entities

Describe DSE and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSE, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

As in recent years, the SILC continued hosting a monthly IL Network Forum on Zoom as an informal setting to discuss topics of interest with those in the IL Network, provide peer support between organizations, and strategize ways to address barriers. In addition to IL Network participants, we have seen previous SILC members and individuals from other organizations attend, such as an individual from one of Oregon’s Disability Services Advisory Councils (DSACs). This forum was also used as a venue for listening sessions or information sharing by groups like Oregon Department of Transportation and the Office of Resilience and Emergency Management. Outcomes included:

- More complete information and understanding for all about emerging issues such as legislative bills that impact the disability community and responses planned by other groups.
- Better understanding among SILC members about the day-to-day realities experienced by IL service providers.
- More knowledge among community partners about CILs and their services.
- Expanded partnerships with other organizations.
- Improved advocacy efforts.
- Opportunities for CILs to take advantage of grants for particular services.
- A closer-knit IL Network.

The SILC added hosting of informal regular Zoom sessions with CILs to focus on collaborations specific to CILs. These occur monthly or more often if needed. Outcomes included:

- Continuation of work to prepare for the next state budget cycle and pursuit of pay equity for CIL staff.
- Partnership between the SILC and CILs to plan a statewide conference for Oregon’s CILs and SILC.
- A stronger working relationship between CILs and the SILC.

Representatives from the DSE, SILC, and IL service providers continued quarterly meetings to receive updates about funding from the DSE, collaborate on current opportunities, hear about progress on projects, and discuss approaches to improving provider funding at the state budget level. Outcomes included:

- Exploration of potential Oregon applicants for the Disability Innovation Fund (DIF) Pathways to Partnerships grant.
- Opportunities for peer learning from successful approaches CILs have used in implementing their Public Health Worker Fund projects.
- Improved skills within the IL Network for navigating the State budget process.

SILC meetings offered opportunities for other Councils and programs across various agencies to share information with the SILC. Outcomes included:

- Education and outreach that may increase referrals of consumers to IL providers.
- Opportunities to expand collaborative work and attempt to reduce duplication of effort.
- Opportunities to influence policies and programs to improve access and effectiveness for consumers.
- Better understanding of how to work with other organizations.
- Potential for recruiting new SILC members.

As a result of previous SILC collaborations, some CILs maintained involvement in statewide partnerships such as:

The Work Incentive Network (WIN) managed by the Vocational Rehabilitation

Program: Eleven WIN Coordinators are employed via contracts with CILs to provide work incentive and benefits planning services. Outcomes included:

- The Public Health Emergency ended, leading to greater advocacy and assistance for consumers who experienced changes in their benefits.
- Consumer confidence increased regarding how benefits and employment interact. This raises motivation for consumers to seek work using available incentives.
- Over the past year, roughly 1,000 people increased their knowledge about incentives to work and how employment and benefits interact.
- The Social Security Administration (SSA) has still been catching up on overdue reviews, in order to provide more time-intensive services for consumers such as helping to fill out SSA Work Activity Reviews or implementing Impairment Related Work Expense and Subsidy requests, which improve individuals' financial situations and help reduce the possibility of benefit overpayments.
- CIL collaboration in WIN services allows opportunities for VR consumers to learn about and receive more holistic services for VR consumers, with improved job readiness and likelihood for sustained employment.

Oregon's Aging and Disability Resource Connection (ADRC):

Four of Oregon's CILs have maintained their contracts to do ADRC services in partnership with the State's Area Agencies on Aging. The SILC also has a representative serving on the ADRC Advisory Council. Outcomes this year involving just the CILs included:

- CILs were contacted 1,076 times for Information & Referral services.
- 1,762 referrals were made.
- 862 specific consumers received needed information. Of these, the top needs were housing, employment and education, financial assistance, family caregivers and in-home services, health and wellness, and crisis legal & safety issues.
- 69 consumers received options counseling.

SUBPART V – STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)

Section 705 of the Act; 45 CFR Part 1329.14–16

Section A - Composition and Appointment

Item 1 – Current SILC Composition

In the chart below, provide the requested information for each SILC member. The category in which the member was appointed can be described, for example, as ex-officio state agency representative, other state agency representative, center representative, person with a disability not employed by a center or state agency, section 121 funded project director, parent of person with a disability, community advocate, other service provider, etc. Include current vacancies, along with the corresponding appointment category for each. Add more rows as necessary.

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Matt Droscher	CIL	CIL Director Rep	Voting	11/05/2018	11/04/2024
Vacant	CIL	Other CIL Rep	Voting	06/24/2021	06/23/2024
Vacant	CIL	Other CIL Rep	Voting	11/01/2020	10/30/2023
Keith Ozols	State Agency	Ex-Officio State Agency - DSE Rep	Non-Voting	05/09/2019	05/08/2025
Malinda Carlson	State Agency	Ex-Officio State Agency - OCB Rep	Non-Voting	03/01/2018	02/28/2024
Corinne Vieville	Neither	Person with a Disability	Voting	08/13/2018	08/12/2024
John Pascale	Neither	Person with a Disability	Voting	01/01/2019	12/31/2024
Judith Richards	Neither	Person with a Disability	Voting	09/01/2023	08/31/2026

Nicole Payne	Neither	Person with a Disability	Voting	01/01/2020	12/31/2025
Norman Mainwaring	Neither	Person with a Disability	Voting	10/23/2018	10/22/2024
Patricia Kepler	Neither	Person with a Disability	Voting	10/01/2022	09/30/2025
Tony Ellis	Neither	Person with a Disability	Voting	01/01/2019	12/31/2024
Vacant	Neither	At Large	Voting	03/01/2022	02/28/2025
Vacant	Neither	At Large	Voting	07/01/2023	06/30/2026
Vacant	Neither	At Large	Voting	02/01/2023	01/31/2026
Vacant	Neither	At Large	Voting	01/20/2021	01/09/2024
Vacant	Neither	At Large	Voting	11/05/2024	11/04/2027
Vacant	Neither	At Large	Voting	07/22/2023	07/21/2026
Vacant	Neither	Person with a Disability	Voting	04/21/2023	04/20/2026
Vacant	Neither	Person with a Disability	Voting	06/24/2021	06/23/2024
Vacant	Neither	Person with a Disability	Voting	11/1/2020	10/30/2023
Vacant	Neither	Person with a Disability	Voting	01/01/2018	12/31/2023
Vacant	Neither	Person with a Disability	Voting	01/01/2023	12/31/2025

Item 2 – SILC Composition Requirements

Please provide the information requested in the chart below. Include any current vacancies in a particular appointment category.

SILC Composition	# of SILC members
(A) How many members are on the SILC?	23
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	12

(C) How many members of the SILC are voting members?	21
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	12

Section B – SILC Membership Qualifications

Section 705(b)(4) of the Act; 45 CFR 1329.14(a)

Item 1 – Statewide Representation

Describe how the SILC is composed of members who provide statewide representation.

Oregon has a few high-density populations, with several very low population areas, making it a challenge to completely represent each of the State’s twelve designated service areas without counting CIL employees or ex-officios. This year, individuals from five of the service areas served on the Council, though two of those areas only had a CIL employee for representation. Members represented areas currently served and unserved by a CIL. Based on communication with recent recruits, it is expected that additional areas will be represented in the next reporting year.

Item 2 – Broad Range of Individuals with Disabilities from Diverse Backgrounds

Describe how the SILC members represent a board range of individuals with disabilities from diverse backgrounds.

Member backgrounds and expertise in 2023 included:

- staff and consumers of CILs;
- peer mentors;
- spinal cord rehabilitation support;
- general and blind vocational rehabilitation services;
- tribal service experience;
- transportation services experience;
- business expertise;
- senior and disability service advisory councils;
- Aging and Disability Resource Center experience;
- parents, spouses, and siblings of people with disabilities;
- caregivers, and
- educators.

For additional information about member involvements/backgrounds, see Subpart IV, Section B - Working Relationships.

Members represented both rural and urban areas, as well as all major disability categories other than hearing-related disabilities, though an individual within that category was appointed after the close of this reporting year.

Finding members representing youth has been an ongoing challenge. Most members are older than 30, in spite of efforts to engage youth. Recent recruitment efforts have developed at least one potential applicant representing youth, and the SILC hopes to expand this area of representation as its youth-focused initiative is put in place.

In more recent years, the Council has seen a decrease in members from various racial backgrounds in spite of recruitment efforts with various ethnic community groups. It is hoped that greater ability to meet in person with those groups will assist in recruitment. Individuals identifying with the LGBTQIA+ community continue to serve on the Council.

Item 3 – Knowledgeable about IL

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

Two CIL directors, a former CIL director and some current and former CIL consumers served on the SILC during the reporting year.

Oregon CILs assisted in recruiting consumers or board members who have good knowledge of CIL services.

Member orientation and ongoing training ensures members understand the role of Independent Living services and the function of CILs. As part of member orientation, those without strong connection with a CIL are encouraged to connect with a local CIL Director and visit a local CIL. Members also have opportunities to visit CILs during public engagement activities and SILC meetings that are held in CIL service areas. Our Council's training process includes the history and philosophy of the Independent Living movement, program law, and program structure. At each SILC meeting, a different CIL is invited to share specifics about its services.

The Council continues to see more CIL staff participating on SILC committees, which has allowed SILC members to learn more about CIL services across the State.

Independent Living conferences, including this year's statewide IL conference allow members to take advantage of additional learning opportunities.

Subpart IV, Section B - Working Relationships - contains additional information about how the regular IL Network Forum hosted by the SILC helped to expand member knowledge of day-to-day issues faced by CILs.

Section C – SILC Staffing and Support

Item 1 – SILC Staff

Please provide the name and contact information for the SILC executive director. Indicate the number and titles of any other SILC staff, if applicable. Also indicate whether any SILC staff is also a state agency employee.

SILC Executive Director - Brooke Wilson

Contact Information: brooke.wilson@odhs.oregon.gov; mobile phone (971) 719-6785; 500 Summer St. NE, E-87, Salem, OR 97301

One Operations Coordinator

One Administrative Assistant (currently vacant)

SILC staff are all state agency employees. While the Governor established the SILC separately from all state agencies, an Oregon Constitutional barrier prevents the SILC from existing as a nonprofit entity, and the Council was not provided with full agency status. This requires that the Council partner with Oregon's Department of Human Services (ODHS) to obtain staff positions through a contractual arrangement, similar to a staffing service. The agreement identifies the roles of each entity and states that the SILC is not an entity within ODHS, has authority for supervising and evaluating its staff in terms of duties performed by the Council, and that ODHS and the Designated State Entity may not interfere with SILC personnel in terms of the duties being performed for the Council. When the SILC was established, the Rehabilitation Services Administration approved this approach as providing the level of autonomy intended in law.

Item 2 – SILC Support

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

The written agreement mentioned in Item I above establishes that the Vocational Rehabilitation Program (Designated State Entity) at the Oregon Department of Human Services will provide the following support services to the SILC:

- Fiscal and payroll services, as the SILC's fiscal agent.
- Cooperation with the SILC to reconcile data with the SILC's in-house records, including supplying reports for any regular and special audits of the SILC.
- Costs for legal services of the Attorney General's office, if needed.
- As the SILC's agent, support for contract development when needed, in accordance with State of Oregon requirements.
- Sharing information regarding legislative issues, and statewide policies for government entities, as may apply to SILC duties.
- Sharing notices from the federal program authorities relevant to the IL program.
- Collaboration with the SILC to provide appropriate level of Title I Innovation and Expansion funds to support the full function of the SILC through a Resource Plan, consistent with the SPIL, as well as through appropriate IL State General Funds.
- Office space and equipment for SILC staff: desks, filing cabinets, computers for workstations, accommodations such as remote computers used as workstations, general office supplies (i.e., paper, postage for regular mail), utilities and services including land line phones, fax, copiers, e-mail, internet, IT, and website support.
- Overhead costs related to SILC office space and maintenance costs on office equipment provided for SILC use.

The written agreement with ODHS also includes a provision that Oregon Commission for the Blind's Vocation Rehabilitation program will supply \$1,800 annually of Title I Innovation and Expansion funds to support the function of the SILC through its Resource Plan, consistent with the SPIL.

Section D – SILC Duties

Section 705(c); 45 CFR 1329.15

Item 1 – SILC Duties

Provide a summary of SILC activities conducted during the reporting year related to the SILC's duties listed below:

(A) State Plan Development

Describe any activities related to the joint development of the state plan. Include any activities in preparation for developing the state plan, such as needs assessments, evaluations of consumer satisfaction, hearings and forums.

Activities related to the state plan were facilitated by a State Plan Committee, made up of directors of four CILs, four SILC members, a representative from Oregon Commission for the Blind (as an IL service provider), and the SILC's Executive Director.

A public comment period and hearing were provided to receive input on a slight amendment to the existing plan, which was approved, including the plan's one-year extension.

Findings from recent public engagement activities were reviewed and needs identified were compared to the current plan's objectives to determine if changes are needed when the next plan is submitted.

All sections of the plan were reviewed and updated to develop a proposed 2025-2027 state plan. This was reviewed by all CILs and the SILC and approved for release for public comment which will occur during the next reporting year.

(B) Monitor, Review and Evaluate the Implementation of the State Plan

Describe any activities related to the monitoring, review and evaluation of the implementation of the state plan.

Semi-annual surveys from entities implementing current SPIL activities were collected along with Program Performance data. This information was used to assess progress toward the objectives, the outcomes achieved, and consumer satisfaction data.

Oregon CILs and State Plan committee members met semi-annually to evaluate the implementation of the plan's objectives and identify resources that could have improved outcomes. Resources considered included management and planning resources, staffing resources, financial resources, partner or consumer participation, and quality of the objectives

and evaluation measures themselves. Actions to improve outcomes were identified and tracked for progress.

A statewide report was prepared about the status of each objective, outcomes, and recommendations for improvement and shared. This was shared with the State Plan Committee and SILC to review.

(C) Coordination with Other Disability Councils

Describe the SILC's coordination of activities with the State Rehabilitation Council (SRC) established under section 105, if the state has such a Council, or the commission described in section 101(a)(21)(A), if the state has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law. Please state whether the SILC has at least one representative serving as a member of the SRC and whether the SILC has any members serving on other councils, boards, or commissions in the state.

The SILC Executive Director served on the State Rehabilitation Council and provided updates to the SILC at its quarterly meetings. The SILC contributed to the SRC's annual report.

During the year, the SILC joined with a number of councils and commissions in regular collaboration meetings, typically to respond to administrative barriers. Most of these groups work within the disability community and focus on programs delivered by the Oregon Department of Human services. The issues addressed mostly involved a slowdown in reimbursements or compensation to members, or new policies that limited access to reimbursements or compensation.

Two members of the Oregon Disabilities Commission often attended SILC meetings and one of them is preparing to apply for SILC membership as the Commission's liaison.

SILC members continued to participate in local boards/commissions, particularly related to aging and disability service provision, transportation, and housing, consistent with objectives in the current State Plan.

Further information is provided in the State Independent Living Council's portion of Subpart IV, Section A, Item 2 - Description of Community Activities, and in Section B - Working Relationships regarding other councils, boards and commissions in which SILC members or staff participate.

(D) Public Meeting Requirements

Describe how the SILC has ensured that all regularly scheduled meetings and other public hearings and forums hosted by the SILC are open to the public and sufficient advance notice is provided.

Notices and agendas for meetings of the SILC and its committees were posted on the Oregon Government Transparency website where the public can find meetings of all Oregon public bodies. The SILC's meeting calendar was also embedded in the SILC's webpage. Advance

meeting notices include information about standard accommodations and how to obtain other needed accommodations. These notices were distributed via e-mail to a network of interested parties. The SILC's advance meeting notices also provided information about how individuals across the state could access the Council's meetings via Zoom or phone. Zoom sessions have expanded public and partner participation in these meetings.

Item 2 – Other Activities

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

There were no other activities using non-Part B funds to report.

Section E – Training and Technical Assistance Needs

Section 721(b)(3) of the Act

Please identify the SILC’s training and technical assistance needs. The needs identified in this chart will guide the priorities set by ACL for the training and technical assistance provided to CILs and SILCs.

	Choose up to 10 Priority Needs — Rate items 1–10 with 1 being most important
Training and Technical Assistance Needs	
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	
Legislative Process	
Applicable Laws	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier’s Access Act	
Fair Housing Act	
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	

	Choose up to 10 Priority Needs — Rate items 1–10 with 1 being most important
Training and Technical Assistance Needs	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in Program Performance Report	
Dual Reporting Requirements	6
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	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	

	Choose up to 10 Priority Needs — Rate items 1–10 with 1 being most important
Training and Technical Assistance Needs	
General Overview	
Innovative Programs	
Best Practices	
Specific Examples	5
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	4
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	
Program Design	
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	8
Disability	
Minority	
Institutionalized Potential Consumers	3

	Choose up to 10 Priority Needs — Rate items 1–10 with 1 being most important
Training and Technical Assistance Needs	
Rural	
Urban	
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	1
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) -Providing Public Comment on Federal Documents.	2

**SUBPART VI – STATE PLAN FOR INDEPENDENT LIVING
(SPIL) COMPARISON AND UPDATES, OTHER
ACCOMPLISHMENTS AND CHALLENGES OF THE
REPORTING YEAR**

Section 704(n) of the Act

Section A – Comparison of Reporting Year Activities with the SPIL

Item 1 – Progress in Achieving Objectives and Goals

Describe progress made in achieving the objectives and goals outlined in the most recently approved SPIL. Discuss goals achieved and/or in progress as well as barriers encountered.

The current SPIL's goals are:

1. The Oregon IL System is funded and supported to provide IL services to people with disabilities.
2. The Oregon IL System listens and responds to specific consumer needs.
3. The Oregon IL System educates and advocates for the Independent Living Philosophy.

Objectives achieved:

Objective 1.1 - Funding formula and methodology will be reviewed & updated at least biennially to address service expansion through capacity-building and outreach to unserved IL consumers.

Outcomes/challenges: A minor language change in SPIL Section 3.2 was approved. This allows for appropriate distribution of federal or state funding that may be provided for specific uses, and in response to varying needs of individual CILs. In planning for needs during the next state plan period, significantly rising costs have made it extremely difficult to address the very unique service realities of each area in a way that stabilizes current CILs and yet addresses the desire to expand into unserved areas. This will be discussed more in Section C, below.

Objective 1.2 - The IL System advocates for IL program funding.

Outcomes/challenges: Many advocacy activities have been completed. There were both successes and failures in the recent collaboration between CILs, the SILC and Designated State Entity to increase State General Funds that would bring CIL wages and benefits to a standard comparable to similar professions. The Oregon Department of Human Services got behind this effort. Work continued this reporting period to prepare an updated budget request and improve methods for educating individuals up through the Governor's office regarding the impact of stagnant funding of IL services on consumers and employment of the people with disabilities who work at CILs. The recent SPIL amendment laid the needed groundwork to distribute any increases specifically for pay equity for CIL staff according to the individual needs of each CIL.

As a result of Public Health Worker Funds, one CIL reported that they were able to address needs in the Hispanic population related to IL services as well as COVID-19 information and resources.

Some CILs were successful in developing contracts outside of regular IL program base funding that supported livable wages and appropriate expectations for the amount of funding.

Objective 1.3 - The IL System and partners come together to increase resources to better meet the needs of IL consumers.

Outcomes: The broad definition of "resources" in this objective includes things like partnerships that provide greater cross-organizational awareness, increasing referrals,

streamlining systems to improve consumer access and experience, new options created for addressing consumer needs, and more. Activities for achieving this objective addressed many different topics, the majority of which were related to Public Health Worker activities and Behavioral Health/Mental Health collaborations. Housing and improvement of collaboration with the State's Aging and People with Disabilities program had the next highest number of activities.

CILs report that it is a major challenge, when they are minimally funded, to have time and personnel to do resource development, given what it takes to develop and maintain relationships with multiple organizations, prepare proposals and contracts, do data collection and reporting, and hire and train staff to conduct newly developed projects, all while funding for the IL Network has remained insufficient in light of rising costs. Some of the positive outcomes of this objective included:

- New and expanded relationships developed through Public Health Worker Fund projects, including multi-disciplinary teams in some communities. These have resulted in more referrals, better understanding of what CILs do, and general growth in working relationships/teamwork with health entities.
- Increased referrals from multiple partners.
- Expanded collaborations with school districts resulting in increased referrals of high school youth.
- Food security and housing assistance resources for consumers.
- Improved relationships with housing authorities and opportunities to assist at least 39 people with disabilities to catch up mortgages and rental payments so they can remain in their homes.
- Streamlined referrals, delivery & pickup of loaned durable medical equipment so that more consumers needing health-related supports are able to remain in their homes with greater independence and safety.
- Expansion of CIL capacity for specific types of service.

Objective 2.1 - Consumers will receive IL services to facilitate their independent living goals including services in response to local, regional, or statewide disasters or other emergencies.

Outcomes/challenges: 97% of the time, (now 40,579 out of 41,790 requests) the consumers received the services requested, which is a great achievement considering the challenges of working with consumers through some of Oregon's emergencies, the fact that there are insufficient mental health services in the state, and a shortage of affordable housing stock for individuals seeking housing.

Objective 2.2 - Consumer access to health care is improved.

Outcomes:

- 97% of the time consumers have received access to related to specific health care requests (4,099 out of 4,209).
- The goal of spending 400 hours addressing access to health care through community activities was surpassed. 3,699 total hours were spent by year three.

Objective 2.3 - The IL system will advocate with transportation coalitions and partnerships to expand transportation options for people with disabilities.

Outcomes: The goal of spending 400 hours addressing access to transportation was surpassed. 1,140 total hours were spent by year three.

Objective 2.4 - The IL system will advocate with housing coalitions and partnerships to expand access for people with disabilities.

Outcomes: The goal of spending 400 hours addressing access to housing was surpassed. 1,302 total hours were spent by year three.

Objective 3.2 - The IL system will engage in local and statewide systems advocacy to address issues impacting consumer needs.

Outcomes: The goal of spending 1,000 hours doing systems advocacy around issues other than health care, transportation and housing was surpassed. 2,757 total hours were spent by year three.

Objective 3.3 - The IL system will hold an IL conference at least once in the SPIL period to provide needed training and technical assistance.

Outcomes: The SILC and the IL Network successfully held a statewide IL conference, with 45 registrants from Oregon's IL Network. Very positive feedback was received, and plans are underway for a 2024 conference. The 2023 conference included:

- presentations on successful projects of individual IL providers including:
 - Behavioral intervention courts
 - Peer-delivered mental health services
 - Resources and routines for consumers experiencing long-COVID
 - The value of a durable medical equipment program
- training by CIL Management Suite on data entry and reporting consistency in order to connect services to goals
- conversations with state agency leadership to foster improved collaboration
- peer-to-peer networking sessions for individuals with similar job roles
- IL movement and ADA history
- Independent Living in the modern era
- behavioral health policy advocacy
- encouraging student voices to foster change – working with community college disability services
- keynotes including how laughter impacted one person's journey through life as a person with a disability, as well as how to include youth in IL services - building community based on mutual interests versus labels

Objectives yet to be achieved include:

Objective 3.1 - The IL System will educate community partners and funders regarding the value of IL services.

Status/Challenges: We did not complete the first target of developing public relations tools to support this objective. However, we are waiting for a response from a potential vendor to complete the graphic design work so the materials can be printed.

For the second target of completing 1,900 hours of community activities providing education or public information, we progressed 62% of the way to the target (total of 1,177 hours). During the SPIL period, progress was originally heavily impacted by the pandemic, with the lack of public activities available to do outreach, as well as lack of in-person meetings where relationships can be initiated with new organizations. The changing environment with many people working from home has continued to impact progress on this particular target to a degree.

Objective 3.4 - With the support of the IL System, the Oregon SILC will pursue a youth leadership training initiative across the state.

Status/Challenges: Some prep work has been done on this objective. The main barrier to identifying a concept and funding plan has been the need to hire staff to support this work. Efforts are underway to address pay scale and job requirements in order to begin recruitment.

In our next state plan, we hope to develop richer outcome information, particularly for objectives that are advocacy focused. Rather than just reporting hours spent, we will also measure progress toward those objectives by whether activities & outcomes have been reported.

Item 2 – SPIL Information Updates

If applicable, describe any changes to the information contained in the SPIL that occurred during the reporting year, including the placement, legal status, membership or autonomy of the SILC; the SILC resource plan, the design of the statewide network of centers; and the DSE administration of the ILS program.

Changes during the reporting period included approval of:

- The one year extension that included one year of extended timelines for objectives and funding.
- Addition of language in Section 3.2. (See italics below which are also offset by **.)
“In order to achieve the adequate funding levels, new Part B and State general funds are distributed to the existing seven CILs based on their percent of the disability population in the service area ***unless stipulated through the funding source or otherwise agreed upon by the IL Network.***”
- SILC Chairperson changed to Corinne Vieville.
- Abilitree’s Director changed to Travis Forrest.

Section B– Significant Activities and Accomplishments

If applicable, describe any significant activities and accomplishments achieved by the DSE and SILC not included elsewhere in the report, e.g., brief summaries of innovative practices, improved service delivery to consumers, etc.

Most activities and accomplishments were mentioned elsewhere, though we want to highlight those that involved collaborations between the SILC and CILs in particular, as this has been exciting for all of us after a period of struggle in these relationships. We look forward to continuing the mutual benefits of this teamwork.

Section C – Substantial Challenges

If applicable, describe any substantial problems encountered by the DSE and SILC, not included elsewhere in this report, and discuss resolutions/attempted resolutions, e.g., difficulty in outreach efforts; disagreements between the SILC and the DSE; complications recruiting SILC members; complications working with other state agencies or organizations within the state.

Providers in Oregon’s IL Network continue to struggle with basic operational funding that has not kept pace with demand for services or rising costs.

As a result, Oregon Commission for the Blind has had to limit the amount of equipment it can provide to consumers. CILs have continued to experience difficulty maintaining service capacity due to their inability to provide competitive wages and hire qualified staff. Some have purposely downsized and redistribute funds to improve pay/benefits for the remaining personnel. All of this reduces the number of consumers that can be served.

Reductions in capacity frustrates consumers and partners that refer consumers to IL providers. When this happens, we’ve noticed a trend for others to begin devising new ways to support specific types of needed services, such as navigator services, rather than requesting better financial support for the holistic services CILs provide. Additional information about efforts around this challenge are in SubPart VI, Objective 1.2. We are thankful for a Designated State Entity Director and Oregon Department of Human Services Director who have understood the issue and supported funding increases for CILs in their program and agency budget requests.

Eastern Oregon Center for Independent Living reports that an increased demand for services they are seeing in higher population areas and the lack of investment in IL services has put a strain on provision of services in more rural areas. In addition, locating accessible office space in rural areas is challenging.

They also reported that partnerships with public health remains a challenge. Their local public health authorities have difficulty with the philosophy of independent living compared to the medical model. Additionally, local public health authorities have not seemed to support state funding for community-based organizations to provide public health support services. These types of issues also reflect the need for IL program services to be better funded in order to provide needed services, but without requiring approval or funding from those who do not support the Independent Living philosophy.

State agencies, just like private business, have seen a drop in staff capacity (likely partly due to baby boomer generation retirements, pandemic-related departures and having to hire and train new staff). This has caused significant slowdowns in some of the state’s systems. It has impacted things such as the ability of consumers to reach program offices by phone, the speed of development of contracts for projects, payment of vendors, and reimbursements of SILC members. This appears to be something that may take time to work through, since many organizations seem to be struggling with staffing levels.

Section D – Additional Information

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

No additional information to report.

Public Health Workforce (PHWF) - Data Reporting Requirements

Grant Number	2201ORISPH-00
Date Range	10/01/2022 - 09/30/2023
State	OR

Item 1 - Total Number of Full-Time Equivalents (FTEs)

Total Number of Full-Time Equivalents (FTEs)	1.5
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Item 2 - Type of Public Health Professional(s) Hired

Case Investigator	0
Contact Tracer	0
Social Support Specialist	0
Community Health Worker	0
Public Health Nurse	0
Disease Intervention Specialist	0
Epidemiologist	0
Program Manager	0
Laboratory Personnel	0
Informaticians	0
Communication and Policy Experts	0
Other positions as may be required to prevent, prepare for, and respond to COVID-19. List below:	
Other 1: State Certified Peer Support Specialists - facilitates trainings in wellness strategies and self-advocacy for people with disabilities	2

living in the community, to help mitigate, prepare for, and respond to all health challenges including COVID-19.	
Other 2: Public Health Specialist - Facilitates outreach and plans/hosts events related to public health. Facilitates connections to care and supportive social networks.	1
Other 3:	0
Other 4:	0
Other 5:	0

Item 3 - The Activities They Are Engaged In To Advance Public Health

Lane Independent Living Alliance's specialists offered the evidence-based course, Living Well in the Community, which provided peer delivered information and guidance to help participants discover tools and skills and make their goal achievement easier as they advocate for their individual health needs. Practicing self-advocacy and learning about systems-advocacy showed participants how to make the changes that would be instrumental in their health status.

Eastern Oregon Center for Independent Living's public health specialist (PHS) scheduled outreach activities to reach marginalized, underserved populations, people with disabilities, individuals who inject drugs, and sexual minorities. The PHS helped with linkage to care and supportive social networks that can assist individuals to live more independently and respond to COVID-19 or prepare for other public health challenges. The PHS assisted in planning, hosting, and recruiting for public health related events, such as vaccine clinics, emergency preparedness classes, and mammogram clinics.

SubPART VII - signatures

Please sign and print the names, titles and telephone numbers of the DSE directors(s) and SILC chairperson.

Corinne Vieville

1/30/24

SIGNATURE OF SILC CHAIRPERSON

DATE

Corinne Vieville, Chairperson

541-488-9300

NAME AND TITLE OF SILC CHAIRPERSON

PHONE NUMBER

Keith S. Ozols

1/31/24

SIGNATURE OF DSE DIRECTOR

DATE

Keith S. Ozols, Vocational Rehabilitation Director

503-602-4055

NAME AND TITLE OF DSE DIRECTOR

PHONE NUMBER