

Reporting Instrument

OMB Approval No.: 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)

Part I

INSTRUMENT

**(To be completed by Designated State Units
And Statewide Independent Living Councils)**

Reporting Fiscal Year: 2023

State: IN

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 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 Rehabilitation Services Administration, LBJ Basement, Attention: Timothy Beatty, PCP Room 5057, U.S. Department of Education, 400 Maryland Ave, SW, Washington, DC 20202-2800 or email timothy.beatty@ed.gov and reference the OMB Control Number 1820-0606. Chapter 1, Title VII of the Rehabilitation Act.

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	\$375627
(B) Title VII, Ch. 1, Part C - For 723 states Only	\$0
(C) Title VII, Ch. 2	\$613676
(D) Other Federal Funds	\$944449
Subtotal - All Federal Funds	\$1,933,752.00

Item 2 - Other Government Funds

(E) State Government Funds	\$622937
(F) Local Government Funds	\$48277
Subtotal - State and Local Government Funds	\$671,214.00

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$164609
(H) Other resources	\$90872
Subtotal - Private Resources	\$255,481.00

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$2,860,447.00
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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.)	\$102333
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Item 6 - Net Operating Resources

Total Income (Section 4) minus amount paid out to Consumers (Section 5) = Net Operating Resources	\$2,758,114.00
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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	\$101615.9
(2) Provided IL services to individuals with significant disabilities	\$0	\$0
(3) Demonstrated ways to expand and improve IL services	\$0	\$0
(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	\$274011.1
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$0	\$0
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$0	\$0
(7) Provided training regarding the IL philosophy	\$0	\$0
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$0	\$0
Totals	\$0.00	\$375,627.00

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
accessAbility	Support General CIL Operations	\$27,401.10	\$263,087.82	Provider	Provider
ATTIC	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
Everybody Counts	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
Everybody Counts North	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
Future Choices	Support General CIL Operations	\$27,401.10	\$417,466.99	Provider	Provider
ILCEIN	Support General CIL Operations	\$27,401.10	\$493,599.60	Provider	Provider
SICIL	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
SIILC	Support General CIL Operations	\$27,401.10	\$358,591.12	Provider	Provider
The League	Support General CIL Operations	\$27,401.10	\$351,933.55	Provider	Provider

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
accessAbility	Support General CIL Operations	\$27,401.10	\$263,087.82	Provider	Provider
Will Center	Support General CIL Operations	\$27,401.10	\$437,769.03	Provider	Provider
ATTIC	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
INSILC	Resources to carryout the SILC functions	\$101,616.00	\$176,290.66	N/A	N/A
Everybody Counts	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
Everybody Counts North	Support General CIL Operations	\$27,401.10	\$176,321.01	Provider	Provider
Future Choices	Support General CIL Operations	\$27,401.10	\$417,466.99	Provider	Provider
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The League	Support General CIL Operations	\$27,401.10	\$351,933.55	Provider	Provider
Will Center	Support General CIL Operations	\$27,401.10	\$437,769.03	Provider	Provider
INSILC	Resources to carryout the SILC functions	\$101,616.00	\$176,290.66	N/A	N/A
Total Amount of Grants and Contracts		\$751254	\$6408045.62		

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.

During the reporting year, no Part B grant agreements or contracts were awarded for purposes other than the general operations of Centers for Independent Living and resources for the Indiana SILC to carryout it's functions.

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 executed a grant agreement with each CIL for Part B funds for general operations. These grant agreements consist of boilerplate language requiring each CIL to maintain accurate and up to date accounting records and provide quarterly deliverable reports for claim reimbursements. The grant agreement language also ensures the CILs follow policies and procedures in accordance with federal uniform guidance and the Indiana Department of Administration. Additionally, as private, nonprofit 501c3 entities, the CILs are to conduct an annual independent audit as required by the Indiana State Board of Accounts and to submit a copy of their audit report (including any findings) to the Family and Social Services Administration (FSSA) State Auditor, annually. The CIL and SILC contracts/grants were distributed in accordance with the SPIL for FFY23. During FFY23, the DSE and the SILC conducted meetings. These meetings were held virtually. The DSE and SILC discussed feedback shared between their entities during these meetings regarding the SILC contracts and grants for FFY23. The DSE conducted virtual quarterly meetings with all 10 of the CIL Directors and additional CIL director meetings to discuss important funding opportunities with all 10 center directors. Additionally, the DSE met with the individual CIL Directors and CIL billing staff to provide training and to answer billing questions/concerns related to the contract/grant deliverables. The DSE and DDRS leadership visited the Everybody Counts, accessAbility, ATTIC, ILCEIN, SILC, The League, WILL Center, and SICIL in 2023 to continue to develop open productive communication between the DSE, DDRS Leadership and the CILs. During FFY23, the DSE and the CIL Directors had some meaningful and productive meetings. The DSE facilitated meetings with BDS regarding a new Medicaid waiver service and FSSA Leadership regarding Pathways.

There were two on-site audit in FFY 2023. On-site audit are the monitoring reviews in Indiana.

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 employs an IL Program Director who works with the Indiana CILs and is supervised by the DSE Director of Program Improvement for the Bureau of Rehabilitation Services (BRS) to perform/provide the following duties:

1. Responds to requests by the Administration for Community Living (ACL) in a timely manner, meeting all deadlines.
2. Reviews quarterly and annual reports (from CILs) and those completed/ submitted to ACL.
3. As requested, research and reviews laws/regulations pertinent to Indiana's Independent Living Program for implementation and clarification purposes.
4. May review Indiana's IL Program to ensure compliance with the Indiana State Plan for Independent Living (SPIL) and federal and state requirements.
5. Works with/supports Indiana's IL Program grantees/contractors, as needed. Provides followup/clarification to questions, issues and concerns.
6. Assists with research and development of federal IL applications, conducts with requests for proposals (RFP) and/or IL grant contracts and monitors IL grantees/ contractors.
7. Reports to supervisor on status of Indiana's IL Program, and projects.
8. Reviews/Approves grantee claim reimbursement submissions and submits to appropriate entity within department for payments to contractors.

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	9.5	6.5
Other Staff	18.5	19.5

Section G - For Section 723 States ONLY

Section 723 of the Act, 45 CFR 1329.12

Item 2 - Administrative Support Services

Section 704(c)(2) of the Act

Item 3 - Monitoring and Onsite Compliance Reviews

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

Item 4 - Updates or Issues

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	899
(2) Enter the number of CSRs started since October 1 of the reporting year	835
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	1734

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	33
(2) Withdrawn	13
(3) Died	61
(4) Complete Goals	641
(5) Other	31
(6) Add lines (1) + (2) + (3) + (4) + (5) to get <i>total CSRs closed</i>	779

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	955

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	826
(2) Number of consumers with whom an ILP was developed	908
(3) <i>Total number of consumers served during the reporting year</i>	1734

Section E - Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	6
(2) Ages 5 - 19	33
(3) Ages 20 - 24	31
(4) Ages 25 - 59	313
(5) Age 60 and Older	1328
(6) Age unavailable	23
(7) <i>Total number of consumers served by age</i>	1734

Section F - Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	1213
(2) Number of Males served	521
(3) <i>Total number of consumers served by sex</i>	1734

Section G - Race And Ethnicity

Indicate the number of consumers 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	3
(2) Asian	2
(3) Black or African American	114
(4) Native Hawaiian or Other Pacific Islander	1
(5) White	1569
(6) Hispanic/Latino of any race or Hispanic/Latino only	13
(7) Two or more races	9
(8) Race and ethnicity unknown	23
(9) <i>Total number of consumers served by race/ethnicity</i>	1734

Section H - Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	41
(2) Mental/Emotional	38
(3) Physical	186
(4) Hearing	10

	# of Consumers
(5) Vision	318
(6) Multiple Disabilities	1088
(7) Other	53
(8) <i>Total number of consumers served by by disability</i>	1734

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	528	482
(B) Assistive Technology	1273	1246
(C) Children's Services	7	7
(D) Communication Services	230	228
(E) Counseling and related services	25	3
(F) Family Services	26	26
(G) Housing, Home Modification, and Shelter Services	157	145
(H) IL Skills Training and Life Skills Training	342	289
(I) Information and Referral Services	4859	4797
(J) Mental Restoration Services	1	1
(K) Mobility training	117	117
(L) Peer Counseling Services	1174	1130
(M) Personal Assistance Services	265	242
(N) Physical Restoration Services	819	815
(O) Preventive Services	448	447
(P) Prostheses, Orthotics, and other appliances	1	1
(Q) Recreational Services	411	408
(R) Rehabilitation Technology Services	35	35
(S) Therapeutic Treatment	0	0
(T) Transportation Services	177	164
(U) Youth/Transition Services	19	19
(V) Vocational Services	10	8
(W) Other	645	624
Totals	11569	11234

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
Self-Advocacy/Self-Empowerment	1103	882	218
Communication	223	190	33
Mobility/Transportation	209	154	42
Community-Based Living	1108	1021	81
Educational	856	834	20
Vocational	11	6	4
Self-Care	782	652	129
Information Access/Technology	1201	1092	104
Personal Resource Management	306	234	71
Relocation from a Nursing Home or Institution to Community-Based Living	22	15	7
Community/Social Participation	887	847	38
Other	45	23	21
Totals	6753	5950	768

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 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	171	164	7
(B) Health Care Services	278	260	16
(C) Assistive Technology	1218	1152	65

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.

Our consumer is a 63-year-old woman. She has never lived alone during her life, living with family members and a roommate. In May 2023, her roommate made the decision to move out to be a caregiver for a 93-year-old family member who had fallen. This was a pivotal moment for the consumer, who had never lived independently because of her disability. She was concerned and afraid. There was a lot of uncertainty: where would she live, could she manage daily activities; would she be able to manage her own resources. Our team coached her through this transition connecting her with community resources and providing transportation for shopping and other appointments. Today she is thriving, living independently, connecting within different community groups, and managing her daily activities.

One of our consumers is a 13 Year-Old young man, who has recently started have problems with his vision. He woke up and had no vision in one eye, this happened several times. Each time his Grandmother has taken him to the hospital where is was found that he is dangerously high blood. Was referred to the neurologist at Riley in Indy and to the Eye Center here in Richmond and neither were able to determine a cause for his high blood pressure. Riley said it could be stress related. His Grandmother and his ILCEIN Service Coordinator have spoken several times and she stated she needed to get a blood pressure cuff for him but it would have to wait because she had other expenses to pay first. His Service Coordinator reassured her not to worry about the cuff and that one could be provided through the Center. Both the consumer and his Grandmother came to the office to pick the item up. The young consumer shared with ILCEIN staff that he was very scared regarding this sudden vision changes. He was provided instruction on the care and how to use the blood pressure cuff.

A new consumer called, and was in need of a shower stool. After it was delivered and set-up the consumer and his service coordinator were discussing the concerns he has with communication, as he only has a small 7" kindle. He experiences Cerebral Palsy and has some muscle rigidity in his hands. His service coordinator came back to the office and discussed this need with the Director of Programs and Services, during this discussion she learned that the Center can provide him a larger device that will help him with communication and can also recommend some apps to help him in the future with speech if his current speech issues were to worsen. When she called to tell him he was going to receive the iPad he burst into tears! One more reason this job continues to prove every day we make big life changes with small items.

We were fortunate to meet and provide services to a lady in her upper 80's. She was referred to us by some of our consumers. During this past year she lost her husband, and had to sell her home as well as her automobile. She is now in a wonderful assisted living apartment, however, it has been a huge adjustment. This will be the first Holiday season she has not been able to share with her husband. She shared a lot of her feelings with her Service Coordinator and mentioned that she was thankful that she was given the time to talk with someone about all of the changes that had taken place in her life. This will also be the first time she did not have her own kitchen to prepare Holiday meals for her family. Due

to her macular degeneration getting a lot worse this past year has also made it very difficult to adjust to her new living conditions. She is very frustrated that she cannot read a lot of her mail. Sometimes when a person she knows goes by her door in the hallway, she will stop them to ask if they can help her with this. She has been given some devices that has helped her improve her vision. She has been given some black bold pens to help her to write lists for groceries and other items. She has been given a hand held lighted magnifier which has helped her to read her pill bottles and other small print. She was also given some yellow bold line paper and a large print check register, as she manages her own checking account as well. She will be receiving a CCTV which she is thoroughly thrilled with. This will definitely help her with reading her mail as well as to be able to read her books which she also enjoys. She is also excited about receiving her new extra-large print calendar. She expressed how grateful she was to be provided with such helpful devices.

One of our service coordinators recently met with an older lady and her daughter to deliver a loaner 10' Trifold ramp, so that she can safely be transferred from her home to her multiple Dr. appointments and community activities. The help of the loaner ramp has not only made it safer for her to access to transportation, but has also helped ease her daughter's anxiety for her safety. Since she now has an assistive device to help with her transportation needs, she doesn't have to worry about falling out of her wheelchair and down the steps. The service coordinator sat with the consumer's daughter as she talked about her struggles as a full time caregiver for her mother who has dementia, a pressure sore in her left heel and a failed hip repair. Along with caring for her Mother she also provides full time care for her own 2yr old grandson as well. Our Service Coordinator was able to empathize with the consumer's daughter regarding both the roles she has had to take on. The daughter discussed the different suggestions that family and professionals have given her for her mother's future care, and she said that she will not put her mother in a nursing home. She said that with her mother's loaner ramp she will be able to keep her mother in her own home.

A new consumer came to the office accompanied by her daughter with whom she has lived for many years. Ms. X has macular degeneration and cataracts and is finding that daily living is getting more difficult as her condition continues to worsen. When she first came in, I commented on what a lovely last name she had and her daughter told me that her mother had been a true "miracle" to her for her entire life. Ms. X had taken care of her husband for many years before he passed away from cancer and she also is currently helping her daughter raise two of her teenaged grandchildren. We started to discuss the barriers she had been having due to her vision impairment and were able to help out in several areas. The day she came in was a particularly sunny day and she said her eyes were extremely sensitive and the sun caused her great discomfort. We gave her the fitover glasses to try and she loved them and even wore them the rest of the time she was at the office. She is extremely independent and was feeling frustrated with daily tasks. We demonstrated the liquid level indicator and she laughed and said that she was so glad that she would no longer have to burn her fingers checking the levels of her coffee, tea and soup. We also discussed the bump dots and she immediately had ideas where she could use them. The talking clock delighted her and she was looking forward to having it at her bedside when she awakens at night and can't read the time on her current clock. She is quite a card player and loves playing cards with her great grandchildren. When they play "Go Fish", she giggled and said they tease her and love to take advantage of her poor vision. She feels she loses more games than she should because of that! She laughed that with the new low vision cards, things would definitely change and she was anxious to get home and start dealing!!! We then learned that she had survived many cancer episodes over the years and had many surgeries. Unfortunately the cancer has recently returned, but she said she is not having any more surgeries and will enjoy her life until the Lord says it's time for her to go. Her beautiful smile and positive attitude were truly an inspiration to all of us and we were so pleased that we were able to provide her with items that could offer her comfort and make her life easier. Just another reminder of how lucky & grateful we are to have the Vision Program available to help people like Ms. X.

In 2015, this consumer lost a large portion of her vision because of having a brain tumor removed. Prior

to her vision loss she helped to care for others through a nursing agency. She has always been very compassionate about helping others. Once she lost her vision, she made the choice to take the bull by the horns and learn all she could about her vision loss. She lost her ability to drive and was sitting at home caring for her kids. She came to us through a referral from Vocational Rehabilitation. We were able to work with her VR Counselor Tina, to help set her up with the tools needed to live life with low vision. We have provided her with the following tools: money brailier, bill identifier, basic orientation and mobility. We even helped her complete an application for Leader Dogs for the Blind for a week of O&M training and a video showing her current skills. After she practiced her skills, we completed an application and video for a dog guide. She went in February of 2018 and was matched with Kami, a small yellow Labrador. This consumer and Kami are proudly featured on the inside our center brochure. Within the past couple of years this consumer found out that she was a candidate for bioptic driving. She was approved last year and had been driving short distances. As stated before, this consumer has a huge heart. She has always enjoyed being a foster parent. They officially adopted a 5-year-old boy who she affectionately refers to as Peewee.

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)	Outcome(s)
Healthcare	Technical Assistance	Future Choices	196.00	Train to record, collect data, reach out to new partners, increase vaccines to maintain optimize health.	Attended USaging monthly meetings. Better record keeping to inform using data and increased knowledge of available vaccines and their benefits.
Healthcare	Community Education/Outreach	Future Choices	27.00	Educating the community on how to overcome obstacles. Provided training on vision loss and ways to accommodate vision loss at places of employment. Teach inclusive presentations. Support the Deaf & Hard of Hearing Community	Supports for consumers with Neurological challenges. Supports for consumers with vision loss on the job, inclusive presentations, increased vaccine knowledge. Attended ASL continuing education classes to stay certified in ASL.
Healthcare	Community Education/Outreach	Future Choices	1.00	Expand, engage peer support	Received training on hybrid classes for social media to assist with outreach to consumer and to support consumers.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Healthcare	Outreach Efforts	Future Choices	1.00	Train on new generation and the differences. Learn new skills for hiring.	Hiring a diverse group of staff with different viewpoints based on their generation.
Assistive Technology	Collaboration/Education	Future Choices	2.00	Learn about new devices	Gained knowledge to be able to teach consumer about available devices.
Healthcare	Community Education & Public Info	Future Choices	3.00	Education our community on the CIL and the opportunities to volunteer. Education on inclusive hiring practices.	Increased # of candidates for volunteer opportunities at the CIL. Attended a workshop at Ball State University. Attended workshop on the disparities for Trans partners.
Healthcare	Collaboration/Networking	Future Choices	8.00	To continue to collaborate with INSILC and the DSE by attending meeting and staying informed of IL Network activities and supports.	Attended six meetings. Provided insight on our community successes and needs. Learn about activities happening around the state that we could get involved in and learn more from.
Healthcare	Advocacy	Future Choices	1.00	To increase knowledge at the health department regarding the needs of individuals with disabilities	A better relationship with the local health department, increase in vaccines administered.
Healthcare	Collaboration/Networking	Future Choices	15.00	Increase staff knowledge to support individuals that are blind	Attended Network meeting with other OIB managers. Participated in webinars and courses on OIB which increase knowledge and advocacy skills. Participated in meeting at the IN School for the Blind regarding the merger of the school with the Deaf School
Healthcare	Education	Future Choices	3.00	Increase staff knowledge on how to handle consumer injuries	All staff attended First Aid classes

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Healthcare	Community Ed & Public Information	ILCEIN	3.00	Present information about our services, area served, referral process, consumer eligibility	Life Stream presentation - Twenty three counselors/service coordinators and two supervisors from 6 counties attended. Kiwanis presentation - Only three or four persons indicated by had heard of ILCEIN at start of presentation. Q&A provided at both.
Assistive Technology	Community Ed & Public Information	ILCEIN	10.00	Inform seniors with vision loss of AT items available to help them increase or maintain their independence	Provided peer support to low vision consumers; learn of service and AT needs. Demonstrated large number of AT items and consumers learned of new methods to work with their vision loss through this consumer based low vision peer support group
Housing	Community Ed & Public Information	ILCEIN	9.00	To provide the viewpoint of those with disabilities who are unhoused & to bring the impact of housing, and other social needs regarding people with disabilities to the discussion on general housing and social needs.	Presented and expressed the needs of those with disabilities who are currently unhoused in our Region of Indiana. Ensured that the needs of PWD were not left out of the discussion surrounding housing and other social needs in our counties.
Healthcare	Advocacy	ILCEIN	1.00	To explain the needs of those with disabilities who attend Richmond/Wayne County parks and recreation activities	Worked with representatives from Richmond Parks and rec to help them understand and encourage/support the needs of those with disabilities and others engaging in Richmond Parks and rec activities.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Healthcare	Community Ed & Public Information	ILCEIN	4.00	Educate school age children and parents on a variety of disabilities, their impact, and etiquette.	Spoke with numerous families, explained how disabilities impact EVERYONE and answered questions and had positive interactions with families.
Healthcare	Outreach	ILCEIN	6.00	Provide opportunity for low vision support group members to attend Life Stream Fall Festival and Health Fair at Treaty-Line Pioneer Village near Brookville Reservoir	Event included opportunity for health care education, recreation, and accessible social interaction. Transportation was provided as needed.
Healthcare	Community Ed & Public Information	ILCEIN	1.00	Explain and advise vendors for the Richmond Farmer's Market on Disability Etiquette and best practice.	Provided information and answered question posed by vendors regarding customers with disabilities.
Healthcare	Advocacy	ILCEIN	1.00	Providing disability insight in to Red Cross planning, programs, and services. Discussing care for people with disabilities at various stages	The Central Indiana Regional Red Cross now has information related to disability related concerns in times of disasters and emergencies. They're prepared to support members of the community & having began training re: care and services for PWD.
Housing	Community Education and Public Information	ILCEIN	1.00	Educating legislators about need for affordable accessible housing for those with disabilities.	Provided information to Senator Young's office about need for affordable accessible housing for those with disabilities.
Accessible community events for PWD	Community Education and Public Information	ILCEIN	1.00	First meeting of the Richmond Roses all abilities Cheer Team.	We attended the first meeting, we discussed basic cheer moves and how to be a part of a team.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Assistive Technology	Community Education and Public Information	SIILC	13.00	Learn about other state programs and discuss IL services and how we can collaborate in educating the public on using all services	Present materials and describe programs and services available. Learned about ombudsman and youth programs. Learned about VR. Signed up and provided AT for 50 consumers with visual needs.
Healthcare	Outreach efforts	SIILC	16.00	To learn of available programs, while networking and collaborating with other local service providers.	Attended 11 separate meetings via online. Learned how surrounding services providers are assisting individuals, as well as shared SIILC's information. Provided displays for each library to promote disability awareness month.
Healthcare	Community Ed	SIILC	2.00	Promote Independent Living programs and services.	Presented to group or individual members. Distributed materials.
Healthcare	Collaboration & Networking	SIILC	15.00	Increase collaboration between CIL and other state and local agencies	Attended BDS monthly collaboration webinar. Explored elder justice act and discuss legislation and the adult protective services. Attended 4 Meetings to collaborate with other HC agencies
Assistive Technology	Collaboration & Networking	SIILC	7.00	Network and collaborate with other providers while receiving updates on Chapter 2.	SIILC attended 7 separate meetings to network and collaborate with other providers while receiving updates on Chapter 2 as well as providing feedback on suggestions and best practices

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Healthcare	Community Education and Public Information	SIILC	2.00	Promote independent living programs and services. Present material and describe programs and services available. Meet and identify prospective recipients in need of services.	Hosted an open house in honor of Disability Awareness Month to meet with community members allowing center staff the opportunity to demonstrate SIILC's programs and services while describing options available to community members.
Healthcare	Community Education and Public Information	SIILC	2.00	Increase awareness and community inclusion to youth at several elementary.	Discussed disability awareness & presented information. Hosted a one month long pull tab collection competition held amongst the 6th grade classes to promote youth engagement & inclusion.
Healthcare	Community Education and Public Information	SIILC	2.00	Learn about the IN Pathways program and how it can benefit aging Hoosiers	Attended FSSA presentation and listened as participants that are 60yrs and over, with Medicaid or Medicare, provided their input & thoughts of the material presented.
Healthcare	Community Education and Public Information	SIILC	1.00	Speak with legislators about important issues to PWD	Attended public meeting a
Healthcare	Collaboration/Networking	WILL Center	4.00	Provide the board of directors an update on IL Network	Provided information to and educated the Board about INSILC status and other center issues and success.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Transportation	Collaboration/Networking	WILL Center	3.00	Share and cultivate additional transportation resources.	Ride share and car pooling were discussed. Staff will continue to attend meetings to collaborate with transportation providers and officials.
Healthcare	Outreach	WILL Center	3.00	To do outreach and activities with disability community.	Sight Loss Peer Support Meeting for Clay County, IN. Discussion had about flu vaccination, upcoming white cane event. We used dexterity and manipulative skills creating fall Indian corn using pipe cleaners and pony beads.
Healthcare	Technical Assistance	WILL Center	3.00	To advocate for audible signal crossings in downtown Terre Haute, IN.	Several audible crossing have now been installed in downtown.
Assistive Tech	Technical Assistance	WILL Center	1.00	To share ideas for voting access, updates on various government resources and cost for 2023	Gave our input into the plan and will continue to be involved.
Healthcare	Community Education & Public Information	WILL Center	4.00	Introduced the leadership group to diversity when and provide training on interacting with PWD	Was very informative. They had lots of questions.
Healthcare	Community Education & Public Information	WILL Center	1.00	To learn the role of an audiologist. Received an update on over the counter hearing devices.	The group learned a lot and had the opportunity to educate the audiologist on the services of the CIL and of PWD.
Healthcare	Community Education & Public Information	WILL Center	3.00	To inform students at college level of the WILL Center and the services provided and offered.	We had the opportunity to educate the students about the ADA and PWD. We answered questions and presented information about the CIL.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Healthcare	Advocacy	Will Center	5.00	Promote discussion around issues affecting PWD and the initiative #SaveMedicaid #CareCantWait	Email sent to Congressman Larry Buschon, Mike Braun & Todd Young to better inform them of the use of Medicaid services to support PWD in their daily lives. The lack of funding, and how cuts to these services impact lives.

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.

This year we have continued our work educating the community on COVID-19 and the importance of vaccination. This work has included the development of literature on COVID and vaccines, removing barriers for vaccinations by providing transportation. We've partnered with agencies including Indiana State Department of Health, our service area county health departments, IU Ball Hospital, Open Door, Disability Vaccine Access Opportunities (DVAO), Public Health Work Force (PHWF), and USaging. English and Spanish billboards are installed in our service areas, and we have had 2 million views this fiscal year. The billboards were developed in partnership with Lemar. There are 214, USaging partners across the United States meeting bi-weekly and meeting their team leaders monthly. People with disabilities and the elderly have been included throughout the campaign.

ILCEIN conducted or participated in 105 events in FY 2023: 17 accessible social events, 38 community education events, 3 outreach events the decrease in outreach is due to the continued impact of COVID, 3 presentation to community agencies once again as again due to COVID, 25 networking events, 19 Community Systems Advocacy events, and 20 Consumer Support Groups. A total 6,207 persons received information via these events. ILCEIN provided 11 ramps to

individuals who were unable to safely enter and/or exit their home. This total is a combination of modular ramps and portable aluminum ramps where feasible/safe to do so.

In addition to these events ILCEIN has a highly active Facebook page. Over 2,843 people were reached by ILCEIN's Facebook page during FY 2023. This indicates the number of people who were served any activity from the page including posts, posts by other people, Page like ads, mentions and check-ins. This continues to be a wonderful way to reach both our Consumers and the Community at large.

Over 1,600 people were also reached through our website, this is a great resource for the community to learn about our programs and services, as well as to reach us via email and or phone.

ILCEIN provides many educational programs through its support groups on topics of vital concern to consumers for informed and capable management of their daily activities, finances, health care, and other concerns. Our center supports a reoccurring support group is specifically focused on informing

consumers on how to live with low vision and or vision loss. This is a consumer directed group and it held 17 meetings in Fiscal Year 2023, all of these meetings were held utilizing a combination of the Dashboard Conference Call system and face-to-face luncheon meetings.

Through our partnership with numerous church organizations, staff worked with community members on topics of importance to our consumers and the larger community on the broad subject of disabilities. ILCEIN remains committed to our partnerships with these churches and other community organizations to provide information and services to the population living with disabilities.

ILCEIN staff continue collaborating with the Indiana Red Cross to increase Diversity, Equity, and Inclusion within their organization as well as within their vast group of volunteers. As well as to assist them with getting the word out that the Red Cross can provide strobing smoke detectors along with connected bed shakers to alert those with hearing loss to a fire.

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.

The Indiana SILC (INSILC) strives to enhance and maximize cooperation, coordination and working relationships with many sectors of our communities.

The Indiana SILC membership includes representatives from the DSE and Indiana Division of Aging, a CIL Representative, and an employee of the Helen Keller National Center for Deaf-Blind Youths and Adults.

INSILC continues to be represented on other disability councils, including:

- * Indianapolis Mayor's Council on Disability
- * Hoosier DeafBlind Alliance
- * Advisory Committee of the Indiana DeafBlind Services by SEG
- * IN-DBS by SEG

The DSE and INSILC continue to hold quarterly meetings to discuss ILS Program SILC-related items to sustain an ongoing collaborative working relationship.

The DSE holds quarterly meetings with the 10 CIL Directors to facilitate collegiality and communication amongst all the organizations.

Engagement with a variety of other entities, included but was not limited to:

- * National Federation for the Blind--Indiana Chapter
- * ARC of Indiana
- * Self-Advocates of Indiana
- * AARP of Indiana
- * Back Home in Indiana Alliance
- * Fair Housing Center of Central Indiana

- * Health by Design
- * Indiana Association on the Area Agencies on Aging
- * Indiana Disability Rights
- * Indiana Governor's Council for People with Disabilities
- * Indiana Institute on Disability and Community
- * Indiana State Rehabilitation Commission
- * Indiana Association of Behavioral Consultants
- * Optimal Rhythms
- * Indiana Disability Justice

The expected outcomes of these interactions are to build robust relationships that lead to the empowerment and engagement of Hoosiers with disabilities in order to strengthen leadership and advocacy skills.

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
Theresa Koleszar	State Agency	DSE Representative	Non-Voting	01/01/2019	06/30/2024
Tammy Themel	CIL	CIL Director Representative	Voting	01/01/2019	06/30/2024
Abigail Fleenor	Neither	Person with a disability	Voting	01/01/2019	06/30/2024
Gary Olsen	Neither	Person with a disability	Voting	01/01/2022	06/30/2024
Kacie Weldy	Neither	Person with a disability	Voting	01/01/2022	06/30/2024
Leslie Huckleberry	State Agency	Division of Aging	Non-Voting	06/01/2022	06/30/2024

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?	6
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	3
(C) How many members of the SILC are voting members?	4
(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?	3

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.

The current composition of the SILC includes one member who reside outside of Central Indiana representing 16.67% of the council. This member resides in Southeastern Indiana.

The SILC has submitted nine (9) new member nominations to the Governor's office. If all these members are appointed we will have statewide coverage with every region of the state represented totaling 37.5% non-Central Indiana residents.

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

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

INSILC is proud to be disability-directed for the entirety of the reporting year.

SILC membership consists of 6 members--all returning members.

DEMOGRAPHICS--September 2023

- * Person with a disability--#4 66.67%
- * BIPOC (Black, Indigenous and People of Color)--#1 16.67%
- * Female or Non-Binary--#5 83.33%
- * Resides outside Central Indiana--#1 16.67%

TYPE OF DISABILITY

- * Neurological--#1 16.67%
- * Cognitive--#1 16.67%
- * Blind/Visually Impaired--#2 33.33%
- * Deaf--#2 33.33%
- * Mental Health--0

Note: Some council members identify with more than one category of disability.

Item 3 - Knowledgeable about IL

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

The Indiana SILC has a policy that requires ALL newly appointed members of the SILC (even those working for a CIL or State Agency) to complete mandatory New Member Orientation Training prior to attending their first public meeting of the Council and/or engaging in any official INSILC-related business or activities as a Council Member. This training is based on ILRU's SILC Guidebook for Chairpersons and Members.

SILC Council Members/Staff completed relevant ILRU virtual trainings and also attended other virtual IL/disability-related trainings and conferences during FFY 23.

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.

The position of Executive Director is currently unfilled. The SILC is conducting a search for a new Executive Director.

In the absence of an Executive Director--the SILC Chair can be reached at:
Abagail Fleenor
Chair@indianasilc.org
812-560-3510

Item 2 - SILC Support

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

The Indiana SILC is delighted to report it experiences a strong and productive relationship with the DSE. The Indiana SILC funding contract with the DSE, and its innovative payment structure and procedures, provided the Indiana SILC with the ongoing operational flexibility it required to function independently and autonomously.

Quarterly meetings continued between members of the SILC and the DSE Director, DSE Director of Program Improvement and DSE Manager of Specialized Supports for FFY 23. These meetings took place virtually and were essential and beneficial in providing a platform for the Indiana SILC and DSE to discuss/address important issues related funding contract needs, adherence of DSE/SILC Assurances, and other administrative-related items or challenges.

The Indiana SILC greatly appreciated the continued engagement and communication directly from the DSE Director for FFY23. The Indiana SILC believes the appointment of the DSE Director to the SILC (instead of a DSE Liaison) contributed to the improved communication and relationship between the Indiana SILC and DSE.

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.

The SILC completed the extension documentation due in June of 2023.

The SILC created a SPIL Committee to complete the preparation of the SPIL due in June 2024. The Committee is seeking additional members to ensure statewide representation and anticipates completing the work on time.

The SILC has held one listening session to gather community input. Additionally, two additional events are planned to gather consumer input and needs assessment data. The SILC will post the pending SPIL document with sufficient time to gather input and make adjustments based on that input to the SPIL document.

(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.

The SILC used the feedback it received from its public meetings, legislative update sessions and coalition meetings to support the SILC with its efforts to monitor, review and evaluate the implementation of SPIL 21-23 and its extension.

The new SPIL Committee will be adding more opportunities to gather information and feedback from the community.

(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.

SILC Membership had the following appointments:

- * Family Employment First Coalition
- * DDRS Seamless Transition Family Employment Project
- * Indiana Disability Justice
- * Traumatic Brain Injury Board
- * Marion University Social Work Partnership
- * Newfields Museum Inclusion Board

(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.

All Indiana SILC regularly scheduled public meetings and all SILC public hearings/forums hosted by the SILC were posted in accordance with Indiana's Open Door/Public Access laws.

Additionally, these meetings, hearings, and forums were posted several weeks, sometimes several months, in advance on the SILC website. Annual public meeting schedules for the SILC were posted on the SILC website just prior to both calendar years of the reporting year.

To further ensure Open Door compliance by the Indiana SILC, it worked with the Indiana Public Access Counselor (Director/Lead of the state's Open Door agency/department) on a regular basis for technical assistance/guidance for the SILC to maintain its compliance with Indiana Open Door/Public Access Laws.

The SILC continued to meet virtually for its public meetings and diligently worked with the Indiana Public Access Counselor to ensure it remained in compliance with the Open Door law.

Item 2 - Other Activities

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

The Indiana SILC utilized funds outside of Part B funds to conduct Resource Development and Public Policy and Systems Advocacy activities in line with SPIL 2021-2023 and extension.

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.

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
<p>Advocacy/Leadership Development</p> <p>General Overview</p> <p>Community/Grassroots Organizing</p> <p>Individual Empowerment</p> <p>Systems Advocacy</p> <p>Legislative Process</p> <p>Applicable Laws</p> <p>General overview and promulgation of various disability laws</p> <p>Americans with Disabilities Act</p> <p>Air-Carrier's Access Act</p> <p>Fair Housing Act</p> <p>Individuals with Disabilities Education Improvement Act</p> <p>Medicaid/Medicare/PAS/waivers/long-term care</p> <p>Rehabilitation Act of 1973, as amended</p> <p>Social Security Act</p> <p>Workforce Investment Act of 1998</p> <p>Ticket to Work and Work Incentives Improvement Act of 1999</p> <p>Government Performance Results Act of 1993</p> <p>Assistive Technologies</p> <p>General Overview</p> <p>Data Collecting and Reporting</p> <p>General Overview</p> <p>PPR/704 Reports</p> <p>Performance Measures contained in Program Performance Report</p> <p>Dual Reporting Requirements</p> <p>Case Service Record Documentation</p> <p>Disability Awareness and Information</p> <p>Specific Issues</p> <p>Evaluation</p> <p>General Overview</p> <p>CIL Standards and Indicators</p> <p>Community Needs Assessment</p> <p>Consumer Satisfaction Surveys</p> <p>Focus Groups</p> <p>Outcome Measures</p> <p>Financial: Grant Management</p> <p>General Overview</p> <p>Federal Regulations</p> <p>Budgeting</p> <p>Fund Accounting</p> <p>Financial: Resource Development</p> <p>General Overview</p> <p>Diversification of Funding Base</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>10</p>

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	
Specific Examples	
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	
Program Planning	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	5
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	6
Minority	7
Institutionalized Potential Consumers	8
Rural	
Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
<p>Role and Responsibilities of Executive Board</p> <p>Role and Responsibilities of General Members</p> <p>Collaborations with In-State Stakeholders</p> <p>CIL Board of Directors</p> <p>General Overview</p> <p>Roles and Responsibilities</p> <p>Policy Development</p> <p>Recruiting/Increasing Involvement</p> <p>Volunteer Programs</p> <p>General Overview</p> <p>Other</p> <p>Optional Areas and/or Comments (write-in)</p> <p>Section 5.1.1--The SILC had a vacancy at the time of SPIL submission. Subsequently, the Governor appointed nine (9) individuals to the Council. There are no current vacancies.</p> <p>Section 5.1.2--The percentage of Council members who are people with disabilities was 50% at the time of SPIL submission. Subsequently, the Governor appointed nine (9) individuals to the Council. Our current percentage of people with disabilities not employed by a state agency or a center for independent living is 68.75%. There are fourteen (14) voting members of the SILC. There are eleven (11) voting members of the SILC who are individuals with disabilities not employed by a state agency or a center for independent living.</p>	<p>9</p>

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.

As previously reported, at the time of the FFY22 PPR the Executive Committee did not have access to data regarding the amount of reporting received and analyzed by its former employee. Subsequently, it was discovered that all electronic data was deleted from the SILC servers and is no longer accessible to the SILC.

GOAL 1: Build Resource Capacity of the IL Network

- * Objective A - Develop Alternative Funding Sources to expand IL Network opportunities: The IL Network will undertake activities that lead to increased capacity and stronger infrastructure.

- * Objective B - Secure additional funding to support the IL Network: Centers will have equity in funding levels to achieve minimum operating capacity and efficiency.

Currently, no Centers have enough IL funds to achieve the base level of funds needed for Center Operations. The lack of funds creates operational capacity and sustainability issues, as well as inability to effectively serve their communities.

- * Objective C - The IL Network will create a plan for the expansion of services and statewide expansion as appropriate:

To achieve full statewide availability of IL Services, the Indiana IL Network will undertake a process that will assess the expansion of services strategically.

Through thoughtful planning steps, we will better understand where potential new Centers may need to be developed, where existing Centers can expand services, and where a satellite office may be the most appropriate method to expand.

A major component to this process is determining the cost of making full expansion happen in Indiana. Understanding the resources needed will be critical to ensuring stable and continued availability of resources across Indiana. A workgroup will be established to create and implement these steps, as well as the potential for outside consultants to assist in our work.

GOAL 2: Community Capacity Increased to Support the IL Network and Promote IL Philosophy throughout the State

- * Objective A - Hoosiers will better understand the needs and barriers of individuals with disabilities through community education efforts--with specific emphasis on PWD who are multiply marginalized:

The Indiana IL Network, primarily the CILs, regularly engage in activities that are aimed at educating the community on topics that impact the disability community, general disability awareness, and other training topics. These community education activities are vital to community stakeholders, policymakers, and members of the disability community. We believe that creating a way for CILs to work in a manner that does not limit the focus to specific topics allows for the CILs to create activities most needed in their specific communities. We will implement the goal in a manner that creates the opportunity to report a collective outcome across the entire state through a practice whereby we develop common practices of evaluation.

* Objective B - Gather input on the needs of PWD in Indiana from PWD: Community awareness of Independent Living and how Centers for IL impact the lives of individuals with significant disabilities is needed in Indiana.

Through increasing our efforts in advocacy in Objective 3.A. and improving community education activities in Objective 2.A., we believe that individuals will become more aware of CILs and the roles they can play in improving outcomes for PWD in Indiana.

GOAL 3: The Indiana IL Network will promote and advocate for the integration and full inclusion of individuals with disabilities into the mainstream of American society. (Systems Advocacy)

* Objective A - Conduct grassroots advocacy for systemic change:

Community awareness of IL and how CILs impact the lives of individuals with disabilities is needed across Indiana. Through increasing our efforts in systems advocacy in Objective 3.A, and improving community education activities, we believe that individuals will become more aware of CILs and IL. Increased awareness of IL and the value of CILs will make the work of the IL Network more impactful.

This may lead to increased numbers of consumers seeking services from the CILs, increased alignment of other partners working with IL, and overall increased understanding of the IL Philosophy and the needs of PWD

* Objective B - IL Network conducts outreach to PWD to engage in the public policy process.

The CILs provided opportunities for PWD to engage in the public policy process. One CIL created an Inclusion Institute that trains PWD on becoming more engaged on boards, committees and coalitions.

* Objective C - The IL Network will amplify the voice of people with disabilities in improving the availability of housing, transportation, and health care: The IL Network will engage in advocacy efforts that impact the barriers that individuals with significant disabilities encounter. The efforts will primarily focus on the areas of housing, transportation, and health care, but additional focus areas may be added as the needs of the disability community change or new priorities develop.

In this Plan, we have determined the most effective way to engage in advocacy efforts proactively and responsively is to establish annual priorities in collaboration with the IL Network. This will be conducted through the SILC in conjunction with the CILs and the Network's peers with disabilities. We will utilize the disability community's grassroots community organizing efforts and will include action steps for the IL Network to take for each year period. Through this approach, we will be able to create opportunities for the IL Network to work more collaboratively and support promising advocacy strategies across the state.

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.

No additional changes.

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.

The Indiana IL Network started to engage in discussion with:

1. The Bureau of Disabilities Services (BDS) related to the addition of additional waiver services,
2. FSSA leadership regarding the Pathways program for older adults, and
3. BRS leadership regarding possible pre-ETS opportunities

The DSE and INSOLC continue to prioritize the relationship between all members of the IL Network.

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.

The SILC focused on rebuilding relationships and membership on the council during this reporting year. We have worked diligently to improve the communication between the SILC and CILs and will continue that work in the new reporting year.

Section D - Additional Information

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

No additional information.

PUBLIC HEALTH WORKFORCE (PHWF) - DATA REPORTING REQUIREMENTS

Grant Number	2201INISPH-00
Reporting Period	10/01/2022 - 09/30/2023
State	IN

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

Total Number of Full-Time Equivalents (FTEs)	3.5
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Item 2 - Type of Public Health Professional(s) Hired

Type	#
Case Investigator	0
Contact Tracer	0
Social Support Specialist	1
Community Health Worker	0
Public Health Nurse	0
Disease Intervention Specialist	0
Epidemiologist	0
Program Manager	2
Laboratory Personnel	0
Informaticians	1
Communication and Policy Experts	0

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

Currently working with residents of local nursing homes who are getting ready to be transitioned back to their homes. Attending various health care fairs and events in the community to increase awareness of this new program. The program manager has become a Certified Transitional Care Fellow in order to increase her knowledge about the needs and services afforded to this group of consumers. We are also scheduling follow up visits to the visits we had earlier this year with the social workers at local Long Term Care facilities.

Helping to sign consumers up for COVID vaccinations. Supply information materials to the public about COVID risks and prevention. Also, supply the public with information about how and where to get vaccinated.

The activities the Public Health Workforce grant is engaged in to advance public health include running ongoing billboard campaigns aimed at informing the public about health concerns. Additionally, they are committed to providing information at all upcoming outreach events. These initiatives contribute to raising awareness and promoting health within the community, aligning with the goals of advancing

public health.

SUBPART VII - SIGNATURES

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

Kacie Weldy - Signed Digitally

SIGNATURE OF SILC CHAIRPERSON

07/18/2024

DATE

Kacie Weldy - Chair

NAME AND TITLE OF SILC CHAIRPERSON

(317) 679-6087

PHONE NUMBER

Theresa Koleszar - Signed Digitally

SIGNATURE OF DSE DIRECTOR

07/18/2024

DATE

Theresa Koleszar - Director, Bureau of Rehabilitation Services

NAME AND TITLE OF DSE DIRECTOR

(317) 910-5455

PHONE NUMBER