

Indiana State Funded Network of Centers for Independent Living

Understanding the Landscape of Independent Living In Indiana

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Consumer Focus Group Information

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Fiscal Year 2008

Background of Indiana State Funded Network of Centers for Independent Living:

The Indiana State Funded Network of Independent Living (INSFCIL) was officially formed in 2007 in response to seven Independent Living Centers' desire to work collaboratively on behalf of those living with disabilities in the State of Indiana. INSFCIL's membership is comprised of the following seven centers:

- ATTIC, Inc.
- Future Choices, Inc.
- Independent Living Center of Eastern Indiana (ILCEIN)
- Indianapolis Resource Center for Independent Living (IRCIL)
- Southern Indiana Center for Independent Living (SICIL)
- The League for the Blind and the Disabled (The League)
- The Wabash Independent Living and Learning Center, Incorporated (The WILL Center)

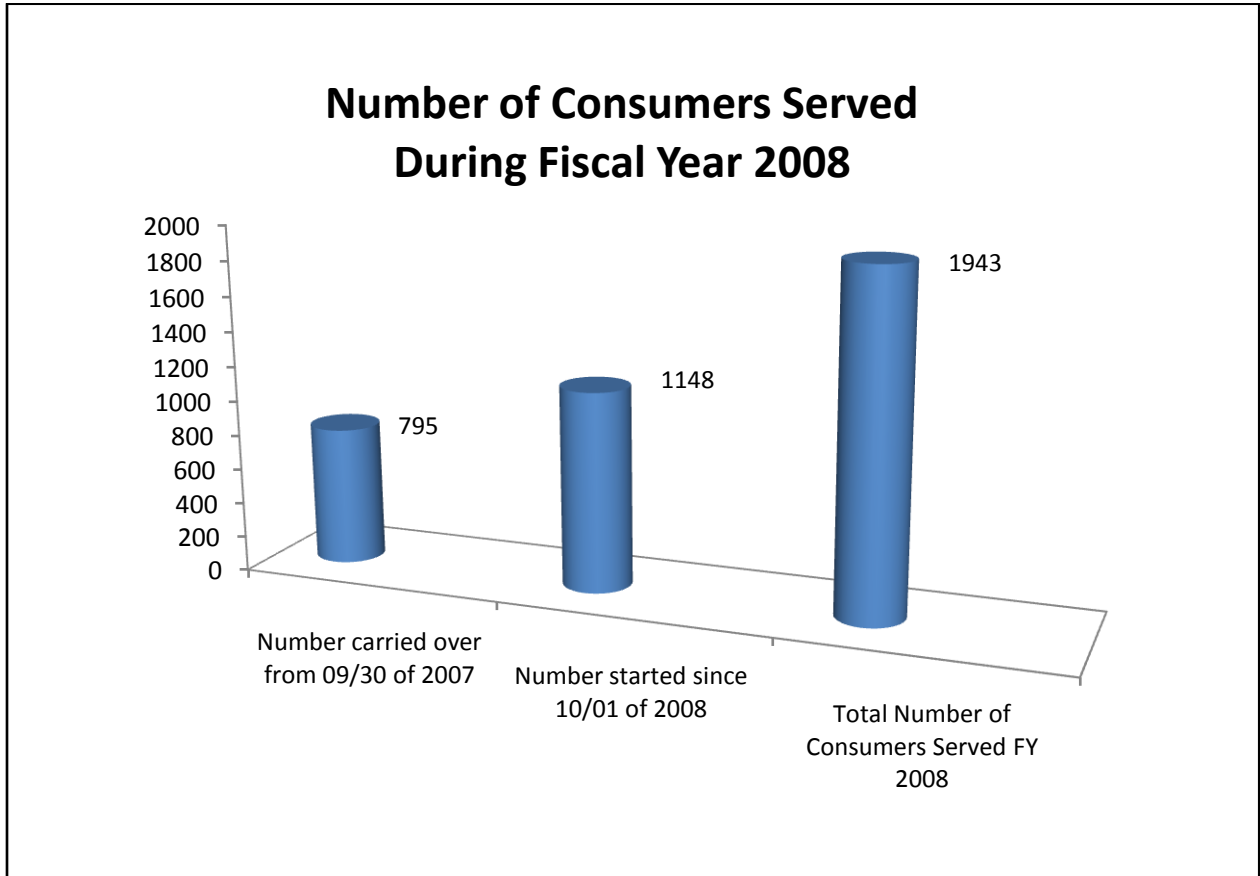
The mission of INSFCIL is to create inclusive communities across Indiana where people with disabilities have choice and control in their lives.

Organized under Title VII, Chapter 1, Part C of the Rehabilitation Act of 1973, Independent Living Centers have, as their mandate, to provide services to individuals living with disabilities. It is recognized that:

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

INSFCIL Consumer Data:

Collectively, INSFCIL served 1,943 disabled Indiana residents in fiscal year 2008 (October 1, 2007-September 30, 2008). Of these, 1,148 were new consumers of IL services in fiscal year 2008 and 795 of these were consumers whose services carried over from fiscal year 2007.

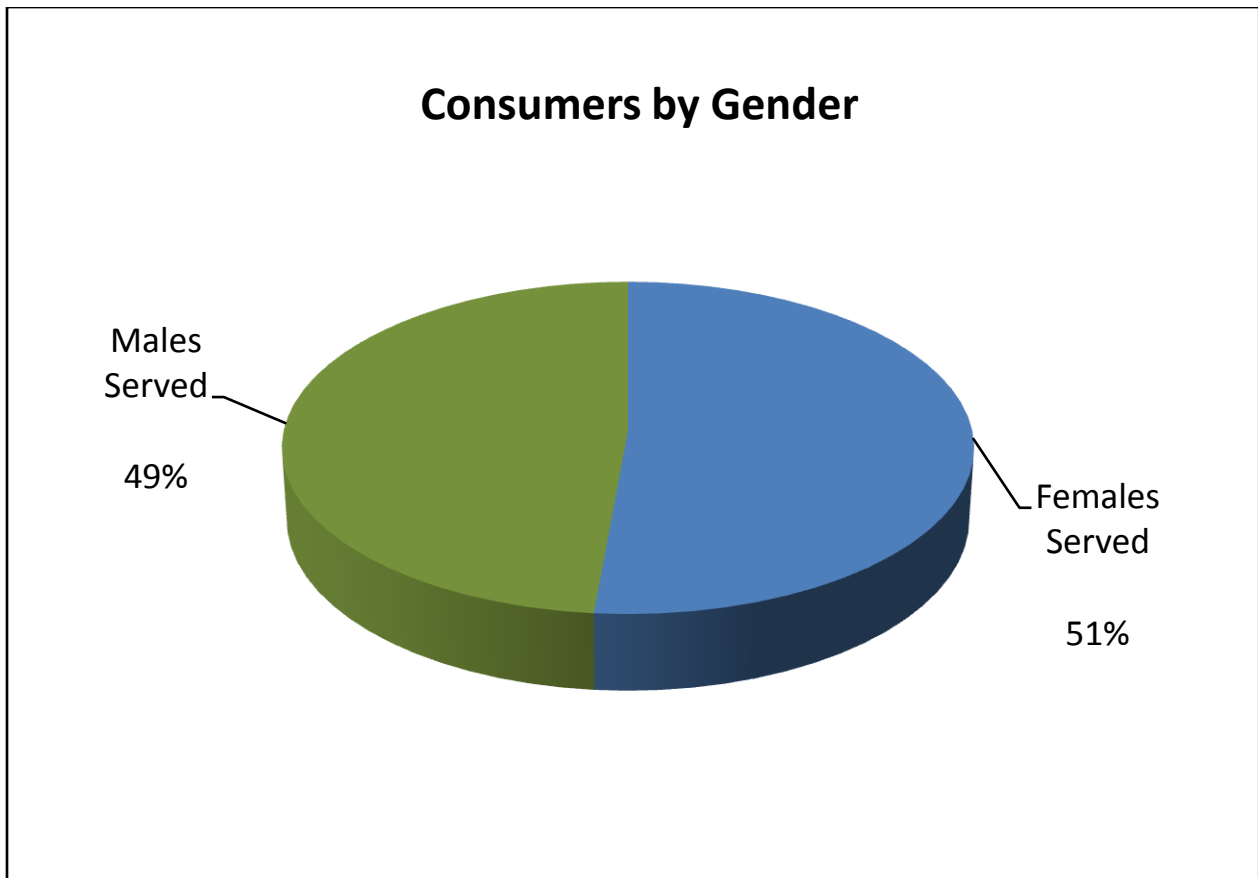


Demographics for those served by INSFCIL:

The following charts represent the demographics of those served by INSFCIL in fiscal year 2008. The demographics include: gender, age, ethnicity and race.

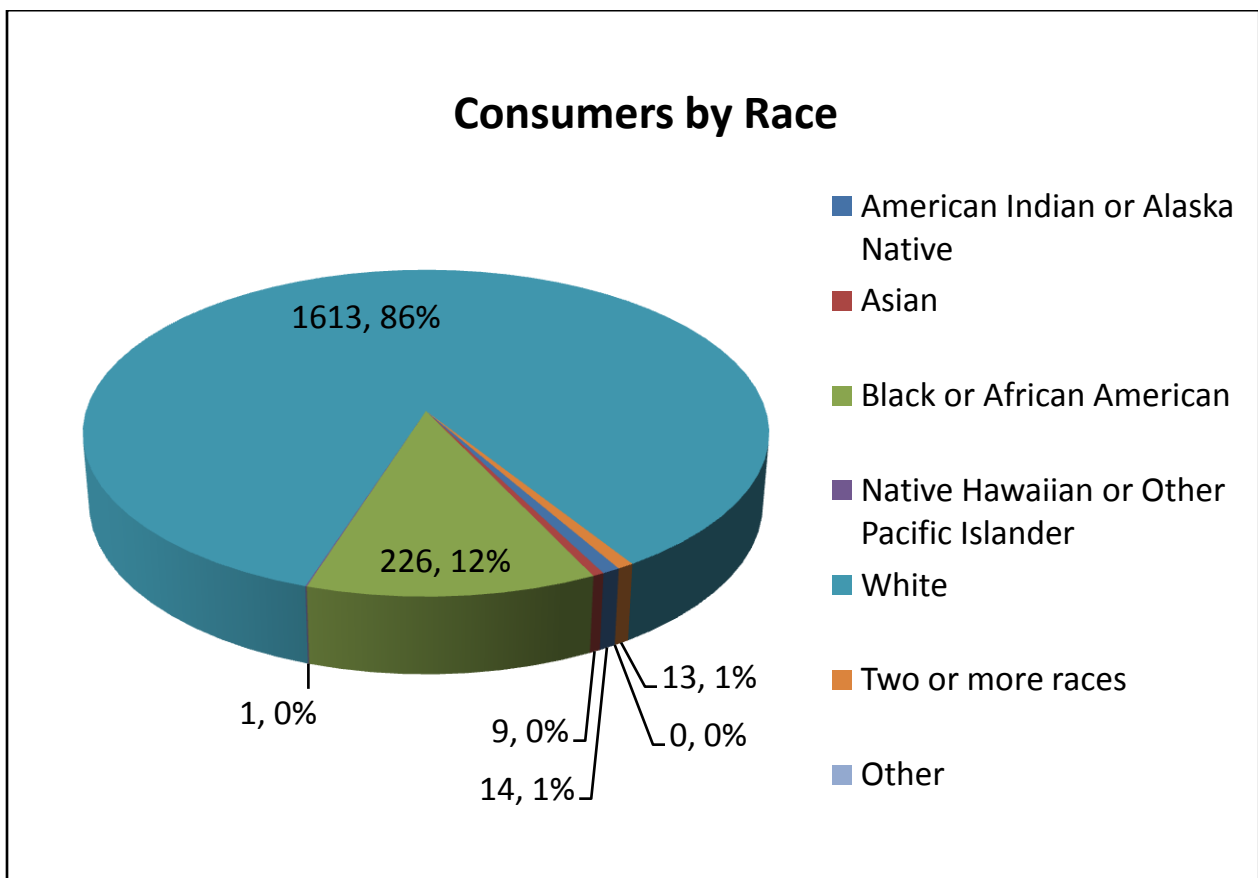
Gender:

Females served by CILs represented slightly more than males in fiscal year 2008. There were a total of 999 females served and 944 males served.



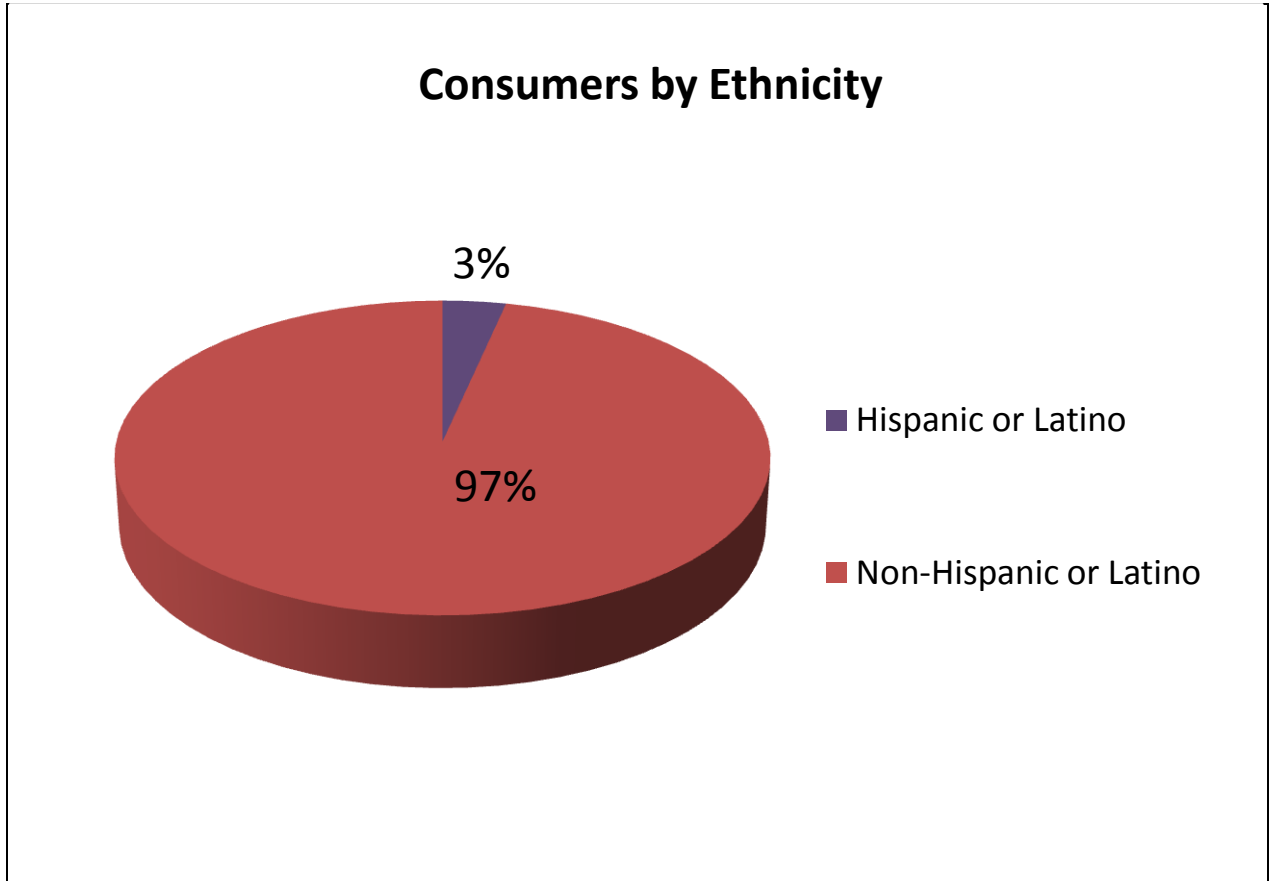
Race:

Mirroring the racial demographics of the overall population in Indiana, INSFCIL served the following racial populations in the state for fiscal year 2008. The majority of those served were comprised of Whites (1,613). African Americans were the second highest group of those served (226); followed by American Indian/Native Americans (14) and Asian (9). There was 1 Pacific Islander served by INSFCIL. Those identifying as having two or more races represented 13 people served by INSFCIL.



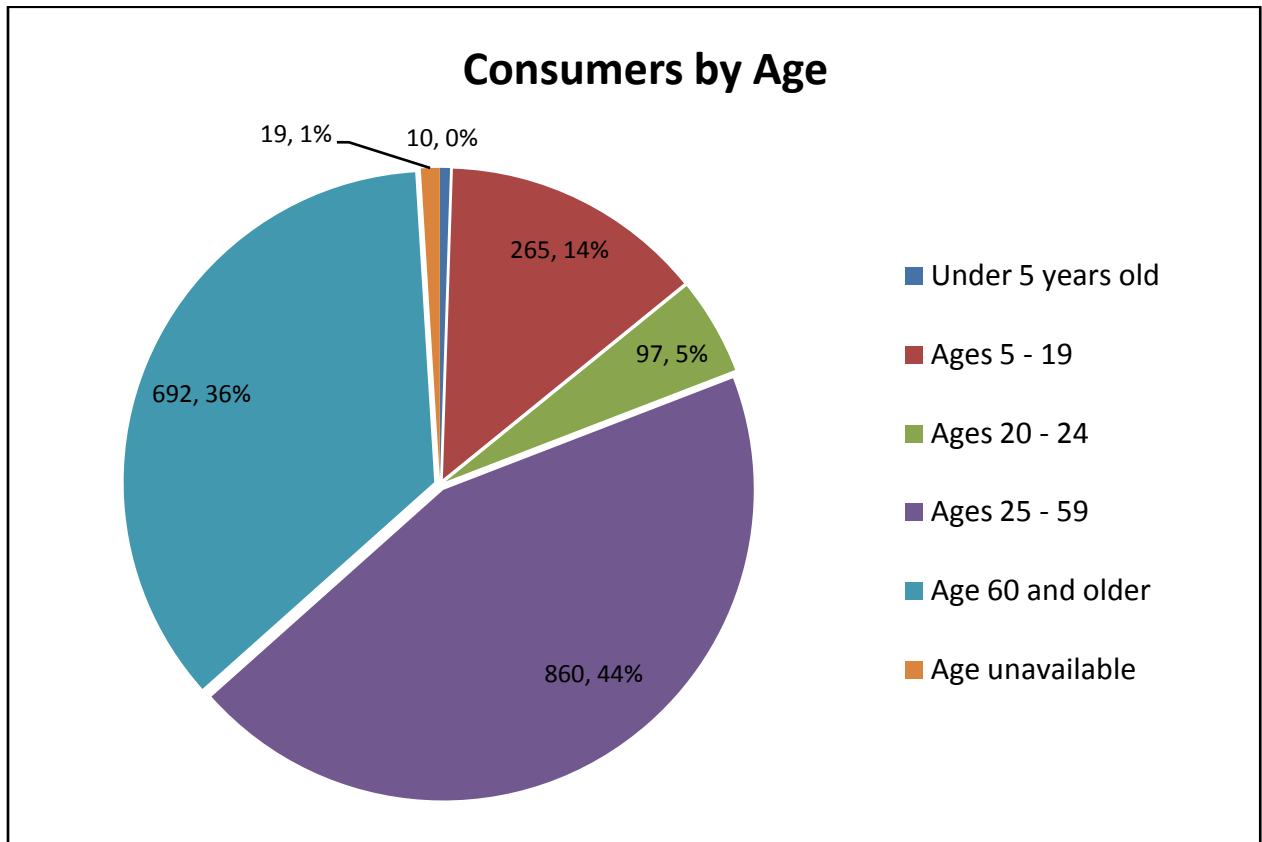
Ethnicity:

INSFCIL served a majority of people who identified themselves as non-Hispanic/Latino (1,875). An additional 3%, or 67 consumers, identified themselves as Hispanic or Latino.



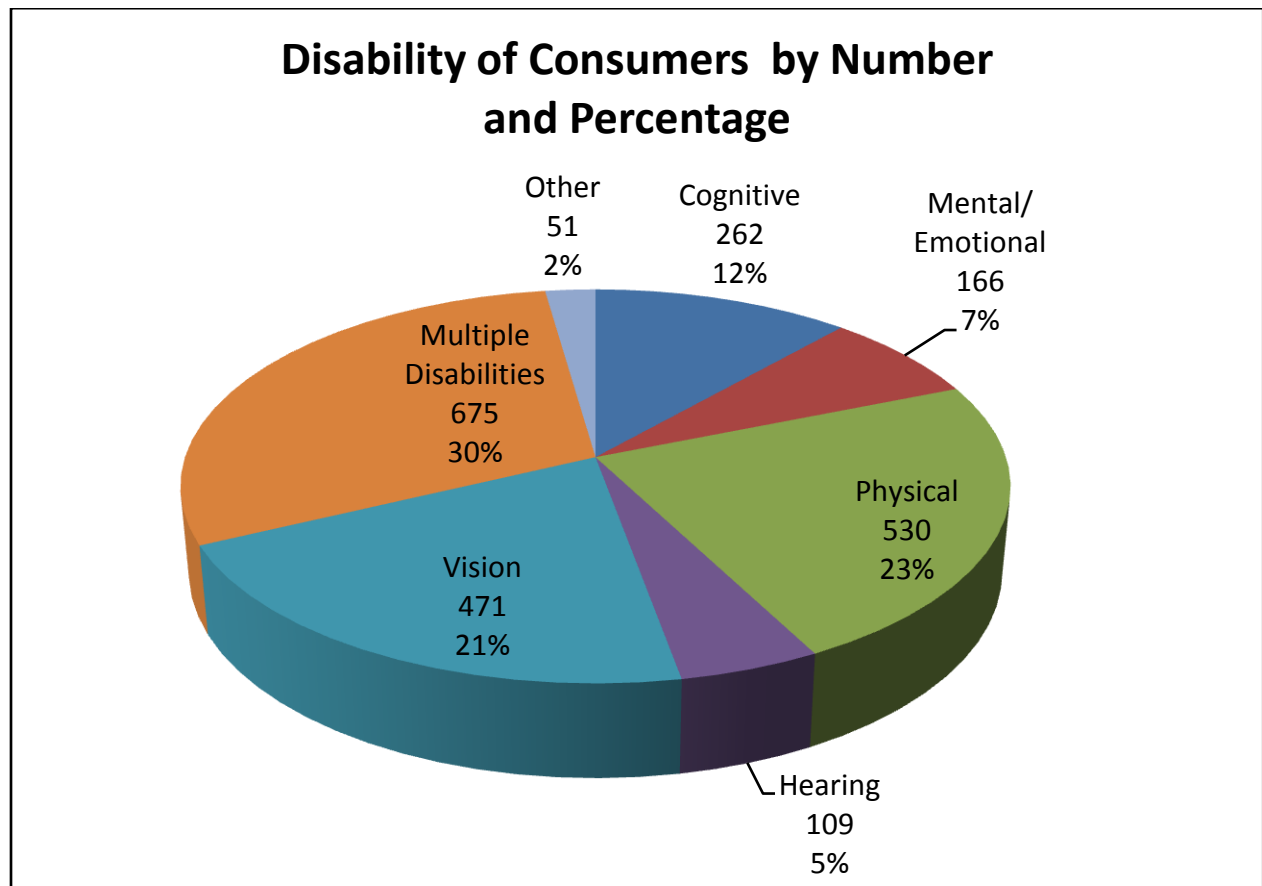
Age:

The age dispersion of those served follows. The largest age group served for fiscal year 2008 were those aged 25-29 (860), followed by those in the age group of 60 + (692). Because much of the CILs services focus on serving the elderly, these figures are consistent with services.



Types of Disability Served:

INSFCIL assisted individuals who were identified as having Cognitive, Mental/Emotional, Physical, Hearing and Vision disabilities. In addition, INSFCIL served those identified as having Multiple Disabilities and those who identified as having “other” disabilities. The majority of those served identified as having multiple disabilities. Physical disability represented the highest number of those served, followed by those with a visual disability.



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¹ Due to the reporting of multiple disabilities, these numbers exceed total numbers of consumers served for fiscal year 2008.

Individual Services provided by Independent Living Centers in Indiana:

INSFCIL provided the following services to individuals living in Indiana during fiscal year 2008. The definitions of these services are taken from the ***United States Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration, Section 704 Annual Performance Report for the Centers for Independent Living***. All definitions are verbatim with the exception of the Information and Referral Services definition which was amended by INSFCIL to accurately reflect data collection by the CILs in the network.

Advocacy/Legal Services – Assistance and /or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.

Assistive Technology – Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.

Children’s Services – The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14.

Communication Services – Services directed to enable consumers to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.

Counseling and Related Services – These include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, parent-to-parent services, and related services.

Family Services – Services provided to the family members of an individual with a significant disability, when necessary, for improving the individual’s ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Record the service in the consumer’s CSR on behalf of whom services were provided to the family.

Housing, Home Modifications, and Shelter Services – These services are related to securing housing or shelter, adaptive housing services (including appropriate accommodations to, and modifications of, any space used to serve, or occupied by individuals with significant disabilities).

IL Skills Training and Life Skill Training Services – These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.

Information and Referral Services – This is a service of short duration to help an individual connect to the resources they need, and is provided in response to any person from any geographic area for which an individualized, hard copy or electronic copy record of the service is developed and retained by the CIL.

Mental Restoration Services – Psychiatric restoration services including maintenance on psychotropic medication, psychological services, and treatment management for substance abuse.

Mobility Training Services – A variety of services involving assisting consumers to get around their homes and communities.

Peer Counseling Services – Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.

Personal Assistance Services – These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs.

Physical Restoration Services – Restoration services, including medical services, health maintenance, eyeglasses, and visual services.

Preventive Services – Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.

Prostheses, Orthotics, and Other Appliances – Provision of or assistance in obtaining through other sources, an adaptive device or appliance to substitute for one or more parts of the human body.

Recreational Services – Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet.

Rehabilitation Technology Services – Provision of, or assistance to obtain through other sources, adaptive modifications, such as wheelchairs and lifts, which address the

barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation.

Therapeutic Treatment – Services provided by registered occupational, physical, recreational, hearing, language, or speech therapists.

Transportation Services – Provision of, or arrangements for, transportation.

Youth/Transition Services – Any service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24 to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and the exploration of career options, including the transition from school to post school activities such as postsecondary education, vocational training, employment, continuing and adult education, adult services, independent living, or community participation.

Vocational Services – Any services designed to achieve or maintain employment.

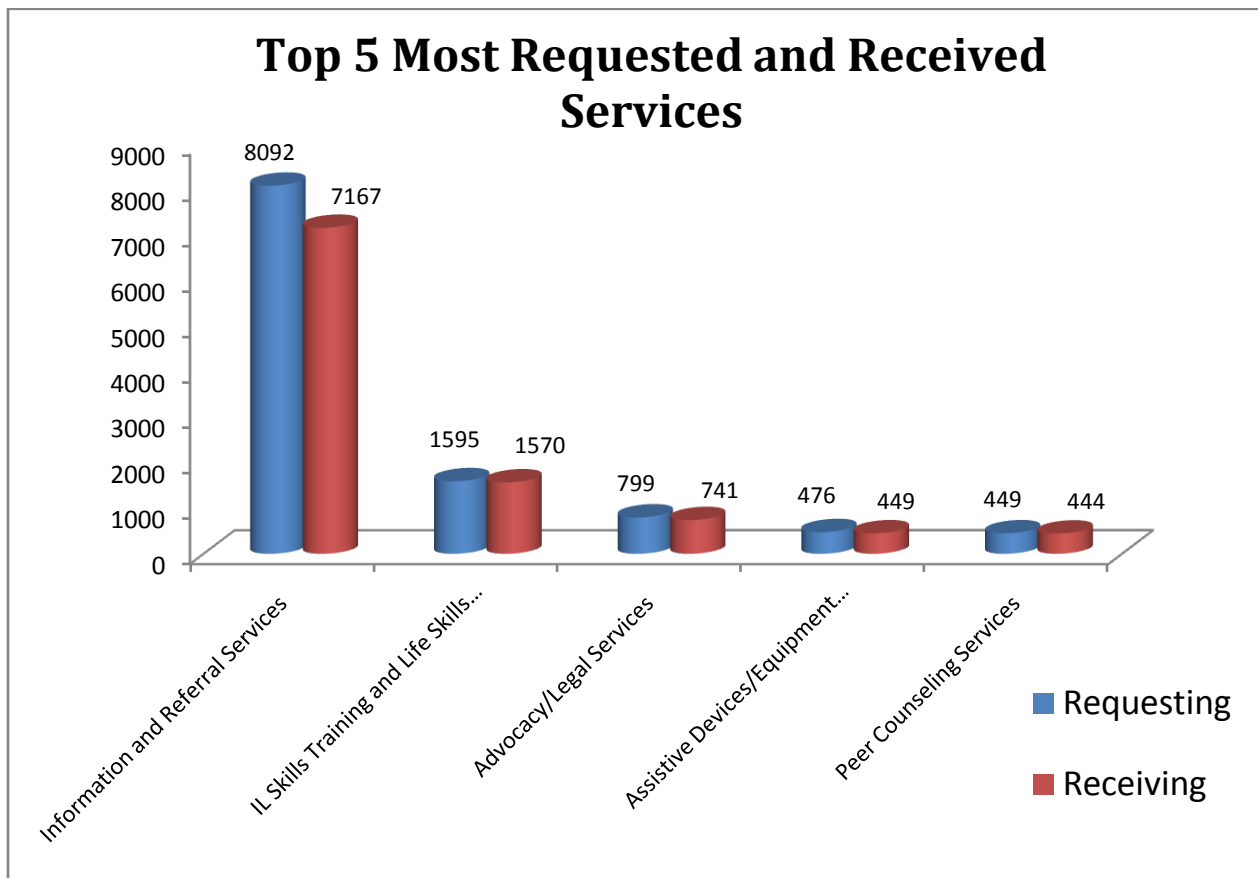
Other Services – Any IL services not listed above.

INSFCIL Requested and Received Services for Fiscal Year 2008:

For fiscal year 2008, INSFCIL received 13,276 requests from consumers for services in the previously listed categories. During this same time period, INSFCIL provided 11,874 services. This represented an attainment rate of 89.4%. The top five most requested services follow:

Most requested services:

Information and Referral was the most requested and received service from CILs for fiscal year 2008. Other highly requested and received services included: IL Skills Training and Life Skills; Advocacy and Legal Services; Assistive Devices and Equipment Services and Peer Counseling Services.



Increased Independence in a Significant Life Area:

As part of supporting people with disabilities, INSCIL works to assist consumers in increasing their independence. To obtain outcome data on individual attainment of independence by consumers, CILs measure the following life areas goals for consumers. The definitions are taken from the ***United States Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration, Section 704 Annual Performance Report for the Centers for Independent Living:***

Self-Advocacy/Self-Empowerment – Goals involving improvement in a consumer’s ability to represent him/her with public and/or private entities, the ability to make key decisions involving him/her, or the ability to organize and manage his/her own activities to achieve desired objectives.

Communication – Goals involving either improvement in a consumer’s ability to understand communication by others (receptive skills), and/or improvement in a consumer’s ability to share communication with others (expressive skills).

Mobility/Transportation – Goals to improve a consumer’s access to her/his life space, environment, and community. This may occur by improving the consumer’s ability to move, travel, transport himself/herself, or use public transportation.

Community-Based Living – Goals that provide for a change in living situations with increased autonomy for the consumer. This may involve a consumer’s goals related to obtaining/modifying an apartment or house. Community-based living arrangements may include apartments, privately owned housing, self-directed assisted living, or self-directed living with family/friends.

Educational – Academic or training goals that are expected to improve the consumer’s knowledge or ability to perform certain skills that would expand his/her independence, productivity or income-generating potential.

Vocational – Goals related to obtaining, maintaining, or advancing in employment.

Self-Care – Goals to improve/maintain a consumer’s autonomy with respect to activities of daily living such as personal grooming and hygiene, meal preparation and nutrition, shopping, eating, and other aspects of personal health and safety.

Information Access/Technology – Goals related to consumer obtaining and/or using information necessary for the consumer’s independence and community integration. These may include use of a computer or other assistive technology, devices, or equipment, as well as developing information technology skills, such as using computer screen-reading software.

Personal Resource Management – Goals related to a consumer learning to establish and maintain a personal/family budget, managing a checkbook, and/or obtaining knowledge of available direct and indirect resources related to income, housing, food, medical, and/or other benefits.

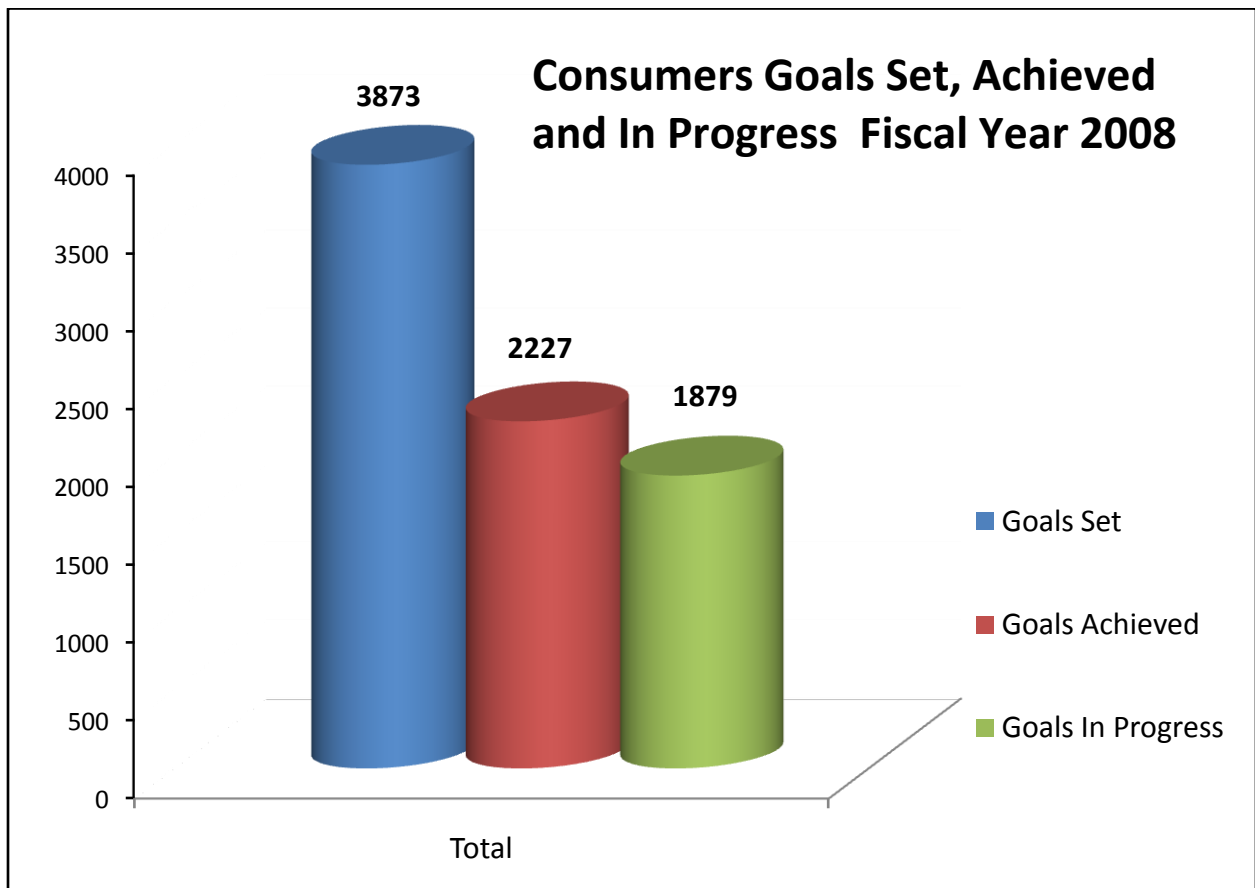
Relocation from a Nursing Home or Institution – Goals related to relocation from nursing homes or other institutions to community-based living arrangements. This significant life area specifically pertains to consumers who live in a nursing home or institution, unlike the Community-Based Living life area, above, which includes any consumer regardless of his/her living situation prior to receiving IL services.

Community/Social Participation – Goals related to full participation in the mainstream of American society, including the ability to participate in community events such as community fairs and government functions, attend worship services and access recreational activities and facilities.

Other – IL goals not included in the above categories.

Independence in Significant Life Area Goal Attainment:

Throughout fiscal year 2008, consumers set 3,873 Significant Life Area Goals. Of these goals set, 2,227 had been attained. An additional 1,879 goals were still in progress. This represents a goal attainment rate of 57.5% for consumers.

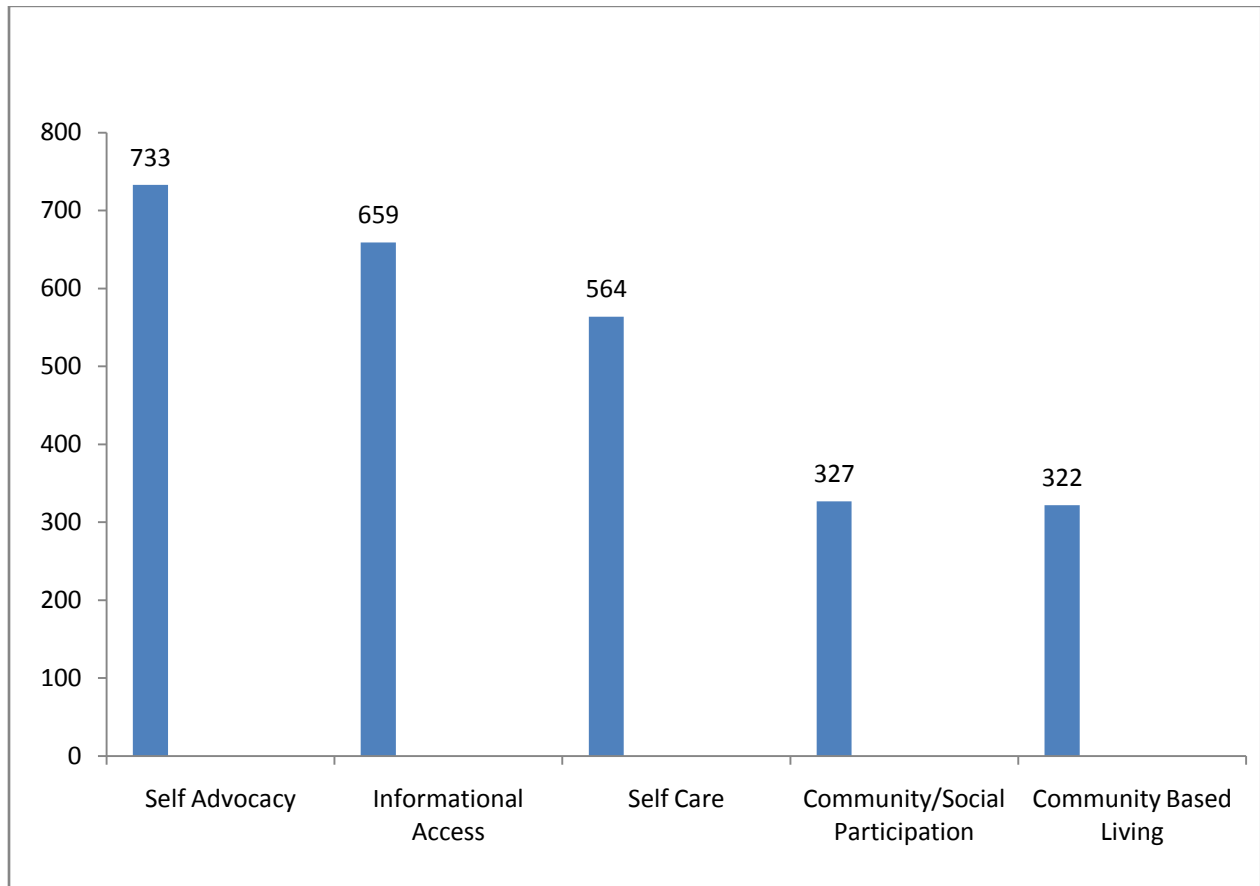


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² Consumers set multiple goals for themselves which can be added to, or dropped, during their progress. Because of this, goals set, attained and in progress do not total.

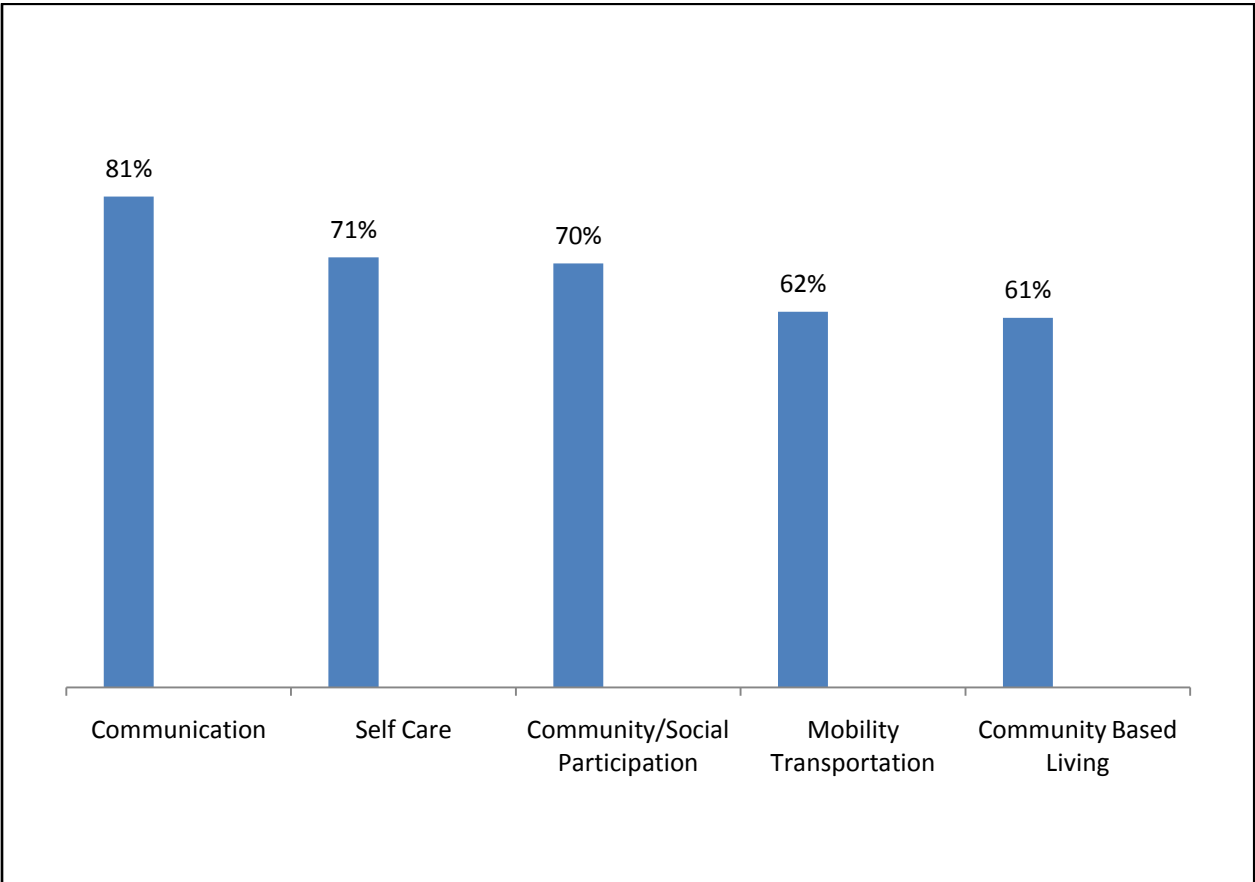
Top 5 Most Set Goals:

Consumers set individual goals most related to the following areas: Self Advocacy; Informational Access; Self Care; Community/Social Participation and Community Based Living. Below is a graph representing those goals most frequently pursued by consumers in 2008:



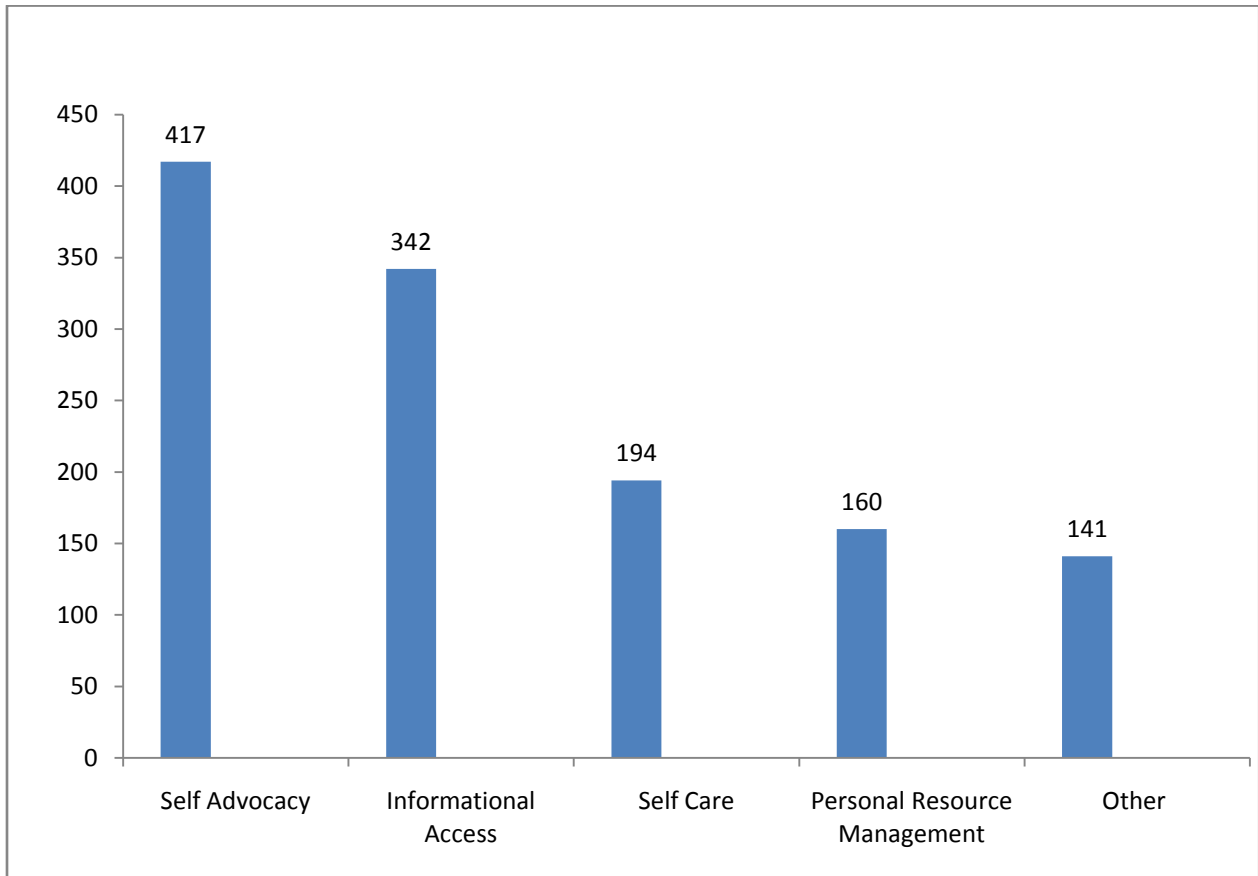
Highest Attainment Rate for Individual Goals:

Consumers had the highest attainment rates with the following goals: Communication, Self Care; Community/Social Participation; Mobility Transportation; Community Based Living.



Goals Still in Progress:

Consumers cited the following goals as still in progress: Self Advocacy; Informational Access; Self Care; Personal Resource Management; and Other Goals.

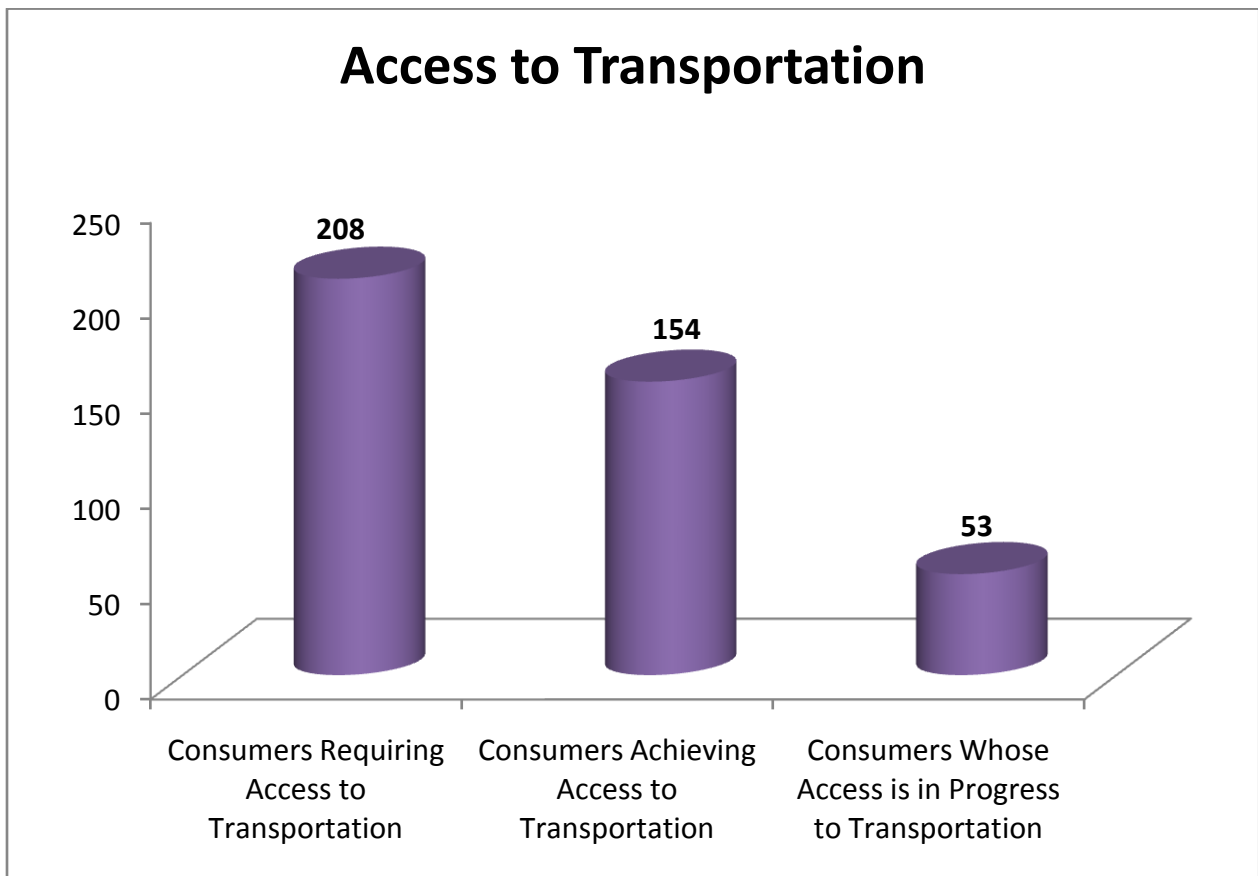


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³ Consumers set multiple goals for themselves which can be added to, or dropped, during their progress. Because of this, goals set, attained and in progress do not total.

Improving Access to Transportation, Health Care Services or Assistive Technologies:

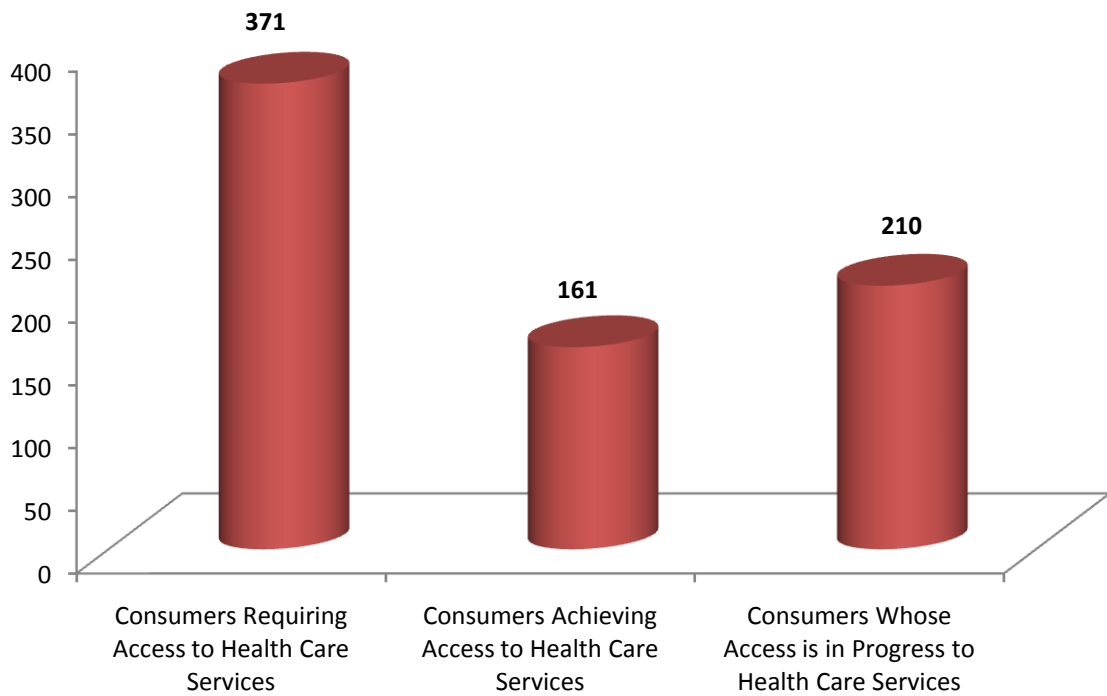
The lack of access to essential opportunities such as transportation, appropriate health care services, or assistive technology may prevent an individual from achieving independence in one or more significant life areas. This table measures how the independent living program enables consumers to overcome barriers to their independence by helping them to access previously unavailable transportation, health care services, and assistive technology.



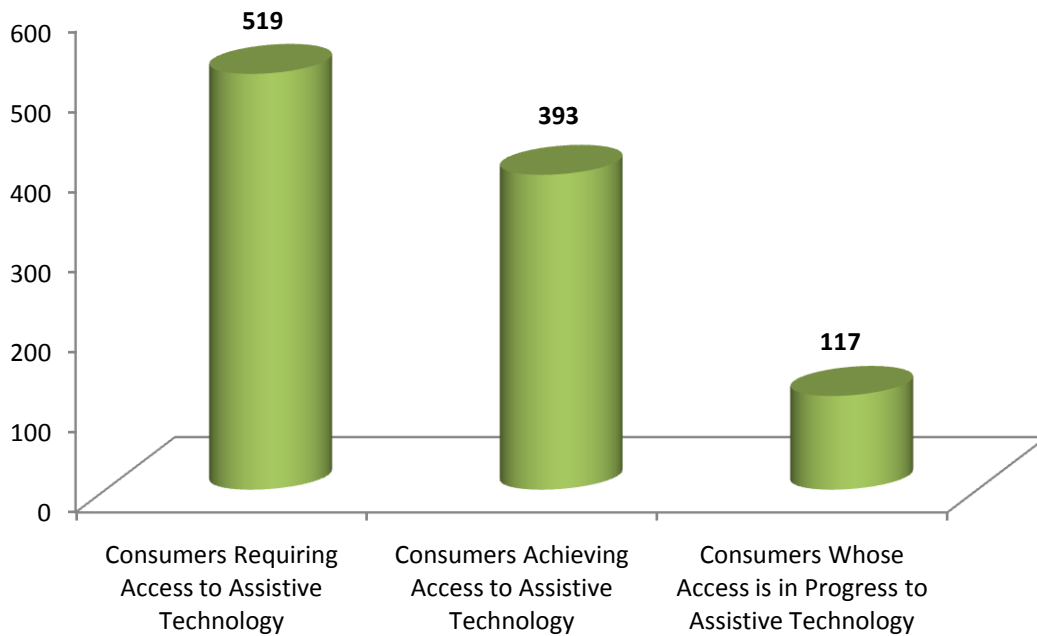
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⁴ These categories do not total due to the fact that some consumers may withdraw, die or move from the program before achieving their access goals

Access to Health Care



Access to Assistive Technology



Program Expansion and Evaluation:

The members of INSCIL continued to meet their mission of serving people with disabilities of all ages within their catchment areas, while strengthening the Independent Living Community statewide by:

- Increasing services to assist people with disabilities in Indiana
- Developing funds for people living with disabilities to assist with access issues like ramps and other home modifications
- Forming a statewide network and alliance of Independent Living Centers to collaborate and learn from each other
- Standardizing reporting issues to determine quality assurance and consumer satisfaction as well as determine cost-effectiveness of services

The following new and expanded services were rolled out during fiscal year 2008:

- In-home care services
- Youth transition services
- Community sign language interpreting services
- Video remote sign language interpreting services
- Braille production services
- Minority outreach services
- Institutional transition and diversion services
- Adaptive and medical equipment services
- Increased services to un-served and underserved counties

In-home care services:

All of the seven centers involved in the INSCIL network are pursuing in-home care services as of fiscal year 2008. In-home care services provide either attendant care or homemaker services to persons with disabilities who live in their own home or apartment. These are non-medical services that assist a person with household tasks like housekeeping, shopping, laundry, meal planning and preparation as well as limited outside chores and cleaning. They might also include companion services like fellowship, letter writing, mail reading, care, protection, transportation and other like tasks. These cost-effective services allow people with disabilities to maintain a level of independence and, therefore, have a high demand. Four of the centers are in the feasibility and planning stages. Their activities are centered on gaining licensures, filing for incorporation and evaluating feasibility of providing these services within their catchment area.

Three of the centers have rolled out these services to their communities and have had the following impacts to date:

- 59 new consumers served as a result of this new service
- A new office providing personal care assistance services has been established in Versailles, Indiana
- Contracts with the Area Agencies on Aging has resulted in 196 people served
- Medicaid reimbursement has been secured for some of the centers for these in-home services
- Additional revenues have been generated by these services to support the work of the centers

Youth Transition Services:

Five of the seven centers have developed youth transition services programming. These programs provide children nearing age 14 with transition assistance. These services include more than job readiness. They address life after school, including the areas of work, life, learn and play. Youth transition programs also support parents who are working with their children on increasing independence on things like budgeting, use of debit cards and other age appropriate activities. Parents are also provided information on levels of guardianship, special needs trusts and other safe guards such as applying for Medicaid and the Medicaid waiver.

The following impacts have been recognized to date:

- A re-designed program to address transitioning into adult roles while utilizing the 40 developmental assets.
- A partnership with the Indiana State Department of Health that addresses the health care needs of youth as they transition into adulthood. This is the only partnership of this type in the United States.
- Peer support groups for hearing impaired youth
- A partnership with Covered Bridge that implements Key Train skills testing
- New outreach programming in schools has increased services by 40% for one CIL
- A partnership with the Muncie Health Department and Buley Center to increase services for youth in a Healthy Fitness program and tutoring program for children with below average grades in elementary school

The centers recognize that there are many more youth that they need services, but the CILs are limited by their staffing capacity. Additionally, many CILs cite the need to start earlier with youth in preparing for transition. It is suggested that some transitioning begin with elementary aged youth.

Community Sign Language Interpreting:

Three of the seven CILs have added community sign language interpreting services. These services provide consumers with an interpreter. Since adding these services, the following impacts have been recognized to date:

- The development of a medical interpreter curriculum which is the first of its kind in Indiana. This curriculum will be rolled out in three phases and will start in the summer of 2009
- A contract has been established with three area employers to provide on-site interpreting services. The interpreter assists the employer with safety requirements. This assists both the employer and the disabled workers
- Fees for these services have provided revenue of approximately \$225,000

Video Remote Sign Language Services:

One of the seven centers will offer video remote sign language services at its site. This video relay station will provide high speed internet access to consumers who live in outlying, rural areas where no such access exists.

Braille Production Services:

Four of the seven centers provide Braille production services within their communities. Braille production services include the actual use of a Braille embosser machine to produce business cards and other printed materials. Additional services include Braille classes for those who have low-vision and have progressive eyesight loss. To date, the following impacts have been recognized:

- Three sites are now providing Braille classes. For one of these centers, this program has been reinstated. Demand for these classes has always been present but funding has not. These classes are offered free of charge to consumers.
- Two sites are providing Braille printing services on a fee for services basis

Minority Outreach Services:

Two of the seven centers have expanded their services within the minority community. To date , the following impacts have been made:

- A full-time minority outreach coordinator has been hired thereby increasing services to Hispanic/Latino consumers by 92% at one center
- A partnership has been formed with the Minority Health Coalition which has resulted in more minority referrals to the CIL's.
- A partnership was developed with the Mexican Consulate, Latino Roundtable (group of over 20 organizations providing services to Hispanic/Latino community), La Plaza and the Wayne Township Language Assistance Program to increase referrals from the Hispanic/Latino community.

Institutional Transition and Diversion:

All centers provided institutional transition and diversion services prior to 2008. However, additional staffing has allowed the centers to expand their services in the following ways:

- A partnership with the Department of Corrections to provide services for those who are incarcerated
- Increased awareness and presentations to long term care facilities which resulted in more transitions from the Area Agencies on Aging

Adaptive and Medical Equipment Services:

The provision of adaptive and medical equipment services allows consumers to remain independent within their homes. INSFCIL has recently expanded these services throughout the state. Five of the seven centers reported increasing these services, as well as developing pass-through funds to the consumers to assist in the purchase of these devices. To date, the following impacts have occurred:

- Expansion of equipment loan programs to allow greater access to this equipment
- A partnership with the Department of Corrections that has inmates building adaptive equipment
- State licensure and national accreditation for one site to provide durable medical equipment. This center has also become a Medicaid/Medicare provider for these services

Increased Services to the Un-served and Underserved:

INSFCIL currently provides services to 50 counties in Indiana. Most CILs will serve consumers with disabilities that reside in neighboring un-served counties. The state funding has allowed the following increase in services to un-served and underserved counties in Indiana to date:

- Increased services to donut counties of Marion County which were previously under-served
- New services for the older populations who are blind/visually impaired in Bartholomew and Owen counties
- Partnership with Purdue University now provides services to disabled agricultural workers who were previously un-served

Cost Savings Analysis for the Indiana State Funded Network of Centers for Independent Living

The Indiana State Funded Centers for Independent Living, while relying on tax dollars for some of their funding, also create cost savings for state tax payers. Cost savings result from individuals living independently outside of institutional settings, from helping youth transition into independent living and gainful employment, and from helping adults with disabilities maintain gainful employment. Conservative estimates of these savings are presented below for the following areas: deinstitutionalization, preventing institutionalization, sustained independent living, educational transition, and employment support.

All costs savings are expressed in 2007 dollars and savings data is estimated in two ways. First, total savings of state and federal dollars are calculated. We also present a second estimate of savings of Indiana tax dollars.

Savings from Deinstitutionalization

The Indiana State Funded Centers for Independent Living assist individuals in deinstitutionalization from nursing homes, youth and children's facilities, mental health facilities, and also work on prisoner community re-entry for ex-offenders with disabilities. The Centers also assist with maintaining independent living once individuals are deinstitutionalized. The cost savings from deinstitutionalization are calculated as the cost to the government of maintaining the individual in an institution less the cost to the government, if any, for the individual after deinstitutionalization. Obviously, the relevant costs will vary depending on the type of institution an individual was in and what, if any, treatment programs the individual receives after institutionalization. Because we do not have cost data specific to each individual, we use average costs of the programs to estimate cost savings.

Nursing Homes

Tax payer savings for those deinstitutionalized from nursing homes are estimated based on the average cost of long-term care, which is obtained from the CHOICE's Report (CHOICE, 2008). The average cost for nursing home care, as reported in the CHOICE's report, is \$53,374 per year. For those individuals who are receiving Medicaid, the state share of the costs is \$19,786 and the federal share is \$33,588 dollars.

Of those individuals deinstitutionalized from a nursing home, 17 qualified for Medicaid or a Medicaid waiver, 3 are enrolled in the CHOICE's program, and the remaining 11 pay privately for their care. The average annual cost of those who receive a Medicaid waiver is \$7,834 with \$2,904 dollars being the cost to the state and \$4,930 being the cost to the federal government. The cost of those in the CHOICE's program is \$5,271 per year, with this cost being born entirely by the State of Indiana (CHOICE, 2008).

To summarize, each individual who received Medicaid in the nursing home and continue to receive it after deinstitutionalization results in a savings of \$45,540 (\$16,882 for the state and \$28,658 for the federal government). Each individual who received Medicaid before deinstitutionalization and enrolled

in CHOICE afterward results in a savings of \$48,103 (\$14,515 for the state and \$33,588 for the federal government).

Prisoner Re-entry

Cost savings due to those who have participated in the prisoner community re-entry program are estimated based on the annual cost of incarceration in Indiana. The Indiana Department of Correction reports that the average annual cost for an adult prisoner in Indiana is \$19,203 (\$53 per day). This savings is multiplied by the number of individuals who have participated in the prisoner community re-entry program to estimate the cost savings for Indiana tax payers. We have no data on former prisoner participation in other state or federally funded programs, so no additional costs are included for ex-convicts.

Mental Institutions

The benefit of deinstitutionalization from mental health facilities is based on the annual average cost for an individual in a mental health facility in Indiana which is \$73,625, as estimated by Dr. Eric Wright (E. R. Wright, White, & DeLiberty, 1997). We assume that all individuals received Medicaid while institutionalized, so the state share of the cost is \$27,293 and the federal share of the cost is \$46,332. It is also assumed that those who are deinstitutionalized will receive care through a Medicaid waiver which costs \$7,834 per patient year. Thus, the net savings is \$65,791 (\$24,389 for the state and \$41,402 for the federal government) per patient year. This savings is multiplied by the number of individuals who have been deinstitutionalized from a mental health facility.

Children and Youth Facilities

The average annual cost for children and youth in a children’s facility is reported by COMPASS as being \$164 per day for group homes and \$329 per day for youth in residential care. In as much as we don’t know the fraction of youth deinstitutionalized from each type of facility, we will use the average of the two as the estimated cost. The average of the two costs gives an annual cost of \$89,928 per year. We assume that institutionalized children are covered by Medicaid so that the state bears \$33,336 of this cost and the federal government bears \$56,592. It is also assumed that those who are deinstitutionalized will receive care through a Medicaid waiver which costs \$7,834 per patient year. Thus, the net savings is \$82,095 per patient year with the state realizing \$30,433 of this savings and the remaining \$51,662 dollars being saved by the federal government . This cost is used as an estimate of the amount saved for each child or youth who is removed from a children’s or youth facility.

FY 2008 Cost Savings from Deinstitutionalization

Reduced costs for individuals no longer in a long-term care facility	Total Savings	State Savings
Receiving Medicaid or having a Medicaid Waiver (17 individuals at \$45,540)	\$774,184	\$286,990
Enrolled in CHOICE (3 individuals at \$48,103)	\$144,310	\$43,545

Paying for own health care (11 individuals)	\$0	\$0
Reduced costs for individuals no longer in Youth and Children's Facilities (4 individuals at \$82,095).	\$328,379	\$121,730
Reduced costs from prisoner community re-entry (3 individuals at \$19,203).	\$57,609	\$57,609
Reduced costs for individuals no longer in mental health facilities (2 individuals at \$65,791).	\$131,582	\$48,777
Total FY 2008 Cost Savings from Deinstitutionalization	\$1,436,064	\$558,652

Prevention of Institutionalization

The information collected from the Centers reports the number of individuals who are diverted from institutions and instead stay in the community. **Because the institution from which they are diverted is not reported and most deinstitutionalized individuals are released from nursing homes, we assume that those individuals who are diverted are diverted from a nursing home.** This is a conservative assumption, as the cost of the nursing home is much less than that of mental health facilities and the cost of youth and children's facilities.

The estimates of costs to the state of nursing home care and the various alternatives to nursing home care are the same as those used above. For some of the individuals who are diverted, it is reported that they receive SSBG assistance. The 2008 CHOICE's annual report indicates that the average annual cost of SSBG assistance is \$429 with \$44 being the cost to the state and the remaining \$384 being the cost to the federal government (CHOICE, 2008).

The summary of cost savings is shown below. Cost savings are also calculated for those individuals who are able to avoid homelessness as a result of intervention by the Centers for Independent Living. The savings is estimated at \$10,401 per individual annually (E. Wright, Littlepage, & Federspiel, 2007). This is a conservative estimate and includes only health care and criminal justice costs.

FY 2008 Cost Savings from Preventing Institutionalization	Total Savings	State Savings
Reduced costs for individuals kept out of a long-term care facility, receiving Medicaid (151 individuals at \$45,540).	\$6,876,573	\$2,549,146
Reduced costs for individuals kept out of a long-term care facility, paying privately for care (32 individuals).	\$0	\$0
Reduced costs for individuals kept out of a long-term care facility, enrolled in CHOICE (34 individuals at \$48,103).	\$1,635,514	\$493,514

Reduced costs for individuals kept out of a long-term care facility, receiving SSBG (54 individuals).	\$0	\$0
Reduced cost from individuals who avoid homelessness (10 individuals at \$10,401).	\$104,009	\$104,009
Total FY 2008 Cost Savings from Institutional Diversion	\$8,616,097	\$3,146,669

Savings from Sustained Independence for Individuals De-institutionalized and Diverted Prior to Fiscal Year 2008

The Indiana State Funded Network of Independent Living Centers also assists those who have previously been deinstitutionalized or diverted to remain in the community. In addition to those above, there are other adults and children who continue to stay out of institutions, thanks to the Centers. The Centers report the total number of months of sustained independence for the adults and children they served in fiscal year 2008 (see below). This is an unduplicated account, not including those enumerated as deinstitutionalizations or diversions. To estimate the costs savings, we assume that any adults with sustained independence would otherwise be in a nursing home receiving Medicaid and that any children with sustained independence would otherwise be in a youth or children’s facility.

FY 2008 Cost Savings from Sustained Independence	Total Savings	State Savings
Reduced costs for adults not in a long-term care facility, receiving Medicaid (4,411 months at \$3,795).	\$11,717,878	\$4,343,818
Reduced costs for children not in facility, (291 months at \$6,841)	\$1,990,798	\$737,989
Total FY 2008 Cost Savings from Sustained Independence	\$13,708,676	\$5,081,806

Savings from Education Transition

The Indiana State Funded Network of Centers for Independent Living work to help young people with disabilities to stay in school, to live independently after leaving school, and to provide them with the tools and skills to obtain employment after leaving school. The savings from these programs could include keeping young adults off of public assistance, including SSI benefits. If all participants in the program do not rely on SSI benefits, then a cost savings of \$7,847 annually, per individual, would be realized. However, data is not available regarding how many youth no longer rely on SSI benefits resulting from the education transition services. Because of the savings from education transition are hard to pinpoint, these savings are not included in the total savings.

FY 2008 Estimated Cost Savings from Education Transition

Saving from reduced SSI benefits (43 individuals at \$7,847)	\$337,421
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Total FY 2008 Cost Savings from Education Transition	\$337,421
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Savings from Employment Services for Those Who Obtained and Maintained Employment

Indiana State Funded Centers for Independent Living work to help people with disabilities find and maintain integrated, competitive employment. Tax payer savings from those who are able to obtain and maintain employment include less spending on SSI benefits and less expenditures on food stamps

The cost of unemployment is based on the cost of the state provision of unemployment benefits to those who are unemployed. The average annual unemployment benefits in Indiana are \$3,661. This estimate is obtained from the National Center for Children in Poverty at Columbia University. In addition, the increased tax revenues due to the income of those benefiting from employment services are counted as a benefit. Vocational Rehabilitation Services of Indiana reports that the increase in annual earnings for those using its services is an average of \$7,405 per person. We assume that gains are similar for those assisted by the Centers. Using Indiana’s tax rate of 3.4% and the standard deduction of \$1,000, this would result in tax revenues of \$224 per person.

Social Security Disability Insurance (SSDI) is a social insurance program which provides income to those who are unable to work due to a disability. To qualify for SSDI a person must have a physical or mental condition that prevents them from engaging in any substantial gainful activity, the condition must be expected to last at least 12 months, person must be under 65 years of age, and have worked throughout the last ten years. The maximum individual benefit available to an individual on SSDI is \$23,532 per year. In contrast, SSI is a monthly stipend provided to aged, blind, or disabled persons based on need. Unlike SSDI, earned work credits are not a requirement for SSI. The maximum annual payment available through SSI is \$7,847. An individual can only enroll in one of these two programs. Given that we do not know the work history of those in the employment programs, we conservatively assume that they have not worked and thus are only eligible for SSI and not eligible for SSDI.

FY 2008 Cost Savings from Employment Services	Total Savings	State Savings
Savings from reduced SSI benefits (16 individuals at \$7,847).	\$125,550	\$0
Savings from reduced food stamp costs (16 individuals at \$2,112).	\$33,792	\$0
Savings from additional Indiana tax revenues (32 individuals at \$224)	\$7,167	\$7,167
Savings from unemployment benefits (16 individuals at an average of \$3,661).	\$58,576	\$58,576

Total FY 2008 Cost Savings from Employment Services	\$225,085.14	\$65,743
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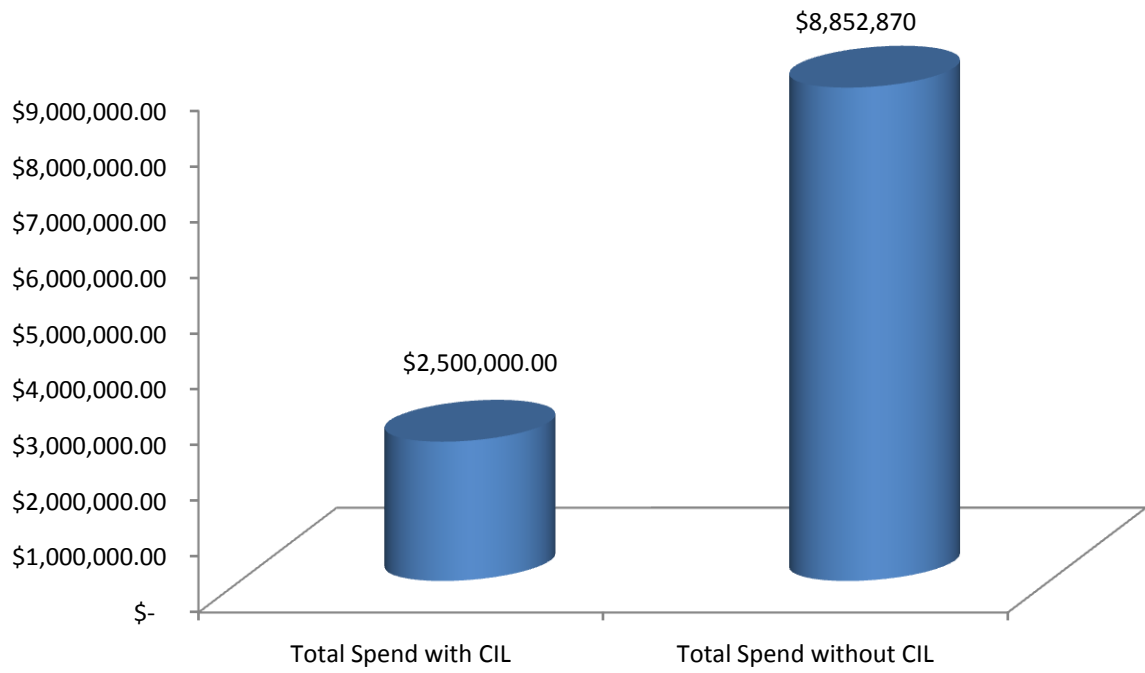
Total Cost Savings

Total cost savings are estimated to be \$23.99 million and savings to the state are estimated at \$8.85 million. Approximately \$2.5 million dollars were appropriated from the state general fund. This resulted in a total savings (combined federal and state savings) of approximately \$9.59 for every state tax dollar spent on the Indiana State Funded Centers for Independent Living. Of this combined total, the state recognizes a savings of about \$3.54 for every state tax dollar spent on the Indiana State Funded Centers for Independent Living.

FY 2008 Cost Savings	Total Savings	State Savings
Cost Savings from Deinstitutionalization	\$1,436,064	\$558,652
Cost Savings from Preventing Institutionalization	\$8,616,097	\$3,146,669
Cost Savings from Sustained Independence	\$13,708,676	\$5,081,806
Cost Savings from Employment Services	\$225,085	\$65,743
Total FY 2008 Cost Savings	\$23,985,921	\$8,852,870

In addition to the savings enumerated in this brief report, there may also be savings resulting from individuals gaining employment and thus paying taxes. These are revenues which the state would not be receiving in the absence of this program. At this time, the average wage of those who gain employment is unknown, therefore the amount of this savings cannot be computed. Also, individuals who gain employment may have private insurance and no longer be eligible for Medicaid; however, without any information regarding the level of income of those who are employed, this is also difficult to estimate. Obtaining the needed information would help sharpen the savings estimates presented in this report.

State Spending with CIL vs without CIL



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Consumer Comments on the Indiana State Funded Network of Centers for Independent Living:

Methodology:

The Indiana State Funded Network of Centers for Independent Living (INSFCIL) conducted seven separate focus groups at each of the Centers for Independent Living member organizations and talked with 78 different consumers. Consumers were gathered to ask their opinions and suggestions for the CIL within their service area. The focus groups were conducted by outside independent facilitators who were unknown to the consumers present. Consumers were asked to speak freely about their experiences. Notes were recorded and collected by the facilitator. The questions presented at each focus group were uniform and scripted. The following questions were presented to each group:

- **When you think of (CIL name) what is the first thought that comes to mind?**
- **Please describe in your words who (CIL name) exists primarily to serve – its core constituents.**
- **What is (CIL name’s) greatest strength(s) or biggest asset(s)?**
- **In your opinion, does (CIL name) have any “blind spots” or things that the organization should pay more attention to?**
- **In your opinion, should (CIL name) expand its services even further? Into what areas? Why or why not?**
- **What trends (economic, social, political, technological) -- are you aware of in the city, state and nation that might have a positive or negative impact on the success of (CIL name)? What impact do you see?**
- **What is unique or distinct about (CIL name) services compared to other local organizations that offer similar services?**
- **Are there organizations that (CIL name) are not currently partnering with that should be considered?**
- **In your view, what is the most important outcome that (CIL name) is impacting, and how effective is the organization at achieving this outcome?**
- **What community outcomes are most important to you – what’s front and center on your radar?**
- **Optional: Are there any other comments you would like to make?**

Additionally, an online survey was offered to consumers at four centers and two centers also solicited feedback through a written survey. A total of 43 responses were received. The questions were the same for all the formats.

Analysis:

For each of the questions posed, themes emerged from the collective group of consumers. Below is a summary of the themes for each question along with specific verbatim comments from consumers to support these themes.

When you think of (CIL name) what is the first thought that comes to mind? Five themes emerged from this question which asks about overall awareness and association. The themes were: (verbatim comments are indicated in quotations and ranked in order of frequency of responses)

- **Peer Support-** Peer support through support groups as well as through INSFCIL employees who are disabled is important and appreciated by consumers. This was a theme that was recognized by many consumers in focus groups and surveys. As one consumer remarked, “[It is] also comforting to be connected with [a] peer support group that also understands the issues a disabled person faces, understands there are good days and bad days for the disabled, understands that some days the consumer feels so defeated they do not even want to get out of bed. (CIL) is there for whatever support the consumer needs, from listening and understanding to acting on the problems presented to find solutions.”
- **Living Independently-** Consumers very much identify with INSFCIL’s role in empowering them to live independently. A few consumers also mentioned how CILs had transitioned them from institutional care. Consumers said: “Keeping people at home, out of nursing homes, and living independently”; “(CIL) is a way for me to stay in my home”
- **Staff-** Staff was highly regarded and affiliated by all consumers. Staff was identified in all seven focus groups. Staff were given high praise and noted for their “friendliness, helpfulness” and for their expertise. Many consumers noted that INSFCIL staff could “get things done that other groups cannot.”
- **Advocacy-**Consumers mentioned advocacy as a key part of what INSFCIL does. The advocacy services were discussed in terms of system advocacy (ie advocating on behalf of all people with disabilities) as well as through personal advocacy (ie “empowering individuals” and teaching skills so that consumers could care for themselves).
- **Expertise-**INSFCIL was also recognized as an expert in helping people with disabilities. CILs were praised for staying “up to date” on new information regarding services and aid for people with disabilities. One consumer remarked: “Great knowledge about what’s available to consumers in both services and aids. They helped a consumer acquire a lift-wheelchair that no other organization knew about. Now that consumer is able to be more mobile due to the lift on the chair. That consumer is now able to enjoy life to an extent he was not able to before.”

It should be noted that many people remarked on the low awareness of CILs within their respective communities. This theme will be explored in more detail below.

Please describe in your words who (CIL name) exists primarily to serve – its core constituents. Consumers understand well who INSFCIL exists to serve—People with disabilities. Depending on the specific disability of the consumer, many consumers responded that the CIL existed to serve their

particular disability (ie a visually disabled consumer responded—“they serve the blind”). Interestingly, though, two themes emerged outside of these. These were:

- **CILs Serve As A Safety Net For Those Who Cannot Get Services Elsewhere-** This was further explained that CILs were a “safety net to catch those that slip through the cracks.” Consumers resounded this opinion by describing the service to consumers who were “disenfranchised,” “forgotten,” and “ little people.”
- **CILs serve All People With Disabilities-** The fact that INSFCIL serves all age groups, all disabilities and any person with disabilities was something that each focus group mentioned as an important characteristic.

What is INSFCIL’s greatest strength(s) or biggest asset(s)? Strengths and assets identified through this question align very much with the overall awareness of the CIL posed in question 1 above. Because consumers had a largely positive experience with CILs, it is consistent that these two questions should be similar. The themes identified in this question were:

- **Flexibility-** Consumers noted favorably that INSFCIL services were flexible and “without all the red tape” of other similar agencies. Consumers also commented that INSFCIL “never made them feel rushed” and “took time to help.”
- **Staff-** Consumers very much identify with the staff and the level of service they offer to their consumers as a significant “strength” of INSFCIL. Many consumers noted specific staff members of the CILs for doing a great job, others also noted the CIL Director’s by name and remarked on their leadership and ability. Consumers also remarked on staff delivery of services with comments about the staff being: “helpful,” “friendly” and “tenacious.” There was a definite consensus amongst consumers that INSFCIL staff, “never give up,” “have great follow through,” and “[staff] goes above and beyond to provide services.”
- **Learning By Example-** Peer support and “learning by example” or “teaching by example” was also noted as a significant strength of INSFCIL. One consumer noted: “ [Director] having hired disabled people as coordinators to assist the disabled. Leading by example.”
- **Offering Hope-** Consumers routinely commented on INSFCIL as being inspirational and providing “hope.” One consumer reflecting this said: “Hope they give to the consumer. They make it possible for the consumer to try new things, to go places, to be mobile, to get out of bed, to get out of the house.”

In your opinion, does INSFCIL have things that they should pay more attention to? Consumers were reluctant to offer areas for improvement. However the following themes emerged:

- **Awareness-** Consumers noted in each focus group that the awareness of their specific CIL was low. Additionally, consumers noted that the awareness of CILs in general was low amongst other service providers and other people with disabilities who may not be involved with a CIL.
- **Collaboration/Referral-** Related to awareness, collaboration and referrals from other service providers was noted as being an area of improvement.
- **Spread Too Thin/Not Enough Staff/ Too Many Counties/ Too Few Staff-** It was noted that staff were “spread too thin” and covered too many counties.
- **Technology-** Many consumers noted that INSFCIL could leverage its use of technology more effectively by providing computer training and support to consumers so that they could effectively communicate more readily. It should be noted that consumers in outlying, rural areas indicated that technology was difficult to use because of the lack of high speed internet access.

- **Space Issues/Location-** Because INSFCL serves many different counties and does not have a physical location in each county they serve, consumers find it difficult to locate services in the outlying areas. Furthermore, there were comments made about the difficulty in finding meeting spaces in these outlying areas. As one consumer commented: “Because there is no “storefront” in outlying counties, it presents a problem for the coordinators and for consumers knowing of CL. This sometimes presents a problem for the consumer, having to meet a coordinator at some restaurant or library or some safe, accessible, common area.”

In your opinion, should INSFCL expand its services even further? Into what areas? Why or why not? Consumers were very specific that they did not want expanded services at the expense of current services programming. Consumers noted, again, that current staffing structures were “stretched too thin.” One consumer remarked: “Everyone on staff is already maxed out so it would be helpful to have more staff help take on more consumers.” Consumers further identified the following areas for expansion, provided more staffing support was available:

- **Transportation-** Consumers in each focus group mentioned a need for transportation, regardless of the geographic location or whether or not public transportation was readily available. However, transportation was more of a problem in outlying or rural areas. In these instances, consumers suggested INSFCL provide transportation for consumers to various services. It was also suggested that INSFCL’s role in expanding transportation services should be that of advocating on behalf of transportation services for people with disabilities. Additionally, it was noted that private transportation services were also problematic due to their inability to haul scooters.
- **Advocacy-** Consumers acknowledged that recently INSFCL has been more active and effective in system advocacy. Although consumers noted that advocacy efforts needed to be further increased. Consumers also mentioned the need for personal advocacy—working with consumers and their various service providers on their behalf.
- **Depression/Grief Counseling-** Many consumers suggested that INSFCL offer depression services and grief counseling for people with disabilities, particularly those who were newly disabled. It was also suggested that these services be available to those who were disabled but also to family members of those who are disabled as well. As one newly visually-disabled consumer noted, “I haven’t yet come to terms with my blindness. I still feel a lot of grief about my loss of vision. Peer support groups are helpful but some of these things I feel are very personal and I would like to talk with someone who could help me deal with my grief.”
- **More Opportunities for Socialization with Other Consumers and Peers-** Consumers noted that they would like more opportunities for social interaction with other consumers and peers.

What trends (economic, social, political, technological) -- are you aware of in the city, state and nation that might have a positive or negative impact on the success of INSFCL? What impact do you see? Consumers presented the positive and negative aspects of the current trends:

- **Funding And The Economy:** Resoundingly and not surprisingly, consumers were concerned about the funding cuts at the federal and state levels and how they might affect INSFCL’s service provision. In line with this too, was the fact that the recession would affect private donations to INSFCL and might limit INSFCL services.
- **Economic Downturn Increases The Need For Services:** Many consumers felt that the more economic need that was felt throughout the state would result in more people seeking services. Consumers fear that INSFCL will not be able to serve all of those people who are in need. It was

noted that the unemployment rates for people with disabilities was higher than that of the general population, and therefore, services for people with disabilities might be in higher demand when unemployment rates are high.

- **Increasing Advocacy And Awareness Of Issues Affecting People With Disabilities**-Consumers felt that recent efforts to educate legislators and the general public have resulted in heightened awareness and support for people with disabilities.

What is unique or distinct about INSFCIL services compared to other local organizations that offer similar services? Consumers made comments related to INSFCIL uniqueness, mostly as it relates to the manner in which they delivered services. The following themes emerged:

- **Comprehensive Services For All People With Disabilities**- Consumers noted that a distinguishing factor in INSFCIL service provision was that the organization served all people with disabilities. Because much of the service delivery is done in a peer supported environment, this was seen as being a unique characteristic. Additionally, the service provision for all people with disabilities was noted as promoting holistic care and not focusing solely on the specific disability but rather on the abilities of the consumer.
- **People, Staff-Perseverance To Solve Problems**- In comparing INSFCIL services to other service providers, consumers noted that the staff and “people” (including volunteers) of INSFCIL were extremely accommodating and friendly. It should also be noted that staff were praised for their “ability to get things done.” As one consumer mentioned, “CIL seems to be the court of last resort. When all other organizations cannot help they tell consumers to call CIL and CIL solves the problem, sometimes by working outside the box where those other organizations would not go.”
- **Philosophy of Empowering Consumers**-Consumers remarked that the underlying guiding philosophy of empowering consumer to do things independently and for themselves was a big differentiating factor amongst INSFCIL and other service providers. One consumer stated: “CIL empowers consumers to advocate for themselves, other organizations do not.”

Are there organizations that INSFCIL are not currently partnering with that should be considered? Consumers had many suggestions for collaborative partners, some that were community-specific and others which were more systemic. For analysis, collaborative partners have been grouped together.

- **Governmental Programs:**
 - **Vocational Rehabilitation program**-It should be noted that Vocational Rehabilitation was the most specifically and frequently mentioned entity identified for collaboration.
 - **Medicaid/Medicare**
 - **Social Security**
- **Medical Community:** Nurses, doctors and other medical providers
- **Schools/ Higher Education**
- **Transportation services**
- **Disability specific organizations (national and local)**
- **Mental Health organizations (national and local)**

In your view, what is the most important outcome that INSFCIL is impacting, and how effective is the organization at achieving this outcome? There was surprising consensus in responses from consumers to this question. Four main areas emerged as the greatest outcome of INSFCIL:

- **Keeping Consumers Independent And In Their Homes**-Consumers most readily identified the role of INSFCIL to keep them independent in their homes. Different consumers described their experiences with this as made possible through assistive technology devices that aided their specific disability; training that was made available to help newly disabled persons adjust to their homes; and, in some instances, a transition from institutional care back to home.
- **Helping Consumers Navigate Other Systems To Deal With Their Disability**-Consumers cited INSFCIL's ability to navigate systems and connect them with resources efficiently and effectively. As one consumer stated, "CIL helps consumers successfully navigate the system, whether it's ramps, meals, advocacy, CIL helps the consumer achieve the outcome they needed help finding."
- **Referral**- As a core service of INSFCIL, consumers also identify referrals as being an important outcome of the work that INSFCIL does.
- **Empowerment of Consumers- Helping to Attain Self Sufficiency**- One of the core philosophy's of Independent Living is that of empowerment, teaching consumers to advocate for themselves and to make decisions about their care. This is an outcome that consumers readily identify from INSFCIL services. Many consumers also mentioned "resiliency" as an outcome of their work with INSFCIL.

What community outcomes are most important to you – what's front and center on your radar? The purpose of this question was to uncover any additional themes that might be facing people with disabilities that were not previously addressed. Many of the themes that emerged were community-specific, however, two other broad disability related themes emerged.

- **Improving Accessibility for People with Disabilities**
- **Transportation**

State Agency Comments on the Indiana State Funded Network of Centers for Independent Living:

Methodology:

A focus group was conducted with state agency stakeholders of INSFCIL. Three agencies participated. These included:

- Department of Mental Health
- Indiana Protection and Advocacy
- Indiana Governor’s Council on People with Disabilities

It is important to note that the lack of awareness of CILs and INSFCIL may have reflected the poor attendance at the focus group. Representatives from 10 state agencies were invited to participate and despite positive response to the invitations, only representatives from the three agencies listed above were in attendance. One agency representative acknowledged having “very little” information or awareness of the CILs. The focus group was also rescheduled once due to lack of attendance in the initial session.

The following questions were posed to participants:

- **Please describe in your words who CILs exist primarily to serve – the core constituents.**
- **What are the greatest strength(s) or biggest asset(s) of the CILs?**
- **In your opinion, do the CILs have any things that the organization should pay more attention to?**
- **In your opinion, should CILs expand even its services further? Into what areas? Why or why not?**
- **What trends (economic, social, political, technological) -- are you aware of in the city, state and nation that might have a positive or negative impact on the success of CIL’s programs? What impact do you see?**
- **What is unique or distinct about CIL’s services compared to other agencies or organizations that offer similar services?**
- **Are there organizations that CIL’s are not currently partnering with that should be considered?**
- **In your view, what is the most important outcome that CIL is impacting, and how effective is the organization at achieving this outcome?**

- Are there organizations that (CIL) are not currently partnering with that should be considered?
- What community outcomes are most important to you?

Analysis:

For each of the questions posed, responses are summarized. Due to the small number of respondents, themes were difficult to extrapolate.

Please describe in your words who CILs exist primarily to serve – the core constituents- All respondents indicated that CILs served all people with disabilities. The group further noted that CILs have four core services and that, in addition to these services, CILs provided community-specific services.

What are the greatest strength(s) or biggest asset(s) of the CILs? Respondents noted that consumers should be the greatest strength of the CILs since much of the services are consumer driven and provided by consumers through a peer support model. One respondent noted that the consumer-led aspect of CILs is good in theory. Additionally, the group noted that advocacy was a strength of the CILs. It was also noted as a strength that CILs serve all of the disability population and were not limited to serving one specific disability or providing specific services.

In your opinion, do the CILs have things that the organization should pay more attention to?

The group indicated that Indiana CILs have a very fragmented network. Only seven of the nine CILs statewide currently participate in INSFCIL. It was also noted that Indiana was the only state to have such a tumultuous history. One respondent described the CIL environment as “toxic” and detailed how this history has stunted the growth of ICOIL. Lastly, respondents indicated that there is unnecessary competition between CILs and other advocacy partners and requested greater coordination.

In your opinion, should CILs expand even its services further? Into what areas? Why or why not? The group indicated that current CIL coverage was limited in Indiana and could be expanded with funding. One respondent noted that there was current coverage in only 65 of the 92 counties in Indiana. [Editor’s note: this statement is incorrect. INSFCIL serves 50 of the 92 counties] Additionally, the group indicated that the role of CILs was not to provide more services but to advocate on behalf of consumers to receive additional services.

What trends (economic, social, political, technological) -- are you aware of in the city, state and nation that might have a positive or negative impact on the success of CIL’s programs?

What impact do you see? The group indicated that while the economy might have a negative impact on service provision by CILs due to funding constraints; that the “tightening” of dollars might coalesce or draw CILs together more. It was noted that national politics might be a positive for the CILs as awareness of people with disabilities is more in line with the current national administration.

What is unique or distinct about CIL’s services compared to other agencies or organizations that offer similar services? The group noted that the leadership of the CILs by people with disabilities makes it unique. Further, the group mentioned the flexibility in service provision as a unique

characteristic. When asked to describe this, the respondent said, “CILs have the flexibility to do what needs to be done when person shows up.” The respondent continued to explain that this flexibility is also a benefit because CILs do not have units of service requirement and they have open eligibility (to anyone who has a disability).

Are there organizations that CIL’s are not currently partnering with that should be considered? The group discussed the fact that there were varying levels of cooperation within the State. Additionally, one respondent commented that he would be able to answer this question more fully if he knew what was going on within the CILs at the local level. The Department of Mental Health was mentioned as a possible collaborator. Additionally, respondents indicated that Vocational Rehabilitation Services should work more closely with the CILs. One respondent indicated that the federal Vocational Rehabilitation Services report for the past year indicated 0 referrals to the CILs. Rural transportation services was also mentioned as a system needing to partner with CILs. Cross-disability advocacy was suggested as a possible collaborator and, specifically, Fifth Freedom (out of Fort Wayne) as a partner organization.

In your view, what is the most important outcome that CIL is impacting, and how effective is the organization at achieving this outcome? All respondents indicated that they were unaware of the outcomes INSFCIL was trying to impact and felt that they could not answer this question. One respondent indicated that he sees the reports generated by INSFCIL but really did not understand what the outcomes CILs were trying to affect.

What community outcomes are most important to you? The group indicated that effective public transportation in all areas was important to them. Additionally, the group indicated that giving a voice to people with disabilities was important as was getting good jobs for people with disabilities. Community integration and helping people with disabilities understand the “system” were also noted as important community outcomes by the group.

Consumer Profiles: INFCIL-Transforming Lives in Indiana

Meet Jason Harris (IRCIL)

Jason Harris, a vivacious 28-year-old, is undaunted by the daily challenges that confront him due to his mental disabilities. Having relocated to Indianapolis with his parents in November 2008, Jason readily sought a haven that could acclimate him to his new surroundings. The Indianapolis Resource Center for Independent Living (IRCIL) served as Jason's much-needed source of information, resources, and friendship. IRCIL immediately assisted Jason in filling out Medicaid forms, which still have yet to be approved. Most importantly, IRCIL connected Jason with the specialized doctors at Wishard Hospital who could best help Jason deal with the medical aspects of his disability. However, Jason's true wish is to live as independently as possible. With this in mind, Jason has set his sights on one day moving to either an assisted living home or living with a few other disabled individuals in a condominium setting. In order to attain this, Jason has benefited from IRCIL's partner job training program at Easter Seals Crossroads. Having once worked as a laundry service back in Illinois, Jason hopes to again find work at a laundromat once his Medicaid papers are approved. Until then, Jason plans to maintain a busy agenda. As Jason cannot drive, he has used IRCIL's services to fill out public transportation papers and will use the IndyGo bus service to sojourn across Indianapolis once his interview is completed in July. He plans to utilize the Indy Parks and Recreation Services, in particular swimming, thanks to the information pamphlets facilitated by IRCIL.

However, it is the human connections that Jason has established at IRCIL that have truly touched his heart. Since many of IRCIL's employees are also disabled, Jason feels an inherent bond with these individuals. He eagerly talks about his fond relationships with Terry and Mark, both wheelchair users, who have become dear friends during his time with IRCIL. It is this sense of *inclusion* that keeps Jason coming back to use IRCIL's services and, likewise, gives him the motivation to seek further independence in daily life. Jason, so energized by his positive experience, now speaks at local schools about the concept of *inclusion* and *exclusion* toward disabled individuals. IRCIL helps to arrange Jason speaking engagements and he greatly looks forward to speaking at high schools all throughout the Indianapolis area once school resumes in the fall. In the meantime, you can most likely find Jason volunteering at the IRCIL headquarters, helping to stuff envelopes and assemble pamphlets for IRCIL's upcoming Wheel-a-Thon event. Jason is a man on the move, intent upon attaining an independent lifestyle and indefatigable in following his dreams. In the next few months, Jason's dreams hopefully will be fully realized, as he finds himself grabbing a seat on an IndyGo bus, well on his way to his new Laundromat job, thanks to IRCIL and its heartwarming commitment to Indianapolis.

Meet Dr. Darryl Greene (ILCEIN)

Dr. Darryl Greene's physical condition may have progressively deteriorated these past few years due to his mitochondrial disorder, but his verve and youthful spirit has never been stronger. For much of Darryl's childhood, his only prevalent symptom was blindness. From the age of 18-28, as Darryl was successfully pursuing his masters in divinity, he even lived on his own. Then, he met the love of his life,

a foreign exchange student whom he thereafter married and has lived with ever since. Darryl practiced 16 years as a preacher, enlivening people with his eloquent words of faith, enlightenment, and solace. Unhindered by any of his symptoms, Darryl's life journey took him from Massachusetts to Ohio, Michigan, Wisconsin, Kansas, and finally Indiana. By 40, he increasingly turned to both his faith and his wife as forms of support as his mitochondrial disorder began to take its toll on his speech, vision, and mobility. In 1999, Darryl filed for disability and soon after made the decision to retire, no longer able to easily communicate the sermons he had given so fluently just years before. Undeterred by this onset of obstacles, Darryl became a board member of the Community Council on Disability Awareness in Richmond, Indiana, in 2001. It was this council that conceived and established the Independent Living Center of Eastern Indiana, which Darryl promptly joined upon its inception. Darryl has maintained an active presence at ILCEIN, joining their well-attended blind support group once a month, which connects him with over twenty other individuals, all confronted with vision impairments. Further, ILCEIN has done wonders in connecting Darryl with a mobility trainer, and he has used a power scooter for the past three years. Darryl has aptly used other technology to mitigate his daily difficulties. By attending ILCEIN seminars, Darryl has learned about special cooking techniques and numerous computer tools that facilitate everyday activities. On the computer, Darryl now uses ZoomText, a program that enlarges all text and even reads words on the screen. Furthermore, Darryl uses the voice recognition program which types up words Darryl dictates to the computer. Perhaps the innovation that excites Darryl most is the Jitterbug Cell Phone, a speech recognition phone that simply dials a person's phone number upon Darryl saying the intended recipient. ILCEIN introduced Darryl to this beloved contraption, and then his wife surprised him with his very own Jitterbug on his birthday in mid-June.

Now, well armed with all of his new devices, there is absolutely nothing keeping Darryl from being out and about. In order to maintain his physical well-being, Darryl regularly lifts weights, undergoes physical therapy for his legs, and even rides a three-wheel bike three days a week. His social conscience has not wavered over the years, either. Darryl has been President of Sunrise, a therapy horse-back riding organization, for three years and supports Paratransit, Inc., which provides a public van pick-up service for disabled individuals. One of Darryl's most notable contributions to his local community has been his work with the WCTV channel, one of Richmond's three public access television stations. Four years ago, Darryl proposed a television series devoted to disability awareness. Ever since, he has scripted and broadcasted this bi-monthly program on WCTV. Each program highlights a different issue or interviews an influential individual or fellow member of the disabled community. As a member of both the WCTV board and the Community Council on Disability Awareness, Darryl has helped sponsor disability fairs, bring in presenters from non-profit agencies to speak to the larger community, and ensure that local businesses are easily accessible for disabled individuals.

It seems that with every word, Darryl is brimming with new ideas and new horizons to cover. As Darryl looks to the future, he greatly anticipates next month's ILCEIN vision support group meeting, where he will be showing the newly-released DVD of his television series. Darryl has a vast terrain to that he still hopes to pursue. However, with his great heart, strong mind, and the unwavering support of ILCEIN, no obstacle should be too difficult to conquer for Dr. Darryl Greene.

Meet Ralph Kersey (Future Choices)

Ralph Kersey found a renewed sense of life thanks to Future Choices. In October 2008 Ralph had to have his left leg amputated due to poor circulation. He was almost sent to a nursing home until a friend of his who has multiple sclerosis told him about Future Choices. Upon calling Future Choices, a representative immediately came out to interview Ralph and then took him to fill out apartment applications. Being an amputee, Ralph needed a first floor apartment with wheelchair accessibility. Future Choices stuck by him during his application process and helped him to acquire a proper wheelchair for Ralph's new living quarters. By November 12, 2008, Ralph had found just the apartment he needed, and Future Choices even picked up a television from Walmart for his new apartment. In addition, Future Choices has helped Ralph find transportation to church and other necessary meetings.

As a 67 year old man, Ralph's condition has deteriorated further, and he recently had to go back to the hospital to undergo another surgery on his leg. After ten days in the hospital, he was moved to Morrison Wood, a rehabilitation facility, so that he would not be confined to such a stark, hospital environment. During his entire surgery and recovery process, Future Choices representatives have been visiting Ralph daily and providing him the comfort he needs. He has been put on a respirator and has lost a great deal of strength, so seeing the smiling faces of Future Choices employees always helps to brighten Ralph's day. Also, speaking to his grandchildren on the phone keeps him going. Even though he can only speak to his grandchildren for right now, he hopes to be able to visit them, once his medical condition improves. Until then, he looks forward to a speedy recovery, so that he can return to the apartment he so cherishes, thanks to Future Choices' ongoing support.

Meet Leo Dean (The WILL Center)

Leo Dean owes his life to the Wabash Independent Living and Learning (WILL) Center, Inc. Norma Bartlett, his daughter, relayed his moving story, as Leo is no longer as communicative as he once was. Leo was a victim of a car accident. This traumatic event left his back and a few ribs broken, his hip shattered, and his knees progressively unable to bend due to a lack of cartilage. Confined to a walker and wheelchair, he was moved to Bethesda Gardens Assisted Living Center, as even moving around his own house had become nearly impossible. Then, in June 2008, Leo Dean experienced another misfortune. Terre Haute experienced a devastating flood, which turned the town into a water-city. Airboats were called in to rescue the residents of Bethesda Gardens, but the residents could only bring the clothes on their backs, leaving behind all of the medical supplies they needed to live functionally. The WILL Center, which was experiencing its own dilemmas due to the flood, heard about the plight of the Bethesda Gardens residents and volunteered to help obtain the much-needed medical supplies still left in the Bethesda Gardens facility. The husband of the WILL Center's office manager was the one responsible for wading through the water to extract a walker, wheelchair, and potty chair for Leo, which were then transported to Leo's wife's home. Leo was able to keep his head above water, literally, thanks to the WILL Center.

After living with his wife for two weeks, Leo returned to Bethesda Gardens. The WILL Center continued to provide services to Leo and the rest of his family. The WILL Center helped to provide a CD and

cassette player for Leo in order to add a little amusement to his daily life. Furthermore, the Center routinely keeps Leo updated on new technology that can aid him in his daily tasks. Because Leo suffers from muscular degeneration in both of his eyes, the Center has provided Leo with a reader that enlarges the text of the newspapers he reads and also a machine that reads aloud the books of his choice. The WILL Center procured a rolling walker for Leo, and even found toilet rises and toilet frames to facilitate Leo's daily needs. With such inspirational help, Leo now feels so fortified that he leads exercise classes at his assisted living center.

Norma Bartlett, Leo's daughter, also has a bond with the WILL Center. She, too, has suffered from extreme medical problems that range from fibromyalgia to scoliosis. The WILL Center has helped Norma to obtain a back brace and braces for her knees, as well as a television, since she was unable to afford any of these amenities before. Now, as a means of giving back to the organization that has done so much for her family, Norma volunteers once to twice a week at the WILL Center, answering phones and speaking with clients who need some solace or additional services from the Center. Leo and Norma's relationship with the WILL Center truly is a family affair, and both hope to help spread WILL's services to more deserving individuals in Terre Haute, exposing others to the impressive potential of leading functional, independent lives.

Meet David Cooper (ATTIC)

David Cooper, now 45, has an unwavering zest for life. His life has been marked by innumerable trials and tribulations, and yet he still preserves a go-getter attitude that pushes him to new heights. His life has been dominated by his bi-polar disorder. One of David's first memories is of the first time he was hospitalized for his bi-polar disorder. His parents had told him that he was going to visit his uncle. Instead, he was taken up a hospital elevator, overtaken by two orderlies, strapped in a bed, and then given a shot that left him unconscious for hours. David's youth did not get easier; two of his brothers died at an early age, and his father was extremely abusive. At the age of 15, David's father threw him out of the house without any money to support him. David managed to travel to Florida and live in a shelter there. Since then, he has pursued a variety of occupations, his short attention-span a by-product of his bi-polar disorder. David's varied pursuits have led him to be a construction worker, a license-ordained minister, an EMT for three years, and even a climber of radio towers to change light bulbs. For eight years, David was an electrician in the army and National Guard until he suffered a heart attack and was released.

As David's forty-fifth birthday approached, he was contemplating suicide. On the eve of his birthday he asked God to send him a sign if he wanted him to live. The following day, David received a pamphlet from ATTIC, explaining their services for the mentally disabled. David immediately called the ATTIC office that day and was pleasantly surprised to hear back from an ATTIC employee. ATTIC sent Lloyd Ashley immediately to meet with David, as ATTIC was quite compassionate to the fact that David was weary in leaving his house. Lloyd spent hours just listening to David and his problems, which quickly ignited a bond that has done wonders in David's life. David found himself relaying things to Lloyd that he had never told anyone else; David began to reveal the four books he had been writing and the nearly 200 poems he had composed during his reclusive years. Lloyd tapped into David's true hopes and

dreams, and soon learned of David's desire to go to culinary school. He was initially denied a spot in the Vincennes University Culinary School, but with Lloyd's assistance, he did get accepted. Lloyd even accompanied him on his first day there which built David's confidence to walk through the door. Now, David is excelling. In a class of fifteen students, David is one of only two students who passed the National Restaurant Association's exam.

Other avenues also look bright for David. He currently lives in a camper with his dog and now runs a traveling karaoke machine business. Once unable to even conduct a conversation with another individual, David now freely sings in front of large crowds. He often offers his karaoke machine for charity events and nursing homes. He recently even purchased a bingo machine for a local nursing home. David's poem "Why I Cry on the Fourth of July" has been incorporated into a country song by Rodney Watts called "I Was There," which has been played on the radio.

David credits his turn of events to ATTIC. ATTIC took *the time* to listen to David. Now David's life is full of promise and he cannot wait to finish culinary school and embark on his next journey(s) in life.

Meet Robin Malone (The League)

Even though Robin is 54 years old, he feels like he has a new lease on life, thanks to the amazing support of The League. Roughly four years ago, Robin found himself overwhelmed by one misfortune after another. First his relationship with his fiancé fell through and then his father passed away. Completely overwhelmed, he resorted to binge drinking. Robin soon found himself mentally and physically spinning out of control, as depression left him absolutely dysfunctional. Upon reaching rock bottom, his sister decided that he had to go to a rehabilitation facility. When entering a rehabilitation center in Fort Wayne, IN, he was diagnosed with a slight case of dementia and placed in the lockdown hall. He soon found out that he had severe liver and kidney failure and, therefore, had to have his liver fluid drained. To compound matters, he also underwent a total hip replacement, a byproduct of severe arthritis and a degenerative joint disease.

As he began to regain physical and mental stability, he soon became cognizant of the rehab center's problems. He recalls that he often had to run frantically for the orderlies when his highly diabetic roommate would lapse into seizures and no attendant would take notice. Robin had his own grievances with the administration, as well; the facility attempted to claim that Robin owed \$87,000 in unpaid fees. Additionally, Robin had long regained complete mental stability, as noted by many of the medical orderlies. However, Robin was denied his release until he could pay his original debt. Robin was determined to pursue multiple competency trials to bring to light not only the injustice he had experienced, but also to expose the egregious shortcomings he had witnessed. That is where The League comes in. A local legislative official helped to link Robin up with Laura Lindsey from The League, and she soon became Robin's case manager and, more importantly, comrade, always willing to lend a listening ear. Laura assiduously sought out a reputable pro-bono attorney to represent Robin. Following each competency trial, the rehab center attempted to reconcile with Robin by decreasing the amount of money that Robin had to pay. Thanks to Robin's avid persistence and the incredible legal

support from The League, the rehab center eventually dismissed all claims and released Robin. Now, a year since his last days in rehab, Robin can truthfully say that he has not had a drink for four years.

Robin is now more determined than ever to overcome any current difficulties in his life. For instance, he lives in a home that he jointly owns with his sister and brother, but he seeks to have the house solely under his name so that he can qualify for insurance. Also, Robin, a warehouse worker, is currently unemployed due to his weakening physical condition. However, Robin has social security and disability payments that help to cover his daily needs. In one more year, Robin will be able to utilize the pension that he accrued during his 21 years with a bakery.

Finally, Robin has found peace with himself. His level of optimism and feeling of self-worth are absolutely unparalleled. He still regards Laura as his greatest confidante, and he sometimes speaks to fellow League consumers at meetings. He is always overwhelmed by other League members' personal courage and cites his experiences with the League as truly "eye-opening."

Meet Wilma Webster (SICIL)

In August of 2008, Wilma Webster underwent surgery to correct a pinched sciatic nerve. For four months thereafter, she had home healthcare and was confined to a wheelchair. Unable to easily enter or exit her home, Wilma dearly needed a proper ramp leading to her house door. Wilma was connected with the Southern Indiana Center for Independent Living (SICIL) via her nephew's wife, who works at SICIL. SICIL was determined to fulfill Wilma's needs and arranged for Community Connections to construct a ramp leading to Wilma's house. During the entire process, everyone at SICIL was "so accommodating and wonderful," as Wilma recounts. Her recovery process was made that much more bearable thanks to SICIL, and now she is no longer confined to a wheelchair. Although still unable to go up and down steps, Wilma maintains a positive attitude and is forever grateful to SICIL for its services. SICIL's unconditional compassion draws her to the organization. Wilma recently attended a SICIL dinner function and the Director of SICIL even volunteered to drive her home, just one example of the deep, personal relationships that SICIL fosters with its consumers.