

**Center for Independent Living Quarterly Report  
Based on FY 2025-2027 State Plan for Independent Living**

Center for Independent Living: **Western Resources for Independent Living**

Reporting Quarter: **\_2nd Quarter Report for January 1 - March 31**

Office Locations: **Rapid City, Spearfish & Pierre**

Counties Served: **Butte, Custer, Fall River, Haakon, Harding, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, Tripp**

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Person Completing Report: Codi Erickson, WRIL Executive Director

Date Submitted: 04/30/2025

**1st Quarter: October 1 - December 31; Report Due January 31**

**2nd Quarter: January - March 31; Report Due April 30**

**3rd Quarter: April 1 - June 30; Report Due July 31**

**4th Quarter: July 1 - September 30; Report Due October 31**

**General Information**

1. Identify the hours of service provided in each core service area (individuals may receive more than one service). The PPR asks about individual services; how many consumers requested services and how many consumers received services.

| Core Service                 | 1 <sup>st</sup> Quarter<br>Hours of Service<br>Provided | 2 <sup>nd</sup> Quarter | 3 <sup>rd</sup> Quarter | 4 <sup>th</sup> Quarter | Total Hours<br>Provided<br>Previous Fiscal<br>Year |
|------------------------------|---|-------------------------|-------------------------|-------------------------|--|
| Advocacy<br>Services         | 383   | 462                     |                         |                         | 1009   |
| IL Skills Training           | 34  | 55.25                   |                         |                         | 80   |
| Information &<br>Referral    | 171.50  | 232.5                   |                         |                         | 840  |
| Peer Counseling              | 1.75  | 8.5                     |                         |                         | 37   |
| Nursing Home<br>Transition   | .25   | 0                       |                         |                         | 0  |
| Nursing Home<br>Deterrence   | 37.25   | 34                      |                         |                         | 116  |
| Post Secondary<br>Transition | 0   | 0                       |                         |                         | 10   |

2. Identify the number of new applicants, number of new applicants who are 25 or younger, and the total number individuals served.

| Category                                       | 1 <sup>st</sup> Quarter | 2 <sup>nd</sup> Quarter | 3 <sup>rd</sup> Quarter | 4 <sup>th</sup> Quarter |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Total new applicants                           | 51                      | 87                      |                         |                         |
| Number of new applicants who are 25 or younger | 37                      | 34                      |                         |                         |
| Total individuals served                       | 232                     | 229                     |                         |                         |

Previous fiscal year, the CIL served

| Category                                    | Previous Fiscal Year |
|---|----------------------|
| Total individuals Served                    | 742                  |
| Number of applicants who were 25 or younger | 230                  |

3. Identify in the table below the hours of services and number of clients receiving Home Modifications Assistive Devices (HMAD), Telecommunication Assistive Devices (TAD) and housing services.

| Service Category | 1 <sup>st</sup> Quarter |                                | 2 <sup>nd</sup> Quarter 1 <sup>st</sup> |                                | 3 <sup>rd</sup> Quarter |                                | 4 <sup>th</sup> Quarter |                                |
|------------------|-------------------------|--------------------------------|---|--------------------------------|-------------------------|--------------------------------|-------------------------|--------------------------------|
|                  | Hours of Services       | Individuals Receiving Services | Hours of Services                       | Individuals Receiving Services | Hours of Service        | Individuals Receiving Services | Hours of Service        | Individuals Receiving Services |
| HMAD             | 29.25                   | 20                             | 92.5                                    | 31                             |                         |                                |                         |                                |
| TAD              | 30.50                   | 25                             | 39.5                                    | 30                             |                         |                                |                         |                                |
| Housing          | 120.50                  | 59                             | 138                                     | 54                             |                         |                                |                         |                                |

4. Identify information related to assistance provided with completing the Authorization of Client Choice Form (DHS-IL-313) consumer choice of another CIL to provide services this quarter.

| Individual resides in what Town/City | IL Services Referral Form completed/ sent to the Intake staff of new CIL<br>Yes or No | Did new CIL accept referral?<br>Yes or No |
|--------------------------------------|---|---|
| N/A                                  |   |   |

5. Identify in the table below how the participant learned of IL services:

| Category   | This Quarter | Since October 1 <sup>st</sup> |
|--|--------------|-------------------------------|
| Family Member/Friend   | 29           | 35                            |
| School   | 4            | 28                            |
| Online Search/Website/Facebook                                   | 6            | 7                             |
| Medical Personnel (i.e., doctor, nurse, therapist)               | 3            | 7                             |
| Radio/Newspaper Advertisement                                    | 3            | 6                             |
| Vocational Rehabilitation Counselor                              | 2            | 11                            |
| Benefits Specialist  | 14           | 20                            |
| Long Term Care Benefit Specialist (DSS)                          | 14           | 30                            |
| Disability Rights South Dakota                                   | 0            | 0                             |
| Churches/Hope Center/ Helpline/WAVI/One Heart/ Dakota @ Home/CAP | 30           | 42                            |

### **State Plan for Independent Living:**

#### **Goal 1. Increase Awareness of independent living services throughout South Dakota.**

(Counties identified in the SPIL as less served: Pennington, Lincoln, Meade, Union, Custer, Fall River, Edmunds, Lyman, Hanson, McPherson, Mellette, Haakon, Hyde, Harding, and Jones.)

1. Identify activities that CIL staff have participated in or organized this quarter to increase awareness of IL services, philosophy, core services, programs or disability related training to gain better understanding of disability related topics; i.e., activities conducted with local school districts, long term care facilities, TSLP activities.

| Description of Activity  | County of Activity | Number of Participants | Participated in or Organized | Collaboration Partners  |
|--|--------------------|------------------------|------------------------------|---|
| Outreach Schools in the Pierre district, Head start, Capitol Area counseling, SD Urban Indian Health, DSS, Housing and | Hughes             | 6                      | Organize/ Participate        | Capitol Area counseling, SD Urban Indian Health, DSS, Housing and Redevelopment |

|  |                    |   |                          |  |
|--|--------------------|---|--------------------------|--|
| Redevelopment.<br>Visited about<br>WRIL and what<br>we do. Possible<br>future<br>connections.  |                    |   |                          |  |
| Outreach.<br>Women's<br>shelter, Avera,<br>Disability Rights,<br>Stanley County<br>Schools, Onida<br>schools, and the<br>VA. Discussed<br>WRIL and how<br>we can help<br>each other. | Hughes,<br>Stanley | 8 | Organize/<br>Participate | Women's<br>shelter, Avera,<br>Disability<br>Rights, Stanley<br>County<br>Schools, VA |
| Outreach.<br>Kadoka, Phillip<br>and Murdo<br>schools to<br>discuss different<br>ways WRIL<br>works with<br>consumers and<br>family members.  | Haakon,<br>Jones   | 5 | Organize/<br>Participate | Kadoka, Phillip<br>and Murdo<br>schools  |
| Outreach.<br>Spoke to the<br>director of<br>Missouri Shores,<br>Presho and<br>Kennebec<br>schools about<br>services WRIL<br>offers. Give out<br>brochures and<br>cards.              | Hughes,<br>Lyman   | 4 | Organize/<br>Participate | Missouri<br>Shores, Presho<br>and Kennebec<br>schools                                |
| Outreach.<br>Spoke with staff<br>at Belle Estate,<br>Edgewood<br>Estates,<br>Serenity Corner,<br>Garden Hills,   | Butte              | 3 | Organize/<br>Participate | Belle Estate,<br>Edgewood<br>Estates,<br>Serenity<br>Corner, Garden                  |

|   |            |         |             |                       |
|---|------------|---------|-------------|-----------------------|
| and Sandstone to let them know we have opened the office in Belle Fourche.  |            |         |             | Hills, and Sandstone  |
| Outreach. DAAC Meeting - City Council City of Rapid City meeting. Talked about the WRIL services with different members. Handed out brochures and business cards.   | Pennington | 10      | Participate | DAAC Members          |
| Outreach. Booth at Disability Day at the Capital. Visited with several organizations, the Secretary of State and some state legislators about WRIL. Answered questions and handed out brochures and business cards. | Hughes     | Several | Participate | Booths at the capital |

2. Identify whether you hosted an open house and/or offered a tour(s) of the CIL to increase the public's knowledge and understanding of IL, services/supports /philosophy this quarter.

| <b>Open House Location (which office)</b> | <b>Date of Open House/Tour of CIL</b> | <b>Attendees (Numbers/Makeup)</b> | <b>Was there a request made of the SILC to support the open house<br/>Yes or No</b> |
|---|---------------------------------------|-----------------------------------|---|
| N/A                                       |                                       |                                   |   |

|  |  |  |  |
|--|--|--|--|
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|  |  |  |  |

### **State Plan for Independent Living**

**Goal 2: Ensure people with disabilities residing in South Dakota have access to IL services.**

1. Identify any CIL marketing materials developed or redesigned this quarter, e.g., brochures, social media/website accessibility:

| Please describe item/material        | New or redesigned |
|--------------------------------------|-------------------|
| Marketing on the radio in Rapid City | Redesigned        |
|                                      |                   |

2. Annually, each CIL is asked to submit 2 success stories to the SILC. Examples: Brief write up of participant receiving a service e.g., IL skills training, participant attending peer support group, participant writing letter with support of IL specialist to city about needed curb cuts, accessible parking, participant working on cooking skills/budgeting/completing paperwork. (Include a picture, obtain participant's permission, permission to share on social media, etc.)

| Date Submitted | 1. Description of Success Story |
|----------------|---------------------------------|
| N/A            |                                 |
| Date Submitted | 2. Description of Success Story |
|                |                                 |

### **State Plan for Independent Living**

**Goal 3: Engage in efforts to collaborate, promote, and advocate for needed changes in areas that impact persons with disabilities to live as independently as possible.**

1. Identify activities or meetings that CIL staff have participated in where housing, transportation, emergency preparedness, healthy living, education or other needs of people with disabilities were discussed this quarter:

| Activity/Event/Meeting | Date of Activity      | Location of Activity       | Issues Identified or Addressed   |
|------------------------|-----------------------|----------------------------|--|
| DAAC Meeting           | 1 meeting every month | Rapid City Council Meeting | Talked about new apartment buildings in the county and how that could help consumers. Discussed different ways consumers can get around the town. Handed out brochures and business cards. |

## Other Information

1. Identify changes in CIL staff and current vacancies during this quarter.

| Column A<br>Information for the<br>Federal Fiscal Years<br>Below: | Column B                                    | Column C  | Column D  |
|---|---|---|---|
| Time Period   | Total FTE of<br>Direct IL Services<br>Staff | Total Number of<br>staff on your payroll<br>during this period<br>providing Direct IL<br>Services | Total Number of<br>people in Column C<br>whose employment<br>ended. |
| 1/01/25 - 3/31/25   | 3   | 7   | 1   |

2. Include a current organizational chart with this report.

# WRIL Organizational Chart

