Center for Independent Living Quarterly Report Based on FY 2021-2023 State Plan for Independent Living

Center for Independent Living: Western Resources for Independent Living

Reporting Quarter: 4th Quarter Report for March 2021 – May 2021

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

Person Completing Report: Codi Erickson, WRIL Interim Executive Director

Date Submitted: July 15, 2021

1. Identify in the table below the units of services and number of individuals receiving core services.

| | This | This Quarter | | Since June 1st | |
|-----------------------|----------------------|--------------------------------------|----------------------|--------------------------------------|--|
| Core Service | Hours of Services | Individuals Receiving Services | Hours of Services | Individuals Receiving Services | |
| Advocacy Services | 360 | 133 | 1438.25 | 509 | |
| IL Skills Training | 39.75 | 9 | 167.75 | 44 | |
| Inform. & Referral | 97.25 | 132 | 460.50 | 592 | |
| Peer Counseling | 0 | 0 | 0 | 0 | |
| Nursing Home Trans. | 0 | 0 | 0 | 0 | |
| Nursing Home Deter. | 0 | 0 | 0 | 0 | |
| Post-Secondary Trans. | 0 | 0 | 0 | 0 | |
| Total | 497 | 280 | 2069 | 1150 | |

2. Identify in the table below the unit of services and number of clients receiving housing services, HMAD and Assistive Devices.

| | This Quarter | | Since June 1st | |
|-------------------|----------------------|--------------------------------------|----------------------|--------------------------------------|
| Service | Hours of Services | Individuals Receiving Services | Hours of Services | Individuals Receiving Services |
| HMAD | 35.75 | 16 | 161 | 79 |
| Assistive Devices | 69.75 | 46 | 377 | 217 |
| Housing | 60.75 | 30 | 372.25 | 76 |

State Plan for Independent Living: Increase Awareness of independent living services in South Dakota. (Increase the number of people in South Dakota who receive IL services by 10% over 3 years).

1. Identify in the table below the number of new applicants, number of new applicants under the age of 25, and total clients served.

| Category | This Quarter | Since Oct 1 st |
|---|--------------|---------------------------|
| Total new applicants | 103 | 177 |
| Number of total applicants who are under 25 years old | 31 | 38 |
| Total clients being served | 172 | 370 |

2. Identify in the following table activities that IL partners have participated in or organized to talk about IL Service or provide resources this quarter(i.e. Community events, health fairs, city commission, transit provider board meeting).

| Description of Activity | Date of Activity | Location of Activity | Participate or Organize |
|--|------------------|--------------------------------|----------------------------|
| Outreach – about WRIL services, service areas & individuals we assist. | 3/26/2021 | Bison, SD | Organize/Participate |
| Outreach – Spearfish, Belle Fourche | 5/06/2021 | Belle Fourche, Spearfish SD | Organize/Participate |
| | | | |

3. Identify in the table below how participant learned of IL services this quarter:

| Category | This Quarter | Since June 1st |
|---------------------------|--------------|----------------|
| Former IL Participant | 6 | 10 |
| Family Member/Friend | 38 | 118 |
| School | 3 | 10 |
| Online/Website/Facebook | 7 | 8 |
| Medical Personnel (i.e., | 17 | 41 |
| doctor, nurse, therapist) | 17 | 41 |
| Radio/Newspaper | 0 | 0 |
| Advertisement | 0 | 0 |
| Vocational Rehabilitation | 4 | 7 |
| Counselor | Ť | 1 |
| Benefits Specialist | 0 | 0 |
| Long Term Care Benefit | 5 | 6 |
| Specialist (DSS) | 5 | 0 |
| Disability Rights South | 0 | 0 |
| Dakota | 0 | U |
| Churches/Hope Center | 4 | 4 |

State Plan for Independent Living Goal: Ensure people with disabilities residing in South Dakota have access to IL services.

1. Identify in the table below public comment or other received communication learned or obtained about underserved populations and/or locations this quarter.

| Information Learned or Obtained | How was information learned or obtained | What action taken or follow up conducted |
|------------------------------------|--|--|
| Pierre's consumers helped more. | Pierre VR | Currently have an open position we are trying to fill. |
| HMAD projects | Consumer | Working with DRS office to get HMAD moving forward. |
| | | |
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2. Identify in the table below 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: Yes or No | Did new CIL accept referral: Yes or No |
|--|---|--|
| None | No | No |

3. Identify in the table below activities conducted with local school districts to disseminate IL information to students/families this quarter:

| School/School District/Educational Cooperative/Other | County/Town | Information shared (i.e., brochures, newsletters, business cards) & how many items shared |
|--|-------------|---|
| Nothing to report this quarter | | |
| | | |
| | | |

4. Identify in the table below activities this quarter that the CIL has participated in or organized in working with youth with Transition Services Liaison Project(TSLP).

| Description of Activity | Date of Activity | Location of Activity | Participate or Organize |
|--------------------------------|------------------|-------------------------|----------------------------|
| Nothing to report this quarter | | | |
| | | | |
| | | | |
| | | | |

5. Identify in the table below activities conducted with Long Term Care Facility/Nursing Home/Assisted Living/Rehabilitation Centers to share information on IL services this quarter:

| Facility/Type/Location | Date of Activity | Information shared |
|--------------------------------|------------------|--------------------|
| Nothing to report this quarter | | |
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State Plan for Independent Living Goal: The SILC and CILs will identify systemic issues with housing and transportation.

1. Identify in the table below activities that the CIL staff have participated in where accessible housing and/or transportation needs for people with disabilities were discussed this quarter:

| Activity/Event/Meeting | Date of Activity | Location of Activity | Issues identified or addressed |
|------------------------|---------------------|-------------------------|--|
| Staff Meeting | 5/25/2021 | WRIL Office | Discussed Security Deposit Grant program and the needs Western South Dakota has. |
| | | | |

2. Identify in the table below tasks related to arranging speakers with expertise in accessible housing and transportation for presentation at SILC or CIL meetings.

| Description of Activity | Date/Location | Number of attendees | Participate or Organize |
|--------------------------------|---------------|------------------------|----------------------------|
| Nothing to report this quarter | | | |
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Note: **Systems advocacy is** generally used to change the policies of agencies, organizations or departments which are part of government or are established by government grants or contracts and operated under laws or governmental rules and policies. Frequently, these businesses provide unique services to specific populations, and you can't just take your business elsewhere if you aren't happy with the service. The advocacy effort could be directed at a local, state, or national agency and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority over the problem area.

1. Identify below other systems advocacy activities this quarter that the CIL has participated in or organized for individuals with disabilities.

| Description of Activity | Date of Activity | Location of Activity | Participate or Organize |
|--------------------------------|------------------|-------------------------|----------------------------|
| Nothing to report this quarter | | | |
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2. Identify in the table below the training activities that CIL staff have participated in during this quarter.

| Description of Training | Training hours | Date of Training | Location of Training | # of Staff Attending |
|----------------------------|-------------------|---------------------|-------------------------|-------------------------|
| SSI/SSDI Training | 1.25 | 4/20/2021 | Zoom | 1 |
| GAINS Early Diversion | 2 | 4/22/2021 | Webinar | 1 |
| ILS Employee Training | 1.5 | 5/03/2021 | Rapid City Office | 3 |
| | | | | |

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

| Information for the State Fiscal Years below: Column A | Column B | Column C | Column D |
|---|---|--|---|
| Time Period | Total FTE of Direct IL Services Staff | Total Number of staff on your payroll during this period providing Direct IL Services | Total Number of people in column C whose employment ended. |
| March 2021-May 2021 | 4 | 4 | 1 |

Note: The staffing information is only the Independent Living Specialists who are funded by the Part C and the State contract funds. Column C would be considered how many of your ILS staff would be on the payroll during this period and would be issued a W2. Column D is how many of the people in Column C ended their employment during this time period.

4. Include a current organizational chart with this report.

WRIL Organizational Chart

