

Statewide Plan for Independent Living
 Evaluation Committee Report Matrix – April – September 2015
 SILC Report for March 2016

Objective/Activities	Is <u>timely progress</u> being made on the objective?	If not, have <u>challenges</u> been identified and is there a <u>plan</u> in place to remedy the challenges?	Are there any follow-up <u>questions</u> or <u>recommendations</u> ?
Goal A: Independent Living services needed by persons with disabilities are identified			
<p>A1: Information that Persons with Disabilities is increased Indicator: Between January 2014 and September 2016, IL services listed in the 211 Arizona Community Information and Referral will each be increased by 50%. -A1.1a: Rehabilitation Services Administration (RSA), in conjunction with SILC, will contract with Arizona 211 Community Information and Referral (AZ 211). COMPLETED -A1.1b: Establish baseline number of records in AZ 211 database related to Independent Living (IL). COMPLETED -A1.1c: AZ 211 has staff dedicated to IL COMPLETED -A1.1d: 211 Identifies IL resources in rural areas. ONGOING -A1.1e: Cross populating 211 and IL Network databases PROGRESS -A1.1f: Cross training of 211 and CIL I & R staff COMPLETED -A1.1g. Full implementation of IL services in 211 call center COMPLETED</p>	<p>Yes. The AZ 211 personnel continue to add new categories of disability and independent living related services and resources to the website and database. Cross training between AZ 211 personnel and IL personnel from SMILE, Assist to Independence, DIRECT Center for Independence and New Horizons Disability Empowerment Center during the reporting period. Similarly, the IL staff has been sharing resource listings with the AZ 211 personnel for incorporation into the website and database. As a result of the partnerships, the independent living related resources have increased by 59% in the AZ 211 website and database (9% over the target of a 50% increase). In 2015, there were a total of 1,619 call center referrals for independent living services and 41,578 website searches. The AZ211 contract extends through September 2016 – the conclusion of the current SPIL. AZ211, consistent with standard operating procedures, will continue to update and resource information current.</p>		

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<p>A2: Consumer satisfaction of the IL service delivery network is assessed Indicator: Annually a statistically significant number of consumers at each CIL will be surveyed to assess their satisfaction with the services they receive. -A2.1a: Contract with an organization to conduct the survey -A2.1b: Create a standardized instrument and methodology COMPLETED -A2.1c: Conduct the survey PROGRESS</p>	<p>Yes. The survey instrument was completed. The survey launched in April 2015 through September 2015. Each CIL was responsible for promoting the availability of the survey.</p>	<p>The survey response was low (a total of 125 responses) and not a statistically valid sample. Therefore, the decision was made to keep the survey open and available online through the remainder of the 2015 calendar year.</p>	
<p>A3: The Independent Living service delivery network reflects consumer service needs. Indicator: A statistically significant number of consumers will be surveyed to assess the IL services they need and compared to the IL services they received. A3.3a: Create a data collection instrument COMPLETED A3.3b: Conduct a consumer survey PROGRESS A3.3c: Write a report based on the data collected that will be considered in the next SPIL.</p>	<p>Yes. The needs assessment survey, to provide input for the SPIL, was initiated in March 2015 and will continue to be available through December 15, 2015. As of September 2015, a total of 225 responses had been received.</p>		
Goal B: Persons with disabilities access needed Independent Living services			
<p>B1: Employment for People with Disabilities is increased Indicator: Percentage of successful employment outcomes, of persons with disabilities receiving Vocational Rehabilitation services from the Rehabilitation Services Administration is increased by 30%.</p>	<p>Yes. The State Rehabilitation Council has contributed to the AZRSA state plan regarding service provision and employment outcomes. AZRSA reports progress on the rehabilitation rates and other indicators to assess progress with employment outcomes.</p>	<p>The rehabilitation rate is expected to increase from 1-2% annually (from year to year) based upon historical and projected data. That said, a 30% increase is unrealistic. The focus should be on incrementally increasing the rehabilitation rate to meet and/or exceed the federal goal of 55.8%. Currently, Arizona's rehabilitation rate is 51.8% for the general population and 64% for individuals who are blind or visually impaired. It</p>	<p>It is recommended RSA outline more concrete strategies directed at increasing the employment outcome rates in subsequent reports. It is not clear in the report what strategies are being implemented to increase the rehabilitation rate.</p>

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<p>-B1.1a: Coordinate with the State Rehabilitation Council to explore strategies <i>COMPLETED</i></p> <p>-B1.1b: Implement jointly developed strategy <i>COMPLETED</i></p>		<p>is important to note that RSA has increased the overall rehabilitation rate by 8% over the last Federal Fiscal Year.</p>	<p>It is also recommended RSA provide supporting documentation for the rehabilitation rate. The report could include, at a minimum,:</p> <ul style="list-style-type: none"> ▪ Clientele demographics (age, gender, disability, etc.) ▪ Part/full-time employment outcomes <p>The reports indicate that RSA is not meeting the timeline (less than 90 days) for the days between eligibility and a completed IPE. It is recommended RSA provide an explanation and identify what strategies RSA employing to address the issue.</p>
<p>B2: Healthcare providers are accessible <i>Indicator: 50 primary care facilities/providers are in compliance with the U.S. Access Board's standards for medical diagnostic equipment by September 2016.</i></p> <p>-B2.1a: Conduct a survey of PCPs to assess compliance</p> <p>-B2.1b: Convene a public forum of community stakeholders</p> <p>-B2.1c: Explore strategies to address the issue</p> <p>-B2.1d: Implement a strategy to address the issue</p> <p>-B2.1e: Conduct a survey of PCPs to assess compliance</p>	<p>Partial progress. The survey continues to be available online and, to-date, a total of 230 people have responded through the end of the reporting period. The survey will continue to be available through November 2015. The SILC did host an informational booth at the Health and Wellness Fair about healthcare accessibility in April 2015. This included partnering with a medical provider to feature an accessible exam table in addition to videos and printed materials. The role of the SILC continues to collect and analyze the survey data and make it available to promote awareness of the issue to stakeholders and other interested parties.</p> <p><i>The progress made is not reflective of the activities outlined in the SPIL. No progress</i></p>		

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<p>B3: People with Disabilities have access to assistive technologies Indicator: 500 people with disabilities download website guideline materials on how to navigate the complex durable medical equipment system by September 2016.</p> <p>-B3.1a: Designing an interactive web presence to provide information about navigating the customized, complex durable medical equipment system. COMPLETED</p> <p>-B3.1b: Draft content pages, identifying appropriate links that will be offered to the Centers for Independent Living to host on their respective websites. COMPLETED</p> <p>-B3.1c: Activate the website. COMPLETED</p> <p>-B3.1d: Develop and implement promotional campaign for the website.</p>	<p><u>Partial progress.</u> Webpages and content for the DME portion of the new SILC website have been drafted. A web discussion forum platform that provides full accessibility was found and the basic structure was incorporated into the drafted website. Individuals will be able to participate in a moderated online forum to post questions, tips and experiences navigating the durable medical equipment system (i.e. discussion forum). Information, resources and other documentation were posted to the designated portion of the SILC website in the Summer of 2015.</p>	<p>Traffic to the website has been very low. Additionally, the project was halted in August 2015 as a result of staffing shortages. It is anticipated for a new staff to be hired and onboard during the next reporting period to work on strategies to drive traffic to the website.</p>	

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<p>B3: People with Disabilities have access to assistive technologies <i>Indicator: Percentage of assistive technology information specific to individuals that have combined vision and hearing loss to independent living service providers is increased by 25% per federal fiscal year during the SPIL cycle.</i></p> <p>-B3.2a: Complete a survey of providers that work with the combined hearing and vision loss population to determine baseline information of service providers' knowledge. COMPLETED</p> <p>-B3.2c: Conduct focus groups of individuals with combined hearing and vision loss to assess their needs regarding assistive technology and provider knowledge</p>	<p><u>Partial Progress.</u> The survey analysis was completed by the Helen Keller National Center and RSA. The report will be available in October 2015. A total of 954 surveys were mailed and only 62 or 6.6% were received.</p> <p>AZRSA is currently working with the Helen Keller National Center and the Governor's Council for Blind and Visually Impaired to conduct three focus groups. The focus groups will be held in January – February 2016 with a target audience of disabled veterans with a combined vision and hearing loss. AZRSA plans to use the survey data and the input from the forums to identify and address knowledge gaps to increase the number of providers who can serve the population of people with combined vision and hearing loss.</p>		<p>It is recommended an outline of the strategies for obtaining and reporting input during the focus groups is included in the next report.</p> <ul style="list-style-type: none"> ▪ What is the schedule for the focus groups? ▪ What topics will be covered? ▪ What questions will be asked? ▪ How will the information be utilized? ▪ Who will conduct the analysis of input and develop a report for findings? <p>Furthermore, it is recommended RSA provide an explanation why disabled veterans are the only target audience for these focus groups. It was noted the limited target audience may not lend to the outcome of increasing the number of providers who can serve individuals with a combined vision and hearing loss for the general community.</p> <p>The general question, for RSA, is how the information from the focus groups will be utilized to ensure an adequate network of service providers to serve individuals with combined hearing and vision loss.</p>
<p>B4: You with disabilities in Arizona access Independent Living Services. <i>Indicator: In 2014, 2015, and 2016 up to 20 young people from across the state of Arizona participate in an intensive week-long forum designed to garner youth input on the SPIL and provide attendees with self-</i></p>	<p>Yes. The 2015 Arizona Youth Leadership Forum was conducted in June 2015. A comprehensive report was provided to the SILC Members. A total of 22 youth participated in the forum. Volunteerism was emphasized during the forum. In fact, delegates were required to provide a minimum of 5 hours of service in their</p>		

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<p><i>empowerment training, independent living skills and long-term peer support.</i></p> <p>B4.1: Bring together representatives from various organizations including CILs, AZRSA, YMCA, Arizona Spinal Cord Injury Association, Arizona Governor’s Council on Spinal and Brain Injury, Arizona Developmental Disabilities Planning Council, and others to establish the planning committee and begin development of the Arizona Youth Leadership Forum (YLF); focus on establishing dates, task list, discuss location, assign responsibilities, and develop questions for youth on services and un-served areas. <i>COMPLETED 2015</i></p> <p>B4.2: using and existing contract with stated contracted event planner, the AZRSA and SILC will coordinate the YLF with contracted event planner to secure YLF location including lodging and meetings rooms. <i>COMPLETED 2015</i></p> <p>B4.3: Members of the YLF planning committee develop the program for the event, including session topics, presenters, social/recreation opportunities and other activities to be part of the YLF. <i>COMPLETED 2015</i></p> <p>B4.4: Members of the YLF planning committee distribute program application and recruit attendees. <i>COMPLETED 2015</i></p> <p>B4.5 YLF planning committee members and organizations recruit YLF staff/volunteers.</p> <p>B4.6: Members of the YLF planning committee along with even staff/volunteers conduct week-long YLF event. <i>COMPLETED 2015</i></p>	<p>community prior to the forum. During the forum, the delegates spent a morning serving at the St. Mary’s Food Bank. A quarterly progress report has been provided to report the annual progress of the youth related to the progress of their personal goals and monthly phone calls with mentors. The report is also provided to help assess the satisfaction and effectiveness of the Youth Leadership Forum.</p> <p>Quarterly report highlights include:</p> <ul style="list-style-type: none"> ▪ Youth participation in disability related activities or conferences ▪ Youth leadership on the SILC and SPIL Development Committee ▪ Progress of mentors connecting with youth through in person meetings or phone/social media contact ▪ A total of 13 personal goals have been met while youth have progressed in the same number of personal goals ▪ A total of 15 youth are working at least part time while 14 youth are engaged in service in their community 		

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B4:7 Staff and volunteers from YLF event provide attendees with monthly follow up contact for peer support, mentoring and information and referral resources as needed. COMPLETED 2015			
Goal C: The Arizona Independent Living network is enhanced and expanded			
C1: Information that policy makers receive about Independent Living is increased. <i>Indicator: All State Legislators receive information regarding needs (as prioritized by the Independent Living Network) of Arizonans with disabilities at least biannually.</i> -C1.1a: Combine information gathered from PIB and SILC to develop a legislative packet to be presented to legislators in the 2015 legislative session -C1.1b: Present information, approaches, strategies, findings, conclusions, and recommendations based on C1.1a to State and local policymakers in order to enhance independent living services for individuals with significant disabilities. -C1.1c: Draft a budget bill requesting Independent Living funds to meet the needs outlined in the research -C1.1d: Identify sponsors for the Legislative Bill	<u>NOTE: C1 and C4 are being implemented simultaneously. See progress note on C4.</u>		
C2: Employment opportunities for People with Disabilities are increased <i>Indicator: By September 2016, State appropriations for Arizona Vocational Rehabilitation Services (VR) are increased to</i>	Partial Progress. A bill was introduced and subsequently passed the Children and Family Services' Committee to increase funding for AZRSA by 12 million dollars. The bill would have eliminated two waiting lists		

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<p>100% of the amount necessary for Arizona to receive its full Federal matching appropriation.</p> <p>-C2.1a: Draft VR fact sheet</p> <p>-C2.1b: Meet with Department of Economic Security Director</p> <p>-C2.1c: Meet with the Arizona Governor’s Policy Advisors</p> <p>-C2.1d: Convene an Independent Living stakeholders summit</p> <p>-C2.1e: Meet with State Legislators to present fact sheets</p>	<p>allowing 3,500 people to receive services. The bill died while waiting to be heard in the Appropriations Committee. SILC hosted an event to teach people how to engage in the public policymaking process. The bill was used as an example of how to educate policymakers on the importance of providing employment services for people with disabilities. A total of 25 people attended the event. The efforts to educate policymakers on this issue are ongoing.</p> <p><i>Report from last reporting period. No progress to report during the current reporting period.</i></p>		
<p>C3: Underserved populations of People with Disabilities receive services.</p> <p>Indicator: By September 2016, cross train 4 Regional Behavioral Health Authorities and Centers for Independent Living regarding their respective peer mentoring models</p> <p>-C3.1a: RSA will coordinate the cross training opportunities between the Regional Behavioral Health Authorities and the Centers for Independent Living regarding their respective peer mentoring models. INITIATED</p> <p>-C3.1b: Magellan (Service area Maricopa County) and ABIL trained. COMPLETED</p> <p>-C3.1c: Community Partnership of Southern Arizona (Service area Pima County) and DIRECT trained.</p>	<p><u>Partial Progress.</u> The first cross training was held in May 2015 between the Recovery Innovations peer support training program and the Arizona Bridge to Independent Living peer support program. A similar session is scheduled in January 2016 between Community Partnership of Southern Arizona and Direct Center for Independence.</p>		<p>It is recommended that RSA include in their next report a work plan and timeline for scheduling and conducting the training.</p> <p>Furthermore, it is recommended RSA provide an explanation of how the new configuration of the RBHAs impact the implementation of the objective. Additionally, it is requested RSA provide an explanation of how the cross training will result in changes to the peer mentoring programs for both IL Centers and RHBAs.</p> <p>Lastly, it is recommended RSA develop and send an evaluation to participants to find out what information was useful and what elements they have integrated into their peer support service practices.</p>

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<p>C4: Independent Living opportunities for People with Disabilities are increased. Indicator: By September 2016, the State Legislature will appropriate, for fiscal year 2017, a minimum funding level for a new Center for Independent Living in Mojave County.</p> <p>C4.1a: Analyze disability demographics of Mojave County. C4.1b: Analyze rural CIL information in University of Montana database. C4.1c: Conduct IL Needs Assessment specific to Mojave County.</p>	<p>Yes. The CIL Directors focused a priority on, during the current reporting period, educating Legislators about independent living and the need for more funding. It was noted if funding were received, the funding would benefit Mohave County and other areas of the state where IL services are currently lacking and/or not available. During the reporting period, the CIL Directors continued to work on developing a strategy for seeking funding, identifying needs, gaining support from all Directors and formulating next steps. Additionally, the Directors discussed and developed possible funding proposals. A draft proposal was presented to a Legislator and evaluated by the Joint Legislative Budget Office. The evaluation resulted in significant changes to funding proposal approach moving forward.</p> <p><i>The progress made is not reflective of the activities outlined in the SPIL. No progress was made on the activities outlined in the SPIL.</i></p>		<p>It is recommended the Directors of the Centers for Independent Living consider partnering with other organizations with similar goals to help promote awareness on the need for funding and expansion of Independent Living services.</p>

NOTE: The meeting was called to order at 1: 04 pm and adjourned at 2:30 pm on March 16, 2016. In addition to the Members of the Evaluation Committee (Dara Johnson, Larry Clausen and Georgia McLaughlin) and Larry Wanger (SILC Executive Director), Susan Malloy attended the meeting. The meeting notes are reflected in the matrix with the exception of a few notations below:

- The Members decided the Evaluation Committee would meet on a quarterly basis to review progress notes when the new SPIL is implemented beginning October 1, 2017.

- During the call to the public portion of the agenda, Susan Malloy recommended the SILC consider representation from the Northeast part of the state. Furthermore Ms. Malloy mentioned the challenges of individuals with chemical sensitivities should be considered when activities are planned and/or implemented to ensure access for individuals with disabilities to healthcare facilities.