

Georgia State Plan for Independent Living FY '05-07

Mission, Goals and Objectives

The Mission of the Statewide Independent Living Council of Georgia, Inc. is equal participation of people with disabilities within their communities. Therefore, the Council will bring about results in the following areas:

- Leadership—more people with disabilities in responsible and responsive leadership roles.
- Attitudes—positive public perception of people with disabilities.
- The number of people with disabilities who are informed and proactive.
- The availability of personal assistance services.
- The availability of “visitable” housing.
- The availability of funds to retrofit housing to make it accessible.
- The income level of Georgians with disabilities.
- The availability of accessible public transit.
- Equal opportunity to education.
- Access to health care & health insurance.
- Access to technology.
- Access to information, i.e. the availability of alternate formats, Braille materials, interpreters, etc.

This SPIL is somewhat different than previous ones. While SILC staff and board will continue activities that further the mission, this SPIL will focus more on infrastructure development activities described in Goal B.

Goal A: Advocate for systemic changes that will benefit people with disabilities in the following areas: (1) home & community-based services, (2) accessible housing, (3) accessible transportation, (4) comprehensive, affordable health care, (5) removing barriers to employment, (6) education, (7) assistive technology and (8) information access.

Objective 1 Advocate for enhanced/expanded home and community-based services. **\$10,000**

Methodology: Provide fiscal agency for individuals and grassroots groups engaged in advocacy for Home and Community-Based Services, e.g., the Unlock the Waiting List! Campaign. Support CILs in their outreach to people in nursing facilities. Provide scholarships to self advocates for training and education.

Desired Outcomes: There will be a 25% increase in the number of people served in home and community – based settings.

Objective 2 Promote accessible, affordable housing. **\$52,000**

Methodology: Continue participation, support and sponsorship in coalitions such as the EasyLiving Home coalition, Disability Rights Action Coalition in Housing, Concrete Change, the Department of Community Affairs Housing Task Force and other similar coalitions. Provide fiscal agency for individuals and grassroots groups engaged in advocacy for accessible, affordable housing. Continue to develop funding to support the CILs in their home modification initiatives.

Desired Outcomes: At least 2500 EasyLiving Homes certified in Georgia. The CILs will have retrofitted at least 750 homes. The Department of Community Affairs will have initiated one new housing program targeted to people with disabilities. --- local housing authorities will have negotiated Memoranda of Understanding with Centers for Independent Living specifically around nursing home transition.

Objective 3 Support the efforts of the CILs to increase transportation options in their regions. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Report on progress and share successful approaches at each quarterly contractor meeting. Refer advocates to Disability Law and Policy Center for formal complaints. Search for funding for a new position at the SILC – a community organizer specializing in transportation.

Desired Outcomes: At least 3 communities will have more accessible transportation options.

Objective 4 Promote fundamental health care reform. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Participate in state and national health care reform coalitions such as Families USA and Georgians for a Common Sense Health Plan. Educate the IL Network on health care reform initiatives. Locate and support advocates who are interested in health reform initiatives such as the Medicaid Buy In program under TWWIA or universal plans such as SecureCare.

Desired Outcomes: Health reform legislation will have been introduced into the Georgia General Assembly.

Objective 5 Promote educational opportunities for students with disabilities. **TBD: Part of the general operations of the SILC and CILs**

Methodology: Locate a parent of a school age child to serve on the SILC board. Ask CILs & SILC board members to share their successes. Initiate a small scholarship program for students with disabilities.

Desired Outcomes: Education expert serving on the SILC board of directors.

Objective 6 Remove barriers to employment. **See attachment 2 for Jobs for All budget**

Methodology: Continue sponsorship of the University of Georgia's Jobs for All grant from the Federal Department of Labor. Pending identification of grass roots leadership, support advocacy efforts for the Medicaid Buy In. Continue dialogue between the CILs and Rehabilitation Services about fee for service arrangements so that CILs can provide IL Services to clients with vocational goals.

Desired Outcomes: The Jobs for All grant from the US Department of Labor will have developed customized employment for 190 persons. A budget proposal to the

General Assembly for the Medicaid Buy In. At least four CILs will have functioning fee for service agreements with Rehabilitation Services.

Objective 7. Promote opportunities for people with disabilities to secure and utilize assistive technology. **\$5,000**

Methodology: Enhance collaboration efforts by asking staff from Tools for Life (Georgia’s AT program) to serve as ex officio member of the SILC board. Continue efforts to expand funding for the CILs for adaptive equipment/AT recycling, purchase and repair programs.

Desired Outcomes: At least \$65,000 in new funding for Assistive Technology /Adaptive equipment.

Objective 8 Improve access to information.

TBD: Part of the general operations of the SILC and CILs

Methodology: Support advocacy efforts of leaders in the Blind, Deaf and Deaf-Blind community

Desired Outcomes: CILs will increase services to Deaf and Deaf-Blind community. Legislation making electronic text books available. Funding for the Newslines service.

Goal B: Promote public awareness of the Independent Living Philosophy and Independent Living Services.

The planning committee determined this goal to be priority for the next SPIL. Over the course of the last 3 years, the SILC has had modest success in raising private dollars for SILC projects. If we are to have greater success in the future, there must be greater public awareness of Independent Living as a philosophy and as a service delivery system. The primary means of accomplishing this goal will be through the collective efforts of the Centers and the SILC. A new entity is emerging from this spirit of collaboration—the Georgia Independent Living Network. This approach has the advantage of strengthening the collaborative efforts toward public education and fund raising activities.

Objective 1 Initiate the “Georgia Independent Living Network”, a new entity that includes the CILs and the SILC. The Network’s purpose is to promote Independent Living as a concept and as a service delivery system. **\$65,000**

Methodology: Develop a communication plan to educate the public about the IL philosophy and the IL Network in Georgia. Create a comprehensive data base that consists of IL consumers, corporate entities, public officials and potential fund sources. Produce and disseminate a quarterly newsletter with success stories from each CIL and updates from the SILC on policy matters. Initiate “IL University” – a leadership and awareness training on disability issues. Provide training opportunities and support for self-advocates and self advocacy groups.

Desired Outcomes: A communications tool kit that enables the IL Network to define and deliver “key messages” on Independent Living. A data base of 2,000 to 7000

people. At least six newsletters disseminated from the IL Network. At least three courses developed and delivered with @200 people trained in topics that include but are not limited to nursing home transition, disability awareness for non-disabled people, advocacy skills, basic access laws. Active self – advocacy groups such as People First, ADAPT, Not Dead Yet, etc.

Objective 2 Explore introducing The Independent Living Act in the Georgia General Assembly in order to (a) create an understanding of the IL philosophy, (2) codify the definition of a Center for Independent Living and (3) bring about the recognition of the CIL network as a valuable community asset.

TBD: Part of the general operations of the SILC

Methodology: Speak with potential sponsors of this legislation.

Desired Outcomes: Legislation defining the IL Network and the IL philosophy.

Objective 3 Assist local consumer groups with educating their local legislative delegations on the benefits of funding a CIL in their community.

TBD: Part of the general operations of the SILC and CILs

Methodology: Provide items from the communications tool kit to potential CILs.

Desired Outcome: At least \$100,000 in new state funding for IL.

Scope and Arrangement of IL Services

IL Services are delivered through the Network of Centers for Independent Living. (See list of CILs and the counties they serve.) In 2003, 3417 people received services from the IL system. Over the past year, there has been considerable discussion about the role of IL vis a vis Rehabilitation Services. Some people are concerned that rehabilitation consumers with IL needs are not having these needs met. At present, the Rehabilitation agency does not have fee for service agreements with the CILs for Independent Living services.

In the last year of the last SPIL, the SILC collected information on the number of consumers who were also VR clients. According to reports submitted to the SILC from the CILs, there were 19 IL consumers who were also enrolled as VR clients in FFY '03. Part of the reason for this is that the CILs serve many people over age 65 (37% in 2003).

The Chapter 2 (Older Blind IL) services are administered and coordinated by the DSU which served 852 older blind people in FY 2003. The Chapter 2 Programs future goals are to

1. Increase utilization of the newest contractor for Project Independence, VISTAS.
2. Continue to increase involvement and services with the Native Americans in Georgia. Provide two vision screenings per year.

3. Increase involvement with the Regional Library Systems both for advertisement of the Older Blind program and aid with sites for computer training.
4. Continue expansion and collaboration with the Division on Aging and the Coalition of Advocates for Georgia's Elderly.
5. Continue to develop a better fiscal management protocol among the Project Director, the older blind contractors and the accounting and budget units within the Georgia Department of Labor.
6. Include two contractors and the representatives from the National Federation of the Blind of Georgia and the Georgia Council of the Blind in the 2004 Washington D.C. Older Blind Project Directors meeting to aid in obtaining input and information for the overall program.
7. Market the computer training programs by all the contractors to the older blind consumers. Wherever possible, include a residential component.
8. Continue training and awareness efforts with the program in order to establish better services to the blind/low vision - hard of hearing seniors.
9. Continue to hold the Fall and Spring contractors meeting. In addition to representatives from the National Federation of the Blind of Georgia and the Georgia Council of the Blind, community partners will be invited to participate. Dr. Elton Moore from Mississippi State University Rehabilitation Research and Training Center on Blindness and Low Vision will continue to be Georgia's consultant and program evaluator and participate in the bi-annual contractors' meetings. These meetings will focus on pertinent and timely issues related to Project Independence.
10. Require a) the development of a comprehensive independent living service plan and b) documentation that validates a visual impairment on all consumers being served.
11. Continue reinforcing the access of Part B-Medicare reimbursement funds for vision rehabilitation services by all contractors.
12. In FY 2004, CVI will start using a newly designed online data management system that is accessible for individuals who use JAWS and ZoomText to access the information. The information on this program will be shared with all the contractors for review at the fall contractors meeting.
13. Efforts will be made to increase the response rate on the program participant survey.

Even though both CIL and Chapter 2 services have expanded significantly, Title VII programs touch only a small fraction of people with significant disabilities. Assuming that the percentage of persons with severe disabilities is 9.9% (McNeil National Study,

1994-5), there are 810,459 Georgians in this category. Because of these enormous numbers, it is essential for people in the IL Network to advocate with the state systems that affect the lives of people with significant disabilities. It is for this reason that many of our goals and objectives include advocating for disability-friendly policy on the part of state departments such as Education, Transportation, Community Health, Human Resources, Community Affairs, Labor, etc.

Mandatory Area 2: Cooperation, Coordination and Working Relationships.
(Section 14 in the Table of Contents Preprint of the SPIL)

A Memorandum of Understanding between VR and IL states that each system will refer consumers to the other when appropriate. It is unknown whether or not this is happening because neither system tracks it. The IL program is especially interested in referral of those consumers who are not enrolled in the employment programs. Rehabilitation Services will begin tracking this in 2005. IL will continue to track the number of IL consumers who are also Rehabilitation consumers.

The CILs and the SILC coordinate their efforts in a variety of ways. Most CILs attend the quarterly SILC board meetings. The SILC board has three CIL directors – one nominated by the CILs and two others. CILs are working collaboratively with one another and with the SILC in projects such as the grant for nursing facility outreach. Email lists have enhanced our communication with one another as well as with advocacy networks such as the Unlock the Waiting Lists! Campaign, ADAPT, National Council on Independent Living and others.

The SILC and the DSU work together by participating in one another's Councils. The DSU has a representative on the SILC and a SILC board member, Tina Baker-Ivey serves on the State Rehabilitation Council. Three additional DSU staff serve as non-voting ex officio board member: Kay McGill who coordinates services for people with visual impairments, Rebecca Sills who coordinates services for deaf and deaf-Blind and Carolyn Phillips who coordinates the Assistive Technology program.

As required by law, the SILC includes a member of the Muskogee Tribe, a recipient of a Section 121 Rehabilitation grant for Native Americans with disabilities.

In addition to coordinating with the DSU, the SILC and CILs work collaboratively with relevant state and local agencies. The SILC and the DD Council are partners on several projects. The two largest projects are the Unlock the Waiting List! Campaign and the EasyLiving Home coalition. The Unlock Campaign works on increasing opportunities for Home & Community Based services. The EasyLiving Home coalition promotes housing construction with basic access features.

The SILC has developed an approach to advocacy and systems change that we refer to as “sponsored projects”. The SILC administers funds raised by self-advocates who work on particular systemic change projects as long as those projects fit the goals and objectives of the SPIL. Current Sponsored projects include (1) Jobs for All, a federal Department of Labor grant with the purpose of assuring accessible One Stops; (2) Concrete Change promotes basic access in housing and has two fund sources – National Endowment of the Arts and the State University of New York; (3) the EasyLiving Home Coalition promotes a voluntary certification program for homes built with basic access; (4) the Unlock the Waiting List Campaign works for increased home and community based alternatives to nursing homes and other institutions.

In addition to official sponsored projects, SILC staff and board are active in a variety of community initiatives on health care reform, leadership programs, budget coalitions and national advocacy groups such as National Federation of the Blind, ADAPT and National Council on Independent Living.

Mandatory Area 3: Outreach to Unserved and Underserved Populations and Minority Groups.
(Section 10 in the Table of Contents Preprint of the SPIL)

It is safe to say that all of Georgia is underserved when one considers the pool of potential IL consumers. As stated earlier, there are more than 800,000 Georgians who report that they have “significant disabilities”. There are more than 400,000 non-institutionalized Georgians between the ages of 16 and 64 who report that they are “unable to work” an account of disability. (See Appendix 1 on the Status of Georgians with Disabilities.) Part B and C dollars along with the Chapter 2 program served 4270 people—slightly less than .005% of those with significant disabilities!

The charts below compare the Georgia population as a whole with the population served by CILs.

Age: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

CIL	Under 18 years		18-64		65+	
	% of Population (2000 Census)	% of Individuals Served by CILs	% of Population (2000 Census)	% of Individuals Served by CILs	% of Population (2000 Census)	% of Individuals Served by CILs
ACIL	25.3%	9.0%	63.1%	62.0%	11.6%	29.0%
BAIN	27.2%	4.0%	58.9%	64.0%	13.8%	32.0%
DC	26.3%	11.0%	62.5%	67.0%	11.2%	22.0%
LIFE	26.7%	6.0%	62.7%	50.0%	10.5%	43.0%
Link	26.5%	2.0%	66.2%	89.0%	7.4%	9.0%
Link NW/Bridges	26.3%	3.5%	62.4%	45.6%	11.4%	50.9%
MC	24.8%	6.0%	65.3%	86.0%	9.9%	4.0%
WOIL	27.6%	1.0%	61.1%	49.0%	11.3%	47.0%
BCDE		0.0%		48.1%		51.9%
FODAC	26.5%	7.9%	66.2%	44.4%	7.4%	46.0%
All CILs	26.5%	4.0%	63.9%	56.8%	9.6%	37.0%
All Programs	26.5%	4.6%	63.9%	54.9%	9.6%	38.6%

* Census data is age of total population, not age of those with disabilities

Gender: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

CIL	% Male (of Population Age 18+)	% Male of CIL Consumers
ACIL	49.5%	37.6%
BAIN	47.0%	53.9%
DC	47.4%	48.7%
LIFE	48.8%	39.5%
Link	48.7%	47.2%
Link NW/Bridges	48.7%	36.8%
MC	48.3%	56.0%
WOIL	47.1%	35.8%
All CILs	48.5%	40.8%
BCDE	48.6%	44.4%
FODAC	48.7%	33.3%
All Programs	48.5%	39.7%

* Census data is age of total population, not age of those with disabilities

Race: 2000 Census Demographics vs. FY2003 CIL Consumer Profile

	One race						Two or more races	Hispanic/Non-Hispanic	
	White	Black or Afr Am	Am Indian or Alaska Native	Asian	Hawaiian and Pac Islander	Some other race		Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
Georgia	65.1	28.7	0.3	2.1	0.1	2.4	1.4	5.3	62.6
All CILs	43.3	54.9	0.4	0.5	0	0		0.9	
All Programs	45.6	52.0	0.3	0.5	0	0.0		1.6	
ACIL Regional Census Data	88.8	5.1	0.3	0.9	0.1	3.8	1.1	8.5	84.5
ACIL FY03	83.7	11.3	0.7	0.7	0.0	0.0		3.5	
BAIN Regional Census Data	55.7	41.7	0.3	0.3	0.1	1.3	0.7	2.6	54.9
BAIN 704	47.2	51.1	0.0	0.0	0.0	0.0		1.7	
DC Regional Census Data	60.3	36.7	0.2	1.0	0.0	0.72	1.0	2.0	59.4
DC 704	38.7	60.5	0.7	0.0	0.0	0.00		0.0	
LIFE Regional Census Data	62.9	32.5	0.3	1.2	0.1	1.7	1.4	3.5	61.5
LIFE 704	48.7	50.4	0.0	0.3	0.0	0.0		0.6	
Link Regional Census Data	59.6	31.6	0.3	3.7	0.0	3.1	1.8	7.1	56.2
Link 704	26.4	72.4	0.0	0.0	0.0			1.2	
Link NW Regional Census Data	88.93	6.04	0.32	0.51	0.03		3.0	1.1	5.7
NW (Bridges) FY03 Data	94.74	5.26	0.0	0.0	0.0	0.0		0.0	
MC Regional Census Data	77.0	18.5	0.2	1.5	0.0	1.6	1.1	3.6	75.3
MC 704	76.0	22.0	0.0	0.0	0.0	0.0		2.0	
WOIL Regional Census Data	55.1	41.1	0.3	1.4	0.1	0.8	1.3	2.3	54.1
WOIL 704	37.8	60.2	0.5	0.8	0.1	0.0		0.6	
BCDE Regional Census Data	75.0	20.1	0.5	1.0	0.1	1.4	1.9	3.6	73.2
BCDE FY03 Service Data	35.7	60.7				3.6			
FODAC Regional Census Data	59.6	31.6	0.3	3.7	0.0	3.1	1.8	7.1	56.2
FODAC FY03 Service Data	57.5	36.2		0.7		0.2		5.4	

It appears as though persons with mobility limitations are over-represented although we do not have good data to show the proportion of Georgians in each disability category. The 2000 Census merged deafness and blindness into one category called “sensory disability”. It appears that the Census also counted the number of disabilities rather than the number of people with what type of disability. Therefore, it is difficult to decide which disability category is “underserved”. Moreover, not all disability categories need IL services equally. Some disability groups, such as people with mental illness, have a recognized service delivery system however inadequate it may be. Other disability groups, such as persons with brain injury or those with multiple disabilities (such as deafness combined with mental illness), there is virtually no service delivery system. The same is true for people under age 65 with significant physical disabilities. As a result, it is all too common to encounter a young person with cerebral palsy in a nursing facility.

The good news is that our DSU representatives have educated estimates of the number of people with sensory disabilities. Based on research models developed in Kentucky and Illinois, there are an estimated 2800 Georgians are Deaf-Blind and at least that many who have both hearing and visual impairments that cause difficulty in daily function. Only 400 people with these disabilities have been identified. Clearly this is an underserved group. Our DSU representatives, Kay McGill and Rebecca Sills, are working with the CILs to improve and expand services to people with sensory disabilities.

Network of CILs. **(Section 13 in the Table of Contents Preprint of the SPIL)**

The Current Network

As of October 1, 2003, Georgia has eight Title VII, Part C funded CILs. In addition to the part C funds, the SILC administers state dollars as well as Part B funds for all but one of the Centers (Multiple Choices).

- 1) Access Center for Independent Living located in Gainesville serves 13 counties in Northeast Georgia.
- 2) Bainbridge Advocacy Individual Network located in Bainbridge serves 11 counties in Southwest Georgia.
- 3) Disability Connections is located in Macon serves 12 counties in middle Georgia.
- 4) DisAbility LINK is located in Atlanta and serves 12 counties around Metro Atlanta.
- 5) DisAbility LINK – Northwest is located in Rome and serves 15 counties in northwest Georgia
- 6) Living Independence for Everyone is located in Savannah and serves 14 counties in southeast Georgia.

- 7) Multiple Choices is located in Athens serves the 10 counties in mideastern Georgia.
- 8) Walton Options for Independent Living is located in Augusta and serves 16 counties in east Georgia.

The map in Appendix 2 provides a graphic of the current IL Network.

In addition to the CILs, there are two other programs with which the SILC held contracts during the last SPIL: (1) FODAC (Friends of Disabled Adults and Children) refurbishes and recycles adaptive equipment. (2) BCDE (Brunswick Citizens for Disability Empowerment) does home modifications.

In the previous SPIL, we established a goal for the Part B funded programs in Gainesville, Bainbridge and Warrenton to develop into fully functional, free-standing CILs. Two of the three CILs (Gainesville and Bainbridge) have accomplished this goal. The office in Warrenton continues as a “satellite” of Walton Options; this arrangement will continue for the foreseeable future.

The Future Network

The SILC and the DSU recommend that 2004 Part C dollars be used to continue the nursing facility transition project initiated under a grant from the Centers for Medicaid and Medicare. The rationale for this decision is (1) nursing facility transition is a proposed core service in the new Rehabilitation Act and (2) the CILs have active IL Plans for a significant number of institutionalized people. The work with these people will continue even though the CMS grant expires at the end of September '04.

The next priority area is continued expansion of CILs in unserved areas. At present there are three unserved areas expressing interest in CIL development: Valdosta, Columbus and Brunswick. While there is no funding for expansion, SILC and the CILs will continue to work for increased funding in the following ways:

- 1) Advocating for increases in Title VII, Part C.
- 2) Assisting local CILs with advocating for state dollars as accomplished by Walton Options, Disability Connections and BAIN.
- 3) Submitting Foundation Proposals.
- 4) Submitting grants to assist with SPIL goals and objectives.
- 5) Offering training and technical assistance to local programs when requested.

Even with all these approaches, the community capacity to develop a CIL may or may not exist. Developing a CIL requires interested, focused and skilled people with disabilities. The SILC will continue to search for, and offer learning opportunities to, any consumer group requesting its assistance.