

REPORTING INSTRUMENT

OMB Control Number: 1820-0606

Expiration Date: May 31, 2008

**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION**

**SECTION 704
ANNUAL PERFORMANCE REPORT
For
STATE INDEPENDENT LIVING SERVICES
PROGRAM
(Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended)**

Part I

INSTRUMENT

**(To be completed by Designated State Units
and Statewide Independent Living Councils)**

Reporting Fiscal Year: 2007

State: Delaware

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

Sections 704(c) and 704(m)(3) and (4) of the Act; 34 CFR 364.35 and 364.36

Indicate amount received by the DSU as per each funding source. Enter “0” for none.

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$ 293,173
(B) Title VII, Ch. 1, Part C – For 723 states Only	\$ 0
(C) Title VII, Ch. 2	\$ 0
(D) Other Federal Funds	\$ 0

Item 2 - Other Government Funds

(E) State Government Funds	\$ 43,890
(F) Local Government Funds	\$ 0

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$ 0
(H) Other resources	\$ 0

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$ 337,063
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Item 5 – Pass-Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)	\$ 0
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Item 6 - Net Operating Resources

Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$ 337,063
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Section B – Distribution of Title VII, Chapter 1, Part B Funds

Section 713 of the Act; 34 CFR 364.22, 365.1, 365.20, and 365.21

What Activities were conducted with Part B Funds?	Expenditures of Part B Funds for Services by DSU Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$ 10,129	\$0.00
(2) Provided IL services to individuals with significant disabilities	\$ 268,699	\$17,538
(3) Demonstrated ways to expand and improve IL services	\$ 16,119	\$0.00
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$ 0.00	\$0.00
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$ incl. in admin.	\$0.00
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$ incl. in admin.	\$0.00
(7) Provided training regarding the IL philosophy	\$ incl. in admin.	\$0.00
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$ incl. in admin.	\$415.00

Section C – Grants or Contracts Used to Distribute Title VII, Chapter 1, Part B Funds

Sections 704(f) and 713 of the Act; 34 CFR 364.43, and 34 CFR 365 Subpart C

Enter the requested information for all DSU grants or contracts, funded at least in part by Part B funds, in the chart below. If a column is not applicable to a particular grant or contract, enter “N/A.” If there were no non-Part B funds provided to this grantee or contractor for the purpose listed, enter “\$0” in that column. Add more rows as necessary.

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Subpart I, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSU or Provider	CSRs Kept With DSU or Provider
Delaware Assoc f/t Blind		\$ 7,146.00			
Robert Gray		\$ 6,490.00			
Total Amount of Grants and Contracts		\$13,636.00	\$		

Section D - Grants or Contracts for Purposes Other than Providing IL Services or for the General Operation of Centers

Section 713 of the Act; 34 CFR 365.1 and 34 CFR 365.20

Describe the objectives, activities and results for each Part B grant or contract awarded for purposes other than IL services or the general operation of centers.

Section E – Monitoring Title VII, Chapter 1, Part B Funds

34 CFR 80.40(a)

Provide a summary of the program or fiscal review, evaluation and monitoring conducted by the state of any of the grantees/contractors receiving Part B funds during the reporting year.

Section F – Administrative Support Services and Staffing

Section 704(c)(2) and 704 (m)(2) and (4) of the Act; CFR 364.22(a)(2) and 34 CFR 364.31

Item 1 – Administrative Support Services

Describe any administrative support services, including staffing, provided by the DSU to the Part B Program.

Item 2 – Staffing

Enter requested staff information for the DSU and service providers listed in Section C, above (excluding Part C funded CILs):

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	1.6	1.6
Other Staff	0.4	0.4

Section G – For Section 723 States ONLY

Section 723 of the Act, 34 CFR Part 366, Subpart D

Item 1 – Distribution of Part C Funds to Centers

In the chart below, please provide the following information:

- A) name of each center within your state that received Part C funding during the reporting year;
- B) amount of Part C funding each center received;

- C) whether the Part C funding included a cost-of-living increase;
- D) whether the Part C funding included any excess funds remaining after cost-of-living increases were provided;
- E) whether any of the centers received its Part C funding pursuant to a competition for a new center in the state; and
- F) whether the center was the subject of an onsite compliance review conducted by the DSU during the reporting year.

Name of CIL	Amount of Part C Funding Received	Cost of Living Increase? (Yes/No)	Excess Funds After Cost of Living Increase? (Yes/No)	New Center? (Yes/No)	Onsite Compliance Review of Center? (Yes/No)

Add additional rows as necessary.

Item 2 – Administrative Support Services

Section 704(c)(2) of the Act; 34 CFR 364.22(a)(2)

Describe the administrative support services used by the DSU to administer the Part C program.

N/A

Item 3 – Monitoring and Onsite Compliance Reviews

Section 723(g), (h), and (i); 34 CFR 366.38, 366.40 – 46

Provide a summary of the monitoring activities involving Part C centers conducted by the state during the current reporting year, including the onsite reviews of at least 15% of centers receiving Part C funds under section 723. The summary should include, at least, the following:

- A) Centers’ level of compliance with the standards and assurances in Section 725 of the Act; Overall there has been no formal monitoring of the CILs in our state besides reporting to the SILC at its monthly meetings.
- B) Any adverse actions taken against centers; No adverse actions have been taken.
- C) any corrective action plans entered into with centers; There were non and
- D) Exemplary, replicable or model practices for centers.

Item 4 – Updates or Issues

Provide any updates to the administration of the Part C program by the DSU, if any, including any significant changes in the amount of earmarked funds or any changes in the order of priorities in the distribution of Part C funds. Provide a description of any issues of concern addressed by the DSU in its administration of the Part C program.

SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 704(m)(4) of the Act; 34 CFR 364.53

In this section, provide data from all service providers (DSU, grantees, contractors) who received Part B funds and who were listed in Subpart I, Section C of this report, except for the centers that receive Part C funds. Part C centers will provide this data themselves on their annual 704 Reports, Part II.

Section A – Number of Consumers Served During the Reporting Year

Include Consumer Service Records (CSRs) for all consumers served during the year.

	# of CSRs
(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	146
(2) Enter the number of CSRs started since October 1 of the reporting year	119
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	265

Section B – Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

	# of CSRs
(1) Moved	6
(2) Withdrawn	13
(3) Died	7
(4) Completed all goals set	110
(5) Other	32
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	168

Section C – Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30 of the reporting year.

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	97

Section D – IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	254
(2) Number of consumers with whom an ILP was developed	11
(3) Total number of consumers served during the reporting year	265

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	6
(3) Ages 20 – 24	12
(4) Ages 25 – 59	211
(5) Age 60 and Older	36
(6) Age unavailable	0

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	150
(2) Number of Males served	115

Section G – Ethnicity

Indicate the number of consumers served in each category below. *Individuals MUST select only one category.*

	# of Consumers
(1) Hispanic or Latino	13
(2) Not Hispanic or Latino	252

Section H - Race

Indicate the number of consumers served in each category below. *Individuals may select more than one category.*

	# of Consumers
(1) American Indian or Alaska Native	0
(2) Asian	5
(3) Black or African American	102
(4) Native Hawaiian or Other Pacific Islander	1
(5) White	148

Section I – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	1
(2) Mental/Emotional	0
(3) Physical	19
(4) Hearing	2
(5) Vision	163
(6) Multiple Disabilities	74
(7) Other	6

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS FUNDED THROUGH TITLE VII, CHAPTER 1, PART B FUNDS

Sections 13 and 704(m)(4); 34 CFR 364.53; Government Performance Results Act (GPRA) Performance Measures

Subpart III contains new data requests. Please refer to the Instructions before completing.

Section A – Individual Services and Achievements

For the reporting year, indicate in the chart below how many consumers requested and received each of the following IL services. Include all consumers who were provided services during the reporting year through Part B funds, either directly by DSU staff or via grants or contracts with other providers. Do not include consumers who were served by any centers that received Part C funds during the reporting year.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	4	4
(B) Assistive Technology	42	42
(C) Children’s Services	0	0
(D) Communication Services	68	68
(E) Counseling and Related Services	2	2
(F) Family Services	2	2
(G) Housing, Home Modifications, and Shelter Services	22	22
(H) IL Skills Training and Life Skills Training	85	85
(I) Information and Referral Services	97	97
(J) Mental Restoration Services	0	0
(K) Mobility Training	61	61
(L) Peer Counseling Services	20	20
(M) Personal Assistance Services	4	4
(N) Physical Restoration Services	60	60
(O) Preventive Services	27	27

Services	Consumers Requesting Services	Consumers Receiving Services
(P) Prostheses, Orthotics, and Other Appliances	0	0
(Q) Recreational Services	13	13
(R) Rehabilitation Technology Services	21	21
(S) Therapeutic Treatment	0	0
(T) Transportation Services	27	27
(U) Youth/Transition Services	0	0
(V) Vocational Services	11	11
(W) Other Services	45	45

Section B – Increased Independence and Community Integration

Item 1 – Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self- Advocacy/Self-Empowerment	23	23	0
(B) Communication	73	68	1
(C) Mobility/Transportation	126	102	5
(D) Community-Based Living	0	0	0
(E) Educational	1	1	0
(F) Vocational	13	8	1
(G) Self-care	87	79	0
(H) Information Access/Technology	109	107	2
(I) Personal Resource Management	52	51	1
(J) Relocation from a Nursing Home or Institution to Community-Based Living	0	0	0

Significant Life Area	Goals Set	Goals Achieved	In Progress
(K) Community/Social Participation	1	0	0
(L) Other	163	147	5

Item 2 – Improved Access To Transportation, Health Care and Assistive Technology

(A) Table

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	98	76	16
(B) Health Care Services	98	96	4
(C) Assistive Technology	143	139	2

Note: For most IL services, a consumer’s access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to document that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

(B) I&R Information

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

The service provider did X / did not ___ engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

This year we were able to capture data Information and Referral in the Transportation, Health Care and assistive Technology areas.

Section C – Additional Information Concerning Individual Services or Achievements

Provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

This is a background of a program started in 2001. It is also a cost sharing program between the SILC, DVR and the Division for Aging and Adults with Physical Disabilities (DSAAPD). DSAAPD has entered into an agreement with the DSU to provide Home Modifications and Assistive Technology for their clients. This Project management helps streamline services for home modification and assistive technology. It also puts more money into the funding stream which helps clients and consumers receive services they otherwise may not get due to lack of funding. The Division of Vocational Rehabilitation consolidated its services and opened an “Office of Independent Living” (OIL) in 2001. DVR hired a Counselor to do all of the IL counseling allowing that counselor to focus on IL without an additional Title I goal. Previously, our program had counselors doing both Title I and Independent Living. By doing this, OIL exceeded its goals for the fiscal year by 150%. Unfortunately, in 2002 the goal for personal consumers was not met due to the continuing resolution and projects that were started near the end of the fiscal year that will not be completed until fiscal year 2003. In 2003 OIL exceeded its goal by 108%. In 2004 the OIL did not meet its entire goal for consumer services because of a continuing resolution. Many projects were in the works but were not completed by the time the fiscal year ended. It was anticipated to increase in 2005 and did just that. OIL exceeded its goal by 120%. Many projects are projected to be crossing over fiscal years from 2005 to 2006 because of an anticipated continuing resolution forecasted for Fiscal year 2006. The same thing is true for fiscal year 2007. Monitoring of the program through the last SPIL the SILC is seeing a pattern showing one year to serve the community above its goal and the next to be under the goal. It can be attributed to the continuing resolutions. With out full funding coming in a timely fashion, production slows down and projects fall to the next fiscal year thus making one year high and the next year low. The SILC is researching ways to increase funding to keep this from happening year to year. The one thing we have found to be true for sure is that the need is greater than the amount of money received. Just the minimum allotment that Delaware receives with the state match included can be spent very quickly trying to meet the needs of the citizens of Delaware. We keep our goal modest for monitoring purposes. If the amount of money was double for Direct Services, it would still run out in the course of the fiscal year. One of our objectives is to find another funding source to supplement the money we receive currently. We have made formal requests to the Rehabilitation Services Administration for more funding during re-

allotment and have been turned down. In 2001 and 2002 Delaware requested \$100,000 to serve a greater number of Delawareans with disabilities. In 2003 we made a formal request for \$25,000. In 2004 and 2005, we made the same type of request. FFY 2007 was a great joint program between the DSAAPD and SILC funded programs and in FFY 2008 there will be further discussions on how to enhance the program even further.

SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

Section 704(i), (l), and (m)(4) of the Act; 34 CFR 364.26, 364.27, and 364.32

Section A – Community Activities

Item 1 – Community Activities Table

In the table below, summarize the community activities involving the DSU, SILC and CILs in the Statewide Network of Centers (excluding Part C fund recipients) during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Indicate the entity(ies) primarily involved and the time spent. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Subpart IV contains new data requests. Please refer to the instructions before completing.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Affordable accessible housing	Education	SILC	20	To educate PWD re: different ways to acquire housing for themselves.	50 consumers were educated on housing
Affordable accessible housing	Advocacy	SILC	45	To educate legislature on housing issues for PWD. The Governors Commission on Community based alternatives for Individuals with Disabilities held a retreat to discuss priorities of the Commission. The number one priority is affordable, accessible, housing	The Commission and stakeholders have begun meeting on a regular basis to enhance housing choices for Individuals with Disabilities. The SILC is also trying to assure that returned targeted housing vouchers for PWD are put back in circulation to an individual with a disability and not a person without.
Transportation	Advocacy	SILC	25	To educate Individuals with disabilities about how the Para-transit systems works and transportation staff on consumer issues.	The individuals with disabilities and transportation representatives are more informed overcoming the barriers and challenges faced by individuals who use the transportation system in Delaware
Assistive Technology	Collaboration and Networking	SILC and DSU	40	To establish a consortium for the Low interest Loan Program. Many stakeholders were involved in developing and implementation of the Program	The Low Interest Loan Program is now up and running and 3 lending institutions are working in a collaborative manner to facilitate loans for Assistive Technology.

Div. of Developmental Disabilities Services	Technical Assistance	SILC	10	To educate service providers on funding streams to assist their clients.	Better coordination of funding and services between agencies and organizations.
Emergency Management	Education and Advocacy	SILC	50	To secure commitment from the Delaware Emergency Management Agency and other agencies to assure people with disabilities are adequately served in emergency situations	An on-line registry has been developed as well as the ability to phone in and register with 911.

Item 2 – Description of Community Activities

For the community activities mentioned above, provide any additional details such as the role of the DSUs, SILC, CIL, and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits. Please see above table for reference.

Section B – Working Relationships Among Various Entities

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities. In the spirit of cooperation and coordination the members on the SILC, CILs, and DSUs sit on many other councils, boards, and committees. The expected outcomes from the overlap are sometimes to meet a mandate in the Rehab Act itself or to stay abreast of issues that persons with disabilities in our state are facing. Thus, giving the SILC the opportunity to respond quickly to support or not support an effort another group may be engaging. There is a lot of cross representation on the council. The list below is not exhaustive but gives a strong indication of where information is being gathered from.

Councils, Committees and Boards:

Christine Trincia
Board Member for DEXSTA Federal Credit Union
On committee for Delaware's Annual Disability Ball
Treasurer for Hockessin Glen Community Association

Deborah Briddell
Chairperson for SRC for the Visually Impaired
Member of the Independent Living Advisory Council for DVI
Member of the DATI advisory Board
Member of the LBPH (library for the blind and physically handicapped) advisory council
President of Friends of DE LBPH
President of the National Federation of the Blind of Delaware

Griff Campbell
Governors Committee on Employment for Persons with Disabilities
Advisory Council Tech Act, AFP Loan Program
National Council on Independent Living, AT Sub-committee
Board of Directors, Freedom Center for Independent Living, Inc.
PAIR Advisory Council
Advisory Board, Canine Partners for Life
Stakeholders group for AT Low Interest Loan Program

Daniese McMullen-Powell
Governors Commission for Community Based Alternatives for Persons with Disabilities
GCCBAP Committee on Housing
Commissions Committees on Money Follows the Person, Health Care and Assessment
State Council for Persons with Disabilities
SCPD Sub-committee on Housing
SCPD Sub-committee on Policy and Law
Elderly and Disabled Transit Advisory Committee (inactive)
Fair Housing Task Force (under the Human Relations Commission.)
ADAPT Delaware, Lead Organizer
Delaware Emergency Preparedness for PWDs
Appointed to Medical Care Advisory Comm. (Advisory to Medicaid Director)
Past board member of CIL, Inc. (Vice Chair), IRI, Inc. (Chair), and FCIL, Inc. (Vice Chair)
Center for Disability Studies Advisory Committee

Larry Henderson
Developmental Disabilities Council – member
Executive Committee – member
Adult Issues Committee – chair
Partners Oversight Committee – chair
Access Wilmington – member

Delaware Fair Housing Task Force – member
Governor’s Commission for Community Based Alternatives – member
 Assessment Committee – member
Elderly Disabled Transportation Advisory Committee – member
Delaware Emergency Preparedness for People with Disabilities – member
DeIARF Physical Disabilities Commission – Chair
Goodwill Industries of Delaware – board member

Wayne Carter

Recipient of Commendation from the President’s Committee on Employment of People with Disabilities
Presenter for Delaware’s Disability Awareness Program (DAP) in Delaware schools
Member, Goodwill Industries, Inc. Board of Directors
Member, East Seal Society Board of Directors
Advisory Board, Canine Partners for Life
Chairperson, Governor’s Committee on Employment of People with Disabilities
Member, Architectural Accessibility Board, State of Delaware

Cathy McKelvey

DATI, Advisory Board Members
University of Delaware disabilities advisory board
National Council on Independent Living

Melissa Shahan

Client Assistance Program, Director
State Rehabilitation Council Member (General)
State Rehabilitation Council Member (Blind)
DELARF
United we Ride Member
Governors Advisory Council for Exceptional Citizens

DVR Partnerships

The Delaware Assistive Technology Program (DATI) is a non-profit organization that began operation in 1991 with funding from the Technology-Related Assistance for Individuals with Disabilities Act of 1988. This legislation, known as the Tech Act, intended that all states and territories would have programs to increase citizen awareness of and access to AT. In 1994, Congress reauthorized the Act and emphasized that programs should work toward eliminating barriers to AT access for their constituents. The most recent authorization of the Tech Act requires state AT programs to provide alternative financing for the purchase or lease of equipment, training and technical support for equipment, short-term loans of equipment, referrals for repairs and servicing of equipment, demonstration of equipment, and referrals for evaluation and assessment. The Division of Vocational Rehabilitation (DVR) has always partnered with DATI to some degree but formally it was just last year when DVR

and DATI collaborated on the Low Interest Loan Program and the Tele-work Programs. Currently, loans are available to consumers who might not be able to afford to get the AT they need. DVR is also represented on the steering committee of the DATI Reuse/Recycle Program. Although this program is still in fundamental stages, it shows much promise and many agencies and organizations are involved. Both DSU liaisons serve on the Advisory Council.

The Governor's Commission On Community-Based Alternatives for Individuals with Disabilities (Executive Order 50) will work for the next several years to focus on expanding current programs and increasing community options for individuals with disabilities. Many groups must work together to meet the goals of the Commission; Groups such as the Department of Health and Social Services, Department of Labor, Division of Vocational Rehabilitation, Department of Services to Children, Youth and their Families, providers of services, advocates, caregivers, and individuals with disabilities themselves. Stakeholders in the Commission are made up of 19 members.

Tim Brooks, Community Representative
State Senator Dori Connor
Mr. Michael Gamel-McCormick, University of Delaware, Center for Disabilities Studies
Ms. Andrea Guest, Division of Vocational Rehabilitation
Mr. Larry Henderson, Independent Resources, Inc.
State Senator Margaret Rose Henry
Ms. Renata Henry, Division of Substance Abuse and Mental Health
Ms. Sandra Johnson, Delaware State House Authority
State Representative Helene Keeley
Mr. Stephen Kingsberry, Delaware Transit Corporation
Mr. Jim Lafferty, Governor's Advisory Council on Substance Abuse & Mental Health
State Representative Pam Maier
Ms. Daniese McMullin-Powell, State Council for Persons with Disabilities
Mr. Guy Perrotti, Division of Services for Aging Adults and Physical Disabilities
Ms. Marianne Smith, Division of Developmental Disabilities Services
Peter J. Thedinga, Bank of America
Ms. Sandra Tuttle, Easter Seals of Delaware and Maryland's Eastern Shore

The following principles are of paramount importance to individuals with disabilities, their families, advocacy groups, and the citizens of Delaware. These principles are critical to implementing the goals and objectives of the Commission's plan and in providing services and supports to individuals with disabilities. The principles provide the background for understanding the goals, objectives, and action steps of the Commission.

Guiding Principle 1 — Service delivery systems should provide supports that are designed to meet the needs of individuals with disabilities as they transition from one living environment to another and from one support service to another.

Guiding Principle 2 — The lives of all individuals, including those with disabilities, change; therefore they will have different support needs at different times in their lives.

Guiding Principle 3 — Supports and services should provide individuals with disabilities with the right to choose, direct, and manage their own affairs. Whether in a long-term care facility or a community-based setting, service delivery should focus on the preferences of the individual and his/her goals. Individual choice and self-determination respects the experience and knowledge of the individual by valuing these four principles: freedom, authority, support, and responsibility.

Guiding Principle 4 — Individuals with disabilities should have basic rights that include:

- the freedom to exercise the same rights as all citizens; the authority to control their resources and make decisions about their lives;
- support from state government services, providers, agencies, family members, and friends in an organized, comprehensive fashion;
- flexible use of funding so that dollars are invested in services and supports and are not restricted to facilities or programs; and
- the right to receive services and supports in the least restrictive environment.

Guiding Principle 5 — The Commission is supportive of universal healthcare measures designed to deliver medical and long-term supports to all individuals based on need, regardless of disability status.

Guiding Principle 6 — In order to continue to enhance and develop quality services, reliable collecting and reporting of outcome data are essential. Outcome data about public services and programs should be available to facilitate both performance-based management and budgeting to produce a higher quality of services.

The Strategic Plan: Fiscal Years 2008–2012

The work outlined throughout the plan and the formation of goals, objectives, and action steps were constructed within the Commission's subcommittee structure. The Commission, as the formal body, reviewed the subcommittees' proposed goals and objectives, and was then charged with their prioritization and adoption.

Money Follows the Person

Delaware is implementing a *Money Follows the Person* initiative to allow the State to serve Medicaid beneficiaries in the most integrated setting possible, while ensuring the beneficiary's health and safety. By allowing money to be used to support individuals in home and community-based settings, rather than in institutions, the State can serve people in settings which most individuals prefer, while also spending limited Medicaid funds that would have been spent for institutional care to serve more individuals in home and community-based settings. The program allows individuals to have a choice of where they would prefer their services to be provided. A Study was completed in 2005 of the components of a balanced LTC system: access, services, financing, and quality. Successful *Money Follows the Person* programs may seek to make improvements in all these areas, but most focus on a smaller number of initiatives.

The Study reviewed these four areas (1) access to services, (2) appropriate financing, (3) service sufficiency, and (4) quality assurance. As Delaware considers policy changes to improve the access to, and the availability of, appropriate services in the community, these four elements can provide a framework for developing a comprehensive Money Follows the Person program. In addition, the study conducted research and interviews for four states, selected by Delaware staffs, which provide strong examples of successful rebalancing efforts. Some non-Medicaid costs, such as the cost of the Family Support program, were included in estimates for the cost to the state. As Delaware makes efforts in rebalancing the system to better support individuals in community-based settings, it will continue to coordinate programs together. With the improved infrastructure in each of these areas, it will continue to coordinate Money Follows the Person in the state and the state will best be able to transition people out of institutions and into community settings. A *Money Follows the Person* program also allows older adults and persons with disabilities in Delaware to choose the care setting of their choice (most often integrated community settings), while at the same time promising cost avoidance for those individuals. Money Follows the Person programs have been successfully developed and implemented in other states, and Delaware can look to these rebalancing experiences for guidance as it develops its Money Follows the Person initiative.

The State has the ability to make the policy choice about whether to increase the number of waiver slots or increase funding for the Family Support program, both of which help support individuals with long-term care needs in the community. There are a number of compelling reasons to implement *Money Follows the Person* program and that is what Delaware is doing. This will enable more individuals to have the opportunity to make a real choice in how to receive long term care support services, the State could offer this choice to at least an additional 386 to 640 individuals. Enhancing the ability to make this choice is in line with the tenets of the Americans with Disabilities Act, the *Olmstead* decision, and the federal New Freedom Initiative. Second, with a *Money Follows the Person* program in place, the State reduces the risk of lawsuits contending that the Medicaid program does not provide choices to individuals with disabilities.

Since the *Olmstead* decision passed in 1999, lawsuits have been filed in over half of the states, including Delaware, related to community-based care alternatives for persons with disabilities. Finally, implementing a *Money Follows the Person* program allows for community-based supports for individuals who can otherwise, at any time, choose more expensive institutional care, for which the State would be responsible to pay. Allowing for reasonable and robust supports in the community can help minimize the need for these costly, and often less desirable, alternatives.

DVI Partnerships

The Tobin Foundation is a non-profit organization that provides support to individuals with visual impairments. They have worked with DVI to provide consumers with access to high end Assistive Technology that they could not otherwise afford. In addition, Tobin provided \$10,000 to the Delaware Assistive Technology Initiative for the BOLD program. BOLD stands for Borrow-To-Own Low-Vision Devices. This program allows individuals to self-report their visual impairment and does not have any visual acuity requirements. There are no income limits however; the income of the consumer is tracked. The only requirement is that they borrow the device for two weeks to determine if it is beneficial. If it is beneficial, DATI will order the item (s) up to \$100.00 at no cost. A total of 35 individuals received 74 items during the fiscal year. Items received per person ranged from 1 to 6. Several people were repeat customers from 2006 to 2007. The distribution across counties was remarkably even throughout the state; 12 people in New Castle County, 12 in Kent, and 11 in Sussex. Among the most frequently-requested items were all types of magnifiers, talking bathroom scales, talking watches and clocks, talking thermometers, and recorders. This program has assisted DVI due to the waitlist for services and the number of people referred who are not eligible visually for DVI services

Visual Impairment Sensitivity Training - DVI Senior Rehabilitation Instructors (SRIs) provide training on the specific aspects of working with the visually impaired population in order to familiarize new or existing DVI staff, family members, and local businesses who are interested in establishing and/or maintaining employment opportunities for this population. There are two Training Centers in the state, one located in Sussex County and the other in New Castle County, that are fully equipped with the necessary adaptive devices. We discovered that our external customers find it beneficial to learn additional skills in sighted guide technique, white cane use, as well as the wide variety of assistive technology; we invited colleagues from other programs to assist with this endeavor. During FFY'06, 10 individuals were trained in sensitivity awareness for the visually impaired population. During FFY'07, 8 individuals were trained. All of the training evaluations have been positive. The Sensitivity Training Centers have been updated at both sites to include many appliances and items for daily living.

The Ferris School for Boys is a state-of-the-art juvenile secure care facility for 80 adjudicated delinquent males. It was designed to provide improved programs and services to create a total learning environment for youth. The youth committed to Ferris School are identified as serious and/or chronic repeat offenders who pose a risk to the public and require intensive rehabilitative programming and treatment for substance abuse, emotional problems, and violence. This fiscal year we provided sensitivity training to 10 of the Ferris residents. It was a great experience for all involved. All ten of the participants completed a variety of tasks that included preparing a meal, light housekeeping, sighted guide and using a white cane, and writing notes and signing their name while using simulators with different eye diseases. We had a lively discussion on what they experienced and how their life would be different if they were visually

impaired. It was rewarding to hear them talk about their aspirations and how they would be released to be productive citizens. DVI and Ferris are planning to provide the training to other groups of residents in the future.

Diabetes - The Division for the Visually Impaired continued collaborating with the Diabetes Prevention and Control Program as Diabetes is one of the leading causes of blindness. Statistics show that one in twenty Delawareans have been diagnosed with diabetes in 2006. The DSU Liaison is an active member of the Diabetes Coalition. This team is comprised of representatives from health insurance companies, physicians, pharmacists, diabetes educators, and other public and private agencies. The Coalition meets quarterly to discuss issues such as education, strategic plans, and health care issues. The DVI and the Diabetes Prevention and Control Program provide information to Delawareans about their respective programs to ensure awareness at various levels. The DVI and the Diabetes Prevention and Control Program also inform members of each organization about outreach opportunities. DVI also assisted in the planning of all seven of the Diabetes Wellness Expos. This collaboration will continue to be enhanced as we strive to reduce the prevalence of diabetes and support effective management.

DVI partnered with the **Delaware Association for the Blind** to present a Teen Transition Weekend. There were 10 participants. The activities for the weekend incorporated skills such as mock interviewing, a job fair that included talking with professionals in the retail, legal, and banking professions, resume writing skills, budgeting, self-advocacy, shopping, meal planning, cooking, cleaning, social skills and soft-skills. DVI continues to work on developing a transition program. This is the third year that we have partnered with the local association for the blind for this activity.

The Division for the Visually Impaired (DVI) hosted a demonstration of the ADAM Voting Machine for Delaware Health and Social Services employees and consumers at the Herman Holloway Campus in New Castle. The ADAM Voting Machine affords persons with disabilities the opportunity to vote independently. The machine tilts forward for ease of voting for persons using wheelchairs. It has a remote control and speech (with use of head phones for privacy) to afford persons with visual impairments the opportunity to vote independently without reliance on an election official or family member to cast their votes. Every voting location will be equipped with one ADAM at the general elections.

The **Independent Living Advisory Committee** is comprised of consumers appointed by the Director of DVI. Their primary function is to provide feedback to the independent living program. The committee frequently discussed their difficulty with transportation. As a result, we invited key people from Delaware's Transportation Authority (DART) to discuss the concerns. While there has been notable improvement, we continue to meet with them bi-annually to discuss services and concerns.

During the course of the fiscal year, we continued inviting agencies/organizations to our monthly team meetings to learn more about community resources. This fiscal year AARP and the local Lions Clubs provided a wealth of information about their programs and services. We also provided information about the services our agency provides.

AARP and DVI are looking to brainstorm in the future on ways to collaborate other than the traditional referral process.

DVI continued to present to the newly hired adjudicators at the local Social Security Administration again this year. We provided sensitivity training, eye health and disease information, and contact information for our services as well as neighboring states. We have discussed adding this component to their new employee training.

The DVI Vocational Rehabilitation (VR) program continues to employ a full-time employee whose major responsibility is to seek employment opportunities statewide for the visually impaired population. During the fiscal year, she promoted employment opportunities for the visually impaired to several employers and business. Those include: First State Community Action, Whatcoat United Methodist Church, Delaware Relay, Genesis Eldercare, Envisions, Luther Village, American Red Cross, South Carolina Commission for the Blind, Client Logic, Goodwill Industries, Marshalls, Deaf Independent Living Association, First State Senior Center, Marvel Agency, Safeway, Acme, Super G, United Cerebral Palsy, Client Assistance Program, Blind Industries and Services of Maryland, Phillips, Goldman, and Spence Law Firm, Delmarva Medical Transcription, Discover, Del-One, Citigroup, Walmart Distribution Center, State of Delaware Division of Social Services, Alpha Telemarketing, Lonestar, Applebees, TGI Fridays, Olive Garden, DogFish Head Brewery, BayHealth Medical Center, Read Aloud Delaware, Golden Corral, Friendly's, Red Lobster, Pfizer, Ezanga, Advanced Staffing, Applied Card Systems, Dover Air Force Base Civilian, Westminster Village, Blue Cross/Blue Shield of Delaware, and Cintas.

Sub Part V – Statewide Independent Living Council (SILC)

Section 705 of the Act; 34 CFR 364.21

Section A - Composition and Appointment

Item 1 – Current SILC Composition

In the chart below, provide the requested information for each SILC member. The category in which the member was appointed can be described, for example, as ex-officio state agency representative, other state agency representative, center representative, person with a disability not employed by a center or state agency, section 121 funded project director, parent of person with a disability, community advocate, other service provider, etc. Include current vacancies, along with the corresponding appointment category for each. Add more rows as necessary.

Name of SILC Member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Briddell, D	Neither	Consumer	Voting	1/23/06	1/23/09
Brown, T	Neither	Consumer	Voting	8/25/06	8/25/09
Campbell, G	State Agency	Ex-Officio	Non-Voting	1/5/07	1/5/10
Campbell, M	Neither	Consumer	Voting	1/23/06	1/23/09
Carter, W	Neither	Consumer	Voting	6/6/06	6/6/09
Gipson, S	State Agency	Consumer	Voting	12/1/98	8/29/08
Hazeur, A	Neither	Consumer	Voting	1/23/06	1/23/09
Henderson, L	CIL	Center	Voting	1/23/06	1/23/09
Jenkins, E	State Agency	Ex-Officio	Non-Voting	1/5/07	1/5/10
Lippi, Jarrod	CIL	Consumer	Voting	2/26/07	2/26/10
McKelvey, K	Neither	Consumer	Voting	8/29/05	8/29/08
McMullin-Powell	Neither	Consumer	Voting	1/8/07	1/8/10
Mitchell, P Jr.	Neither	Consumer	Voting	8/29/02	8/29/08
Shahan, M	Neither	Consumer-CAP Director	Voting	10/23/02	10/24/08

Name of SILC Member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Trincia, C	Neither	Parent	Voting	2/26/07	2/26/10
Ward, S	Neither	Consumer	Voting	6/6/06	6/6/09

Item 2 – SILC Composition Requirements

Please provide the information requested in the chart below. Include any current vacancies in a particular appointment category.

SILC Composition	# of SILC members
(A) How many members are on the SILC?	14
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	10
(C) How many members of the SILC are voting members?	13
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	12

Section B – SILC Membership Qualifications

Section 705(b)(4) of the Act; 34 CFR 364.21(c)

Item 1 – Statewide Representation

Describe how the SILC is composed of members who provide statewide representation.

The SILC is composed of members who provide statewide representation from all three counties in the State of Delaware. As noted in Section B of Subpart IV, the Council is well represented in many disability areas. Member come from all geographic areas of the state and keep the SILC abreast of issues relating to that area such as the limited access of transportation in Sussex County.

Item 2 – Broad Range of Individuals with Disabilities from Diverse Backgrounds

Describe how the SILC members represent a board range of individuals with disabilities from diverse backgrounds.

The SILC has a broad range of individuals with diverse backgrounds. The majority of individuals on the SILC have various disabilities, some seen and some not. The rest of the SILC is made up of people who are advocates; work in non-profit or state agencies. All represent persons with disabilities.

Item 3 – Knowledgeable about IL

Describe how SILC members are knowledgeable about centers for independent living and independent living services.

At each SILC meeting the Center Directors report on what their Centers are doing regarding Independent Living and the services being provided by each Center. The SILC brings in training from time to time. The SILC also offers to send members to training outside the state such as the SILC Congress and the National Conference on Independent Living. They also use ILRU and IL-NET as sources of training which keeps the members up to date in training and current national issues regarding Independent Living.

Section C – SILC Staffing and Support

Item 1 – SILC Staff

Please provide the name and contact information for the SILC executive director. Indicate the number and titles of any other SILC staff, if applicable. Also indicate whether any SILC staff is also a state agency employee.

The best way to contact the SILC is through the interim SILC Chairperson. Contact information:

Christine Trincia, Acting Chairperson
512 Brighton Rd.
Wilmington, DE 19809
302-530-7981
chris.trincia@verizon.net

Griff Campbell, DSU Liaison
Division of Vocational Rehabilitation
4425 North Market Street
Wilmington, Delaware 19802
Griff.campbell@state.de.us

Item 2 – SILC Support

Describe the administrative support services provided by the DSU, if any. Administrative support is provided by the DSU. There are two Ex-officio members, one from the General Vocational Rehabilitation Program and the other from the Blind Agency. A staff person for clerical support is also provided to help the SILC carry out its duties

Section D – SILC Duties

Section 705(c); 34 CFR 364.21(g)

Item 1 – SILC Duties

Provide a summary of SILC activities conducted during the reporting year related to the SILC's duties listed below:

(A) State Plan Development

Describe any activities related to the joint development of the state plan. Include any activities in preparation for developing the state plan, such as needs assessments, evaluations of consumer satisfaction, hearings and forums.

The SPIL was jointly developed by the DSUs and the SILC and Centers for Independent Living. The group met in several locations to develop the plan. The process went very well and a viable product was approved by RSA.

(B) Monitor, Review and Evaluate the Implementation of the State Plan

Describe any activities related to the monitoring, review and evaluation of the implementation of the state plan.

The SPIL is monitored by the SILC on a quarterly basis to ensure the goals set forth for the year are carried out. It also monitors and evaluates the plan during each SILC meeting by discussion of issues that the SPIL is addresses.

(C) Coordination With Other Disability Councils

Describe the SILC's coordination of activities with the State Rehabilitation Council (SRC) established under section 105, if the state has such a Council, or the commission described in section 101(a)(21)(A), if the state has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law. Please state whether the SILC has at least one representative serving as a member of the SRC and whether the SILC has any members serving on other councils, boards or commissions in the state.

The SILC has two members who are active with both the SRCs and the SILC. They report on the SRC's activities at our SILC meetings and try to collaborate together as much as possible.

(D) Public Meeting Requirements

Describe how the SILC has ensured that all regularly scheduled meetings and other public hearings and forums hosted by the SILC are open to the public and sufficient advance notice is provided.

All meetings are posted on the State website. The basic agenda and meeting dates and times are posted. The SILC posts notices about the public hearings for comment on the SPIL in the Centers for Independent Living, all the Vocational Rehabilitation offices as well as state newspaper 30 days prior to the hearings. In the posting the SILC also indicates we accept written comment for anyone who can not be present.

Item 2 – Other Activities

Section E – Training and Technical Assistance Needs

Section 721(b)(3) of the Act

Please identify the SILC’s training and technical assistance needs. The needs identified in this chart will guide the priorities set by RSA for the training and technical assistance provided to CILs and SILCs.

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	
Legislative Process	1
Applicable Laws	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier’s Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	2
Performance Measures contained in 704 Report	3
Dual Reporting Requirements	
Case Service Record Documentation	
Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	4
Financial: Grant Management	
General Overview	
Federal Regulations	5
Budgeting	
Fund Accounting	
Financial: Resource Development	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Innovative Programs	
Best Practices	6
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	7
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	8
Program Planning	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	
Program Design	
Time Management	
Team Building	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	9
Rural	
Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	10
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

SUBPART VI – SPIL COMPARISON AND UPDATES, OTHER ACCOMPLISHMENTS AND CHALLENGES

Section 704(m)(4) of the Act; 34 CFR 76.140

Section A – Comparison of Reporting Year Activities with the SPIL

Item 1 – Progress in Achieving Objectives and Goals

Describe progress made in achieving the objectives and goals outlined in the most recently approved SPIL. Discuss goals achieved and/or in progress as well as barriers encountered.

Comparison of Accomplishments and Goals to Previous Fiscal Year

Division of Vocational Rehabilitation

<u>Services Provided</u>	<u>Goals</u>	<u>Fiscal Year</u>	<u>Fiscal Year</u>	<u>Fiscal Year</u>
		<u>2005</u>	<u>2006</u>	<u>2007</u>
Number Served	100	120	102	102
IL goals accomplished	50-60	60	60	46

At the time of referral, counselors receive the information necessary to determine if an individual is eligible. Following the determination of eligibility, the development of the consumer’s plan is done in conjunction with information received from the cost-sharing agency. Simultaneously, the Program Specialist evaluates the needs of the consumer and initiates the contracting process, expediting the service delivery process. With the coordination of the cost-sharing agency and the counselors, the duplication of effort is minimized. The consumers receive service in a timely manner and financial resources are maximized. The streamlined, cost-sharing process enables the IL program to serve more consumers in an effective and efficient manner.

Division of Vocational Rehabilitation (General) Summary of Independent Living Surveys FY2007 Consumer Satisfaction Surveys

Methodology: Survey forms were mailed to fifty-three (53) consumers who received services in FY2007. The mailing included a self-addressed, stamped envelope for consumers’ convenience in replying. Twenty five (25) surveys were completed and returned. Four surveys were returned as undeliverable. The response rate was 52%.

Total responses = 25

Program Elements	Responses	Percentage
Satisfied overall with services	22	88%
Services increased independence	19	76%
Received adaptive equipment	11	44%
Are using adaptive equipment	10	40%

Interactions with I.L. Counselor	Responses	Percentage
Excellent	15	60%
Very Good	2	8%
Good	5	20%
Fair	2	8%
Poor	0	0%
Very Poor	0	0%
Not Answered	1	4%

What part of the I.L. program helped the most?	Responses	Percentage
Services in general	5	20%
Specific services/devices received	8	32%
Other	4	16%
Not answered	8	32%

Recommended improvements	Responses	Percentage
None	10	40%
Need more funding	2	8%
Better client/counselor communication	1	4%
Better known to older population	1	4%
Better contractors	1	4%
Don't Know	2	8%
Not Answered	8	32%

How did you learn about the I.L. program?	Responses	Percentage
V.R. counselor	2	8%
DE Office for the Deaf and Hard of Hearing	2	8%
Found on my own	5	20%
Other state/county program	5	20%
School counselor	1	4%
Friend/neighbor/family member	6	24%
Newspaper	1	4%
Local representative	1	4%
Not Answered	2	8%

**1. What service(s) did you request from the Independent Living Program?
Ramp, Lift, Bath Modification, Wheelchair, Van Modification, Training
Etc...**

1. Shower / Commode chair.
2. EZ Pivot transfer device.
3. A new hearing aid.
4. Ramp and shower bench.
5. Grab Bars / Railing.
6. Ramp
7. Door alarm.
8. Car Modification due to my condition, foot pedal extensions and a small wheel.
9. Washer/ Dryer.
10. Ramp
11. Bath Modification
12. Vehicle Lift installation.
13. Ceiling Track Lift.
14. Ramp
15. Bath Modification, Wheelchair, Training, Lift the unline things, I feel is things a lot of older people should be aware of.
16. Hearing Aids so I could hear my hearing is so bad cannot hear without them.
17. Bariatric Lift Chair.
18. Hearing Aid.
19. Hearing Aid.
20. Spa for therapeutic reasons.
21. Ramp
22. Bath Modification.
23. Ramp
24. Light weight wheel chair.
25. Ramp

2. What service(s) did you receive?

1. Shower/ Commode chair.
2. EZ pivot
3. E-mail, a new hearing aid with Bicross Microphone Aid.
4. Shower bench
5. Grab Bars/ Railing.
6. Complete Ramp
7. Door alarm and flashing fire alarm.
8. A small wheel, foot extensions and a raised drivers seat.
9. Install Washer/ Dryer
10. Ramp, very good services.
11. Bed and Bathroom door modifications.
12. Vehicle Lift installation.
13. Ceiling Track Lift.
14. Wheelchair Ramp
15. Lift – But now with it on the back of my car I was not told that my trunk would not open.
16. 2 Hearing Aids that right now do not work had one fixed took a month and it lasted one month the other one I still have not gotten back and I took them back in June for the one now not working still have not gotten the other.
17. Bariatric Lift Chair.
18. Hearing Aid
19. Hearing Aids
20. Vehicle Modifications
21. Ramp
22. Nothing to date.
23. Ramp
24. Light weight wheelchair.
25. Ramp

3. If you answered NO to 3a, why are you NOT using the equipment?

1. Blank
2. Blank
3. Blank
4. Do not require these devices at this time.
5. I have a cane.
6. Blank
7. Blank
8. Blank
9. N/A
10. Blank
11. Blank
12. Blank
13. Blank
14. Blank
15. Blank
16. The one I have not gotten since I took to Dr. Smith in June the other I got back in Aug and now does not work again I have to take back.
17. Blank
18. Blank
19. Blank
20. Blank
21. Blank
22. Blank
23. Blank
24. Blank
25. Blank

4. Did the services increase your independence? Please Explain?

1. Allows bathing at home.
2. It allows safer and easier transfers.
3. Blank
4. I did not have to worry about falling in the shower.
5. Helps to get up, something to help me from falling.
6. I can now venture outside and around the yard. Just being able to get outside was great.
7. Was worried about fire I can't hear alarms.
8. I can get to work and doctor appointments.
9. Blank
10. Blank
11. Helped me to now access my bathroom in my wheelchair.
12. Able to leave the home for social activity, shopping and lessened isolation by using the lift to transport scooter (transportation assistance).
13. She can get into her wheelchair and the bath tub much better.
14. Able to go outside without help.
15. Not really, my arms are very weak the straps that came with lift I could not pull tight, so I went and got ratchets straps and even they are hard for me to work.
16. I could not hear anyone talk my TV was up full volume could now hear with Aid when working. I felt like it was a whole new world.
17. I can get up alone and easier.
18. Blank
19. Blank
20. Blank
21. Ramp built in garage allows me to leave the house with ease.
22. Blank
23. The ramp that was built there are problems explained on the next page
24. Old wheelchair too heavy for me to handle.
25. I'm able to walk up ramp with my walker.

**5. How would you rate your interaction with your Independent Living Counselor ?
Please explain?**

1. Dan provided pleasant communication and provided the equipment in record time.
2. Dan provided pleasant communication and provided the equipment quickly.
3. Blank
4. My knee is giving out. I put in for a nurses aide.
5. Good advice, great understanding.
6. They have all been very concerned and helpful.
7. She was helpful.
8. Willing to help when needed.
9. Very helpful.
10. He got the job done fast.
11. Blank
12. Blank
13. They help us very much.
14. Blank
15. Blank
16. Very helpful was there when I needed him.
17. Blank
18. No one could have done a better job.
19. No one could have done a better job.
20. Blank
21. Blank
22. Blank
23. Blank
24. John Gano was very helpful.
25. Blank

6. If you received services from a Contractor or Service Provider, how would rate the services you received? Please explain?

1. Blank
2. Blank
3. Blank
4. Blank
5. Railing is already falling from shutters that it was attached to.
6. They were very prompt, courteous and cleaned up everything.
7. Good communication.
8. Blank
9. Very helpful.
10. Blank
11. Blank
12. Blank
13. They did an excellent job.
14. Blank
15. Blank
16. Blank
17. Blank
18. The audiologist provided great service – Matthew T. Favinger.
19. The audiologist provided great service – Matthew T. Favinger.
20. Blank
21. Ramp was built fast.
22. Blank
23. They damaged my siding, the rails are warped there are several pieces coming loose (planks, etc) some were not fastened 2 t 2 ll.
24. Blank
25. Blank

8. What part of the Independent Living Services program helped you the most?

1. Obtain the equipment.
2. Obtain the equipment I needed
3. Blank
4. The shower bench.
5. Grab Bars.
6. All aspects so far.
7. OVR
8. Blank
9. Didn't have to go up and down steps.
10. I didn't have to walk up steps.
11. The help and guidance from John Gano.
12. Positive support and acknowledgment of need.
13. The ceiling lift was a very big help to us.
14. Blank
15. Lift for my scooter, and Department of Aging.
16. Got my hearing aids quickly.
17. Blank
18. Hearing.
19. Hearing.
20. Blank
21. Ramp.
22. Blank
23. The counselor.
24. Blank
25. Blank

9. What changes would you suggest to the Independent Living Services Program to make it better?

1. Try to get more funding.
2. Try to get more funding.
3. No Idea.
4. Don't know yet.
5. None.
6. Can't think of anything.
7. None.
8. Blank
9. N/A
10. None.
11. None.
12. More interaction and communication of service status, wait list and funding, time lines. Just a note, bi- monthly contact for example.
13. None.
14. Blank
15. Let older people know about Independent Living Program. I didn't know about it till someone told me and I am sure that there are people that could use help such as # 1 on other side of paper. Older people are just not informed as to what is out there and what help they could get. Thanks
16. None great people.
17. Blank
18. I had excellent service I don't think it could have been better.
19. I had excellent service I don't think it could have been better.
20. Blank
21. Blank
22. Blank
23. Better contractors.
24. Blank
25. Blank

10. How did you learn about the Division of Vocational Rehabilitation's Independent Living Program?

1. From V.R. counselor.
2. From V.R. counselor.
3. Through Loretta Sarro (DE Office for the Deaf and Hard of Hearing).
4. Thru the telephone.
5. NCC program – County.
6. Through Social Services.
7. Loretta Sarro and other counselors.
8. School counselor.
9. Through a neighbor.
10. Paper.
11. My case worker, People with Service Disabilities.
12. Prior personal experience and DVR (family contact).
13. Friend
14. By calling other programs.
15. Dept. of Aging.
16. My wife heard about you and Dr. Coper – Dr. Smith told us.
17. Case manager Charles Jones.
18. By calling lots of phone numbers till I got the right one.
19. By calling lots of phone numbers till I got the right one.
20. Blank
21. Research.
22. Blank
23. My local Representative.
24. Thru sister, Lois Jackson.
25. A friend.

Comparison for the Division for the Visually Impaired

The total number of DVI consumers served by the Independent Living Services unit for FY '07 was 809. During the same period, DVI served 163 consumers aged 18-54, compared to 167 consumers in FFY '06.

	<u>Fiscal Year 2005</u>	<u>Fiscal Year 2006</u>	<u>Fiscal Year 2007</u>
Support Groups Services (Number Served)	58	75	50
Low Vision Services (Number Served)	306	133	139
IL Goals Completed (Total Individual)	1567	1545	1353

Consumer Satisfaction

DIVISION FOR THE VISUALLY IMPAIRED SUMMARY OF IL CONSUMER SATISFACTION SURVEY FOR SERVICES PROVIDED DURING FY '07

Consumers Called/Surveys Mailed: 224
Surveys Completed: 112
Percent Returned: 50%
More Confident in their abilities: 91%
Independence increased as a result of services: 76%
Better manage tasks: 74%
Better enjoying reading material: 80%
Better enjoy family life: 81%
More in control of decision making: 86%

Rating of services:

Excellent 70%
Good 19%
Average 11%
Poor 0%

Greatest Difference Comments:

- Taught me how to live when unable to see. Helped me to get into the book club.
- Provided me with information for meals on wheels and helped me to get books on tape.
- Able to cook and clean. Also using the dots to mark everything.
- Given me the books on tape, the large print phone and eye glasses for the television.
- Let me know about the different things that are available.
- Being able to use the CCTV and magnifiers.
- Just happy to be alive at my age.
- Everything. I can't single any one thing out.
- To be able to live more independently.
- Helped to let me know that there were other options out there.
- Able to read using their books on tape.
- The orientation and mobility and receiving reading equipment.
- Receiving the magnifying glasses and large number telephone.
- Receiving the magnifier.
- Mobility
- Receiving the books on tape.
- Aids to make things easier.
- The company has done quite a bit.
- Enjoy going on the trips

- Receiving aids to help with every day life.
- Receiving the books on tape.
- Made life easier
- Helping me to not dependent on others.
- Receiving the mobility.
- Receiving the magnifiers to see.
- Being able to read.
- Receiving magnifiers and telephone.
- Taking the classes.
- Being made aware of helpful things.
- Receiving little things for around the house.
- Receiving glasses to watch TV. I also purchased the reading table.
- Helps me to get around.
- Receiving the books on tape and magnifiers.
- Taught me how to be independent and motivated.
- Helping me to be able to write checks.
- Help me to get around.
- More independent.
- Taught me to slow down.
- I can read a little better using the magnifier.
- Supplied me with things to help me through everyday life.
- Makes life a little easier.
- The ability to depend on yourself
- Receiving the books on tape and a dart pass.
- Receiving magnifying glasses.
- If I have any questions or concerns they show me that they care and make me feel comfortable to come and ask anything.
- Makes me feel comfortable and receiving the magnifier.
- Receiving the magnifier.
- Showed me how to do things and provided me with a magnifier.
- Having somebody around to help with my condition.
- Receiving the glasses, clock, watch, magnifier and telephone.
- Helping to get magnifiers
- Just receiving the help.
- The bump dots that were put around the house.
- Roxanne made sure she got everything she needed.
- Accepting my disability.
- Receiving the books on tape.
- Helped me to become more independent longer.
- Receiving the glasses to watch television.
- Receiving the tapes and telephone which has made a difference in his quality of life.
- Helped me to get everything I needed.
- Made my life better.

- Providing me with the necessary items needed.
- Helping me to read.
- Receiving the magnifiers.
- Showed me different things that I can use
- Helped me to learn to write checks.
- Knowing that there is help out there when you need it.
- Receiving the cooking timer because I love to cook.
- More independence.
- Providing me with the necessary items that I needed.
- Providing the necessary tools.
- Helped me to become more independent.
- He is able to see better and less dependent on others. Receiving the clock was a plus also.
- Helped me to fill out checks
- Providing information, several items and introduced me to the support groups which very well helped me.
- Receiving the CCTV and alarm clock
- The ability to cope.
- My independence and giving me confidence.
- Takes me places and make sure I'm doing everything correctly.
- Able to see better and less dependent on others. Receiving the clock was a plus as well.
- Taught me to function on my own at home.
- Helped me to get around better.
- Everything that was provided has kept me to be more independent.
- Provided me with the necessary items to be of some help for my vision.
- Providing the magnifiers.
- I don't think that I would get by without the services from DVI.
- Been a great help.
- Provided the magnifier. I can't go without it.
- More confidence.
- Everything. I can't name just one thing.
- The ability to function everyday.
- Really hard to say.
- Receiving the watch other items.

Item 2 – SPIL Information Updates

If applicable, describe any changes to the information contained in the SPIL that occurred during the reporting year, including the placement, legal status, membership or autonomy of the SILC; the SILC resource plan, the design of the statewide network of centers; and the DSU administration of the SILS program.

There were no significant changes during the year.

Section B – Significant Activities and Accomplishments

If applicable, describe any significant activities and accomplishments achieved by the DSU and SILC not included elsewhere in the report, e.g. brief summaries of innovative practices, improved service delivery to consumers, etc.

One significant project that began in fiscal FFY 2007 is known as the Pedro Project. It is a story of a man who was assaulted. He was in a Portable Bathroom and two or three Teens thought it would be funny to flip it over. Unfortunately their actions left Pedro paralyzed with a Spinal Cord Injury. The story unfolded in the News media and other ways, Pedro began to receive help from all over the community not only DVR, and the SILCs Independent Living Program for training and AT. Since the beginning, the Division of Vocational Rehabilitation has been involved and provided Pedro the training to go back to work and the Independent Living Program purchased several AT items for his house. As all this was going on the Community jumped on board and coordinated the entire renovation of Pedro's house. Please see cut and paste link for more information.

<http://www.myfoxphilly.com/myfox/pages/Home/Detail?contentId=3779765&version=4&locale=EN-US&layoutCode=TSTY&pageId=1.1.1>

Section B – Significant Activities and Accomplishments

Division for the Visually Impaired

We continue to have a waiting list for independent living services. This year the remaining Senior Rehabilitation Instructor for the Visually Impaired completed the RT StudyCourse sponsored by the Lighthouse International in New York in which she and another Senior Rehabilitation Instructor for the Visually Impaired are working on the supervised internship requirements. Two Senior Rehabilitation Instructors for the Visually Impaired completed the supervised internship requirements. DVI realizes the importance of professional certification and is committed to having all IL team members certified.

The number of consumers on the waiting list and the length of time on the waiting list is steadily decreasing. We contact those on the waiting list every 90 days to determine if there are any changes in their status. We are obligated to serve the legally blind before we serve the severely visually impaired unless safety or emergency issues are indicated.

Section C – Substantial Challenges

There have not been any substantial issues between the DSU and the SILC. One challenge the SILC has is outreach to the deaf community. Although the SILC has tried

to encourage this population to participate on the SILC, the outreach efforts have not been fruitful. The SILC will continue to target this population.

Section D – Additional Information

DVR OUTREACH

- Developmental Disabilities Council Disabilities Awareness Day
- Governor’s Committee On Employment of People with Disabilities Awards Program
- Annual LIFE Conference (Liberty and Independence for Everyone)

DVI OUTREACH

During FY '07, efforts continued to identify and provide services to populations that might be underserved and/or unserved. DVI participated in numerous Health Fairs, wellness programs, and presentations throughout the state such as:

- Developmental Disabilities Council Disabilities Awareness Day
- Governor’s Committee On Employment of People with Disabilities Awards Program
- Milford High School Open House
- Delaware Diabetes Expo
- Delaware Ecumenical Society
- Delaware Healthy Marriage Coalition
- Ladies of Lord Auxiliary
- Pelican Cove Senior Center
- Delta Sigma Theta Sorority Health Fair
- Newark Senior Center Health Fair
- Newark Senior Center’s Blindness and Low Vision Education Program
- LIFE Conference
- Statewide Lions Clubs events
- City of Wilmington Annual Senior Health and Fitness Day
- West End Neighborhood House In-service
- Division of Service for Aging and Adults with Physical Disabilities Summer Institute
- Alpha Baptist Church Senior Health Fair
- Delaware Health and Social Services Leadership Conference

DVI continues to target minority populations. The DSU liaison attended a workshop sponsored by the Latin American Community Center, Hispanic Affairs and AARP. This event was an excellent opportunity to network with service providers and encourages sensitivity to this population. DVI also placed ads and information at Calvary Baptist Church, one of the oldest churches in the State whose parishioners are primarily African American.

DVI also placed advertisements in several statewide publications and special population newsletters in order to solicit referrals.

The following outreach materials were updated during the fiscal year:

- DVI Overview Brochure
- Vocational Rehabilitation Hiring Fact Sheet
- Due Process Rights Brochure
- Orientation and Mobility Brochure

The following is a list of Press Releases and/ or Media Coverage for DVI:

- Delaware Industries for the Blind Open House
- Governor's Advisory Council on the Blind- New Members Appointments
- CN-8 TV Appearance by Blind Vendor and Council Member
- Dunkin'-Deli Grand Opening- Business Enterprise Program
- Randolph Sheppard Training Conference Christiana Hilton Newark
- Comcast "Spotlight" Appearance by Blind Education Administrator
- WCAU TV-10 Interview with a consumer
- WHY- TV 12 Appearance by Social Service Administrator on age related eye disease prevention

The direct service team members of DVI met twice this fiscal year to discuss, plan, and implement transition activities. The goal was to bring our direct service team together to have open discussions about available services, transition needs and develop committees to implement the desired outcomes. The program managers of the direct service teams meet frequently to monitor progress and strategize.

During the summer months, a totally blind volunteer taught a Braille workshop to seven consumers. There were a variety of concepts taught including: a) the alphabet, b) numbers, c) labeling, and d) some contractual words. She provided us with feedback on the consumer's progress and areas that they may need additional assistance. The consumer's were extremely satisfied with the workshop.

In early January 2007, the partnership between Independent Resources, Inc and the Division for the Visually Impaired ceased. IRI has developed a program for the visually impaired population and provides services independently from DVI.

The SILC has also done strategic planning during FY07 in preparation for the development of the next State Plan for Independent Living (SPIL).

SUBPART VII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the DSU directors(s) and SILC chairperson.

Andrea Guest, Director
NAME AND TITLE OF DSU DIRECTOR DATE

SIGNATURE OF DSU DIRECTOR DATE

Christine Trincia, Acting Chairperson
NAME AND TITLE OF SILC CHAIRPERSON DATE

SIGNATURE OF SILC CHAIRPERSON DATE

Cynthia B. Lovell, Director
NAME AND TITLE OF DSU DIRECTOR (BLIND PROGRAM) DATE

SIGNATURE OF DSU DIRECTOR (BLIND PROGRAM) DATE

CONTACT INFORMATION FORM

(Please Print or Type Information)

Name of the DSU:

Delaware Division of Vocational Rehabilitation

Name of Director: Andrea Guest, Director

Mailing Address: 4425 North Market Street
Wilmington, DE 19734

Phone No: 302-761-8274

Email Address: Andrea.Guest@state.de.us

Fax: 302-761-6611

TTY: 302-761-8275

Grant Number: **H169A070010**

Please return a completed Contact Information Form
with each copy of the 704 Report

CONTACT INFORMATION FORM

(Please Print or Type Information)

Name of DSU:

Delaware Division for the Visually Impaired

Name of Director: Cynthia Lovell, Director

Mailing Address: 1901 N. Dupont Highway
Herman Holloway Campus
Biggs Building
New Castle, Delaware 19720

Phone No: 302- 255-9800

Email Address: Cynthia.Lovell@state.de.us

Fax: 302-255-9964

TTY: 302-255-9854

CONTACT INFORMATION FORM

(Please Print or Type Information)

Name of SILC Chairpersons: Christine Trincia

Mailing Address: 12 East Aldine Drive
Hockessin, Delaware, 19707

Phone No: 302-234-1520

Email Address: Chris.Trincia@verizon.net

Fax: N/A

TTY: N/A

Please return a completed Contact Information Form
with each copy of the 704 Report