

# **REPORTING INSTRUMENT**

OMB Control Number: 1820-0606

Expiration Date: May 31, 2012

**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: FFY 2011**

**State: Nevada**

## 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	\$298,458
(B) Title VII, Ch. 1, Part C – <b>For 723 states Only</b>	\$ N/A
(C) Title VII, Ch. 2	\$ 0
(D) Other Federal Funds- Assistive Technology	\$322,487

#### Item 2 - Other Government Funds

(E) State Government Funds	\$1,195,544
(F) Local Government Funds	\$0

#### Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$0
(H) Other resources (Neilsen Foundation)	\$123,567

#### Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$1,940,056
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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	\$1,940,056
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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

<b>What Activities were Conducted with Part B Funds?</b>	<b>Expenditures of Part B Funds for Services by DSU Staff</b>	<b>Expenditures for Services Rendered By Grant or Contract</b>
(1) Provided resources to the SILC to carry out its functions	\$	\$111,492
(2) Provided IL services to individuals with significant disabilities	\$	\$73,880
(3) Demonstrated ways to expand and improve IL services	\$	\$
(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	\$	\$
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$	\$71,597
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$	\$
(7) Provided training regarding the IL philosophy	\$	\$
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$	\$

**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.

<b>Name of Grantee or Contractor</b>	<b>Use of Funds (based on the activities listed in Subpart I, Section B)</b>	<b>Amount of Part B Funds</b>	<b>Amount of Non-Part B Funds</b>	<b>Consumer Eligibility Determined By DSU or Provider</b>	<b>CSRs Kept With DSU or Provider</b>
RAGE	Capacity	\$50,562	\$122,092	Provider	Provider
Care Chest	Capacity	\$0	\$22,000	Provider	Provider
Easter Seals	Capacity	\$0	\$84,522	Provider	Provider
University of Nevada	Capacity	\$0	\$43,873	Provider	Provider
Northern Nevada CIL	Capacity	\$21,035	\$50,000	Provider	Provider
<b>Total Amount of Grants and Contracts</b>		<b>\$71,597</b>	<b>\$322,487</b>		

**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.

N/A

**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.

As described further in this report, all grantees undergo a fiscal review by a Certified Public Accountant and by the fiscal staff of the Aging and Disability Services Division, as well programmatic monitoring by an independent evaluator. Individual case evaluations are conducted through case file reviews and in-person client interviews by an independent entity contracted by the DSU.

**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.

Through an inter-local contract with the Aging and Disability Services Division, the DSU funds staff to oversee the provision of IL services and to monitor and report on outcomes. The DSU also provides fiscal processing and financial oversight for all Part B funds expended in Nevada.

**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	1.75	1.25
Other Staff	5	.5

**Section G – For Section 723 States ONLY**  
*(Not Applicable in Nevada)*

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

**Item 1 – Distribution of Part C Funds to Centers**

N/A

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)
N/A					

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:

N/A

- A) centers' level of compliance with the standards and assurances in Section 725 of the Act;
- B) any adverse actions taken against centers;
- C) any corrective action plans entered into with centers; 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.

N/A

## **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.

	<b># of CSRs</b>
(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	251
(2) Enter the number of CSRs started since October 1 of the reporting year	299
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	550

### **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:

	<b># of CSRs</b>
(1) Moved	6
(2) Withdrawn	37
(3) Died	16
(4) Completed all goals set	213
(5) Other	5
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	277

### 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	273

### 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	0
(2) Number of consumers with whom an ILP was developed	550
(3) <b>Total number of consumers</b> served during the reporting year	550

### Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	2
(2) Ages 5 – 19	41
(3) Ages 20 – 24	20
(4) Ages 25 – 59	188
(5) Age 60 and Older	299
(6) Age unavailable	0

## Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	310
(2) Number of Males served	240

## Section G – Race And Ethnicity

Indicate the number of consumers served in each category below. *Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).*

**This section reflects a new OMB directive.  
Please refer to the Instructions before completing.**

	# of Consumers
(1) American Indian or Alaska Native	6
(2) Asian	13
(3) Black or African American	90
(4) Native Hawaiian or Other Pacific Islander	3
(5) White	376
(6) Hispanic/Latino of any race or Hispanic/ Latino only	59
(7) Two or more races	1
(8) Race and ethnicity unknown	2

## Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	6
(2) Mental/Emotional	0
(3) Physical	305
(4) Hearing	35
(5) Vision	10
(6) Multiple Disabilities	189
(7) Other	5

**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.

<b>Services</b>	<b>Consumers Requesting Services</b>	<b>Consumers Receiving Services</b>
(A) Advocacy/Legal Services	1	1
(B) Assistive Technology	517	211
(C) Children’s Services	6	3
(D) Communication Services	77	20
(E) Counseling and Related Services	0	0
(F) Family Services	5	2
(G) Housing, Home Modifications, and Shelter Services	352	144
(H) IL Skills Training and Life Skills Training	8	7
(I) Information and Referral Services	520	277
(J) Mental Restoration Services	0	0
(K) Mobility Training	0	0
(L) Peer Counseling Services	0	0
(M) Personal Assistance Services	1	1

<b>Services</b>	<b>Consumers Requesting Services</b>	<b>Consumers Receiving Services</b>
(N) Physical Restoration Services	0	0
(O) Preventive Services	0	0
(P) Prostheses, Orthotics, and Other Appliances	3	1
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	171	69
(S) Therapeutic Treatment	3	0
(T) Transportation Services	195	82
(U) Youth/Transition Services	5	2
(V) Vocational Services	1	1
(W) Other Services	3	2

## **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.

<b>Significant Life Area</b>	<b>Goals Set</b>	<b>Goals Achieved</b>	<b>*In Progress</b>
(A) Self-Advocacy/Self-Empowerment	1	1	0
(B) Communication	73	19	49
(C) Mobility/Transportation	281	92	131
(D) Community-Based Living	418	159	210
(E) Educational	0	0	0

<b>Significant Life Area</b>	<b>Goals Set</b>	<b>Goals Achieved</b>	<b>*In Progress</b>
(F) Vocational	0	0	0
(G) Self-care	513	184	269
(H) Information Access/Technology	36	7	24
(I) Personal Resource Management	0	0	0
(J) Relocation from a Nursing Home or Institution to Community-Based Living	12	9	3
(K) Community/Social Participation	0	0	0
(L) Other	5	1	3

*\*“Goals Set” represent the goals in only the new applications received during the year. “Goals Achieved” are only from the cases closed this year. “In Progress” are goals from the cases remaining open at the end of the year. The difference between the numbers is from those cases that were open before the year began, and remained open when the year ended, thus, they did not have a goal set or a goal achieved during the year.*

## **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.

<b>Areas</b>	<b># of Consumers Requiring Access</b>	<b># of Consumers Achieving Access</b>	<b># of Consumers Whose Access is in Progress</b>
(A) Transportation	221	61	107
(B) Health Care Services	3	0	3
(C) Assistive Technology	544	275	269

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.

**Section C – Additional Information Concerning Individual Services or Achievements**

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

N/A

# 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)
Employment	Collaboration/ Networking	DSU	50	Improve employment outcomes for people with disabilities.	Nevada Assistive Technology for Employment Summit was held bringing stakeholders and AT users together to develop an action plans for collaborative implementation.
Health Care	Systems Advocacy	DSU, CILs	800	Expand the availability of independent living services to children with Autism.	Over \$1.5 million in Applied Behavioral Analysis services were delivered to children with Autism. In addition, legislation was passed to make the program permanent, and to standardize assessments and data tracking across systems serving people with autism.
Respite	Technical Assistance	DSU	100	Improve access to respite and other supports for family caregivers	Planning and development of a web-based resource center for family caregivers.
Personal Assistance	Technical Assistance	DSU	200	Eliminate redundancies in the regulatory scheme governing Personal Assistance agencies	Though the work is not complete, it is anticipated to result in a consolidation of licensing designations or at least in the review processes required for the various licenses.

### Item 2 – Description of Community Activities

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

The activities outlined in the table above were all undertaken as collaborative efforts, and the success that Nevada has seen in improving disability policy and services is due primarily to the cooperative relationships that have been built.

The AT Summit continued a discussion that began with last year's Employment Summit, and resulted in a definitive action plan related to the utilization of AT to advance independence for people with disabilities. It also brought together important players from the continuum of AT service delivery in a spirit of collaboration and problem-solving.

The delivery of Applied Behavioral Analysis services to children with autism began as a pilot project within the SILS program in 2007. After showing initial success, the program received renewed temporary funding by the 2009 Nevada Legislature. With excellent data and documented impacts the program had broad-based support among legislators and leaders in the autism community. As a result, it has received permanent funding and will now stand alone as a State-funded program.

ADSD has been involved in developing resources through federal Lifespan Respite initiatives. This year, the SILS partnered with ADSD to develop web-based resources that are customized to the needs of inquiring families, based upon their answers to a series of questions. This tool will not only offer tremendous value, it is being looked at as a model to address other service needs.

The effort to streamline PAS agency licensing began with concerns raised both by people with disabilities and the agencies providing their services. As a result, a coalition was formed which also includes funding and regulatory agencies, and the group is working toward improved public policy that will make licensing simpler, cheaper and more effective.

## **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.

The Aging and Disability Services Division is home to the state councils for Assistive Technology, Traumatic Brain Injury, Personal Assistance Services, Deaf and Relay services, and the Disability Services Commission. Members of the SILC serve on many of these other bodies and their meetings are regularly attended by SILC staff or members of the SILC. The DSU has contracted with the state Aging and Disability Services Division to provide support to the SILC and to oversee the provision of IL services. This partnership has been a valuable asset in enabling collaboration between the SILC/DSU and a variety of other advisory bodies.

In these times of so many economic challenges, the cross-communication resulting from the above partnerships helps to ensure that decisions are not made in isolation, unexpected outcomes are given full consideration, and partnerships are formed to fully leverage available resources.



# SUBPART 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
Baker	Neither	PWD	Voting	8/30/2009	8/30/2012
Evans	Neither	PWD	Voting	3/6/2009	3/5/2012
Osti	Neither	PWD	Voting	9/1/2008	8/30/2011
Harris	Neither	PWD	Voting	2/1/2010	8/17/2011
Jambor	Neither	PWD	Voting	9/1/2008	8/20/2011
Rehkop	Neither	PWD	Voting	7/1/2009	6/30/2012
Hall-Walker	State	Ex-Officio	Non	11/1/2010	6/30/2013
Begay	Neither	Sec 121	Voting	8/12/2009	6/30/2012
Evilsizer	CIL	CIL	Voting	8/30/2009	8/30/2012
Erquiaga	CIL	CIL	Voting	10/2/2009	5/3/2011
Bennett	Neither	PWD	Voting	12/2/2010	8/30/2013

### Item 2 – SILC Composition Requirements

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

<b>SILC Composition</b>	<b># of SILC members</b>
(A) How many members are on the SILC?	11
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	7
(C) How many members of the SILC are voting members?	10
(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?	7

## **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 three main geographic areas of the state, and the representation on the SILC, breakdown as follows:

<b>Area</b>	<b>% of State Population</b>	<b>% of SILC Membership</b>
Las Vegas metro	65%	55%
Reno metro	25%	18%
Balance of State	10%	27%
Statewide Representatives	N/A	N/A

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

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

Our members have disabilities including, blindness, deafness, spinal cord injury, brain injury and neurological disease. Their education and employment backgrounds range from PhD to high school graduate, from physical therapist to paid disability advocate. Although the SILC is not as culturally diverse as it has been historically, the current makeup is reflective of the limited diversity in Nevada’s general population. The SILC includes individuals representing African American, Hispanic, and Native American populations.

### **Item 3 – Knowledgeable about IL**

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

In addition to a CIL representative on the SILC, there is a former CIL employee also serving on the Council. Furthermore, the ILRU regularly offers training related to IL philosophy, SILC operations, and other relevant topics; these training opportunities are usually offered to members of the SILC with any expenses covered by the Council. Members have also attended the NCIL Conference and the SILC Congress.

## **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.

Kate Osti  
SILC Chairman  
(702) 257-8150  
[kate@ndalc.org](mailto:kate@ndalc.org)

Through a contract with the DSU, the state Aging and Disability Services Division provides staff support for the SILC.

### **Item 2 – SILC Support**

Describe the administrative support services provided by the DSU, if any.

As described above, the DSU has executed an inter-local contract with the Aging and Disability Services Division to administer the IL services program and to support the SILC. This contract mandates that an annual report be provided to the DSU (in addition to this 704 report) outlining the activities of the Aging and Disability Services Division. In turn, the DSU manages the receipt of funds from RSA and the necessary financial reporting. The inter-local contract also provides for a DSU audit of the IL program's files and records; such an audit was conducted in 2011.

## **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.

In anticipation of submitting the State Plan, the SILC and DSU closely monitored Nevada's legislative agenda for disability issues and the impact the economy would have on decisions important to people with disabilities. Eventually, a series of statewide public hearings were held on the SPIL to enable the public to have input and then

comment on the plan. IL stakeholders were able to identify a number of key issues and opportunities that exist for people with disabilities in Nevada, and incorporated them into the new SPIL.

When RSA suggested strategies for strengthening the Nevada SPIL, the DSU, SILC and Aging and Disability Services Division worked collaboratively to amend the plan.

### **(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.

Nevada's State Plan contains very specific and measurable objectives. Most of these objectives were established with built-in measurement and evaluation components, making the review process more efficient and objective. In addition, all consumer service records are maintained in an electronic environment, allowing for real-time access to program performance and client outcomes data.

Service quality is monitored during each year of the plan, when the DSU procures an independent consultant at the direction of the SILC to conduct in-home interviews with most of the consumers served by the program. These interviews tend to be very positive and reflect a high level of service provided to Nevadans with disabilities. The DSU has again issued a request for proposals to secure an independent evaluator for the IL program and the evaluator was chosen by the SILC. It is anticipated that this evaluation will be completed in the first quarter of calendar 2012.

### **(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.

A member of the SILC has historically served on Nevada's SRC. Additionally, the Administrator of Nevada's Rehabilitation Division serves as an ex-officio member of the SILC. Members of the SILC also serve on the following boards and councils: Assistive Technology Council, Developmental Disabilities Council, Personal Assistance Services Council, Deaf and Relay Services Council, Interagency Transition Advisory Board, and others.

**(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.

Nevada has a very strong public meeting law which requires that every agenda be reviewed by the Attorney General’s office before posting, and that sufficient notice be given prior to the meeting. All meeting notices are widely posted and interested parties (non-SILC members) are notified by e-mail of upcoming meetings. Every meeting includes at least two opportunities for open public comment.

**Item 2 – Other Activities**

Describe any other SILC activities funded by non-Part B funds.

None. Non-Part B funds are used to primarily provide direct services to people in need and also to fund necessary administrative costs.

**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.

<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
<b>Advocacy/Leadership Development</b>	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	1
Legislative Process	2
<b>Applicable Laws</b>	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier’s Access Act	
Fair Housing Act	

<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
Individuals with Disabilities Education Improvement Act	7
Medicaid/Medicare/PAS/waivers/long-term care	4
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	9
Government Performance Results Act of 1993	
<b>Assistive Technologies</b>	
General Overview	
<b>Data Collecting and Reporting</b>	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	
<b>Disability Awareness and Information</b>	
Specific Issues- Money Follows the Person/ Olmstead	8
<b>Evaluation</b>	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	10
<b>Financial: Grant Management</b>	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	

<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
<b>Financial: Resource Development</b>	
General Overview	
Diversification of Funding Base	5
Fee-for-Service Approaches	6
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
<b>Independent Living Philosophy</b>	
General Overview	
<b>Innovative Programs</b>	
Best Practices	
Specific Examples	
<b>Management Information Systems</b>	
Computer Skills	
Software	
<b>Marketing and Public Relations</b>	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
<b>Networking Strategies</b>	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	

<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
<b>Program Planning</b>	
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	
<b>Outreach to Unserved/Underserved Populations</b>	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	3
Rural	
Urban	
<b>SILC Roles/Relationship to CILs</b>	
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	
<b>CIL Board of Directors</b>	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	

<b>Training and Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important</b>
<b>Volunteer Programs</b>	
General Overview	
<b>Optional Areas and/or Comments (write-in)</b>	

# **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**

#### Mission:

To provide systems and resources at the community level which promote equal opportunity and life choices for people with disabilities, through which they may live independently and exercise choice and control in their lives.

#### Vision:

- People with disabilities will be involved in all levels of policy and decision-making which potentially impact their lives.
- People with disabilities will be the ultimate decision-makers in formulating the priorities for their Independent Living plans, with input from case managers and other experts when needed.
- Limited resources will be allocated in a way that balances the need to serve as many people as possible, while still providing a basic level of independence to those served.

#### Goals:

##### Goal 1

Promote a philosophy of independent living, by: prioritizing consumer control through the use of independent living service plans among at least 90% of those applying for services; ensuring community integration through the cooperative implementation of Nevada’s Olmstead Plan, which is commonly known as Nevada Strategic Plan for People with Disabilities; and achieving diversity among those served through demographic tracking and targeted outreach.

##### Goal 2

Expand and improve the provision of IL services throughout Nevada by: providing comprehensive IL services to at least 150 people annually; coordinating services to older individuals who are blind; and expanding the availability of Positive Behavioral Supports in Nevada.

##### Goal 3

Support a statewide network of centers for independent living (CILs), operated by consumer-controlled, cross-disability, nonprofit agencies that are operated within local communities by

individuals with disabilities and that provide an array of IL services, and strengthen this network by: diversifying its grant funding base; and exploring options for offering fee services.

#### Goal 4

Support the improvement, expansion and coordination of disability services throughout Nevada and work in concert with the efforts under Nevada's Strategic Plan for People with Disabilities, by: better coordinating the transitions of children and youth with disabilities from early intervention to school, and from school to adult life; making all disability services more easily and universally accessible; expanding the resources available to blind adults in Nevada; and by improving the supports available to Deaf Nevadans.

### **OBJECTIVE 1.1**

Ensure that independent living services are provided in accordance with an independent living plan mutually developed between the consumer, service provider staff and, if appropriate, with input from a subject-matter expert. Such plans will be developed by at least 90% of those applying for services.

Plan: 90% of individuals seeking services under the Independent Living Services Program will develop an IL Plan. The waiver of plan option will be made available to those desiring a waiver.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division (ADSD), which will be responsible for ensuring the necessary case management supports are in place to facilitate the delivery of services.

Resources: IL program policies and procedures, case management data system, trained service personnel, family and community support systems of each consumer.

Time Frame:

9/30/11- at least 90% of those individuals applying between 10/1/10 and 9/30/11 will have developed an IL plan.

9/30/12- at least 90% of those individuals applying between 10/1/11 and 9/30/12 will have developed an IL plan.

9/30/13- at least 90% of those individuals applying between 10/1/12 and 9/30/13 will have developed an IL plan.

Outcomes:

9/30/11- 100% of those individuals applying between 10/1/10 and 9/30/11 developed an IL plan.

## **OBJECTIVE 1.2**

Ensure that, to the greatest extent possible, services for people with disabilities are provided in the most integrated setting, by implementing the objectives outlined in Nevada's Olmstead plan.

**Plan:** Relevant entities will work cooperatively with Medicaid, the Aging and Disability Services Division, the Commission on Services to People with Disabilities and other entities to spearhead initiatives in the spirit of the Olmstead decision. This work may include nursing facility transition or diversion, self-directed services in Medicaid, the expansion and improvement of community-based personal assistance and Early Intervention services, the promotion of competitive employment, and the coordination of vocational rehabilitation and independent living services.

**Lead Organization:** The Aging and Disability Services Division, which is coordinating Olmstead implementation and compliance; and the SILC, which will monitor the progress of Olmstead implementation in Nevada.

**Key Partners:** Medicaid, the Aging and Disability Services Division, the Health Division, Mental Health and Developmental Services, the DSU, the Department of Education, and the Commission on Services to People with Disabilities.

**Resources:** The Nevada Strategic Plan for People with Disabilities, Nevada's Olmstead "report card" being published in July 2010, federal funding resources to support nursing facility transition or diversion, the Medicaid FOCIS program and the Southern Nevada Center for Independent Living (SNCIL) nursing facility transition program, State IL dollars, federal Vocational Rehabilitation dollars.

**Time Frame:**

9/30/11- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living programs, with State Independent Living funds being leveraged to secure additional federal Vocational Rehabilitation dollars. State agencies serving people with disabilities subject to the Olmstead Decision will begin giving specific consideration to the Olmstead implications of their budgetary recommendations, before advancing them to policymakers.

9/30/12- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living programs.

9/30/13- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living programs.

Outcomes:

9/30/11- 153 Nevadans were diverted or transitioned from nursing facility care (128 of the 153 were transitioned) through ILS, Medicaid FOCIS, and SNCIL. None of the services could be coordinated with Vocational Rehabilitation. Efforts will continue to coordinate services where Vocational Rehabilitation can be identified as a resource for the services needed to transition individuals from nursing facility care.

**OBJECTIVE 1.3**

Ensure that services to underserved populations are provided at least in proportion to their population in the latest census data.

Plan: Grants to community-based entities will include provisions for targeted outreach to underserved consumers. Grants will be monitored for the proportion of underserved consumers assisted compared to the proportion of those groups reported in the 2010 Nevada Census. The demographic group to be tracked will include: age 16 or under; age 65 or older; African-American; Hispanic-American; Native-American; rural residents; and below poverty.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which will ensure that SILS staff or grantee partners conduct the necessary outreach to achieve market penetration among the relevant demographic groups; and, public and private agencies that serve targeted populations.

Resources: IL program policies and procedures, case management data system, trained service personnel, community contacts held by those agencies serving targeted populations.

Time Frame: These demographics will be measured at the conclusion of each year and, if a target population is not being adequately reached, an outreach plan will be developed to specifically target that population.

Outcomes:

<i>Demographic</i>	<i>Target Percentage</i>	<i>9/30/11 Actual</i>	<i>9/30/12 Actual</i>	<i>9/30/13 Actual</i>
<b>Under age 18</b>	<b>24.6%</b>	<b>*29.2%</b>		
<b>Over age 65</b>	<b>12</b>	<b>44.1</b>		

<b>Hispanic/Latino</b>	<b>26.5</b>	<b>*12.9</b>		
<b>African-American</b>	<b>7.7</b>	<b>*14.4</b>		
<b>Native-American</b>	<b>0.9</b>	<b>*1</b>		
<b>Rural</b>	<b>11</b>	<b>11.5</b>		
<b>Below Poverty</b>	<b>12.4</b>	<b>33</b>		

*\*Services to children include individuals served by the Autism Treatment Assistance Program, which was operated as part of SILS from 2007-2011, and then spun off as a stand-alone service. Counting these recipients ensures a continuity of service data over the long-term.*

#### **OBJECTIVE 1.4**

In mid-2010, a “report card” will be issued outlining Nevada’s progress in complying with the Olmstead Decision. In response to that report, the SILC will examine how the report’s findings reflect on the implementation of the SPIL.

**Plan:** The SILC will meet to discuss Nevada’s 2010 Olmstead “report card.” If appropriate, the SILC may also outline strategies and objectives in response to the report and in keeping with the SILC’s federal mission under the Rehabilitation Act.

**Lead Organization:** The SILC will review the report card and may recommend SPIL amendments, as appropriate.

**Key Partners:** Northern Nevada Center for Independent Living (NNCIL), which will contract the report card’s completion; the Aging and Disability Services Division, which will serve as the central coordinator of Olmstead Implementation; and the Commission on Services to People with Disabilities, which provides official Olmstead implementation oversight.

**Resources:** The Nevada Strategic Plan for People with Disabilities, Nevada’s Olmstead “report card,” other as-yet unidentified resources which may be needed to carry out the recommendations outlined through this process.

**Time Frame:**

9/30/11- at least one SILC meeting will be held to discuss Nevada’s 2010 Olmstead progress report. If deemed appropriate by the SILC a list of proposed SPIL amendments will be outlined to further Nevada’s Olmstead compliance.

**Outcomes:**

The SILC was provided with copies of the report and an overview of its findings. Nevada’s work to implement Olmstead was found to be among the most effective in the nation. The Nevada Commission on Services for Persons with Disabilities will continue

to monitor and advocate for Olmstead implementation, and the SILC intends to stay involved in the process by attending Commission meetings and offering input as appropriate.

## **OBJECTIVE 2.1**

Provide an appropriate, accessible, and affordable network of independent living rehabilitation services throughout Nevada, to at least 150 new individuals annually.

**Plan:** Provide an adequate number of full-time case managers to assist people with disabilities throughout the State to obtain the services, devices, equipment and modifications they need to maintain their community independence. Case Manager duties will include:

Finding individuals in need of services; assisting them to: file an application, assess needs and plan services; assisting them to locate other resources and gather bids; following the provision of services and evaluating services to assure quality; providing assistive technology or other assessments via outside expertise; advocating on behalf of individuals with disabilities to gain access to services from sources in addition to the Independent Living program; and conducting outreach to targeted populations as needed.

**Lead Organization:** The DSU.

**Key Partners:** Aging and Disability Services Division, which will be responsible for securing the necessary State resources to fund the direct services, and for ensuring the necessary case management supports are in place to facilitate the delivery of services.

**Resources:** IL program policies and procedures, case management data system, trained service personnel, independent experts to conduct assessments, family and community support systems of each consumer. Should State resources prove inadequate to meet this objective, private sector funding will be pursued by ADSD or its nonprofit partners.

**Time Frame:**

Based upon past outcomes data and reasonably conservative estimates of State funding, over the course of the three year SPIL period, at least 450 people will be served, as follows:

9/30/11- at least 150 people will have received services in the previous federal fiscal year.

9/30/12- at least 150 additional people will have received services in the previous federal fiscal year.

9/30/13- at least 150 additional people will have received services in the previous federal fiscal year.

Outcomes:

9/30/11- 277 people had their services completed during the federal fiscal year.

## **Objective 2.2**

Coordinate services to older individuals who are blind through the execution of a cooperative agreement between the DSU's Older-Blind Independent Living Program (OBIL) and the Independent Living Services Program.

Plan: Nevada's Older-Blind program has shown strength and expertise in assessing needs and providing mobility training. The Independent Living program has demonstrated an ability to garner financial resources to fund the assistive technology needs of individuals who are blind. A cooperative agreement will be executed, whereby the two programs will cooperatively serve older-blind individuals during the term of the SPIL, and service levels in the older-blind program will be monitored by the SILC.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which will be responsible for securing the necessary State resources to fund the direct services, and for ensuring the necessary case management supports are in place to facilitate the delivery of services.

Resources: IL program policies and procedures, Vocational Rehabilitation program policies and procedures, case management data systems, trained service personnel.

Time Frame: In the fiscal year 10/1/10-9/30/11 the cooperative agreement will be reviewed and amended as needed. Based upon past outcomes data, at least 100 people will be served by the OBIL program and 5 will be jointly served by the OBIL and SILS programs.

In the fiscal year 10/1/11-9/30/12 at least 100 people will be served by the OBIL program and 7 will be jointly served by the OBIL and SILS programs.

In the fiscal year 10/1/12-9/30/13 at least 100 people will be served by the OBIL program and 10 will be jointly served by the OBIL and SILS programs.

Outcomes:

9/30/11 the cooperative agreement was reviewed and with no amendments. 353 people were served by the OBIL program and 5 consumers received their visual assistive technology through the SILS programs.

### **OBJECTIVE 2.3**

Monitor the utilization of, and, if possible, increase funding for Positive Behavioral Supports (PBS) and similar services so that individuals with difficult behaviors will be better able to receive services in their local community.

Plan: Working with service provider agencies, the SILC will monitor the utilization of PBS as it is required in chapters 388, 394, 439 and 449 of the Nevada Revised Statutes, and the funding made available to operationalize those statutes.

Lead Organization: The SILC.

Key Partners: University of Nevada, Mental Health and Developmental Services, and school districts, which will offer PBS through their programs; and, the Aging and Disability Services Division, which will provide the funding, if available, as suggested by the SILC.

Resources: State general fund appropriation.

Time Frame:

9/30/11- at least \$100,000 in State funding will have been added to SFY 11 funding for PBS services, and a report of PBS utilization and impacts will be gathered from relevant agencies and reported to the SILC.

9/30/12- at least \$100,000 in State funding will have been added to SFY 12 funding for PBS services, and a report of PBS utilization and impacts will be gathered from relevant agencies and reported to the SILC.

9/30/13- at least \$100,000 in State funding will have been added to SFY 13 funding for PBS services, and a report of PBS utilization and impacts will be gathered from relevant agencies and reported to the SILC.

Outcomes:

9/30/11- \$100,000 in State funding was added to SFY 11 funding for PBS services, and a report of PBS utilization and impacts was reported to the SILC.

### **OBJECTIVE 3.1**

Diversify the funding base of Nevada's Centers for Independent Living (CILs) to lessen their dependence of federal Independent Living funding and to broaden the array of services and supports they offer.

Plan: The SILC and/or CILs will engage a consultant to advise the CILs in strategies to expand and diversify their funding base, and to broaden the array of services offered.

Lead Organization: The DSU.

Key Partners: the Aging and Disability Services Division, which will grant funding as necessary to hire a consultant; and NNCIL and SNCIL, which will work cooperatively with the consultant to identify and pursue options for funding diversification.

Resources: Federal Part-C ARRA (federal stimulus) appropriation, independent consultant, federal IL technical assistance provider.

Time Frame: By 9/30/11, an independent consultant will offer a formal report of recommendation to Nevada's CILs. By 9/30/13, each of Nevada's CILs will act upon at least two of the recommendations made by the consultant.

Outcomes:

9/30/11, an independent consultant was contracted by the Southern Nevada CIL and provided a report of recommendations. Because of a change in leadership at the Northern Nevada CIL, the center was not able to capitalize on the ARRA funds that were made available to hire a consultant.

## **OBJECTIVE 3.2**

Explore options to add fee-for-service operations to the menu of CIL services

Plan: CILs in other states have successfully added fee services to their menu of services to supplement their grant and donation funding. The SILC and the CILs will research the strategies used in other states to determine if they can be adapted in Nevada.

Lead Organization: The SILC, which may research national best practices and will monitor the progress of the CILs in pursuing fee-for-service options.

Key Partners: NNCIL and SNCIL which will work with technical assistance providers, other CILs, and possibly the consultant mentioned in Objective 3.1, to research and consider fee-for-service opportunities.

Resources: SILC resource plan funding, staff of NNCIL and SNCIL, national technical assistance, other CILs.

Time Frame: By 9/30/12, Nevada's CILs will work with the consultant outlined in the objective above to exploring implementing fee-for-service options as a means for expanding their menu of services, and will present a report of findings to the SILC.

Outcomes:

No outcomes targeted for the year ending 9/30/11.

## **OBJECTIVE 4.1**

Monitor the transition of students from Early Intervention to school, and from school to adult life.

**Plan:** The SILC and DSU will work with relevant stakeholders to improve the continuum of services for children with disabilities. This will include improving the cooperation of agencies during transition processes, and ensuring that service agencies are looking at all the needs of a child and are making referrals to appropriate resources.

**Lead Organization:** The DSU.

**Key Partners:** Aging and Disability Services Division, which can provide independent living services; school districts statewide, which can help students plan their transition and make the necessary service connections; NNCIL and SNCIL, which can offer peer support, information and referral and other core services; the Commission on Services to People with Disabilities and the Interagency Transition Advisory Board, which can advise the agencies involved and public policymakers in the needs of children and youth with disabilities; and Early Intervention service agencies, which can facilitate a smooth transition into school.

**Resources:** Federal and State statutes mandating transition coordination, the research and coordination provided through the Nevada Interagency Transition Advisory Board, designated transition personnel in stakeholder agencies.

**Time Frame:**

By 9/30/11 the SILC will request transition data from relevant agencies for children moving into and out of the school system. The data will be reviewed by the SILC and if appropriate, recommendations made for transition improvement.

By 9/30/13 the SILC will request transition data from relevant agencies for children moving into and out of the school system. The data will be reviewed by the SILC, compared to the data from two years earlier and, if appropriate, recommendations made for transition improvement.

**Outcomes:**

9/30/11 the SILC was not able to secure the needed data due to an unexpected disconnect between Nevada's school districts and the State Department of Education. However, the SILC has added a new member who is with the Department of Education and is hopeful that relationship will help in securing the data on student transitions.

## **OBJECTIVE 4.2**

Promote “no wrong door” access to disability services by partnering with Nevada’s Aging and Disability Resource Centers, 211 system and others promoting streamlined access.

Plan: Work in collaboration with the Aging and Disability Services Division, advocacy groups and the United Way to advance the reach and use of Nevada’s 211 system, Aging and Disability Resource Centers (ADRCs), shared data and streamlined application processes, and other web-based resources.

Lead Organization: The SILC, which will advise key partners in the connections that can and should be made, and in possible outreach strategies.

Key Partners: Aging and Disability Services Division, which manages the Aging and Disability Resource Centers; NNCIL, which is an ADRC location; the Commission on Services to People with Disabilities, which has the ability to recommend resource allocations in support of this objective; and, Nevada 211, which is the largest provider of information and referral services in Nevada.

Resources: Federal and State statutes mandating service coordination, and designated personnel in stakeholder agencies.

Time Frame:

By 9/30/13 each of the ADRCs operating in Nevada will be able to make a preliminary eligibility determination and process an initial application for Independent Living services. Callers with disabilities contacting Nevada 211 by telephone or the Internet, and needing home or vehicle modifications, will be referred to the IL program.

Outcomes:

No outcomes targeted for the year ending 9/30/11.

## **OBJECTIVE 4.3**

Expand the availability of community-based training and supports for individuals who are blind or visually impaired.

Plan: Working with leaders from the blind community, the DSU will explore opportunities for the expansion of resources for community-based services to serve the independent living needs of people with visual disabilities.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which has funding to provide needed assistive technology; NNCIL and SNCIL, which can offer peer support,

information and referral and other core services; the Commission on Services to People with Disabilities, which can provide systems advocacy; and, BlindConnect and The Blind Center, which are community-based agencies already serving this demographic.

Resources: Existing federal and State funding sources available to help people with visual disabilities, and designated personnel in stakeholder agencies.

Time Frame:

By 9/30/11 the SILC will convene stakeholders to discuss the needs and opportunities that exist. A white paper will be drafted outlining appropriate strategies and responsible parties.

By 9/30/13 action will be taken on at least two of the recommendations outlined in the white paper.

Outcomes:

9/30/11 the SILC has been delayed on the completion of this objective and currently identifying leaders from the blind community. By the end of February 2012 a white paper draft shall be completed.

#### **OBJECTIVE 4.4**

Establish a database of accessible housing available in the State.

Plan: Create a database to collect information mandated in Nevada statute related to the availability accessible rental housing, and make that information available to Nevadans with disabilities.

Lead Organization: Aging and Disability Services Division, which will develop and manage the database.

Key Partners: Nevada Housing Division, which can offer connections to housing owners and managers around the state; and, the managers of publicly-funded housing.

Resources: State statutes, federal Part-B IL funding, and the Nevada Department of Information Technology.

Time Frame:

By 9/30/11 The Aging and Disability Services Division will explore the efficacy of establishing a Memorandum of Understanding or a financial partnership with the Nevada State Housing Division to support the creation of a Housing Registry.

By 9/30/12 a housing registry will be available for public use.

Outcomes:

9/30/11—The Aging and Disability Services Division has created an online housing registry which is fully functional but not yet available for public use. The division is now pursuing partnerships with large holders of publicly-funded accessible housing, and the Nevada State Housing Division, to gather initial data to populate the Housing Registry.

#### **OBJECTIVE 4.5**

Expand the availability and use of qualified interpreters in medical and legal settings.

**Plan:** Working with leaders from the Deaf community and interpreter profession, the Aging and Disability Services Division will explore opportunities for the expansion of resources to facilitate the communication needs of Deaf individuals in medical and legal settings, and when a Certified Deaf Interpreter is needed.

**Lead Organization:** Aging and Disability Services Division.

**Key Partners:** Community colleges statewide, which may offer the training; the Registry of Interpreters for the Deaf, which can provide needed accreditation; the Nevada Association of the Deaf, which can provide needed systems advocacy; the Nevada Bar Association, the Administrative Office of the Courts, and the Nevada State Medical Association, which can promote the use of qualified interpreters in their professions.

**Resources:** State statutes, existing interpreter training programs, and key staff in stakeholder agencies.

**Time Frame:**

By 3/30/12 the SILC will convene stakeholders to discuss the needs and opportunities that exist. A white paper will be drafted outlining appropriate strategies and responsible parties.

By 9/30/13 action will be taken on at least two of the recommendations outlined in the white paper. In addition, the SILC will pursue funding and provision of training for one Certified Deaf Interpreter in northern Nevada and one in southern Nevada.

Outcomes:

3/30/12—in October 2011, SILC staff partnered with Western Nevada College to hold a symposium on the professional development of interpreters in Nevada. The group decided to take a multi-faceted approach to expanding the availability and use of qualified interpreters, to include the following action items:

1. Work with the Nevada System of Higher Education to have American Sign Language recognized for foreign language credit at all member institutions.

2. Work with the Commission on Services to Persons with Disabilities to advance a legislative or policy initiative that will allow one or more of Nevada's community colleges to offer a bachelor's degree in American Sign Language interpreting. (The Board of Regents frowns upon bachelor's degrees at community colleges out of concern that it could undermine the position of 4-year in the state).
3. Through regulation, require Nevada's school districts to report on the professional develop progress of their staff interpreters, with the hope that this will increase demand for college-level interpreter training.
4. Establish an advisory group that will help monitor the pursuit of these initiatives.

## **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.

In the second year of the SPIL, Section 3.2 of the SPIL (Expansion of Network — 34 CFR 364.25) was amended to provide specificity in support of the expenditure of ARRA funds. Objective 4.4 was added to allow support for the establishment of a registry of affordable, accessible housing.

No substantive changes were made during the final year of the SPIL.

## **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.

See the balance of this report for significant activities and accomplishments.

## **Section C – Substantial Challenges**

If applicable, describe any substantial problems encountered by the DSU and SILC, not included elsewhere in this report, and discuss resolutions/attempted resolutions, e.g., difficulty in outreach efforts; disagreements between the SILC and the DSU; complications recruiting SILC members; complications working with other state agencies or organizations within the state.

There has been difficulty in recruiting new SILC members; there appears to be a number of factors in play. First, economic conditions have shifted people's focus from community service to personal welfare. This seems particularly true for people with disabilities. Second, it seems that the next generation of disability advocates and leaders is not materializing, at least in Nevada. It seems that disability events and advisory

bodies now seldom include people under age 40, despite the fact that Nevada has a vibrant Partners in Policymaking program and other initiatives to develop advocates. Finally, Nevada in particular has been hit hard by the nation's highest rates of unemployment and foreclosure, leading people to move out of state or to at least be forced in to a basic mode of survival.

The State of Nevada is reassessing how a number of its programs go about contracting for services. As a result, we are expecting new contracting requirements for the SILS program, though it is not yet clear what the impacts will be. Proposals suggested thus far have ranged from being extremely difficult to manage to merely adding some fairly simple accountability measures. This issue will likely be resolved in FFY 2012.

### **Section D – Additional Information**

Include any additional information, suggestions, comments or explanations not included elsewhere in the report.

N/A