

**Department of Human Services
2009-11 Policy Option Package**

Division Name: Children, Adults and Families

Program Name: Office of Vocational Rehabilitation Services/State Independent Living Council

Policy Option Package Initiative: Seniors and people with disabilities live safely and independently in their communities.

Policy Option Package Title: Independent Living Services – State Independent Living Council

Policy Option Package Number: 243

Related Legislation: Not Applicable

Summary Statement:

This POP will increase the number of people who remain in community living options rather than being placed in institutions. It returns funding for Centers for Independent Living to the \$1.3M level allocated by the 2003 Legislature. This would prevent likely closure of three of eight Centers for Independent Living, which provide services to thirteen Oregon counties. These Centers provide crucial services to clients to develop independent living skills, allowing more Oregonians to be employed and living in their own homes caring for themselves, rather than in a costly nursing facility or other institution. The result is great cost savings to Medicaid, Medicare and states, while enabling people with disabilities to become more independent, financially self-sufficient, and less reliant on long term government supports. Independent Living is helping people help themselves.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This POP, which increases state funding for Centers for Independent Living (CILs) by \$559,840 per biennium, would stabilize five of the eight CILs at the Oregon established minimum base funding level of \$200,000 per year; one at \$100,000 a year and the other two at \$75,500 a year – based on established funding priorities in the State Plan for Independent Living. These Centers for Independent Living provide crucial services that assist people with disabilities of all types and of all ages learn the skills they need to become more independent and self-sufficient. Twenty-four of Oregon’s thirty-six counties are served by these Centers for Independent Living, which are consumer-controlled, community-based, cross-disability, non-residential, private non-profit agencies. These non-profit agencies rely on federal and state funding for their infrastructure and without this stability are not able to develop other resources from private organizations, foundations and entities such as United Way.

The POP would be implemented by allocating these funds through the Centers for Independent Living grants, based on balances required to bring five of the Centers for Independent Living to \$200,000 per year, one to \$100,000 per year, and two to \$75,500 per year, as noted above.

2. WHY DOES DHS PROPOSE THIS POP?

The 2003 legislature established funding of \$1.3M for Oregon Centers for Independent Living, which was reduced in the subsequent special sessions to \$500,000. The 2007 legislature increased it to \$720,000 with legislative intent stated to provide the additional funds of \$580,000 in the 2008 session. This did not occur. The nationally recognized base funding level for a stable, minimally staffed* center is \$250,000, but it is Oregon's intention to get each to a minimum of \$200,000.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Independent Living services assist people with all types of disabilities and all ages to live as independently as possible. Through their community-based services, the centers have dramatic impact on the lives of people with disabilities, their families and the community in general. Helping individuals be as self-reliant and productive as possible translates into both people living more independently, with greater health, and at cost savings to the state due to the reduced need for other services.

About 21 percent of the general population experiences some type of disability. It is estimated that about 80 percent of the general population will eventually have a disability or have a relative who experiences a disability. Promoting Independent Living philosophy is particularly crucial in the disability community where people often believe they have no choices, and in the general population, where many people lack knowledge about the true potential and productivity of people with disabilities.

- More than 17,112 people with disabilities have received some form of Independent Living services during the previous two-year reporting period.
- Nearly 4,000 consumers had a long-term plan developed with the Centers for Independent Living to work on holistic goals of independence and employment
- Nine people were assisted in relocating out of nursing home or other institutional settings while 189 could be identified as having remained in community living options that would have likely have to go into an institutional setting without Center for Independent Living services.
- More than 5,883 individual independent living goals were set by consumer with more than 2,504 met.

DHS' mission is "assisting people to become independent, healthy and safe." One of the goals is "people are living as independently as possible." These concepts are the essence of Independent Living Services.

Another measurement of the impact of these funds will be the availability of IL services in more areas of the state than without it. Currently the eight Centers for Independent Living provide services in twenty-four counties in the state. Without this funding increase, at least thirteen of those counties' services would be at risk, as three Centers for Independent Living would be unfunded. One of the centers that relies on these funds covers ten counties in eastern Oregon.

Independent Living services include Center for Independent Living goals related to outreach and services to unserved and underserved individuals with significant disabilities, including individuals from culturally, ethnically and linguistically diverse communities.

The numbers of Oregonians with disabilities living more independently and being more self-sufficient are key measures of the success of this program.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Increased funding for INDEPENDENT LIVING services (this POP) will support several of DHS 2007-2009 DHS Key Performance Measures:

#1: PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer. People with developmental disabilities that engage in Independent Living services often gain skills, self-confidence and strive to live in more community based setting such as these.

#2: SENIORS AND PEOPLE WITH DISABILITIES LIVING OUTSIDE OF INSTITUTIONS – The percentage of Oregon’s eligible seniors and people with disabilities who are living outside of institutions: a) seniors, b) people with disabilities (developmental). One of the new core services of Independent Living is the “transition” from nursing homes to more community-based living settings. Centers for Independent Living provide skills training, adjustment and peer counseling, advocacy and often play a significant role in transition teams that assist seniors and people with disabilities in relocating out of nursing facilities. The STEPS training project also provided through Centers for Independent Living, funded by the Home Care Commission, teaches people about hiring, managing and disciplining homecare workers, an essential skill if a person needs homecare services in the community.

#3: OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed. Vocational Rehabilitation Services and those of a Center for Independent Living, working in tandem provide the best chance for people with disabilities to address the “holistic” barriers often faced in becoming and remaining employed.

#4: SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment who are employed. See #14 above.

#15: RE-ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES – The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: a) seniors (developmental), b) adults with disabilities, c) developmental disabilities (added for 2006/07). Centers for Independent Living serve as peer advocates for people with disabilities of all types and ages. As peers they are often trusted with information people wouldn't routinely shared with people seen as "officials" in their lives. This provides a built-in system for early detection. Helping to build self-confidence, self-esteem and self-direction is a core goal in Centers for Independent Living. This helps many consumers develop the skills necessary to be better self-advocates, speak up when they are abused and know where to turn for assistance.

#18: COMPLETION OF ALCOHOL AND DRUG TREATMENT – The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD. Centers for Independent Living serve people with alcohol and drug dependencies and are often able through peer support to assist individuals with the activities and follow-through needed to complete such programs.

#28: MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment. Centers for Independent Living offer peer support groups, social and recreational activities as well as goal setting and achievement assistance. These efforts have proven to be very effective in helping mental health consumers make good decisions about staying on medication when needed, staying active in the community, seeking employment if feasible, etc.

#29: CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS' customer service as "good" or "excellent". With the services of a private non-profit, consumer-controlled agency such as Centers for Independent Living, paired with many of DHS services, satisfaction often rises due to the consumer better

understanding the “system”, gaining skills to be partners in their services, having the help to stay on task and complete goals set with an agency.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

Not applicable.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

There is constant work being done on a national level for increases in the Rehabilitation Act, Title VII program that provides operational funding. The last new federal Independent Living funding to Oregon was more than six years ago and since that time cuts have placed federal funding below 2003 FFY levels. Another 2 percent cut is scheduled for the coming federal fiscal year in these programs.

There was match of Office of Vocational Rehabilitation Service federal dollars used to supplement the Center for Independent Living Network during 05-07 to avoid closure of some CILs. That match is scheduled to continue through September, 2009. While this is always an avenue we will pursue, it is not available on a continuing basis. The Office of Vocational Rehabilitation Service, due to their increased caseload and costs, will require their entire federal allocation.

The Centers of Independent Living are forging partnerships with other state agencies to collaborate on delivering some direct services not previously provided through non-profits. This makes possible more efficient services, because the non-profit can generally deliver the services at a lower cost and through consumer-directed systems, which benefits the recipients of the services. These are “project” specific dollars and without a *stable infrastructure, provided by the state funding requested*, for their core services, they cannot take on delivery of these specific services.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Without this increased funding, three of the eight Centers for Independent would be de-funded and may stop those services. That would mean a loss of IL services in thirteen Oregon counties. The remaining five CILs would reduce services since they would be below both the federally recommended minimum funding level of \$250,000 a year and the Oregon established minimum base of \$200,000.

Independent Living services would cease to be provided in thirteen of the currently served counties, bringing the total of unserved Oregon counties to twenty-five. Currently 86 percent of the squares miles and 77 percent of the population in Oregon are covered with services through a Center for Independent Living; without this funding increase, access will be reduced to only 36 percent of the square miles and 70 percent of the population.

The result would include lost state tax revenues, continued high unemployment rates for Oregonians with disabilities, and increased reliance on Medicaid. In addition, there would be more people entering and staying on state and federal benefits programs, thereby causing an increase in cost of public assistance programs.

Centers for Independent Living are an excellent service and a bargain for Oregon. They keep people active and engaged in their communities, and they save taxpayer money. This results in a positive tax shift by decreasing reliance on Medicaid and other state/federal benefits. After three consecutive years of federal funding cuts, Independent Living is now funded below the FY 2003 base level.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

The following entities would be negatively impacted:

Oregon Vocational Rehabilitation Services would be impacted in several ways because many persons receiving their services have skill and basic work-ready addressed by Centers for Independent Living. Without IL services in the twenty-five counties, some clients would have these barriers go unaddressed and therefore less likely to gain or retain employment.

The Work Incentives Network (WIN) which provides financial information and planning services to people with disabilities which help them identify specific work incentives that can often make possible gainful employment, currently contracts with Centers for Independent Living to provide these direct services. If Oregon was to lose three of the eight CILs due to lack of infrastructure support, this program would likely not be state-wide due to the lack of trained, qualified and supported staff currently employed by the CILs.

The Oregon Home Care Commission provides funding for the training of seniors and people with disabilities that use homecare workers. These services are provided through the Network of Centers for Independent Living thus making this service available statewide. If three of the current eight Centers no longer existed, people in those and surrounding areas will no longer be able to access this training. Seniors and people with disabilities that access in-home services under these program can remain in their homes much longer – which is a basic goal that provides choice and improved quality of life, and reduces the need to rely on far more costly services, such as foster homes and nursing homes.

Oregon Counties often rely on their Centers for Independent Living to operate programs such as Lifespan Respite Programs, accessible transportation through curbside wheelchair accessible van services, some mental health drop in and/or support groups and more.

School systems, Child Welfare, County Mental Health and the Criminal Justice Systems are also seeing savings due to the Centers for Independent Living work with their clientele. More and more youth with disabilities are receiving services through Centers for Independent Living in transitioning from school to adult life, work and

social interactions. Some Centers for Independent Living are working with their Child Welfare and County Mental Health systems, assisting to identify and address the barriers families where either or both parents experience a disability, face to effectively parenting. Offering adaptive, specialized parent training services, assistance in family planning meetings with communication and comprehension barriers and more are services whose effectiveness is increasingly widely recognized. Several Oregon Centers for Independent Living report situations where their involvement played a substantial role in either keeping together or reuniting a family through these individualized services.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): Within 30 days of close of session.

End Date (if applicable): On-going

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

No.

- | | |
|--|---|
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Addictions and Mental Health |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Division of Medical Assistance Programs | <input type="checkbox"/> Seniors and People With Disabilities |

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected. NO

- | | |
|---|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Payment Accuracy and Recovery |
| <input type="checkbox"/> Information Security/Privacy | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts and Procurement |
| <input type="checkbox"/> Information Services (computers) | <input type="checkbox"/> Budget, Planning and Analysis |
| <input type="checkbox"/> Financial Services (accounting) | <input type="checkbox"/> DHS Office of Communications |

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

NA

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

NA

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

NA

f. What are the ongoing costs?

The funding level of \$1.3M a biennium would need to remain in place.

g. What are the potential savings?

While not mandated, Oregon Centers for Independent Living have begun to capture and report on the estimated return on investment of dollars in their agencies. By using a sampling of only 10 percent of their consumers and estimated state and federal agency related cost for services that a person either did not have to utilize or through becoming employed, contributed to the system, due to their receiving IL services, showed an average savings of more than \$5,250.00 per person served.

Individuals that have the potential for employment and/or greater self-reliance that don't have access to Independent Living services, will result in lost state tax revenues; continued high unemployment rates for Oregonians with disabilities; an increased reliance on Medicaid and an increased number of people entering and staying on state and federal benefits programs thereby causing an increase in cost of public assistance programs.

In testimony before the Congress, the National Council on Independent Living, in March, 2008, referenced a research study in Wisconsin that community-based services are at least 21 percent less expensive than nursing home placements. Moreover, the report found that "the average daily community cost of individuals served in the nursing home diversion program in FY07 was \$59.61, while the projected daily cost of serving these individuals if they had entered a nursing home is \$130.87. While there are multiple agencies working together to facilitate any nursing home relocation and/or diversion, Centers for Independent Living play a vital role.

h. Based on these answers, is there a fiscal impact?

This policy option package would require additional general fund to reinstate the minimum level of operation for the existing Centers for Independent Living.

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”

<u>FEDERAL FUNDING</u>	Rehabilitation Act: Title VII, Part C-Centers for Independent Living	\$769,181
<u>STATE GENERAL FUNDS</u>	Centers for Independent Living	\$740,160