

Reporting Instrument

OMB Control Number: 0985-0043

Expiration Date: March 31, 2024

**UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
OFFICE OF INDEPENDENT LIVING PROGRAMS**

**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: 2024

State: OR

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 35 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Rehabilitation Services Administration, LBJ Basement, Attention: Timothy Beatty, PCP Room 5057, U.S. Department of Education, 400 Maryland Ave, SW, Washington, DC 20202-2800 or email timothy.beatty@ed.gov and reference the OMB Control Number 1820-0606.Chapter 1, Title VII of the Rehabilitation Act.

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

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$348,060.00
(B) Title VII, Ch. 1, Part C – For 723 states Only	\$0
(C) Title VII, Ch. 2	\$0
(D) Other Federal Funds	\$297,387.00
Subtotal - All Federal Funds	\$645,447.00

Item 2 - Other Government Funds

(E) State Government Funds	\$939,527.00
(F) Local Government Funds	\$45,779.00
Subtotal - State and Local Government Funds	\$985,306.00

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$46,975.00
(H) Other resources	\$220,479.00
Subtotal - Private Resources	\$267,454.00

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$1,898,207.00
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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	\$1,898,207.00
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Section B – Distribution of Title VII, Chapter 1, Part B Funds

What Activities were Conducted with Part B Funds?	Expenditures of Part B Funds for Services by DSE Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$0	\$0
(2) Provided IL services to individuals with significant disabilities	\$0	\$43,507.00
(3) Demonstrated ways to expand and improve IL services	\$0	\$0
(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	\$304,553.00
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$0	\$0
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$0	\$0
(7) Provided training regarding the IL philosophy	\$0	\$0
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$0	\$0

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

Sections 704(f) and 713 of the Act

Enter the requested information for all DSE 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 DSE or Provider	Consumer Service Records (CSRs) Kept With DSE or Provider
ABILITREE	GENERAL OPERATION OF CILS	\$31,121.79	\$93,365.30	Provider	Provider
EASTERN OREGON CENTER FOR INDEPENDENT LIVING	GENERAL OPERATION OF CILS	\$55,541.00	\$212,598.96	Provider	Provider
HASL INDEPENDENT ABILITIES CENTER	GENERAL OPERATION OF CILS	\$34,423.86	\$103,271.66	Provider	Provider
INDEPENDENT LIVING RESOURCES	GENERAL OPERATION OF CILS	\$24,013.74	\$120,068.76	Provider	Provider
LANE INDEPENDENT LIVING ALLIANCE	GENERAL OPERATION OF CILS	\$84,228.38	\$199,133.22	Provider	Provider
SPOKES UNLIMITED	GENERAL OPERATION OF CILS	\$36,287.05	\$61,875.58	Provider	Provider
UMPQUA VALLEY DISABILITIES NETWORK	GENERAL OPERATION OF CILS	\$38,937.18	\$116,811.52	Provider	Provider
OREGON COMMISSION FOR THE BLIND	INDEPENDENT LIVING SERVICES	\$43,507.00	\$4,834.00	Provider	Provider

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 DSE or Provider	Consumer Service Records (CSRs) Kept With DSE or Provider
Total Amount of Grants and Contracts		\$348060.00	\$911959.00		

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

Section 713 of the Act

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.

No grants or contracts were provided with Part B funds for these purposes.

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

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.

The DSE collected mid-year and end-of-year Program Performance Reports (PPRs) from all CILs as a contract deliverable. These were used to identify whether there were potential changes in compliance.

The DSE joined representatives of the Network of CILs using a peer review process (PerForm) to monitor Rehab Act Section 725 and fiscal compliance of Umpqua Valley disAbilities Network (UVdN). As a result of the financial policies, procedures, and draft budget review, the DSE recommended UVdN include policies and procedures that address separation of duties for payroll activities. Follow up will occur in 2025.

The amount of non-Part B funds distributed to Oregon Commission for the Blind (the State Part B match) shown in the table above was not distributed through the same process as the Part B Federal funds. Oregon's State Plan for Independent Living explains that these funds will be provided directly by the Oregon Commission for the Blind through its agency budget. A

contract between the DSE, the Commission and the SILC documents this arrangement, including the reporting mechanism requiring the Commission to report expenditure of these matching funds to the DSE for inclusion in the DSE's Part B grant report.

Section F – Administrative Support Services and Staffing

Section 704(c)(2) and 704 (m)(2) and (4) of the Act

Item 1 – Administrative Support Services

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

Support was provided by the DSE to conduct contract administration, accounting and monitoring for Part B funds received and distributed according to the State Plan for Independent Living.

Item 2 – Staffing

Enter requested staff information for the DSE 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	4.29	4.25
Other Staff	10.74	10.59

Section G – For Section 723 States ONLY

Section 723 of the Act, 45 CFR 1329.12

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 DSE during the reporting year.

Add additional rows as necessary.

Item 2 – Administrative Support Services

Section 704(c)(2) of the Act

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

Item 3 – Monitoring and Onsite Compliance Reviews

Section 723(g), (h), and (i) – 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;
- 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 DSE, 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 DSE 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; 45 CFR 1329.12(a)(4)

In this section, provide data from all service providers (DSE, 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 CIL PPRS, 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	171

	# of CSRs
(2) Enter the number of CSRs started since October 1 of the reporting year	191
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	362

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	0
(2) Withdrawn	18
(3) Died	1
(4) Completed all goals set	87
(5) Other	14
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	120

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

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

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	242

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	26
(2) Number of consumers with whom an ILP was developed	336
(3) <i>Total number of consumers</i> served during the reporting year	362

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	10
(3) Ages 20 – 24	38
(4) Ages 25 – 59	243
(5) Age 60 and Older	71
(6) Age unavailable	0
<i>Total number of consumers served by age</i>	362

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	188
(2) Number of Males served	163
<i>Total number of consumers served by sex</i>	351

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 Program Performance 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	13
(2) Asian	3
(3) Black or African American	9
(4) Native Hawaiian or Other Pacific Islander	2

	# of Consumers
(5) White	266
(6) Hispanic/Latino of any race or Hispanic/ Latino only	44
(7) Two or more races	10
(8) Race and ethnicity unknown	15
<i>Total number of consumers served by race/ethnicity</i>	362

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	26
(2) Mental/Emotional	30
(3) Physical	48
(4) Hearing	13
(5) Vision	39
(6) Multiple Disabilities	206
(7) Other	0
<i>Total number of consumers served by disability</i>	362

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

Sections 13 and 704(m)(4); 45 CFR 1329.12(a)(3&4) 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 DSE 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	201	192
(B) Assistive Technology	72	72
(C) Children's Services	0	0
(D) Communication Services	65	60
(E) Counseling and Related Services	12	12
(F) Family Services	2	2
(G) Housing, Home Modifications, and Shelter Services	48	46
(H) IL Skills Training and Life Skills Training	147	139
(I) Information and Referral Services	2478	2474
(J) Mental Restoration Services	15	15
(K) Mobility Training	51	43
(L) Peer Counseling Services	79	79
(M) Personal Assistance Services	14	14
(N) Physical Restoration Services	14	14
(O) Preventive Services	13	13
(P) Prostheses, Orthotics, and Other Appliances	4	4
(Q) Recreational Services	55	41
(R) Rehabilitation Technology Services	3	3
(S) Therapeutic Treatment	2	2
(T) Transportation Services	23	23
(U) Youth/Transition Services	6	6
(V) Vocational Services	34	15

Services	Consumers Requesting Services	Consumers Receiving Services
(W) Other Services	2	2
Totals	3340	3271

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	95	79	15
(B) Communication	77	62	13
(C) Mobility/Transportation	79	49	20
(D) Community-Based Living	104	64	29
(E) Educational	5	5	0
(F) Vocational	36	12	23
(G) Self-care	122	83	31
(H) Information Access/Technology	74	62	12
(I) Personal Resource Management	154	113	38
(J) Relocation from a Nursing Home or Institution to Community-Based Living	1	1	0
(K) Community/Social Participation	22	16	1
(L) Other	0	0	0

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	134	88	44
(B) Health Care Services	20	12	6
(C) Assistive Technology	74	61	11

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.

Regarding Subpart II, Section A: The number of active CSRs carried over from September 30 of the preceding reporting year indicates 171, rather than the 388 at the close of 2023. This is due to reporting from one CIL, Lane Independent Living Alliance. The CIL has struggled in prior years, as well, with discrepancies between the close of one year's data and the following year's report.

They have been unable to identify the reason. The CIL's director has trained staff to not change prior year data and is in the process of seeking technical assistance from their data system company to understand causes and how to prevent it going forward.

Regarding Subpart II, Section F: Our numbers of consumers in the Sex category did not equal the total of 362 consumers. This is due to 11 consumers at Oregon Commission for the Blind who did not identify as either male or female. The Commission suggests that an additional category for such consumers. Potentially, a "sex unknown" category similar to the "Age unknown" category in Section E of this Subpart, which would allow documentation of those who do not identify.

Regarding Subpart III, Sections A & B: IL service providers have indicated concern about how a focus on non-duplication is preventing capture of data regarding the amount of achievement and effort that may be needed to address an individual consumer's needs. A better way to capture both is desired in order to tell the complete story - the number of individuals served, as well as the amounts of service provided. Providers have also indicated that goals achieved plus goals in progress do not always equal the number of consumers setting that particular goal. An example of the reason for this is when a consumer drops a goal during the reporting period, so it is neither achieved or in progress at the time of reporting.

OREGON COMMISSION FOR THE BLIND: The Commission experienced an 87% growth in eligible referrals during this reporting year. They had not seen growth in their program until this year. The reason is unclear, though they wonder if it has to do with people being more comfortable reaching out after the pandemic.

The Commission's Part B program concentrates on skills helping consumers age in place by building their ability to travel on foot, use public transportation safely, maintain their ability to complete necessary daily living skills, and identifying things that may allow better use of any remaining vision. Services are provided in the consumer's home environment. This eliminates the need for learning adaptations in one place and having to apply them in their home. Requests from consumers for services related to housing, transportation other than public transit, computer work, etc. prompt a referral to a local CIL.

Of those that participated in satisfaction surveys at the Commission, the results were:
100 % agreed that they talked to their instructors about what services they wanted and their goals.

83% Felt what they learned made a positive difference in their life.

86% Rated their overall satisfaction with the quality of training and services as good or excellent.

100% rated their teacher's overall knowledge and expertise as good or excellent.

100% rated the ability of the Commission to provide services correctly the first time, as good or excellent.

100% agreed that the Commission provide timely services.

100% rated the overall helpfulness of the Commission's employees as good or excellent.

100% Would recommend the Commission's services to others.

The Commission offered the following examples of successes achieved by consumers they served during the reporting year.

Success Story #1 - JF has Retinitis Pigmentosa and started as a consumer in the IL Part B program requesting assistance using his smartphone. He required Spanish interpreting services which were frequently canceled at the last minute due to staffing issues at the interpreting service. The Rehabilitation Specialist working on this case worked with the Occupational Therapist at the Commission's state-of-the-art eye care provider, Casey Eye Institute, to supply the consumer an iPhone from the Public Utility Commission's Telecommunication Devices Access Program (TDAP) and training to use the phone efficiently. The Rehab Specialist also worked with the Commission's Vocational Rehabilitation department when the consumer received a letter stating he may be eligible for additional state services once he received work authorization. This gave the consumer hope that they could eventually have a goal of employment.

Within a short time, he was able to transfer from the Commission's IL department where he was receiving non-vocational goals, to their larger and better funded Vocational Rehab department. During this time, the consumer requested Orientation and Mobility (O&M) services. Because we wanted these services to be contiguous, he continued receiving O&M services through his part B program while he was in the process of being found eligible and beginning O&M services with the Vocational Rehabilitation program.

This consumer had not been leaving his home due to very low confidence about traveling on his own. When he did travel, he would only use a human guide. The consumer's fear of traveling independently was fueled by a long history of abuse. The consumer has made slow and steady progress and now has set his sights on getting a dog guide. He fully understands the O&M requirements and is dedicated to learning different routes and walking a minimum of one mile daily. He is now traveling short routes independently and working on longer and more complex routes. He has been an inspiration to his Certified Orientation and Mobility Specialist (COMS) who marvels at the slow but steady progress he has made and the battles he fights within himself every day to become a happier self.

Success Story #2 - JT had a stroke which caused total vision loss. He was completely blind overnight. He really didn't know what he wanted because he was in shock. He didn't even think he was going to be able to walk! JT has made amazing progress. He is now using a tablet, is on contracted braille, using Braille and Audio Reading Download (BARD). He continues to learn, now that he has moved into the Commission's Vocational Rehabilitation program. He is now so capable with his cane. He really appreciates how his instructor is always on time! He has realized so many things since starting. JT is now thinking about what he wants to do for his next career.

LANE INDEPENDENT LIVING ALLIANCE (LILA):

Success Story #1 - LILA has seen significant success with its Mental Health Peer Support Club (PSC), and consumers have indicated growth in things like leadership skills.

Traditional Health Worker Certified Peer Support Specialists are on staff at the PCS, which offers a virtual support group known as "Coffee Time" as well as an in-person "Knit Wits" group where members knit or crochet as they discuss issues. Group activities include Rockin' Karaoke, video games, a philosophy group, a cooking class, a writing group, mindfulness and meditation, chair yoga, Ted Talks with a focus on mental health recovery and empowerment, and a music group (We the Ensemble) facilitated by students from the University of Oregon, etc.

Success Story #2: One consumer has been a member of the Peer Support Club since 2010 and identifies as struggling socially. He uses the group classes as opportunities to grow social skills. He played a big role in restarting a chess group this year by rallying interest in his fellow members and is trying to start a chess tournament. He is pursuing a new Group Proposal form (with assistance from staff) to implement his ideas.

He occasionally requests help from staff with things like verbally processing his thoughts. Staff help him focus on writing down his thoughts, developing next steps, and searching for additional, independent sources of support to help set and reach his goals. He has made much improvement in how and when to ask appropriately for help and to function more independently.

During a period of unemployment this year, he indicated that the PCS was "one of the only places he feels he can socialize and feel supported." He often receives negative feedback from those outside the Club when in social settings. He is learning to be more aware of how his actions affect others and respecting others' personal boundaries. He believes the improvements made in these areas are due to the extra time he had at the Club while unemployed. He is now successfully reemployed and visits the Club to work on projects and continue the positive impact of socializing there with friends.

Success Story #3: A 64-year-old single female was a childhood survivor of a home invasion in which she was held captive and assaulted. She stated that the isolation brought on by the COVID Pandemic had increased her PTSD symptoms (hypervigilance, insomnia, panic attacks, hyperarousal). She also reported that she had attention deficit disorder, depression, and mobility limitations secondary to knee problems. She requested peer counseling services to help her focus on returning to her pre-pandemic social activities which, in turn, would result in her increased ability to practice stress management. She also expressed a desire to become a better self-advocate with members of her family.

She was experiencing frequent bouts of insomnia, as well as numerous daytime periods of inertia. She said that she was experiencing difficulties with beginning new tasks, following schedules, making decisions, multitasking, and losing track of time. She also stated that family members were not listening to her and were "bullying" her. The Independent Living Specialist (ILS) suggested she focus on completing goals which increase her community participation, reduce her levels of stress, and increased her self-advocacy skills.

She joined several online support groups (Elder Orphans, Third World Kids) and said that her community participation increased (Saturday Market visits, Campbell Senior Center participation, lunches and visits with friends, introducing herself to her neighbors, meeting with

individuals from a variety of volunteer groups in Lane County). When communicating with family members, she also practiced self-advocacy strategies she learned.

She reported that she had significantly increased both her online and her in-person social activities, and that she felt like she was self-advocating with her family members. She stated, "Thank you for all your support. You sure helped me through many tough moments and I'm grateful for that."

EASTERN OREGON CENTER FOR INDEPENDENT LIVING (EOCIL):

EOCIL found that a previous staff had not followed policy on data collection and reporting. This resulted in approximately 103 students between 15-17 years old in EOCIL's student success program not being definitively recorded in order to include in its PPR data.

Success Story #1: A 52-year-old male living with a neck and back injury, sought support in finding housing. Although he was receiving disability benefits, he struggled to save enough for an apartment. An Independent Living Specialist (ILS) worked with him to complete housing applications and identify additional resources to address his housing needs.

Through this process, the ILS discovered a Community-Based Organization (CBO) offering housing resources and services. After discussing these options with the consumer, his ILS guided him through the necessary paperwork to apply for the CBO's program.

The consumer called his ILS with fantastic news -- he had been accepted into the CBO's program and secured housing! This success marked a transformative moment in his life, providing him with the stability and independence he had been seeking.

He expressed appreciation for the support and guidance he received. This outcome underscores the power of collaboration and advocacy in helping individuals overcome barriers and achieve meaningful, life-changing goals.

Success Story #2: A 38-year-old woman living with Autism, discovered valuable opportunities for support during an appointment her mother attended at EOCIL. While her mother initially sought services for herself, the meeting identified areas where her daughter was interested in assistance, particularly in financial management and daily living skills.

The daughter was eager to learn how to create a budget and stay safe and responsible at home and online. In the past, she had faced challenges, including financial instability after being taken advantage of by online acquaintances. With the guidance of an ILS, she developed a tailored budget plan and learned critical safety measures for interacting on the Internet. Together, they created checklists and scheduled regular appointments to ensure she stayed on track.

Thanks to her commitment and her ILS's ongoing support, she successfully established boundaries and safeguarded her private information online. She maintained consistent contact with her ILS, which helped her manage her finances effectively. These positive changes not only improved her financial stability but also enhanced her confidence and independence. This marked a significant step forward in her journey toward a more secure and empowered life.

SUBPART IV – COMMUNITY ACTIVITIES AND COORDINATION

Section 704(i), (l), and (m)(4) of the Act; 45 CFR 1329.17(c)

Section A – Community Activities

Item 1 – Community Activities Table

In the table below, summarize the community activities involving the DSE, 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)
Accessibility	Technical Assistance	OCB	6.00	Improve intersection architecture for individuals with vision impairments.	4 city traffic planners were educated on modifying crosswalks, etc.
Accessibility	Community Education and Public Information	OCB	6.00	Improve safety of individuals with visual impairments.	Education with Portland Bureau of Transportation, Oregon Dept. of Transportation and others regarding pedestrian safety.
Accessibility	Technical Assistance	OCB	0.50	Improve accessible design for those with vision impairment in public buildings.	Improved architecture for hallway directions, seating, window coverings, lighting, and all design features at new library.
Accessibility	Community/ Systems Advocacy	SILC	14.50	Make services needed by people with disabilities more available and useful.	Participated in Disability Emergency Management Advisory Council, in support of OR Emergency Management (DEMAC), Mass Care & Medical/Health services.
Accessibility	Community Education and Public Information	SILC	5.25	Hold a public ADA celebration hosted by the Oregon Disabilities Commission, NW ADA Center and Disability Rights Oregon.	Worked with 10-15 individuals from the disability community to plan weekly July ADA Celebration virtual lunch-and-learn events. SILC member served on panel regarding disability board/ commission participation.
Assistive Technology	Community/ Systems Advocacy	SILC	1.00	Make services needed by people with disabilities more available and useful.	Policymakers gained information needed to improve programming options &

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
					accessibility for people with disabilities.
Assistive Technology	Community/ Systems Advocacy	SILC	1.00	Make services more available and useful to people with disabilities.	SILC member provided outside group info about assistive technology available that would provide needed accommodations.
Assistive Technology	Resource Development	EOCIL	1.00	Improve availability of assistive technology.	Engaged in activities to fund assistive technology provision.
Assistive Technology	Community/ Systems Advocacy	LILA	2.00	Recognize quality facilitation skills.	You can learn how to become an outstanding online facilitator.
Assistive Technology	Community Education and Public Information	LILA	2.00	Improve safety of people with disabilities.	Learned what to look for in disability tracking and how to prevent it.
Assistive Technology	Technical Assistance	OCB	3.50	Improve pharmacy services for Oregonians with visual impairments.	Pharmacy board leadership gained understanding of how Oregon law applies to accessible labeling at pharmacies.
CIL Funding	Community/ Systems Advocacy	EOCIL	40.00	Improve funding for CILs	Engaged in various activities to grow funding for CIL services.
CIL Funding	Collaboration/Networking	EOCIL	14.00	Improve funding for CILs.	Built relationships that may lead to financial resources for CIL service provision.
CIL Funding	Community/ Systems Advocacy	EOCIL	4.00	Secure minimum base funding to stabilize services	Researched and promoted sufficient base funding with collaboration of other CILs on advocacy strategies.
CIL Funding	Resource Development	EOCIL	139.00	Improve funding for CILs.	Engaged in activities to fund services and retention of staff.
CIL Funding	Community/ Systems Advocacy	LILA	10.00	Present outcomes from Live Healthy Lane.	Community partners gained information on the Live Healthy Lane survey feedback.
CIL Funding	Outreach Efforts	LILA	4.00	Provide Lane Council of Governments photos to show accessible crosswalks.	Conducted photo shoot regarding disability accessibility on crosswalks.
CIL Funding	Collaboration/Networking	LILA	3.00	Gain funding through improved community partner awareness of services.	Community partners learned about LILA services. Networked and exchanged contact information.
Coalition Development	Collaboration/Networking	EOCIL	8.00	Facilitate broader advocacy opportunities.	Worked with statewide, regional, national and global disability movements, creating infrastructure for a variety of advocacy needs.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Disability Awareness	Collaboration/Networking	EOCIL	18.00	Improve disability awareness within the community.	Provided general disability education through many engagements. Increased awareness of services and opportunities for people with disabilities.
Disability Awareness	Community Education and Public Information	OCB	42.00	Improve safety of pedestrians with visual impairments.	Hundreds of people were educated during events regarding yielding to visually impaired pedestrians.
Disability Awareness	Community/Systems Advocacy	EOCIL	15.00	Improve disability awareness within the community.	Fostered service improvements.
Emergency Management	Community/Systems Advocacy	LILA	2.00	Improve responsiveness to disasters.	Learned how Administration for Community Living, Inclusive Disaster Strategies applies to IL in Oregon and action steps before, during, and after an area disaster.
Emergency Management	Community/Systems Advocacy	SILC	8.00	Infuse disability perspective in Rules Advisory Council.	Served on Rules Advisory Council for Resilience Hub & Networking grants.
Emergency Management	Collaboration/Networking	SILC	18.50	Develop strategy for assisting people with disabilities during disasters.	Worked with 3 team members from OR Dept. of Human Services to collect data from local offices regarding current training and resource needs for resilience and support of people they serve during emergencies.
Emergency Management	Collaboration/Networking	SILC	20.25	Improve emergency management knowledge in Oregon's disability community.	Participated in regular trainings with FEMA, the National & State Access & Functional Needs meetings, and Arizona Partners in Preparedness, gathering resources to share locally with the IL Network, the DEMAC and others.
Emergency Management	Collaboration/Networking	SILC	21.75	Keep emergency support partners and DEMAC connected regarding day-to-day activities and disability input that may be needed.	Participated in regular Mass Care updates to maintain DEMAC awareness of current events and projects and provide disability perspective when needed.
Employment	Collaboration/Networking	OCB	0.50	Improve job opportunities for people with vision loss.	12 employers were educated regarding OCB's mission and what individuals with vision loss can do in the job market.
Employment	Collaboration/Networking	EOCIL	11.00	Improve employment-related services for people with disabilities.	Service improvements were discussed that address needs assessment gaps.
	Outreach	EOCIL	5.00	Promote career development for	Planned and co-hosted annual

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Employment	Efforts			people with disabilities.	Disability Mentoring Day event with Blue Mountain Community College.
General Consumer Support	Collaboration/Networking	SILC	42.50	Expand the use of services, programs & activities by people with disabilities.	Participated in various groups and programs, created a variety of improvements in the delivery of services and information to people with disabilities.
General Consumer Support	Community/Systems Advocacy	EOCIL	153.00	Make systems and services more effective for people with disabilities.	Worked with statewide, regional, national and global disability movements on action strategies addressing awareness and access to resources to address various facets of need in the disability community.
General Consumer Support	Outreach Efforts	EOCIL	40.00	Promote systems advocacy issues on behalf of people with disabilities.	Increased systems advocacy through outreach to state, regional and global disability movement.
General Consumer Support	Resource Development	EOCIL	10.00	Improve funding for support of disability needs.	Worked with state, regional, national and global disability movements to develop resources.
General Consumer Support	Community/Systems Advocacy	LILA	2.00	Improve Options Counseling services.	Shared ideas and learned about quality assurance, such as new enrollments needing an assessment and action plan.
General Consumer Support	Community/Systems Advocacy	LILA	4.00	Improve criminal justice outcomes for individuals with Brain Injuries (BI) and Traumatic Brain Injuries (TBI).	Learn the Criminal Legal System related to bridging BI & TBI and Mental Health Services.
General Consumer Support	Community Education and Public Information	LILA	2.00	Recruit an Administration for Community Living Traumatic Brain Injury Advisory Board.	Discussed and learned new strategies to improve the Advisory Board's participation.
General Consumer Support	Community/Systems Advocacy	SILC	1.00	Maintain consumer choice.	Participated in Agency with Choice project listening session to advocate for consumer involvement in the development process.
Health Care	Community/Systems Advocacy	SILC	3.00	Make services needed by people with disabilities more available and useful.	Policymakers gained information needed to improve programming options & accessibility for people with disabilities.
Health Care	Community/Systems Advocacy	SILC	3.00	Make services more available and useful to people with disabilities.	SILC members advocated for needed health care-related improvements.
Health Care	Collaboration/Networking	SILC	7.00	Understand current resources for people with disabilities.	By participating in periodic Health Authority's Community

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
	g				Connection sessions, the IL Network was informed re: health info and recommendations.
Health Care	Outreach Efforts	EOCIL	15.00	Create awareness of services.	Provided information about access to resources and addressed gaps in health care needs
Health Care	Resource Development	EOCIL	21.00	Develop greater general and mental health resources.	Participated in activities to gain resources for serving mental health needs as well as general health needs, in response to needs assessments.
Health Care	Community/ Systems Advocacy	LILA	4.00	Understand consumer needs for Medicaid and other health care.	Gathered information to respond to consumers regarding their health care needs.
Health Care	Community/ Systems Advocacy	LILA	2.00	Develop Person Centered Services.	Shared feedback and gained information on Options Counseling Action Plans, consumer I&R, and how to implement and bill for services.
Health Care	Community/ Systems Advocacy	LILA	3.00	Support becoming trauma informed through self-care.	Increased understanding of how to boost self-confidence through self-care.
Health Care	Collaboration/Networking	EOCIL	1.00	Improve Service Coordination.	Communicated with the Aging and Disability Resource Connection (ADRC) to develop health care-related solutions that enhanced outcomes and promote overall community well-being.
Health Care	Collaboration/Networking	EOCIL	10.00	Improve Health Care for people with disabilities.	Increased awareness of needs assessment gaps and made service improvements.
Health Care	Community Education and Public Information	EOCIL	12.00	Enhance awareness of health care gaps.	Identified service improvements related to needs assessment gaps.
Health Care	Community/ Systems Advocacy	EOCIL	13.00	Improve Health Care for people with disabilities.	Worked to create changes that would address gaps in health care-related needs and increase awareness of the issues.
Housing	Community/ Systems Advocacy	OCB	1.00	Motivate change in communication options for individuals needing tactile interpreters.	In partnership with Disability Rights Oregon and the State Ombudsman, educated facility regarding staffing necessary to meet needs for tactile interpreters.
Housing	Collaboration/Networking	SILC	1.00	Expand the use of services, programs & activities by people with disabilities.	SILC member gained and shared information.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Housing	Technical Assistance	SILC	2.00	Make resources and facilities more accessible to people with disabilities.	Public/private entities are more able to adjust materials & facilities, so they are accessible to people with disabilities.
Housing	Community/ Systems Advocacy	SILC	1.00	Make services needed by people with disabilities more available and useful.	Policymakers gained information needed to improve programming options & accessibility for people with disabilities.
Housing	Collaboration/Networking	SILC	1.00	Expand the use of services, programs & activities by people with disabilities.	SILC member attended local housing coalition meeting. Disability perspective provided and information about housing efforts was gained.
Housing	Community/ Systems Advocacy	SILC	1.00	Make services more available and useful to people with disabilities.	SILC member advocated for better housing options at local meeting.
Housing	Technical Assistance	SILC	2.00	Make resources and facilities more accessible to individuals with disabilities.	SILC member shared information during housing session about ways to create more accessibility.
Housing	Collaboration/Networking	EOCIL	1.00	Improve Service Coordination.	Communicated with the Aging and Disability Resource Connection to develop housing-related solutions that enhanced outcomes and promoted overall community well-being.
Housing	Collaboration/Networking	EOCIL	9.00	Improve housing services for people with disabilities.	Worked with community partners to address housing-related needs assessment gaps and increase access to resources.
Housing	Community Education and Public Information	EOCIL	1.00	Enhance awareness of housing gaps.	Identified service improvements related to needs assessment gaps.
Housing	Community/ Systems Advocacy	EOCIL	7.00	Improve housing resources for people with disabilities.	Worked to create changes that would address gaps in housing-related needs and increase awareness of the issues.
Housing	Community Education and Public Information	LILA	4.00	Understand differences between HUD Section 8 and section 811 programs.	Staff gained HUD information relevant to a portion of CIL consumers.
Housing	Community/ Systems Advocacy	LILA	2.00	Collaborate on forms of housing and ADRC Disaster Registry Grant.	CIL staff gained information on the ADRC Resilience Hub grant.
Housing	Collaboration/Networking	LILA	3.00	Improve partnering through shared information.	Full Access Brokerage staff gained information on CIL programs.
	Community/	LILA	2.00	Understand new HUD asset	Learned what the new asset

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Housing	Systems Advocacy			rules.	caps are for HUD.
IL Program Awareness	Community Education and Public Information	EOCIL	33.00	Increase community awareness of IL philosophy and services.	Staff presented at various opportunities. Individuals with disabilities were empowered to navigate resources, advocate for their rights and achieve greater independence and inclusion in the community.
IL Program Awareness	Community Education and Public Information	EOCIL	14.00	Increase awareness of IL culture and its unique service philosophy among community partners.	Presented information about IL philosophy and services through various means.
IL Program Maintenance	Collaboration/Networking	SILC	60.25	Ensure involvement of IL program in state budget process and building of legislative relationships for awareness of CIL services.	SILC staff met monthly with CIL Network. Compiled updated CIL pay equity data for 2025 State legislative budget request. Facilitated increased participation of CILs in legislative process.
IL Program Maintenance	Technical Assistance	SILC	111.00	Maintain & improve Independent Living Programs.	Knowledge was shared between various entities and their members through participation with national IL associations and through provision of a Region ten IL Conference hosted by Oregon SILC. Joined ACL stakeholder calls as NASILC rep.
IL Program Maintenance	Collaboration/Networking	SILC	10.00	Strengthen and maintain working relationship between SILC, CILs and DSE.	Facilitated OR IL partner meetings. Updated task status, discussed opportunities for state budget input, share successes/innovations & challenges, strategized VR & CILs projects, and CILs with Disability Rights Oregon to host 3 listening sessions.
IL Program Maintenance	Collaboration/Networking	SILC	22.00	Strengthen IL Network relationships within the State of Oregon.	Facilitated IL Forum meetings to provide peer support, training/technical assistance. Gained and shared information related to operations specific to Oregon
Other	Collaboration/Networking	SILC	3.00	Reduce board/commission workload.	A group of 10-15 Oregon boards/commissions and advisory groups built a coalition to address lack of or inconsistent practices regarding board/commission requirements. Caused agencies to begin developing helpful procedures and consistent policies.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Other	Collaboration/Networking	SILC	2.00	Resolve problems caused by new legislation.	Provided advice to 5 policy and financial staff at the Dept. of Human Services, resulting in improved policies and an input opportunity for boards/commissions whose member compensation flows from funding within that agency's budget.
Service Coordination	Collaboration/Networking	OCB	6.00	Improve Coordination between OCB and CIL services.	Gained better understanding of individual CILs.
Service Information	Outreach Efforts	SILC	68.00	Increase public awareness of IL services.	Participated in a variety of opportunities which gave members of the public and service providers greater understanding of IL services and how to direct people with disabilities to IL services.
Service Information	Outreach Efforts	EOCIL	3.00	Inform people in the community about available services.	Provided information to people with disabilities about resources/services.
Service Information	Outreach Efforts	EOCIL	6.00	Promote disability awareness within local issues.	Provided information related to people with disabilities, resources/services.
Service Information	Outreach Efforts	EOCIL	1.00	Create awareness of services.	Attended Eastern Oregon University resource fair. Provided resources and info on service availability.
Service Information	Outreach Efforts	EOCIL	75.00	Increase awareness of IL culture and its unique service philosophy among community partners.	Used various means to provided information specific to the IL service system and IL philosophy.
State-Level Public Policy	Collaboration/Networking	EOCIL	36.00	Reduce public policy impacts on people with disabilities.	Engaged with state-level organizations to provide service improvements that addressed the impact of public policies.
State-Level Public Policy	Community Education and Public Information	EOCIL	2.00	Create awareness of public policy impacts.	Shared information regarding the impact of public policy around access to a variety of resources needed by people with disabilities.
State-Level Public Policy	Community/Systems Advocacy	EOCIL	20.00	Address public policies that are impacting people with disabilities.	Worked to create change in public policy in response to needs assessments.
Transportation	Technical Assistance	OCB	1.50	Create data related to transportation accessibility for individuals with vision impairments.	10 individuals with vision loss beta tested an accessibility database regarding accessibility related to vision impairments.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcomes(s)
Transportation	Community Education and Public Information	SILC	4.00	Create more awareness of disabilities and issues impacting people with disabilities.	Members of the public & service providers gained knowledge & skills to reduce disability stigma & increase inclusion of people with disabilities.
Transportation	Technical Assistance	SILC	4.00	Make resources and facilities more accessible to people with disabilities.	Public/private entities are more able to adjust materials & facilities, so they are accessible to people with disabilities.
Transportation	Community/ Systems Advocacy	SILC	2.00	Make services more available and useful to people with disabilities.	SILC member participated in local transportation board, suggesting changes that would benefit people with disabilities.
Transportation	Technical Assistance	SILC	4.00	Make resources and facilities more accessible to individuals with disabilities.	SILC member shared information with transit provider regarding how to make local transit more accessible.
Transportation	Community Education and Public Information	SILC	4.00	Create more awareness of disabilities and issues impacting people with disabilities.	SILC member, who is on a local transit provider board promoted awareness of disability issues during their meetings.
Transportation	Collaboration/Networking	EOCIL	1.00	Improve Service Coordination.	Communicated with the Aging and Disability Resource Connection to develop transportation-related service solutions that enhanced outcomes and promoted overall community well-being.
Transportation	Community/ Systems Advocacy	EOCIL	1.00	Increase accessible transportation.	Staff served on Malheur Council on Aging's transportation and executive board.
Transportation	Community/ Systems Advocacy	EOCIL	3.00	Improve transportation resources for people with disabilities.	Worked to create changes that would address gaps in transportation-related needs and increase awareness of the issues.
Traumatic Brain Injury Resource Development	Community Education & Public Information	LILA	2.00	Improve resources for Traumatic Brain Injury through a presentation at Conference of States of States.	Set the TBI presentation title for a national professional and personal development announcement in The Place.
Visual Impairment Support	Technical Assistance	OCB	2.00	Improve guidance for individuals with vision impairments while receiving therapy.	10 physical & occupational therapists received human guide training and will be able to safely guide patients with vision impairment.

Item 2 – Description of Community Activities

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

Acronyms used in table above:

- * ADRC = Aging and Disability Resource Connection of Oregon.
- * DEMAC = Disability Emergency Management Advisory Council (an advisory arm of three Oregon entities: Oregon's Emergency Management Department, Oregon Office of Resilience and Emergency Management (Mass Care within the Oregon Department of Human Services), and Oregon Health Authority (Public Health & Medical Services). The SILC participated in an original team with the three agencies and members of the disability community to stand up the DEMAC and has participated as a member of the Council. A SILC staff member serves as DEMAC's liaison to Emergency Service Function 6 (Mass Care).
- * NASILC = National Association of Statewide Independent Living Councils. The SILC's Executive Director is Chairperson of NASILC. In that capacity, she participates in meetings of the Administration for Community Living (ACL) Stakeholder, and other collaborative meetings with the various national Independent Living associations.

SILC members participate in a variety of local groups, including Disability Services Advisory Councils (DSACs), transportation and housing committees, etc. An example provided by one member includes attendance at her community's First Thursday resource fair, in Roseburg, for various Oregon Department of Human Services programs, and attending county partner meetings for supporting workers with developmental disabilities.

Lane Independent Living Council (LILA) staff and board are expected to provide information on the Independent Living philosophy and LILA's core and non-core services at every opportunity, particularly when engaging with community partners. Staff also participate in community opportunities particular to their role and specialties. That CIL takes every opportunity to attend public meetings where the needs of people with disabilities are involved. Their staff and board are members of many community and statewide committees, advocating for the rights of people with disabilities.

Section B – Working Relationships Among Various Entities

Describe DSE and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSE, 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.

Oregon's SILC values collaboration across the disability community and within what we consider our Oregon IL Network (our DSE, CILs, Oregon Commission for the Blind, and the SILC). That is demonstrated in a variety of ways.

1) Continuation of the monthly, virtual IL Network Open Forums that the SILC began during the recent Pandemic. What was a peer support forum with a single focus has become a place where we can:

- Keep up with how we are doing personally as a team.
- Have informal conversations about any topic of interest and get questions answered.
- Share updates and information during legislative sessions.
- Have conversations with non-IL entities when needed. Example: Hearing from Oregon's mass care emergency management entity about an opportunity to apply for a Resilience Hub and Network grant.

Past SILC members are also welcome to join the forum, as well as some individuals from groups like the State Disability Advocacy Councils or other disability boards/commissions who heard about what we were doing and asked to attend

Outcomes:

- Recruitment of a new SILC member.
- A friendly, relaxed environment that enhanced relationships within the IL Network.
- SILC members and partners who attend learning about CIL operations, challenges and current situations.
- Ways to explore topics that are generally not part of SILC meetings or committee work and share ideas that may lead to new projects.
- Expanded collaboration with non-IL partners.

2) During the reporting year, the SILC began exploring the need and potential for building a broader disability coalition where issues requiring advocacy could be discussed and the related activities planned by coalition members could be shared.

Outcomes:

- A SILC committee formed to work out details of implementation. More to come on this later.

3) The SILC continued to host monthly Zoom sessions with CILs. This provides a collaboration opportunity between the SILC and the CILs as well as a place for CILs to collaborate among themselves, since not all CILs are members of the Association of Oregon Centers for Independent Living (AOCIL). It can also be a space to bring in outside partners for collaboration, such as conversations between the Vocational Rehabilitation program and CILs about opportunities for collaboration on youth transition services - Pre-Employment Transition Services (Pre-ETS).

Outcomes:

- Good working relationship between CILs and the SILC.
- CILs presented at the Vocational Rehabilitation (VR) In-Service as an opportunity to begin building local relationships with VR offices around Pre-ETS.
- Strategies were developed related to submitting requests and data to the Designated State Entity for inclusion in Oregon's agency budget process.

- * Better relationship building with local legislative representatives was promoted in order to improve ongoing awareness about the IL program and the needs of consumers.

4) Quarterly partner meetings were held with the DSE, SILC and IL service providers.

Outcomes:

- * Provided opportunity to stay updated and get questions answered about the status of activities such as IL provider contracts through the DSE and implementation of any current projects.

- * More engagement in the State's budget process, with opportunities to submit requests.

- * Opportunity to raise issues that need to be addressed among the IL Network partners and create steps for moving forward on solutions.

5) The SILC meetings provide opportunity for other Councils and programs to educate SILC members and meeting guests about their missions and provide updates on activities. This year the SILC decided to broaden these opportunities at meetings to reach out to groups that may not have been thought about previously. The emphasis also changed. Instead of only focusing on learning about other organizations, the time is to discuss issues that may benefit from collaboration.

Outcomes:

- * Connected with new individuals for SILC recruitment.

- * Improved understanding about how to work with other organizations.

- * Stronger partnering between the Oregon Department of Transportation (ODOT) and the IL program, with staff from ODOT typically attending SILC meetings and doing more direct sharing of information - more teamwork.

6) The SILC has a representative serving on the Oregon Disability Emergency Management Advisory Council.

Outcomes:

- * Increased awareness among the IL Network regarding opportunities to engage in Oregon's emergency preparation and response activities and ways to seek funding to support people with disabilities during emergency events.

- * Interest from the Office of Resilience and Emergency Management in collaboration with CILs.

7) The Work Incentive Network (WIN) managed by the Vocational Rehabilitation program continued to collaborate with Oregon CILs through contracts to provide Work Incentive Network Counselors as CIL staff.

Outcomes:

- * Consumers continued to receive support in understanding how benefits and employment interact, providing greater confidence and motivation to pursue employment.

- Consumers who received WIN services also had the opportunity to learn about and receive holistic support through regular IL services, increasing job readiness and skills for sustaining employment.

8) Oregon's Aging and Disability Resource Connection (ADRC): The SILC has two individuals serving on the ADRC Advisory Council.

Outcomes:

- The partnership between the IL program and the ADRC continues to have many challenges around the level of funding for CILs versus the amount of work, especially in terms of data collection and reporting requirements. With general CIL operational funding failing to keep up with economic conditions, CILs are experiencing growing reluctance to take on work with partners that brings high administrative demands compared to time for consumers and doesn't sufficiently guarantee funding to fairly compensate additional staffing needed.
- To address some of the reluctance of CILs, the CIL serving the Portland Metro region negotiated a contract which allows them to do more of the administrative functions, acting similar to a hub, and involving other CILs as needed.
- 849 ADRC referrals were made to CILs this year - an increase of 6 referrals over last year.

SUBPART V – STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)

Section 705 of the Act; 45 CFR Part 1329.14â€“16

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
Curtis Raines	CIL	Other CIL Rep	Voting	11/01/2023	10/31/2026
Matt Droscher	CIL	CIL Director Rep	Voting	11/05/2018	11/04/2024
Vacant	CIL	Other CIL Rep	Voting	06/24/2021	01/20/2024
Keith Ozols	State Agency	Ex-Officio State Agency - DSE	Non-Voting	05/09/2019	05/08/2025
Malinda Carlson	State Agency	Ex-Officio State Agency - OCB	Non-Voting	08/01/2024	02/28/2027
Barbara Stoner	Neither	Person with a Disability	Voting	01/01/2024	12/31/2026
Carisa Bohus	Neither	Person with a Disability	Voting	11/01/2023	10/31/2026
Grace Ogden-Parker	Neither	Person with a Disability	Voting	08/01/2024	07/31/2027
John Curtis	Neither	Person with a Disability	Voting	08/01/2024	07/31/2027
John Pascale	Neither	Person with a Disability	Voting	01/01/2019	12/31/2024
Joseph Thorpe	Neither	Person with a Disability	Voting	08/01/2024	01/31/2027
Judith Richards	Neither	Person with a Disability	Voting	09/01/2023	08/31/2026
Nicole Payne	Neither	Person with a Disability	Voting	01/01/2020	12/31/2025
Norman Mainwaring	Neither	Person with a Disability	Voting	10/23/2018	10/22/2024
Patricia Kepler	Neither	Person with a Disability	Voting	10/01/2022	09/30/2025

Tony Ellis	Neither	Person with a Disability	Voting	01/01/2019	12/31/2024
Vacant	Neither	Person with a Disability	Voting	10/02/2024	09/30/2027
Vacant	Neither	At Large	Voting	03/01/2022	02/28/2025
Vacant	Neither	At Large	Voting	02/01/2023	01/31/2026
Vacant	Neither	At Large	Voting	07/01/2023	06/30/2026
Vacant	Neither	At Large	Voting	07/01/2023	06/30/2026
Vacant	Neither	At Large	Voting	07/22/2023	07/21/2026
Vacant	Neither	At Large	Voting	01/20/2024	01/19/2027

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?	23
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	12
(C) How many members of the SILC are voting members?	21
(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; 45 CFR 1329.14(a)

Item 1 – Statewide Representation

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

Oregon has fourteen designated service areas. Approximately half of them, mostly in the eastern portion of the state, are considered low population areas and have historically been challenging to recruit individuals willing to serve on the SILC. Currently, the SILC's 15 members represent six of the service areas in the western portion of the state. Continuing recruitment, in partnership with CILs and other organizations, and through planned focus groups will hopefully produce more representation in the eastern areas.

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.

SILC members come from all six disability types listed in the PPR, with backgrounds and experience in a variety of areas (tribal, human services, health, ADA, transportation, education, general and blind vocational rehabilitation services, employment, spinal cord rehabilitation support, senior and disability service advisory councils, and business). Additionally, members include staff, consumers and board members of CILs, other peer mentors, family advocates, and caregivers.

Ages range from 29 to 79 years of age. Some members do not identify their cultural or ethnic backgrounds. Most who identify are Caucasian. With Oregon experiencing a rapidly changing ethnic population shift, it would seem it should be easier for the SILC to gain members from various ethnic populations. Instead, it seems it has become more difficult in recent years, even when reaching out to groups that previously had representation.

Outreach will continue for expanding the SILC's range of members. We have recently made headway involving youth participants and have a potential new member under 20 years of age awaiting appointment.

Item 3 – Knowledgeable about IL

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

Two SILC members are CIL directors. An additional member is a board member of a CIL. Some members have received services from a CIL in the past or serviced on a CIL board.

The role of CIL services and CIL function is part of the orientation and training curriculum of the SILC. The SILC encourages those without strong knowledge of CILs to visit a local CIL. Members also have opportunities to visit CILs during public engagement activities and SILC meetings that are held in CIL service areas. One of Oregon's CILs is invited to each SILC meeting to share specifics about their service.

CIL staff joining SILC members as participants on the SILC's State Plan Committee and its work groups Provide opportunities for members to learn more about CILs. Members also

have opportunity to engage with CIL personnel and learn about CIL operations at our Oregon Independent Living Conferences and during the monthly IL Network Open Forums.

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.

SILC Executive Director - Brooke Wilson

Contact Information: brooke.wilson@odhs.oregon.gov; mobile phone (971) 719-6785; 500 Summer St. NE, E-87, Salem, OR 97301

One Operations Coordinator

One Youth Initiative Coordinator (currently vacant)

SILC staff are all state agency employees. The Governor established the SILC separately from all state agencies. However, an Oregon Constitutional barrier prevents the SILC from existing as a nonprofit entity, and the Council was not provided with full agency status. This led to the Council partnering with Oregon's Department of Human Services (ODHS) to obtain staff positions through a contractual arrangement, similar to a staffing service. The agreement identifies the roles of each entity and states that the SILC is not an entity within ODHS, has authority for supervising and evaluating its staff related to duties performed for the Council. It also states that ODHS and the Designated State Entity may not interfere with SILC personnel in terms of those duties. When the SILC was established, the Rehabilitation Services Administration approved this approach as providing the level of autonomy intended in law.

Item 2 – SILC Support

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

The agreement described in Item 1 above requires the Vocational Rehabilitation Program (Designated State Entity) to provide the following services to the SILC:

- Fiscal and payroll services, as the SILC's fiscal agent.
- Cooperation with the SILC to reconcile data with the SILC's in-house records, including supplying reports for any regular and special audits of the SILC.
- Costs for legal services of the Attorney General's office, if needed.
- Support for contract development when needed, as the SILC's agent and in accordance with State of Oregon requirements.
- Sharing information regarding legislative issues, and statewide policies for government entities, as may apply to SILC duties.
- Sharing notices from the federal program authorities relevant to the IL program.

- Collaboration with the SILC to provide appropriate level of Title I Innovation and Expansion funds to support the full function of the SILC through a Resource Plan, consistent with the SPIL, as well as through appropriate IL State General Funds.
- Office space and equipment for SILC staff: desks, filing cabinets, computers for workstations, accommodations such as remote computers used as workstations, general office supplies (i.e., paper, postage for regular mail), utilities and services including land line phones, fax, copiers, e-mail, internet, IT, and website support.
- Overhead costs related to SILC office space and maintenance costs on office equipment provided for SILC use.

Section D – SILC Duties

Section 705(c); 45 CFR 1329.15

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.

During the prior year, the draft 2025-2027 state plan had been reviewed and approved to circulate for public comment. During this reporting year, the draft was circulated to the public, including posting on the SILC's webpage, with a public comment period and public hearing announced through an e-mail list-serve (including many organizations, interested individuals and all the individuals who participated in prior SILC focus groups) as well as major Oregon newspapers and the SILC's social media.

Since no specific comments were received this year, the plan was submitted for federal approval without changes.

(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.

To collect progress and evaluation data, the State Plan Committee conducted semi-annual surveys of all entities implementing state plan activities and compiled semi-annual progress reports. All reporting entities were then invited to semi-annual evaluation sessions to assess the effectiveness of the plan and resources that might be needed to improve outcomes. Action steps were then developed for areas needing improvements.

The periodic progress reports and action steps for improvement were then reported at SILC meetings.

(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.

During the year, the SILC and a number of staff from various councils and commissions met regularly, generally to address changes that impacted all boards and commissions. Most of these groups are from within the disability community. This collaboration led to representation on administrative workgroups within state agencies to develop new work processes and new policies implementing legislation or new agency practices that involve reimbursement and compensation of members.

SILC members continued to participate in local advisory groups, such as those focused on transportation, housing, and aging and disability services, consistent with objectives in Oregon's State Plan for Independent Living.

The SILC Executive Director served on the State Rehabilitation Council and provided updates to the SILC at its quarterly meetings.

Additional information about collaboration with groups such as other disability councils is described in Subpart IV, Section A, Item 2 - Description of Community Activities, and in Section B - Working Relationships - in particular - expansion of opportunities for partner collaboration discussions during SILC meetings.

(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.

The SILC provides advance notices and agendas for its Council and committee meetings by posting them on the Oregon Government Transparency website. This space provides members of the public with meeting information for all public bodies of Oregon's state government. Advance public notices are also circulated via e-mail to a list including potentially interested disability groups, as well as specific organizations and individuals that have requested notice. Announcements are also included on the SILC's social media page.

These notices provide information about availability of standard provision of accommodations and how to request additional accommodations. Methods for how to access meetings in person, by phone, and virtually are included.

The calendar of meetings for the SILC and its committees is also embedded on the SILC's webpage.

Item 2 – Other Activities

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

There were no other activities using non-Part B funds to report.

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.

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	1
Individual Empowerment	
Systems Advocacy	
Legislative Process	
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	

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
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	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in Program Performance Report	
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	
Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	
Fund Accounting	

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
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	
Innovative Programs	
Best Practices	
Specific Examples	9
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	8

	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Training and Technical Assistance Needs	
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	
Outreach to Unserved/Underserved Populations	
General Overview	4
Disability	
Minority	6
Institutionalized Potential Consumers	5
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	2
Collaborations with In-State Stakeholders	10
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	

Training and Technical Assistance Needs	Choose up to 10 Priority Needs — Rate items 1-10 with 1 being most important
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	Providing Public Comment on Federal Documents. - Rating: 3

Building accessible electronic documents and websites - Rating: 7

SUBPART VI – STATE PLAN FOR INDEPENDENT LIVING (SPIL) COMPARISON AND UPDATES, OTHER ACCOMPLISHMENTS AND CHALLENGES OF THE REPORTING YEAR

Section 704(n) of the Act

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.

Goals in the current state plan are:

1. The Oregon IL System is funded and supported to provide IL services to people with disabilities.
2. The Oregon IL System listens and responds to specific consumer needs.
3. The Oregon IL System educates and advocates for the Independent Living Philosophy.

Objectives achieved:

Objective 1.1 - Funding formula and methodology will be reviewed & updated at least biennially to address service expansion through capacity-building and outreach to unserved IL consumers.

Outcomes/challenges: No additional outcomes were achieved during the current reporting year. It has become clear that significantly rising costs have made it extremely difficult to address both the stabilization of current CILs and also seek to expand into unserved areas. We anticipate some data being developed to show the increasing cost providers are experiencing.

Objective 1.2 - The IL System advocates for IL program funding.

Outcomes/challenges: While there was collaboration between the CILs, the SILC and DSE to address the needs for IL program funding in the Oregon budget, outcomes from joint advocacy did not produce the outcome hoped for. State budget processes and priorities for the budget left limited purposed that would be eligible for additional funding as part of the Governor's Recommended Budget. It became clear that more specific data is needed to show the connection between what CILs are doing and the specific issues the Governor has chosen to prioritize. Homelessness is an example. Improved data around areas of the Governor's priorities may improve possibilities for receiving additional funding.

Objective 1.3 - The IL System and partners come together to increase resources to better meet the needs of IL consumers.

Outcomes: The broad definition of "resources" in this objective includes many things that may be developed through collaboration. Various entities developed different outcomes. These ranged from:

- Agreements with courts in some municipalities to create partnerships with CILs to support people with disabilities going through court processes.
- Training and resources to improve CIL services to veterans, including weekly co-location of IL and Veteran service staff.
- Collaboration with community partners that offered a means for reconnection of CILs with consumers who are homeless and difficult to reach.
- CIL contracts to provide services through the Aging and Disability Resource Connection.
- Training and resources for transitioning youth regarding Rent Well practices and emergency preparedness.
- Funding for provision of Living Well with a Disability classes at CILs.
- A Pathway Community Hub grant resulting in additional staff to increase capacity for services related to removing social barriers to health.

Objective 2.1 - Consumers will receive IL services to facilitate their independent Living Goals including services in response to local, regional, or statewide disasters or other emergencies.

Outcomes: 97% of the 47,437 particular service requests of consumers over the SPIL period were provided by their IL provider.

Objective 2.2 - Consumer access to health care is improved.

Outcomes: Over the SPIL period, 98% of the 5,154 consumers requesting a particular form of access to health care achieved access with the help of an IL provider. In addition, 3,975 hours were spent conducting community activities to address health care for people with disabilities. This surpassed our goal of 400 hours by 894%. Note: In the state plan in place during the reporting period we did not include specific outcomes as a measurement for these

advocacy-related objectives (2.2, 2.3, 2.4 and 3.1). In the next state plan where similar objectives are in place, we added evaluation measures of reporting objectives, which will give specific examples of accomplishments.

Objective 2.3 - The IL system will advocate with transportation coalitions and partnerships to expand transportation options for people with disabilities.

Outcomes: Over the SPIL period, 1,305 hours were spent working to achieve better transportation options for people with disabilities, which surpassed the goal of 400 hours by 226%.

Objective 2.4 - The IL system will advocate with housing coalitions and partnerships to expand access for people with disabilities.

Outcomes: Over the SPIL period 1,628 hours were spent conducting community activities to address housing, which surpassed our goal of 400 hours by 307%.

Objective 3.2 - The IL system will engage in local and statewide systems advocacy to address issues impacting consumer needs (other than health care, transportation and housing).

Outcomes: Over the SPIL period, 3,507 hours were invested in advocacy on various issues impacting people with disabilities, which surpassed our goal of 1,000 hours by 251%.

Objective 3.3 - The IL system will hold an IL conference at least once in the SPIL period to provide needed training and technical assistance.

Outcomes: This objective was also surpassed, with the SILC hosting a statewide IL conference in 2023 and then a Region Ten IL conference in 2024. Besides building familiarity and a sense of teamwork between IL network participants across the region (including direct service staff, directors of IL service organizations, SILC members and staff), participants gained better understanding of:

- Federal compliance, oversight, monitoring, and Program Performance Report processes.
- Differences between the Q90 and CIL Suite data collection systems.
- Data collection best practices.
- Roles and responsibilities within the IL program.
- Methods for building youth programs.
- Nurturing of partnerships between IL program partners.
- Advocacy that can lead to increased state funding.
- The importance of building relationships and community collaboration to advance systems change.
- How one CIL uses a converted ambulance to provide mobile health outreach in their rural area, related to harm-reduction services, in partnership with Oregon Health Authority.

Objective 3.4 - With the support of the IL System, the Oregon SILC will pursue a youth leadership training initiative across the state.

Outcomes: The SILC completed the research intended during this SPIL period regarding various approaches it could use to create a youth leadership initiative. The decision was made to create a SILC staff position to begin working with youth to implement this project.

Based on that plan, the SILC has moved on to the second phase, which is an objective in the next SPIL period. Details necessary to hire a youth initiative coordinator are being worked out.

Objective not achieved:

Objective 3.1 - The IL System will educate community partners and funders regarding the value of IL services.

Outcomes: One activity for this objective was to develop public relations tools to be used by IL program entities. The design concept for these tools was completed. However, there were struggles securing a graphic designer to prepare the materials. This was complicated by a heavy workload this SPIL period and a staff vacancy. Additionally, the pandemic impacted other plans related to doing community activities where education and public information was provided regarding the value of IL services. Statewide, 1,699 of the anticipated 1,900 hours during the SPIL period were completed, which is 11% below the achievement target.

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 DSE administration of the SILS program.

Nothing to report.

Section B– Significant Activities and Accomplishments

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

Nothing additional report. Various achievements were discussed in other section.

Section C – Substantial Challenges

If applicable, describe any substantial problems encountered by the DSE 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.

Along with all Oregon boards/commissions, the SILC continues to deal with significant workload increases and unfunded mandates as a result of recent law and policy changes by Oregon which include:

- New annual trainings required for Governor appointees.
- Tasks around required eligibility determination and payment of compensation for eligible Governor appointees.
- Use of the State's human resources data system for the Governor's application, appointment and tracking processes for boards/commissions.

An ongoing challenge for SILCs is not having sufficient direct funding and needing to rely either on very limited Part B resources (reducing what supports the need for IL services and limiting SILC capacity) or needing the good graces of VR programs to provide sufficient Innovation & Expansion funds, which reduces their funding for VR program services. Choosing between what is seen as an administrative cost and services needed by consumers is especially difficult when VR programs are in Order of Selection. What SILCs can do to build robust IL programs is often not understood or valued.

Additional challenges reported by service providers include:

Staffing at Oregon Commission for the blind is a continual challenge. As a small agency, the Commission's employees may be shared across departments, meaning employees with proper education to serve as Rehabilitation Teachers in the Vocational Rehabilitation department also work part time as specialists for the Part B program. Due to the limited number of people holding necessary degrees in special education as it relates to working with the visually impaired, staff to support the Part B program is impacted, as well. Out of nine positions, there are two positions that have been open for 6-18 months. The Commission has responded by assisting with tuition for three employees to become Certified Orientation and Mobility Specialists. There are an additional three employees in the process of acquiring their degrees which will allow them to step into direct service employee roles.

The significant increase in Part B program referrals at Oregon Commission for the Blind has reduced the ability of direct service staff to do outreach. The Commission is continually trying to add a position to conduct outreach and release staff to do direct service exclusively.

Equipment the Commission can provide to their consumers is limited due to minimal funding increases which are not keeping up with the pace of the economy and referrals.

Lane Independent Living Alliance (LILA) continues to voice that Centers in Oregon need an increase in base funding. In regard to State funding, Centers have not had a meaningful increase in funding since 2013. Lack of sustainable funding that keeps up with the economy results in loss of staff, inability to hire and retain qualified staff, and the numbers of people with disabilities that can receive services declines. LILA has had a 3-4 week wait list for most services for the past several months, which the need for services is increasing. They are experiencing staff burnout as workloads increase and resources become scarce. Housing services are the most difficult for staff to work on, as there are so many consumers who are without a place to shelter, and housing stock/resources are limited.

LILA has continued as a member of the Association of Oregon Centers for Independent Living (AOCIL) to continue to work toward securing appropriate funding for Oregon CILs.

Section D – Additional Information

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

Many are looking forward optimistically regarding a new format for the Program Performance Reports, with hopes it will improve the ability to tell our stories.

During the recent SPIL period, we have appreciated the shift at the Office of Independent Living Programs to a more team approach that supports greater program effectiveness and efficiency. Communication has improved, direct access to Program Officers has improved, resulting in SILCs, DSEs and individual service providers being better informed and able to get questions answered.

You have heard us regarding the need for broader support in developing cross-program awareness and teamwork among the various programs at the Department of Health and Human Services, and even between programs at other agencies where there is meshed funding for SILCs and projects (the Rehabilitation Services Administration currently housed within the Department of Education is one example). Your promotion of the benefits of the Independent Living Program across the Department of Health and Human Services should result in more holistic approaches to the needs of individuals experiencing disabilities.

Your participation in our regional and national conferences has been very helpful in allowing more people within the IL program to gain clarity about how our local work connects to your work at the federal level. Thank you for all of your efforts, including how you have developed accountability practices in a way that supports programmatic improvements with clear explanations of the desired outcomes and potential approaches!

PUBLIC HEALTH WORKFORCE (PHWF) - DATA REPORTING REQUIREMENTS

Grant Number	
Date Range	10/01/2023 - 09/30/2024
State	OR

Item 1 - Total Number of Full-Time Equivalents (FTEs)

Total Number of Full-Time Equivalents (FTEs)	0
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Item 2 - Type of Public Health Professional(s) Hired

Case Investigator	0
Contact Tracer	0
Social Support Specialist	0
Community Health Worker	0
Public Health Nurse	0
Disease Intervention Specialist	0
Epidemiologist	0
Program Manager	0
Laboratory Personnel	0
Informaticians	0
Communication and Policy Experts	0
Other positions as may be required to prevent, prepare for, and respond to COVID-19. List below:	
Other 1:	0
Other 2:	0
Other 3:	0
Other 4:	0
Other 5:	0

Item 3 - The Activities They Are Engaged In To Advance Public Health**SUBPART VII - SIGNATURES**

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

Curtis Raines - Signed Digitally

03/31/2025

SIGNATURE OF SILC CHAIRPERSON

DATE

Curtis Raines - SILC Chair

(541) 883-7547

NAME AND TITLE OF SILC CHAIRPERSON

PHONE
NUMBER

Keith Ozols - Signed Digitally

03/31/2025

SIGNATURE OF DSE DIRECTOR

DATE

Keith Ozols - VR Director

(503) 602-4055

NAME AND TITLE OF DSE DIRECTOR

PHONE
NUMBER