

# Reporting Instrument

OMB Approval No.: 0985-0043  
Expiration Date: January 31, 2021

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

**SECTION 704  
ANNUAL PERFORMANCE REPORT  
For  
STATE INDEPENDENT LIVING SERVICES  
PROGRAM**

(Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended)

## Part I

### INSTRUMENT

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

Reporting Fiscal Year: 2021

State: IN

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](mailto: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; 34 CFR 364.35 and 364.36

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

### Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$367457.00
(B) Title VII, Ch. 1, Part C - For 723 states Only	\$0.00
(C) Title VII, Ch. 2	\$242100.00
(D) Other Federal Funds	\$944449.00
<b>Subtotal - All Federal Funds</b>	<b>\$1554006.00</b>

### Item 2 - Other Government Funds

(E) State Government Funds	\$654386.00
(F) Local Government Funds	\$315613.00
<b>Subtotal - State and Local Government Funds</b>	<b>\$969999.00</b>

### Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	\$134584.00
(H) Other resources	\$14023.50
<b>Subtotal - Private Resources</b>	<b>\$148608.00</b>

### Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	\$2672610.00
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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.)	\$370601.00
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### Item 6 - Net Operating Resources

Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$2302010.00
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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 DSU Staff	Expenditures for Services Rendered By Grant or Contract
(1) Provided resources to the SILC to carry out its functions	\$90.00	\$115432.00
(2) Provided IL services to individuals with significant disabilities	\$0.00	\$0.00

<b>What Activities were Conducted with Part B Funds?</b>	<b>Expenditures of Part B Funds for Services by DSU Staff</b>	<b>Expenditures for Services Rendered By Grant or Contract</b>
(3) Demonstrated ways to expand and improve IL services	\$0.00	\$0.00
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	\$0.00	\$251935.00
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	\$0.00	\$0.00
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	\$0.00	\$0.00
(7) Provided training regarding the IL philosophy	\$0.00	\$0.00
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	\$0.00	\$0.00
<b>Totals</b>	\$90.00	\$367367.00

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

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

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

<b>Name of Grantee or Contractor</b>	<b>Use of Funds</b> (based on the activities listed in Subpart I, Section B)	<b>Amount of Part B Funds</b>	<b>Amount of Non-Part B Funds</b>	<b>Consumer Eligibility Determined By DSU or Provider</b>	<b>CSRs Kept With DSU or Provider</b>
accessAbility	Support General CIL Operations	\$25193.50	\$169895.00	Provider	Provider
ATTIC	Support General CIL Operations	\$25193.50	\$169895.00	Provider	Provider
Everybody Counts	Support General CIL Operations	\$25193.50	\$161998.00	Provider	Provider
Everybody Counts North	Support General CIL Operations	\$25193.50	\$161998.00	Provider	Provider
Future Choices	Support General CIL Operations	\$25193.50	\$357675.00	Provider	Provider
ILCEIN	Support General CIL Operations	\$25193.50	\$357675.00	Provider	Provider
SICIL	Support General CIL Operations	\$25193.50	\$169895.00	Provider	Provider
SIILC	Support General CIL Operations	\$25193.50	\$236112.00	Provider	Provider
The League	Support General CIL Operations	\$25193.50	\$169895.00	Provider	Provider
WILL Center	Support General CIL Operations	\$25193.50	\$357675.00	Provider	Provider
INSILC	Resources to carryout it's functions	\$115432.00	\$144788.00	N/A	N/A

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Subpart I, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSU or Provider	CSRs Kept With DSU or Provider
BRS (DSE/DSU)	Provided resources to the SILC to carry out its functions	\$90.00	\$0.00	N/A	N/A
<b>Total Amount of Grants and Contracts</b>		\$367457.00	\$2457501.00		

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

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

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

During the reporting year, no Part B grant agreements or contracts were awarded for purposes other than the general operations of Centers for Independent Living and resources for the Indiana SILC to carryout it's functions.

## Section E - Monitoring Title VII, Chapter 1, Part B Funds

34 CFR 80.40(a)

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

The DSE executed a grant agreement with each CIL for Part B funds for general operations. These grant agreements consist of boilerplate language requiring each CIL to maintain accurate and up to date accounting records and provide monthly fiscal claim reimbursements reports. The grant agreement language also ensures the CILs follow policies and procedures in accordance with federal uniform guidance and the Indiana Department of Administration. Additionally, as private, nonprofit 501c3 entities, the CILs are to conduct an annual independent audit as required by the Indiana State Board of Accounts and to submit a copy of their audit report (including any findings) to the Family and Social Services Administration (FSSA) State Auditor, annually.

The CIL and SILC contracts/grants were distributed in accordance with the SPIL for FFY21. During FFY21, the DSE and the SILC conducted quarterly meetings. These meetings were held virtually because of the pandemic. The DSE and SILC discussed feedback shared between their entities during these quarterly meetings regarding the SILC contracts and grants for FFY21. The DSE conducted virtual meetings with all 10 of the CIL Directors on six occasions. Additionally, the DSE met with the individual CIL Directors to discuss questions and concerns related to the contract/grant development of payment point/deliverables. The DSE visited the two Northwest Centers of Everybody Counts and Everybody Counts North in September 2021 to continue to develop open productive communication. During FFY21, the DSE was able to come to a consensus with the CILs on the implementation of quarterly deliverables for the contract and grant agreements. The changes implemented in the FFY21 grants & contracts allowing the the centers more flexibility in receiving their funding.

## Section F - Administrative Support Services and Staffing

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

### Item 1 - Administrative Support Services

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

The DSE employs an IL Program Director who works with the Indiana CILs and is supervised by the DSE Director of Program Improvement for the Bureau of Rehabilitation Services (BRS) to perform/provide the following duties:

1. Responds to requests by the Administration for Community Living (ACL) in a timely manner, meeting all deadlines.
2. Reviews quarterly and annual reports (from CILs) and those completed/ submitted to ACL.
3. As requested, research and reviews laws/regulations pertinent to Indiana's Independent Living Program for implementation and clarification purposes.
4. May review Indiana's IL Program to ensure compliance with the Indiana State Plan for Independent Living (SPIL) and federal and state requirements.
5. Works with/supports Indiana's IL Program grantees/contractors, as needed. Provides follow-up/clarification to questions, issues and concerns.
6. Assists with research and development of federal IL applications, conducts with requests for proposals (RFP) and/or IL grant contracts and monitors IL grantees/ contractors.
7. Reports to supervisor on status of Indiana's IL Program, and projects.
8. Reviews/Approves grantee claim reimbursement submissions and submits to appropriate entity within department for payments to contractors.

### Item 2 - Staffing

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

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision-Making Staff	10.03	7.03
Other Staff	18.6	17.08

## Section G - For Section 723 States ONLY

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

### Item 2 - Administrative Support Services

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

### Item 3 - Monitoring and Onsite Compliance Reviews

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

### Item 4 - Updates or Issues

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

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

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

## Section A - Number of Consumers Served During the Reporting Year

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

	# of CSRs
(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	536
(2) Enter the number of CSRs started since October 1 of the reporting year	836
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	1372

## 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	32
(2) Withdrawn	7
(3) Died	55
(4) Complete Goals	751
(5) Other	16
(6) Add lines (1) + (2) + (3) + (4) + (5) to get <i>total CSRs closed</i>	861

## 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	511

## 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	15
(2) Number of consumers with whom an ILP was developed	1357
(3) <i>Total number of consumers served during the reporting year</i>	1372

## Section E - Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	2
(2) Ages 5 - 19	27
(3) Ages 20 - 24	16
(4) Ages 25 - 59	247
(5) Age 60 and Older	1080
(6) Age unavailable	0
(7) <i>Total number of consumers served by age</i>	1372

## Section F - Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	946
(2) Number of Males served	426
(3) <i>Total number of consumers served by sex</i>	1372

## Section G - Race And Ethnicity

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

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

	# of Consumers
(1) American Indian or Alaska Native	4
(2) Asian	2
(3) Black or African American	95
(4) Native Hawaiian or Other Pacific Islander	0
(5) White	1247
(6) Hispanic/Latino of any race or Hispanic/Latino only	10
(7) Two or more races	6
(8) Race and ethnicity unknown	8
(9) <i>Total number of consumers served by race/ethnicity</i>	1372

## Section H - Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	29
(2) Mental/Emotional	33
(3) Physical	153
(4) Hearing	12

	<b># of Consumers</b>
(5) Vision	284
(6) Multiple Disabilities	820
(7) Other	41
(8) <i>Total number of consumers served by by disability</i>	1372



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

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

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

## Section A - Individual Services and Achievements

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

Services	Consumers Requesting Services	Consumers Receiving Services
Advocacy/Legal Services	850	783
Assistive Technology	1128	1079
Children's Services	11	11
Communication Services	188	186
Counseling and related services	41	18
Family Services	5	5
Housing, Home Modification, and Shelter Services	78	67
IL Skills Training and Life Skills Training	445	325
Information and Referral Services	6529	6468
Mental Restoration Services	2	2
Mobility training	110	108
Peer Counseling Services	824	811
Personal Assistance Services	156	143
Physical Restoration Services	919	915
Preventive Services	150	150
Prostheses, Orthotics, and other appliances	2	2
Recreational Services	39	38
Rehabilitation Technology Services	36	36
Therapeutic Treatment	22	22
Transportation Services	57	47
Youth/Transition Services	4	4
Vocational Services	14	14
Other	66	38
<b>Totals</b>	<b>11676</b>	<b>11272</b>

## 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
Self-Advocacy/Self-Empowerment	725	682	37
Communication	220	191	27
Mobility/Transportation	185	136	43
Community-Based Living	1055	997	684
Educational	711	662	47
Vocational	20	11	9
Self-Care	539	438	95
Information Access/Technology	1183	1131	45
Personal Resource Management	227	155	57
Relocation from a Nursing Home or Institution to Community-Based Living	23	16	0
Community/Social Participation	973	956	15
Other	48	46	2
<b>Totals</b>	<b>5909</b>	<b>5421</b>	<b>1061</b>

## 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	52	37	14
(B) Health Care Services	175	157	18
(C) Assistive Technology	1282	1233	49

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 ACL 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.

One of our Service Coordinators worked with an 81 year-old man with glaucoma. He was very depressed because he wasn't able to do the things he used to. He enjoys sports magazines but hasn't been able to read the articles. He tried our many different powers of magnifiers and was best with a 3x one which he received on a mini-grant. Then he tried a CCTV and was very excited with its screen size because he could see more than one word at a time. He asked if he could take it home that very day which he did. He can now place the magazine under the camera and see the entire page at once, text and photos. He left with renewed optimism about his possibilities for renewed engagement in daily life activities he thought he could never do again because of his vision loss.

One of our Service Coordinators helped a Rushville woman with recent, catastrophic vision loss to figure out how to participate in the low vision support group. In her first meeting she was so amazed by the vision aids the group discussed that she asked numerous questions and received many helpful tips. Afterward the group facilitator, who is blind, and another legally blind consumer stayed on the call with another Consumer for another hour sharing other tips for vision aids, training and services she can use to get her life back. Her goal is to regain her independence so she can move out of her brother's home and back into her own. She now has access to peers with experience navigating independently with vision loss and also will be able to form wonderful new friendships. Her addition to the support group calls has enriched her life as well as those of her peers.

We have had a new IL consumer from Rushville, IN this year who has cerebral palsy which has affected her left side of her body. She also has a mild intellectual disability as well. Her mother who is very supportive and wants the best for her daughter's future contacted the Center to see if we could help empower her daughter to live independently. When I first talked to the young lady's Mother, she told me that her daughter was going to be moving to her own place soon and was going to need a few assistive devices that would support her independence. The young lady was going to need support with her daily living skills and self-care, so I spoke with her Mother about the assistive devices that I thought would support her needs. Her Mother agreed with my suggestions. I completed the intake over the phone and then set up a date to deliver the mini-grant items. I met with the young lady's Mother outside on her front porch (per COVID precautionary measures) and delivered the items. I also provided the young lady with a resource guide that contained information on how to manage daily living skills one handed. Her Mother thanked me and said that she was sure that her daughter was going to be able to thrive on her own with the assistive items that she has received from ILCEIN. I told her to call me in the future if there was anything else that she or her daughter thought might be beneficial to have in order to facilitate the young lady's independence.

We received a call from the property manager of an apartment complex in Rushville asking for assistance for a resident there, Mrs. L. Our Service Coordinator arranged an intake appointment to occur outside the apartment complex with the resident, her daughter, her boyfriend, and the property

manager. They all were thrilled that Mrs. L. could receive much needed vision aids. The Service Coordinator showed several assistive devices and explained the care and use of them, even drawing a diagram marked with the functions of the loaner CCTV since she could not go inside to demonstrate it there. She provided Mrs. L. with many assistive items--an XL calendar, a silver, touch face talking watch, bump dots for her appliances, a liquid level indicator, bold format measuring cups and measuring spoons, a talking glucometer with test strips, and the loaner CCTV. Mrs. L. was very excited to receive all these assistive devices, especially the watch and CCTV. She said she had quit wearing a watch a long time ago since she could no longer read it due to her macular degeneration. She was looking forward to using the CCTV to once again be able to read her cookbooks, mail and other important paperwork. She was so appreciative of all the vision aids she received that she said she is going to tell everyone she can about us! Such word of mouth advertising is the best possible promotion we could ever get, and it is free!

Mrs. H., age 72, was in today to return the Ruby hand held magnifier that she had been using. She indicated that the unit was over heating so she stopped using it. We sat and talked for a while. She has passed the book part of the Bi-optic driving and now she will start the 30 hours of in the car driving. She said she was so excited after Dr. Laura Windsor told her that she was going to approve her to drive that she told her husband that she was going out to purchase herself a new truck so she bought a 2021 Honda Ridgeline. She said she doesn't care if she only has vision for a short while she was going to enjoy every minute of it. She thanked me for all of the services I helped to get. She said if she had not been told about them she would be sitting in her home depressed and feeling sorry for herself. But after getting enrolled with Voc. Rehab she was able to return to her job at a Tax service company and done a great job doing what she loves doing. Mrs. H. said she really want to show the center how much she did appreciate everything she had received and she gave the center a \$300 donation. She said that is to get the Ruby repaired or put it towards the purchase of other products we provide to consumer.

The Low Vision support group meetings are proving to be an excellent way for consumers to gather across county lines for mutual encouragement and the sharing of tips on technologies and services that they find most helpful in meeting daily challenges. The latest meeting included sharing of resources for transportation to medical appointments, grocery shopping, and other important calendar events. In discussing some of their issues it became apparent that several find it difficult if not even dangerous to plug devices and appliances into electrical outlets, especially when the outlets are not at eye level. Two members of the group not only are blind but also have neuropathy in their hands which even prevents them from being able to feel where the plug is to be inserted. Thanks to the research done by two members of the group a three-dimensional outlet cover was found that can guide the prongs into the outlet and an outlet extender was found that can raise the outlet up from 12-36" to get it up from behind furniture and closer to eye level. These will be ordered and can be provided to consumers who need them on a mini-grant.

A 43-year-old man and his wife contacted The Center. A staff member took the I&R and spoke to the gentleman's wife, about the assistive devices/services that will keep him independent while entering and exiting his home in a safe manner, and to be able to accomplish everyday life skills, as well as links to resource for modified vehicles and/or modify their existing vehicle, USDA rural funding page since they are having a new house built to accommodate the impact of the gentleman's ALS. Since I was not familiar with the ALS disease, another staff member provided me with a link to better help me understand the disease and to be better able to know what type of services he may need in the future. After all of the information provided was gathered the Service Coordinator set up, an intake/delivery appointment, and Center staff met with the gentleman and his wife outside of their home per COVID precautions. When the staff arrived they did a ramp assessment along with a mini-grant delivery. A 5ft and a 7ft ramps were provided. Staff asked the gentleman to walk his rollator up and down the ramps to ensure that he could safely transport himself in and out of his current home. His wife told the Center staff that their family had provided them with an acre of property in which to build their new home on and that other organizations have come together and provided a lift chair and loaner power chair until

he receives a permanent power chair. I showed his wife how to use the universal cuffs with one of gentleman's good grips utensils and she was pleased with the idea that this would be beneficial help with his mealtime needs. Both the gentleman and his wife were grateful for all of the assistive devices, services and resources that ILCEIN has provided.

We recently served a lady in Union County who has very low vision. She has to take medication twice daily, once in the morning and once at night. She tends to forgets to do her morning medication. Her daughters come once a week to fill her medication trays, however, she cannot see these pill dividers very well. We were having a conversation about this, and she mentioned that she was very fortunate that she could see bright colors. This gave me the idea about our monthly medication system which just happens to have bright red and bright green colors for each day. When she fills up this device she automatically turns them all up where the green colors are showing. When she is done with that day, she immediately turns that holder to the red side which means she has completed that day's medication. She continues to do this until all the containers are red. Then she does the next month. This system also has a talking alarm that will remind her when to take her medication. I suggested to her that she and her daughters could decide how to set the alarm for each time she has to take her medication. She was excited that she could be more independent in taking care of her medication.

A 63 YO single man who lives at a local apartment building is a new Consumer of the Center. His Physical Therapist from Reid Hospital called to let us know that he needs a few items, one thing being a tub transfer bench. The gentleman had taken 2 2 by 4 boards and duct taped them together so he could sit on them and shower. A Service Coordinator spoke with him and during the discussion it became apparent that there were other things that he needed as well. She asked our director of purchasing to place an order, and once the items were received and processed his Service Coordinator met him in the lobby of his apartment building. He received a sock aide because he has not worn socks in at least 4 months because he was unable to put them on. He received a raised toilet seat to lessen pressure on his back when he gets up. He also has a walker bag so he is able to carry everything he needs when he comes downstairs or leaves the apartment. After completing the intake he said he was going to take a long hot shower until he runs out of hot water and put on a nice pair of clean socks.

A Service Coordinator has been working with a consumer with macular degeneration since November 2013. She passed away this month at the age of 94. The Service Coordinator said, "I went to her home to pick up several items that her daughter wanted to donate back to ILCEIN along with some equipment that she had on loan. Her daughter was so appreciative of the services, low vision items, and various items of medical equipment that her mother had received over the years. She stated that the services her mother had received made it possible for her to maintain her independence and remain in her home up until the time of her death and that meant the world to her." This is exactly why we work with our consumers--to keep them independent and in their own homes as long as possible with the disability aids that they need to help them to continue to experience quality of life regardless of their health challenges. It is gratifying to hear stories like this that demonstrate our excellent staff's successes in helping consumers to accomplish these goals.

The Center was contacted by the wife of a 71 year old gentleman at the suggestion of Reid Home Health Care. After speaking for a little while it was determined that he would benefit from a raised toilet seat and a shower chair with a back. These items were provided through a mini grant. Upon receiving the items the gentleman stated it felt really good to be able to get up from a higher toilet seat and to not endure the pain from having to sit on one that is so low.

A Service Coordinator is working with a low vision consumer who has utilized our services on and off since 2011. During that time his vision has continued to worsen. He has progressed from needing a 4 X magnifier to an 8 X or even stronger. He recently returned to the Vision Loss Support Group where he learned of new vision aids that might be helpful to him. Because of his limited vision it has been very difficult for him to function in his everyday life. However, he recently received loaner OrCam scan and

read glasses along with the accompanying training. She says, "I talked with him recently and he said he loves them! Now he can go shopping at Walmart on his own and it reads all the information to him as he goes all about the store just as if he were actually seeing everything with his own eyes. It is really great to be able to provide this modern technology to our consumers through our loaner program!"

The Muncie center's building is a One-Stop Shop for the community and people are using the services, receiving information, and utilizing our computer equipment to get benefits for their families. We have a woman 56 years old woman who is obese, has high blood pressure, diabetes and carries a portable oxygen container when out. She participated in Kicking with Kelly and learned how to use EZ service. She uses Wal Mart on-line shopping and their delivery services. She now does not worry about being in areas with large groups of people. She orders her groceries On-Line, has them delivered to her home, and her Home Health aid is able to put the food away. Also if her sugar begins to drop, she will use Doordash to deliver her a ready to eat meal any time of the day. EZ services has been a successful tool for our consumers to use and stay independent.

The WILL Center provides information about our services and about the work accomplished by partner agencies in alternative formats as requested. We maintain large print and digital data, and have a core of sign language interpreters who are available upon request. Starting in March, 2020, when the Center closed its doors to walk-in traffic and worked exclusively by appointment, we made frequent calls to our consumers to ensure they had up-to-date information about changes in the pandemic and in public policy regarding it. We have continued that practice into FY 2021. We continue to increase our social media use to provide that same kind of information.

Our programming continues to reflect consumer reluctance to entertain in-home staff visits and to come together in groups/peer support meetings. While we were more successful in raising ramp materials funds, the number of builds remained below pre-pandemic levels. We began working with the Veteran's Administration in a program similar to our fee-for-service work with Vocational Rehabilitation, which we project will bring in similar levels of additional revenue and help contribute to our already low administrative costs.

On behalf of our visually-impaired consumers, SIILC initiated a ticket with the State Department of Transportation to advocate for the installation of an audible accessible pedestrian signal at the local intersection next to our facility to assist with equal and ease of access to our programs and services. The ticket has been approved and is currently still pending installation at this time. The challenge presented to our Center at this time is that the DOT prefers to wait until they have planned other project(s) in the area scheduled for year 2021-2022 prior to completing the approved request. SIILC finds this unacceptable that the request is approved yet consumers are expected to wait for DOT's convenience before implementing the installation because this is an inconvenience to the DOT. SIILC advocates are reviewing the appeals procedure to complete the necessary steps to advocate for the expedition of the approved ticket for installation in a more timely manner. Due to COVID 19 social distancing restrictions continue to be set in place during this fiscal year, SIILC staff members continued to develop creative ways to ensure services continued to consumers by scheduling appointment times in advance to drop off items at consumers' residences and to meet in an outdoor setting such as porches while maintaining respectable and safe distances.

# SUBPART IV - COMMUNITY ACTIVITIES AND COORDINATION

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

## Section A - Community Activities

### Item 1 - Community Activities Table

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

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

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Access to AT	Community ED	WILL Center	12.25	To learn of resources for sensory challenged IWD seeking tactile aides. Participated in zoom training from AER/APH. Reviewed various ways to omit blue light. To introduce various lighting resources and knowledge of reading labels on lighting boxes.	Obtained info re:aides for IWD with sensory challenges. Learned about the affect of blue light and ways to omit it. Provided various lighting resources and how to read labels on lighting boxes.
Access to Healthcare	Community ED	WILL Center	14.00	To educate the group about script talk. Learn about Leadership and Stress management. Lion's club spoke about history and services they offer.	Educated the group about script talk. Learned about leadership and stress management. We learned about the Lion's Club and services they provide.
Transportation	Community ED	WILL Center	1.00	To learn of the challenges and plans to assist with the betterment of residents in Vermillion and Parke Counties.	To learn of the challenges and plans to assist with the betterment of residents in Vermillion and Parke Counties.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL Understanding	Community ED	WILL Center	64.00	To learn about access to prescription info through alternative methods. Share daily living skill resources. Learn of the work of the Purdue extension program. Share activities organizations in the community are providing. Attend virtual cafe. 	Learned of the challenges & plans to assist w/the betterment of residents in Vermillion & Parke Counties. Learned about various issues facing children in schools & how to help them. Learned about scams via the phone/mail. Gain info of talk books prog
Access to AT	Collaboration/Network	WILL Center	16.75	Gain knowledge of all areas of blind rehab and education. To receive an update on the INDATA project around the state. To network with other CIL's nation wide about information that will help our consumers during the pandemic.	Attended training on all areas of blind rehab and education. Attended INDATA training about products and services. Increased networking with other CIL's nation wide about information that will help our consumers during the pandemic.
Access to Healthcare	Collaboration/Network	Will Center	18.00	Conduct Regular monthly meetings. Review policies in exec committee. Chair Board meeting. To learn of social options in Vermillion and Parke Counties from the Vermillion County Parks Dept.	Prep for program audit in November. Made amendments in 22 policies, discussed changes in executive committee. Advanced plans for community vaccination process. Learned of social options in Vermillion & Parke Co. from the Vermillion Co. Parks Dept.
Transportation	Collaboration/Network	WILL Center	0.50	To talk about re-establishing the Citizens Advisory Board for public transit in Terre Haute and Brazil.	Scheduled a transportation meeting for January 13, 2021.



Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL Understanding	Collaboration/Network	WILL Center	31.50	To communicate with OIB programs around the state. To learn of broad understanding of IL for the sensory challenged. Share IL skills training with other OIB organizations. Selection of stone for fountain area located between government buildings.	Attended meetings and shared information. Learned of the pathway to independent living for the sensory challenged. Shared our IL skills training with other OIB organizations. Provided input to make the plaza more accessible.
Access to AT	Outreach	WILL Center	2.00	To inform members of the Disabled American Veterans (DAV) Organization about The WILL Center. I talked to the members about our Ramps for Freedom program and told them about the needs within the community. 	They donated \$500.00 to the Ramps program and discussed putting together a team to build a ramp. 
Access to Healthcare	Outreach	WILL Center	12.00	Plan for better health outcomes for people with disabilities. Ribbon cutting/program audit prep. Board update.	Received information from DoH. Shared information with participating agencies. Support of Wabash Valley Health Center. Provided Info about regional activities. 
IL Understanding	Outreach	WILL Center	8.00	Staff was a vendor at the LVB Car show. To better understand People Leader Role-Specific Session - Allyship in Shared Humanity	Spread the word about the center and our services. Obtained a better understanding of how to recognize People Leader Role-Specific Session - Allyship in Shared Humanity
Access to Healthcare	Technical Assistance	WILL Center	3.50	Review policies. Attend meeting/plan marketing strategy for FY 2022	Signed and collected policies for the next two years. Provided information about access to media platforms

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Access to AT	Advocacy	WILL Center	1.50	Meeting to discuss alternatives to in-person and AT needs to allow this to happen. Fulfill promise to Sen. Eddie Melton to contact service organization in Gary (his district)	Restructured organization to regain local focus on access to AT for IWD. Talked with Tony Blair about his organization, IL and Chapter 2. Set a meeting with other Chapter 2 providers
Access to Healthcare	Advocacy	WILL Center	16.00	Present WVHC to federal auditors. Meet with program audit team. To learn of the current and previous program updates. Discuss COVID preparation/vaccine distribution.	Worked through specific issues/advocated for continued support. Perfect score on audit. Gained info on the current & future program plans. Next mtg scheduled for Feb 17. Approved policy amendments/advocated for comm outreach for peers w/disabilities.
Housing	Advocacy	WILL Center	1.00	Do a presentation about Center/Ramp Program	Answered questions/solicited volunteers
IL Understanding	Advocacy	WILL Center	13.50	Attend meeting. Recap for October and plan for next year's campaign. Discuss bucket mapping assignment. Learn about support star. Mtg via Zoom w/Lt. Gov Crouch. Meet with Representatives. Mtg with Chair of House Ways & Means Committee. Mtg w/Senator	Approve pay raises & changes to bylaws & staff reports. Next mtg scheduled for Dec. Attended mtg w/ Lt. Gov, discussed aftermath w/colleagues. Provided info about IL, received promise of support. He listened & asked questions. We discuss IL & funding
Transportation	Advocacy	WILL Center	1.50	To advocate for audible signal crossings in Terre Haute.	Awareness was brought forefront by the effort.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Access to AT	Collaboration/Network	SIILC	9.50	Service coordinators share AT/services options and how consumers can be served despite coronavirus restrictions. To wn hall meeting.	Stay up to date on changes, suggestions pertaining to Chapter 2 services. Completed virtual town hall to get more information about individual and community concerns. 
IL Understanding	Outreach	SIILC	19.00	SIILC staff to attend a multiple meetings to learn of available programs, while networking and collaborating with other attendees. Promote Independent Living programs and services.	SIILC attended the meetings via online. Learned how surrounding services providers are assisting individuals during the pandemic & shared SIILC's information. PRESS RELEASE: Providing 7 counties with free programs and services info.
Access to AT	Community ED	SIILC	5.00	Promote Independent Living programs and services. Opportunity for peer counseling and sharing of helpful AT for persons with vision loss.	Placed brochures in public areas for the public to pick up. Participated in phone conference. Meeting is facilitated by consumer with tech assistance from ILCEIN.
IL understanding	Community ED	SIILC	22.50	Promote Independent Living programs and services provided by SIILC. Increase awareness and community inclusion to youth at Switzerland County Elementary school.	Created a new Accessible Website with designer from Proweaver Design. Discussed disability awareness & presented info to the students about transition services.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Access to Healthcare	Outreach	SIILC	11.00	Promote Independent Living programs, Home Care and services provided by SIILC. Recruitment of staff members to provide personal assistance services to home care recipients requiring homemaking.	Billboard created for the community to see. Had an individual from George's Pharmacy contact us to tell us how wonderful our board was and how it's great community outreach in our area. Two hiring events. Distributed applications.
Access to AT	Outreach	SIILC	5.50	Promote Independent Living Programs and Services. Present materials and describe programs and service available.	Held two events and signed up 47 consumers in need of visual assistive technology.
Access to Healthcare	Collaboration/Networking	SIILC	0.00	Updated information on COVID-19 and EVV. Maintain ongoing communication about EVV requirements	The webinar included 2 special guest! OMPP director of provider services, provided information & updates of the implementation of EVV that begins 1/1/21. Open format to discuss & ask question related to transmitting EVV records to ensure compliance.
Access to Healthcare	Community ED	SIILC	7.50	Promote and share information about COVID vaccination with our community members. IAH HC Committee Updates.  	Collaborated with the local Switzerland County Health Department & placed materials at the Switzerland County Tech building. Updates on the following : EVV, ISDH, Division on Aging, COVID/Waive appendix, and managed long-term services and supports. 

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
Access to Healthcare	Community ED	SIILC	18.25	Promote and share information about the Kind Caller Program with our community members.	Explained Lifetime Resources "Kind Caller Program". Set person us as a volunteer or user if requested.
IL Understanding	Community ED	SIILC	1.00	Increase awareness and community inclusion to youth at Jeff-Craig Elementary School. 	Discussed disability awareness and presented information to the students. Discussed disability awareness and presented information to the students. SIILC hosted a one month long pull tab collection competition held amongst the 6th grade classes.  
IL Understanding	Community ED	ILCEIN	87.00	Increase awareness of IL services available	26,461 people were reached and provided with information about our programs and services via multiple zoom meetings, Social Media and Internet postings. 
Community Social event	Outreach	ILCEIN	8.50	Increased awareness and outreach to IWD in the community	58 people were provided opportunity to socialize, and to allow for peer mentoring to occur.
IL understanding	Outreach	ILCEIN	24.00	Educate the community regarding IL services available.	5 people received information about available services and technology for persons with disabilities. Provided info to DCS staff, learned about DCS Delaware Co.
IL Understanding	Advocacy	ILCEIN	22.25	Advocacy meetings held virtually for community	197 people received information about how to create systemic change

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL Understanding	Collaboration/Networking	ILCEIN	79.50	Virtual meetings to educate decision makers about IL and assist with understanding the funding issues.	601 people were collaborated and/or networked with during FY 2021
IL understanding	Community ED	Future Choices	8.00	Future Choices will move into new building, officially locating at 905 S Walnut Street. Community will be notified of the location change. Work with community partners and reach new consumers and other agencies. Inform community of our programs.	Future Choices staff began working from donated building - 905 S. Walnut Street. The surrounding communities were notified of the move, along with services and programs at FCI. I was able to connect w/ a few agencies.
IL understanding	Community ED	Future Choices	12.00	Staff will facilitate HCL workshop for participants to gain IL Skills, Advocacy, and Peer Support	Multiple workshops held. Participants discussed content and set goals.
IL Understanding	Collaboration/Networking	Future Choices	4.00	To develop a National committee that will address despaired equalities among SILC and CIL. The DEI committee to review the survey we made for CIL's	Seek out the information for the difference among people of color with disabilities. To compile the data from the surveys for all CIL & SILC to see the different disparities among PWD 
IL Understanding	Outreach	Future Choices	12.00	Assist community with meals and to share information about our programs at FCI. Meat/flyers. Help with the Senior Center food distribution + give out turkeys and chickens for Thanksgiving meal. 	People that attended the give away come to our office for information about our services. Over 150 people were served and received food for meals for the holiday. Over 150 families received meal kits, books, board games,& info on IL.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL Understanding	Advocacy	Future Choices	4.00	Learn about Governors Council for PWD and how they are connected to IL. Connect with legislators in the senate to support SB18Disabled Veteran renter reduction and posted on our FaceBook. con tacted Senator schedule a committee hearing for SB for DEI	Staff attended the webinar, listened to the guest speakers and participated in Q&A. Senate will pass the Bill Student with disabilities should be included in all aspect of diversity, equity and inclusion.
IL Understanding	Outreach	Future Choices	10.00	Educate community about IL services available	Host 3 blanket drive and collected blankets from organizations to donate to people experiencing homelessness or inadequate heating in their homes. Hosted multiple workshops like painting, healthy eating workshop. 
Access to Healthcare	Collaboration/Networking	Future Choices	8.00	Review and b aware of the bills in the house and senate that affect healthcare	Interacted with legislators
Access to Healthcare	Advocacy	Future Choices	2.00	To be able to access info to assist with advocacy for healthcare for our community	Took the Navigator license exam and received license.
Access to AT	Advocacy	Future Choices	1.00	Contact representative in consumers areas with hearing loss to assure closed caption.	The bill will be passed with support.
Transportation	Advocacy	Future Choices	1.00	Call and support the bill for PSA to have liability insurance for their consumers	Consumers to be safe and protected while using rides to get to their destination.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL understanding	Advocacy	Future Choices	8.00	Improve survey and results. 	Team met several times, made changes to the survey and completed new format as of 4/1/2021.
IL understanding	Collaboration/Networking	Future Choices	3.00	Collaborate with other CILs regarding service delivery during a pandemic, Learn new ways of services delivery.	Discussed and learn how to adjust services and add new services. Facilitators from all over the US discussed new ways to recruit consumers, & sending ipads to rural areas.
IL understanding	Community ED	Future Choices	25.00	Host a ribbon cutting to let community know about IL services. Educate representatives about Bills that affect PWD and request their help. Gain information about DEI in the workplace, and how to grow & work together with differences.	Rep. Sue Errington attended along w/community members & other leaders. Attendees learned about services, programs, missions, advocacy, collaboration. SB 259 to pass the senate. Gained knowledge. Rep DeVon toured and learned about IL
Housing	Community ED	Future Choices	6.00	Gain knowledge about different aspects of housing and the intersection of race & disability	2 staff attended conference. Attended various virtual meetings to learn more and let community know how we can help.
IL understanding	Advocacy	Future Choices	48.00	Multiple HCL workshop to learn goal setting, building support, and healthy reactions. attend classes for CEUs	Completed orientation, discussed worksheet packets, did pre surveys completed all sections. Completed CEUs



Issue Area	Activity Type	Primary Entity	Hours Spent	Objective(s)	Outcome(s)
IL understanding	Community ED	Future Choices	6.00	Gain knowledge about Life Course principles used with the BDDS waiver participants and how IL can use some of these principles.	Staff attended a workshop hosted by BDDS staff and learned that Life Course philosophy is 'in line' with the IL philosophy and how we can support more individuals receiving waiver services.
Access to Healthcare	Community ED	Future Choices	28.00	Workshop regarding perspectives and actions that can be taken to advance inclusion and equity	4 staff attended the training and received a certificate
Access to AT	Community ED	Future Choices	2.00	Sign consumer up for EZ services	Consumer learned how to get groceries via an app so they can get food delivered and stay safe.

## Item 2 - Description of Community Activities

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

SIILC has developed relationships with many community organizations and agencies with similar civic missions to better serve community members who may better benefit from multiple resources available to them such as the collaborative effort to expand Older Blind services from ILCEIN in Richmond to our underserved service area to allow individuals with vision impairments to become more independent by the utilization of assistive technology devices. ILCEIN and SIILC continue a collaborative venture to expand Richmond's services into the Southeastern Indiana region which had previously been unserved for such a program. SIILC works daily with LifeTime Resources (Area on Aging Agency) to coordinate with Case Management and ensure quality assurances for Personal Care services for in-home care recipients as well as to make and receive referrals for individuals in need of Independent Living services. SIILC has established successful relations with local organizations such as Lions & Kiwanis Clubs, VFW's, American Legions, Clearing House and more to better serve its consumers and collectively provide a variety of services to consumers needing multiple options available to them to better help them achieve their goals and objectives. SIILC worked with the local Switzerland County School Corporation to develop a program to educate students about equal access, inclusion, as well as resources and encourage their involvement in helping others.

ILCEIN conducted or participated in 137 events in FY 2021: 8 social/recreational events, 31 community education events, and 1 outreach event. The decrease in outreach events is due to the impact of COVID. We provided no presentation to community agencies either, once again due to COVID, 47 networking events, 35 Community Systems Advocacy events, and 22 Consumer Support Groups. A total of 27,256 persons received information via these events. ILCEIN provided 14 ramps to individuals who were unable to safely enter and/or exit their home, which is a 100% increase over the 7 we provided last year. This total is a combination of modular ramps and portable aluminum ramps where it

is feasible/safe to do so. In addition to these events ILCEIN has a highly active Facebook page. Over 8,000 people were reached by ILCEIN's Facebook page during FY 2021. This indicates the number of people who were served any activity from the page including posts, posts by other people, Page like ads, mentions and check-ins. This continues to be a wonderful way to reach both our Consumers and the Community at large. Over 4,000 people were also reached through our website, this is a great resource for the community to learn about our programs and services, as well as to reach us via email and or phone.

**Assistive Technology:** The WILL Center provided training on a variety of low vision and mobility technology devices to consumers and partner agency staff. Though the number of in-person demonstrations/training sessions has reduced, we continue to provide the training. We use more on-line connections to serve the same purpose.

**Access to Health Care:** The WILL Center continues to work closely with Wabash Valley Health Center, a federally qualified health center, and other health care providers to support the needs of consumers and to advocate for the general needs of our peers with disabilities. We provide insurance counseling for their clients, and train them on the services we provide.

**Transportation:** Center staff provided input to regional transportation services as some of them are challenged to gain ridership to remain functioning at current service levels.

**Housing:** We were limited in our community influence in this area, devoting most of our time working with individual housing needs.

**Increasing understanding of IL:** As COVID restrictions fluctuated through the course of the year, Center staff attended more than 40 fairs, speaking engagements or community resource meetings during which staff provided messaging about the independent living philosophy and the need to expand services throughout the state.

The WILL Center's executive Director continues to serve as Board President for the Wabash Valley Health Center, providing technical assistance and voice to our peers with disabilities. One staff member serves on the board of the Western Indiana Community Action Agency, an umbrella agency for several state and federal grants serving people with disabilities, conditions of aging and living in poverty. Another staff member serves on the board of the local Purdue Extension office, and on the advisory board for the Indiana State University Occupational Therapy council. Another staff member has been a participant in the "Turn to the River project," a redesign of the City of Terre Haute's Wabash River access, providing technical assistance and a voice for our peers with disabilities.

## **Section B - Working Relationships Among Various Entities**

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

To enhance and maximize cooperation, coordination, and working relationships, the Indiana SILC Membership consists of members from the DSE, CILs, Indiana Department of Transportation (INDOT), and the National Federation of the Blind - Indiana Chapter. Additionally, SILC members and SILC staff share/receive information with/from the ARC of Indiana, Self-Advocates of Indiana, AARP of Indiana,

Back Home in Indiana Alliance, Fair Housing Center of Central Indiana (FHCCI), Health by Design, Indiana Association on the Area Agencies on Aging, Indiana Disability Rights, Indiana Governor's Council for People with Disabilities, Indiana Institute on Disability & Community, and the State Rehabilitation Commission. The DSE and INSILC Executive Director and Council Member leadership continue to hold quarterly meetings to discuss ILS Program SILC-related items as a means to continue troubleshooting issues and sustain an ongoing collaborative working relationship.

As a result of these relationships, the INSILC Executive Director worked with these various entities to leverage her role in spaces to recruit and empower more Hoosiers with disabilities to get engaged in the work of these organizations to strengthen their leadership and advocacy skills.

# SUBPART V - STATEWIDE INDEPENDENT LIVING COUNCIL (SILC)

Section 705 of the Act; 34 CFR 364.21

## Section A - Composition and Appointment

### Item 1 - Current SILC Composition

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

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Cynthia Rockwell	Neither	Community Advocate	Voting	01/01/2019	12/31/2021
Joe Gunn	Neither	Person with a Disability	Voting	01/01/2019	12/31/2021
Kevin Burk	Neither	Person with a Disability	Voting	01/01/2020	12/31/2022
Fred Vaiana	Neither	Person with a Disability	Voting	01/01/2019	12/31/2021
Abigail Fleenor	Neither	Person with a Disability	Voting	01/01/2019	12/31/2021
Kelsey Cowley	Neither	Person with a Disability	Voting	01/01/2020	12/31/2022
Lee Martin	Neither	Person with a Disability	Voting	01/01/2021	12/31/2023
Tammy Themel	CIL	CIL Director Rep & PWD	Voting	01/01/2019	12/31/2021
Erin Hall	State Agency	INDOT Rep & PWD	Non-Voting	01/01/2019	12/31/2021
Theresa Koleszar	State Agency	DSE Rep	Non-Voting	01/01/2019	12/31/2021

### 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?	10
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	6
(C) How many members of the SILC are voting members?	8
(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?	6

## **Section B - SILC Membership Qualifications**

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

### **Item 1 - Statewide Representation**

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

Only ONE new member appointment to the SILC was officially made by the Governor on January 1, 2021. This was out of EIGHT appointment recommendations the SILC made to the Governor in June of 2020. While the appointment of this single individual allowed the Indiana SILC to maintain its composition compliance of consumer-control for FFY 2021, it did not expand statewide representation of the SILC.

In the summer of 2020, the SILC Membership Nomination Committee vetted/selected eight new members for SILC appointment recommendation from areas of the state currently represented and not currently represented on the Indiana SILC. The eight individuals selected for appointment recommendation represent the following areas of the state:

Northwest - Currently Unrepresented  
Central - Currently Underrepresented  
Southeast - Currently Unrepresented  
East - Currently Underrepresented

IF all eight individuals vetted/selected/recommended for appointment would have officially been appointed by the Governor, the Indiana SILC would have expanded its statewide representation inclusive of the following areas of the state:

North  
South  
East  
West  
Central  
Northwest  
Southeast

Because the Indiana SILC strongly believes in the necessity of the appointments of the remaining seven individuals not appointed along with the one individual appointed in January 2021 - The Indiana SILC Executive Director was directed by the Council to re-submit the names of the remaining seven individuals (along with their membership applications/supporting documentation) to the Governor for recommendation of appointment to the Indiana SILC on June 30, 2021. Following the resubmission of these appointment recommendations, the Indiana SILC Executive Director continued to communicate and follow-up multiple times with the Governor's Appointment Liaison on the progress of the appointment recommendations for the remainder of the reporting year.

### **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.

During the reporting year, the Indiana SILC was comprised of eight individuals with disabilities and two without disabilities. Indiana SILC members identified as having disabilities ranging from vision loss/blindness, mobility disabilities, mental health/emotional disabilities, intellectual/developmental disabilities and various other physical disabilities. In addition, several Indiana SILC members with disabilities identified as part of the following additional marginalized communities:

Female  
Black  
LGBTQ  
Low-income

While the SILC was disability-directed for the reporting year and represented various areas of the state, both urban and rural, the Indiana SILC was comprised of only a single person of color with a disability. All other SILC members identified as White/Caucasian individuals. As such, the SILC continued to lack the voices of its peers with disabilities who are most marginalized, particularly its BIPOC peers with disabilities.

As stated in the previous reporting year's report - the Indiana SILC believes the missing voices of its BIPOC peers with disabilities is unacceptable and recognizes the critical need to center and elevate the voices of its peers with disabilities with intersecting identities. Adhering to its commitment to enhance and expand the representation of its BIPOC peers with disabilities on the Indiana SILC, it chose NOT to conduct its annual Membership Recruitment Campaign for FFY 2021 and instead stood behind four BIPOC peers with disabilities (not employed by a Center of State Agency) it recommended in FFY 2020 and resubmitted their names to the Governor for recommendation of appointment to the Indiana SILC on June 30, 2021.

The identity breakdown of the four BIPOC with disabilities (not employed by a Center or State Agency) resubmitted for recommendation of appointment was as follows (these identities are not all inclusive):

1. S.S.: PWD; Female, Black
2. R.M.: PWD; Male; Black; Veteran
3. A.C.: PWD; Female; White
4. K.M.: PWD; Female; Black

Following the resubmission of these appointment recommendations, the Indiana SILC Executive Director continued to communicate and follow-up monthly with the Governor's Appointment Liaison on the progress of these appointments for the remainder of the reporting year.

Note of importance - prior to the resubmission of the four BIPOC with disabilities for SILC appointment recommendation in June 2021, the Indiana SILC devoted energy and efforts in advocating for the appointment of the four individuals in other ways.. These efforts are as follows:

\* The SILC Executive Director, SILC Chair and SILC Vice Chair met virtually with the Indiana Family & Social Services Administration (FSSA) Chief Health Equity & ADA Officer on April 21, 2021 and requested her support to advocate for the remaining four individuals recommended for SILC appointment finally be appointed. She assisted the SILC by directly connecting the SILC Executive Director via email with Governor's Chief Equity, Inclusion and Opportunity Officer.

\* The SILC Executive Director met with the Governor's Chief Equity, Inclusion and Opportunity Officer on June 8, 2021 and advocated for her assistance with getting the remaining individuals recommended

for SILC appointment, appointed. She also requested the SILC Executive Director email her the names of the remaining four individuals recommended for SILC appointment along with their corresponding membership applications, resumes, additional supporting documentation and governor-required forms. The SILC Executive Director provided her with this information on June 9, 2021.

\* The SILC Executive Director followed-up via email with the Governor's Chief Equity, Inclusion and Opportunity Officer on the INSILC appointment recommendations on June 28, 2021.

Even with all of the above time and effort invested advocating for its four BIPOC peers with disabilities (NOT employed by a Center or State Agency) to be appointed, at the end of the reporting year NONE of the four recommended BIPOC had been appointed by the Governor to serve on the Indiana SILC.

### **Item 3 - Knowledgeable about IL**

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

The Indiana SILC has a policy that requires ALL newly appointed members of the SILC (even those working for a CIL or State Agency) MUST complete mandatory New Member Orientation Training prior to attending their first public meeting of the Council and/or engaging in any official INSILC-related business or activities as a Council Member. This training is based on ILRU's SILC Guidebook for Chairpersons and Members. Council Members and Council Staff remained dedicated to the SILC commitment to dismantling oppression and received intensive equity training with a strong emphasis on the intersection of Race and Disability and rooting out racism in Independent Living and the disability rights/justice movements.

SILC Council Members and staff also received virtual IL-related training prior to its virtual quarterly public SILC Meetings in FFY21. These trainings were conducted by the SILC Executive Director and SILC Director of Public Policy & Systems Advocacy.

SILC Council Members/Staff completed relevant ILRU virtual trainings and also attended other virtual IL/disability-related trainings and conferences during FFY 21.

## **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.

Executive Director - Amber O'Haver (Person with a disability)  
January 2016 - Current  
(844) 4INSILC or (844) 446-7452

aohaver@insilc.org

Director of Public Policy & Systems Change - Morgan Daly, JD, MPA (Person with a disability)  
February 2019 - Current  
(844) 4INSILC or (844) 446-7452  
mdaly@insilc.org

No SILC staff were state agency employees.

## **Item 2 - SILC Support**

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

The Indiana SILC is delighted to report it experienced a continued improved relationship and strengthened communication with the DSE during FFY21. The Indiana SILC funding contract with the DSE and its innovative payment structure and procedures provided the Indiana SILC with the ongoing operational flexibility it required to function independently and autonomously and mitigate DSE interference. The funding contract allowed the SILC to receive advance payment of funds eliminating cash flow issues for the Indiana SILC like it had experienced in its previous fiscal years.

Quarterly meetings continued between the SILC Chair or Vice-Chair, SILC Executive Director, DSE Director, DSE Director of Program Improvement and DSE Manager of Specialized Supports for FFY 21. These meetings took place virtually and were essential and beneficial in providing a platform for the Indiana SILC and DSE to discuss/address important issues related funding contract needs, adherence of DSE/SILC Assurances, and other administrative-related items or challenges. The SILC Executive Director drafted the agendas for these meetings.

The Indiana SILC greatly appreciated the continued engagement and communication directly from the DSE Director for FFY21. The Indiana SILC and SILC Executive Director still believe the appointment of the DSE Director to the SILC (instead of a DSE Liaison) contributed to the improved communication and relationship between the Indiana SILC and DSE. Having the DSE Director front-and-center for SILC public meetings and its related business has been vital to rebuilding trust between the two entities.

## **Section D - SILC Duties**

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

### **Item 1 - SILC Duties**

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

#### **(A) State Plan Development**



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

Nothing to report.

## **(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.

For this reporting year, the following activities took place to assist the SILC with monitoring, reviewing and evaluating SPIL implementation:

The SILC ensured members of the public had the opportunity to share IL-related feedback at all its quarterly public meetings for FFY 21 having a meeting agenda item for public comment.

In addition, the SILC gathered feedback on issues important to its peers with disabilities during its virtual bi-monthly Legislative Update Events and at its monthly virtual coalition meetings on Healthcare Justice and Long-Term Care during FFY 21.

The SILC used the feedback it received from its public meetings, legislative updates and coalition meetings to support the SILC with its efforts in monitoring, reviewing and evaluating the implementation of SPIL 21-23.

Unfortunately, because of the delay with the submission of the CIL PPR reports for FFY 20, the SILC was unable to utilize these reports to help monitor, review and evaluate the SPIL.

## **(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.

### **INDIANA STATE REHABILITATION COMMISSION**

SILC Executive Director - serves as a Commission Member as a community advocate with a disability and as its Chair of the Outreach and Membership Committee

### **INDIANA DISABILITY RIGHTS - INDIANA PROTECTION & ADVOCACY SERVICES COMMISSION**

SILC Executive Director - serves as the Chair of the Commission and as the Chair of the Membership Committee

## INDIANA INSTITUTE ON DISABILITY & COMMUNITY (INDIANA UCEDD)

SILC Executive Director - serves as a Member of its Consumer Advisory Committee

### **(D) Public Meeting Requirements**

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

All Indiana SILC regularly scheduled public meetings and all SILC public hearings/forums hosted by the SILC were posted in accordance with Indiana's Open Door/Public Access laws. Additionally, these meetings, hearings, and forums were posted several weeks, sometimes several months, in advance on the SILC website. Annual public meeting schedules for the SILC were posted on the SILC website just prior to both calendar years of the reporting year.

To further ensure Open Door compliance by the Indiana SILC, it worked with the Indiana Public Access Counselor (Director/Lead of the state's Open Door agency/department) on a regular basis for technical assistance/guidance for the SILC to maintain its compliance with Indiana Open Door/Public Access Laws. As the COVID-19 pandemic continued for FFY 21, the SILC continued to meet virtually for its public meetings and diligently worked with the Indiana Public Access Counselor to ensure it remained in compliance with the Open Door law.

The SILC also contacted the Indiana Public Access Counselor in between its meetings for additional Open Door/Public Access technical assistance related to other SILC-related business.

### **Item 2 - Other Activities**

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

The Indiana SILC utilized funds outside of Part B funds to conduct Resource Development and Public Policy and Systems Advocacy activities by the SILC Executive Director and SILC Director of Public Policy in line with SPIL 2021-2023.

The SILC secured fee-for-service opportunities and contracts where the SILC was compensated for conducting disability-related presentations, trainings and workshops for universities/colleges and fellow non-profit and for-profit entities in Indiana. For one contract, the SILC was compensated for conducting and organizing systemic advocacy efforts to address disability-related transit and mobility issues.

The SILC Executive Director and SILC Director of Public Policy & Systems Advocacy engaged in a minimal amount of lobbying with members of the Indiana General Assembly during FFY 21 once again attempting to pass legislation to eliminate/mitigate discrimination against Parents with Disabilities in Indiana. Funds used to support these efforts/activities were non-federal, unrestricted funds.

# 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 ACL for the training and technical assistance provided to CILs and SILCs.

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
<p><b>Advocacy/Leadership Development</b></p> <p>General Overview</p> <p>Community/Grassroots Organizing</p> <p>Individual Empowerment</p> <p>Systems Advocacy</p> <p>Legislative Process</p> <p><b>Applicable Laws</b></p> <p>General overview and promulgation of various disability laws</p> <p>Americans with Disabilities Act</p> <p>Air-Carrier's Access Act</p> <p>Fair Housing Act</p> <p>Individuals with Disabilities Education Improvement Act</p> <p>Medicaid/Medicare/PAS/waivers/long-term care</p> <p>Rehabilitation Act of 1973, as amended</p> <p>Social Security Act</p> <p>Workforce Investment Act of 1998</p> <p>Ticket to Work and Work Incentives Improvement Act of 1999</p> <p>Government Performance Results Act of 1993</p> <p><b>Assistive Technologies</b></p> <p>General Overview</p> <p><b>Data Collecting and Reporting</b></p> <p>General Overview</p> <p>PPR/704 Reports</p> <p>Performance Measures contained in Program Performance Report</p> <p>Dual Reporting Requirements</p> <p>Case Service Record Documentation</p> <p><b>Disability Awareness and Information</b></p> <p>Specific Issues</p> <p><b>Evaluation</b></p> <p>General Overview</p> <p>CIL Standards and Indicators</p> <p>Community Needs Assessment</p> <p>Consumer Satisfaction Surveys</p> <p>Focus Groups</p> <p>Outcome Measures</p> <p><b>Financial: Grant Management</b></p> <p>General Overview</p> <p>Federal Regulations</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>10</p>



<b>Training And Technical Assistance Needs</b>	<b>Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important</b>
<p><b>SILC Roles/Relationship to CILs</b></p> <p>General Overview  Development of State Plan for Independent Living  Implementation (monitor &amp; review) of SPIL  Public Meetings  Role and Responsibilities of Executive Board  Role and Responsibilities of General Members  Collaborations with In-State Stakeholders</p> <p><b>CIL Board of Directors</b></p> <p>General Overview  Roles and Responsibilities  Policy Development  Recruiting/Increasing Involvement</p> <p><b>Volunteer Programs</b></p> <p>General Overview</p> <p><b>Other</b></p> <p><b>Optional Areas and/or Comments (write-in)</b></p> <ul style="list-style-type: none"> <li>- Exercising and Expanding SILC Activities and Advocacy, Per its Authorities</li> <li>- Abuse, Drama &amp; Trauma within Independent Living</li> <li>- Racial &amp; Disability Justice</li> <li>- Innovative Practices and Collaborations to Address LTC/LTSS/HCBS, Caregiver Crisis &amp; Institutional Bias</li> </ul>	9

# **SUBPART VI - SPIL COMPARISON AND UPDATES, OTHER ACCOMPLISHMENTS AND CHALLENGES OF THE REPORTING YEAR**

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

## **Section A - Comparison of Reporting Year Activities with the SPIL**

### **Item 1 - Progress in Achieving Objectives and Goals**

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

**IMPORTANT NOTE REGARDING THE SPIL GOALS & OBJECTIVES PER THE CILS FOR SECTION A OF THIS REPORT:**

During 2021, the IN IL Network has been tweaking forms to ensure the collection of meaningful and accurate data from all 10 CILs towards the new SPIL goals. Because CILs were not collecting data in the format outlined in the SPIL goals only baseline data for 2021 has been collected from each of the 10 CILs. This data will be used to assist in the measurement of progress in 2022 towards meeting the SPIL goals.

**Goal 1: Build Resource Capacity of the IL Network**

Objectives to be Achieved:

**Objective A - Develop Alternative Funding Sources to expand IL Network opportunities:**

The IL Network will undertake activities that lead to increased capacity and stronger infrastructure.

**Objective B - Secure additional funding to support the IL Network:**

Centers will have equity in funding levels to achieve minimum operating capacity and efficiency.

Currently, not all Centers have enough IL funds to achieve the base level of funds needed for Center Operations. The lack of equity in funds and base funds being met for all CILs creates operational capacity and sustainability issues, as well as inability to effectively serve their community.

**Objective C - The IL Network will create a plan for the expansion of services and statewide expansion as appropriate:**

In order to achieve full statewide availability of IL Services, the Indiana IL Network will undertake a process that will assess the expansion of services strategically.

Through thoughtful planning steps, we will better understand where potential new Centers may need to be developed, where existing Centers can expand services, and where a satellite office may be the most appropriate method to expand.

A major component to this process is determining the cost of making full expansion happen in Indiana. Understanding the resources needed will be critical to ensuring stable and continued availability of resources across Indiana. A workgroup will be established to create and implement these steps, as well as the potential for outside consultants to assist in our work.

**GOAL 2: Community Capacity Increased to Support the IL Network and Promote IL Philosophy throughout the State**

Objectives to be achieved:

Objective A - Hoosiers will better understand the needs and barriers of individuals with disabilities through community education efforts--with specific emphasis on PWD who are multiply marginalized: The Indiana IL Network, primarily the CILs, regularly engage in activities that are aimed at educating the community on topics that impact the disability community, general disability awareness, and other training topics. These community education activities are vital to community stakeholders, policymakers, and members of the disability community.

We believe that creating a way for CILs to work in a manner that does not limit the focus to specific topics allows for the CILs to create activities most needed in their specific communities. We will implement the goal in a manner that creates the opportunity to report a collective outcome across the entire state through a practice whereby we develop common practices of evaluation.

Objective B - Gather input on the needs of PWD in Indiana from PWD:

Community awareness of Independent Living and how Centers for IL impact the lives of individuals with significant disabilities is needed in Indiana. Through increasing our efforts in advocacy in Objective 3.A. and improving community education activities in Objective 2.A., we believe that individuals will become more aware of CILs and the roles they can play in improving outcomes for PWD in Indiana.

GOAL 3: The Indiana IL Network will promote and advocate for the integration and full inclusion of individuals with disabilities into the mainstream of American society. (Systems Advocacy)

Objectives to be achieved:

Objective A - Conduct grassroots advocacy for systemic change:

Community awareness of IL and how CILs impact the lives of individuals with disabilities is needed across Indiana.

Through increasing our efforts in systems advocacy in Objective 3.D, and improving community education activities, we believe that individuals will become more aware of CILs and IL.

Increased awareness of IL and the value of CILs will make the work of the IL Network more impactful. This may lead to increased numbers of consumers seeking services from the CILs, increased alignment of other partners working with IL, and overall increased understanding of the IL Philosophy and the needs of PWD

Objective B - IL Network conducts outreach to PWD to engage in the public policy process

SILC PROGRESS FOR THIS OBJECTIVE:

The Indiana SILC conducted its annual 2021 Legislative Advocacy (Virtual) Workshop Series in October, November and December of 2020. The majority of individuals who participated in the workshop series were Hoosier peers with disabilities. Additional information and details about this workshop series can be found below under Section B (Significant Activities & Accomplishments) of this report. The Indiana SILC staff then provided technical assistance/guidance to several workshop attendees and empowered them to engage in the 2021 state legislative session, which ran from January 2021 - May 2021. Majority of these peers with disabilities have continued to remain engaged in multiple public policy related activities such as contacting/meeting with local/state policy-makers and elected officials and drafting written public comment and giving verbal testimony on disability issues important to them during opportunities for public input.

Objective C - The IL Network will amplify the voice of people with disabilities in improving the availability of housing, transportation and health care:

The IL Network will engage in advocacy efforts that impact the barriers that individuals with significant disabilities encounter. The efforts will primarily focus on the areas of housing, transportation, and health care, but additional focus areas may be added as the needs of the disability community change or new priorities develop.

In this Plan, we have determined the most effective way to proactively and responsively engage in advocacy efforts is to establish annual priorities in collaboration with the Network. This will be

conducted through the SILC in conjunction with the CILs and the Network's peers with disabilities. We will utilize the disability community's grassroots community organizing efforts and will include action steps for the IL Network to take for each year period. Through this approach, we will be able to create opportunities for the IL Network to work more collaboratively and support promising advocacy strategies across the state.

#### SILC PROGRESS FOR THIS OBJECTIVE:

#### INSILC LONG-TERM CARE (LTC) SYSTEMS ADVOCACY & EDUCATIONAL EFFORTS

The Indiana SILC staff invested a significant amount of time, energy and resources on systems advocacy efforts to address the dire long-term care issues happening in Indiana during the reporting year. Examples of these efforts/involvement are as follows:

1. The Indiana SILC created a LTC Advocate Coalition led/directed by and consisting of a majority of its peers with disabilities. The Coalition met monthly developing strategy to raise awareness of the major institutional bias problem in Indiana and determining/assigning any necessary education/informational advocacy actions for coalition members. Examples of these consisted of drafting op-eds and talking with media on the forced institutionalization of older adult Hoosiers and Hoosiers with disabilities and the critical need for more of Indiana's Medicaid funds to be spent on Home and Community Based Services (HCBS). The coalition also helped guide the Indiana SILC staff on what to focus on regarding LTC during FFY 21.

2. The Indiana SILC Executive Director was invited in January of 2021 by the Indiana Family Social Services Administration (FSSA) to take part in its design efforts for a managed-care LTSS program as a key stakeholder. INSILC was and still is the ONLY disability-directed statewide advocacy organization involved in the FSSA effort providing meaningful feedback informed and driven by an individual with lived experience. Engagement from the SILC Executive Director in this FSSA effort began in January 2021 and continued for the duration of the reporting year and consisted of many interactive opportunities such as the following:

- \* Attended numerous key stakeholder large group and small group virtual meetings to assist in the creation of a Request for Information (RFI) for FSSA to gather input from potential managed care organizations with an interest in providing LTSS.

- o The SILC Executive Director continues to be heavily involved in this project as FSSA develops its Request for Proposal (RFP).

- \* Participated in virtual monthly Key Stakeholder Lunch & Learns hosted by FSSA on various topics regarding the many critical components of a managed care LTSS system.

- o The SILC Executive Director was asked by FSSA to conduct a presentation on May 28, 2021 about Independent Living for one of the Lunch & Learns which was very well received by FSSA and several stakeholders in attendance. The presentation was so well received, the State Director for the Indiana LTC Ombudsman Program contacted the SILC Executive Director and requested she give a similar virtual presentation on Independent Living for all of the state LTC ombudsman/staff in Indiana. This virtual presentation was conducted by the SILC Director on July 28, 2021.

3. The SILC Executive Director was asked by the legislative Chair of the Summer Legislative Committee on Public Health, Behavioral Health and Human Services to provide informational public comment and recommendations to the legislative committee related to the development and design of a new Managed Long-Term Care Services/Supports program for the state and its impact on the Hoosier disability and aging communities. The committee hearing took place on August 11, 2021 and INSILC was the ONLY disability-directed organization invited to give comment and provide recommendations. Four of the six recommendations in the final committee report at the end of the summer came from INSILC. These recommendations are intended to provide policy guidance and



direction for the continued development of a managed care system for long-term care services Indiana FSSA - recommendations in the committee report driven by comments provided by INSILC are as follows:

- \* Recommends ensuring that there is adequate and trained workforce throughout the spectrum of the provision of long term care services and supports.
- \* Urges the creation of a Medicaid long term care services and supports ombudsman for the transition and implementation of risk based managed care for long term care.
- \* Urges FSSA to implement and fund an outreach plan for the Structured Family Caregiver Program.
- \* Urges FSSA to strengthen, expand, promote, and prioritize self-direction in the development and implementation of a MLTSS program.

## **Item 2 - SPIL Information Updates**

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

1. Appointment of one new SILC Member with disabilities who identifies as a person of color, NOT employed by a CIL or State Agency, on January 1, 2021.
2. Resignation of one SILC Member with disabilities, NOT employed by a CIL or State Agency during FFY 21.
3. SILC contract was amended for FFY21 to reinstate the cut of \$24,750 in Innovation & Expansion funds from the SILC Resource Plan for SILC operations/functions in FFY 20.

## **Section B - Significant Activities and Accomplishments**

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

### **INSILC LEGISLATIVE ADVOCACY TRAINING (VIRTUAL) WORKSHOP SERIES**

SILC staff developed/promoted/conducted a Three-Part Legislative Advocacy Training (Virtual) Workshop Series for its peers with disabilities to provide advocacy education and skills training to prep individuals for the 2021 Legislative Session in October, November and December of 2020. Activities for the three workshops engaged advocates with disabilities to:

- \* Understand the political process and how to navigate new legislation and use modern advocacy tools
- \* Learn about COVID-19 policy and practice changes at the Statehouse
- \* Gain in-depth knowledge about potential bills for the 2021 session that will impact our disability community
- \* Engage in social media efforts and craft legislative testimony and comments
- \* Connect and collaborate with your peers with disabilities and fellow community leaders, allies, activists and legislators to start taking action on issues important to you
- \* Acquire better insight on the difference between disability rights and disability justice and the importance of collective liberation the political landscape and navigating new legislation

Nearly 80 individuals registered to take part in the virtual workshop series (with a large majority being people with disabilities) and close to 50 registered individuals actually attended each workshop. A handful of Indiana State Legislators took part as speakers and breakout session leaders during the workshop series so attendees could learn from them how best to communicate/interact with policy makers as a means to help lessen the intimidation factor when meeting and talking with legislators. Attendees were also afforded the time to share disability-related issues with the legislators. Several of the individuals with disabilities who attended the workshop series participated/engaged in the 2021 Indiana Legislative Session as a direct result of the SILC Legislative Advocacy Training Workshop Series.

## INSILC RACIAL EQUITY COMMITMENT PROGRESS STATEMENT

In June of 2010, the Indiana SILC drafted/pushed out a Public Apology and Statement of Solidarity nationwide and statewide. A year later in July of 2021, the SILC prepared and publicly read and released its INSILC COMMITMENT TO SOLIDARITY - ONE YEAR LATER progress statement on July 28, 2021.

Last year in its statement, INSILC identified the several ways below in which it committed to take meaningful action and stand in solidarity with its racially marginalized peers. INSILC recognizes and understands that until power and resources stop being denied to and directed away from our Black and Brown marginalized peers with disabilities, anti-racism efforts are nothing more than tokenizing. As such, the following reflects our purposeful action and progress of our commitment over the last year:

1. INSILC moved its meetings out of the Government Center (against state wishes) in 2018 and no longer hosts any of its Council meetings in environments where the host site/location requires law enforcement or other armed security to be present. Nor does INSILC call on such individuals if anyone violates an inconsequential procedure. We will continue this practice and commit to calling out and condemning such policies/practices in other arenas.

\* For more than three years, INSILC has continued to host its meetings outside of the Indiana Government Center at accessible locations where law enforcement or armed security is NOT present. During the last year, INSILC shifted its meetings to take place virtually that included a call-in option. Use of a virtual platform (along with the call-in option) again eliminated any opportunity for law enforcement or security to be present at the meetings. In addition, going virtual allowed more community members greater access to "attend" and listen to meetings removing systemic barriers that disproportionately impacted some of our most marginalized peers from being able to do so in the past. In order to ensure the accessibility of our meetings, live captioning and ASL Interpreters were present.

\* INSILC staff worked with state legislators during the 2021 Indiana legislative session to pass an amendment to Indiana's Open Door law that now allows INSILC (and other majority-disability led organizations) to continue using remote platforms so ALL their members and staff can attend remotely and electronically, as well as members of the public removing many barriers for the disability community, especially for our peers with racially marginalized identities.

2. INSILC staff and Council Members will complete an intensive six-month implicit bias training led and designed by a Black, disabled racial equity educator/trainer who is being compensated for her labor. This training will be completed by ALL Council Members and staff and will include both group-based work as well as individual coaching for each staff and Council Members. Additional "ism" trainings will continue into 2021 and beyond.

\* ALL INSILC staff and Council Members completed the intensive six-month implicit bias training in 2020 consisting of group education and training and one-one-one coaching sessions with each INSILC staff and Council Member.

\* INSILC staff and Council Members continued (and still continue) in 2021 to work directly with a contracted Black, disabled racial equity educator/trainer who provides ongoing training and guidance on how to address issues of racism and ableism (at an individual and systemic level).

\* INSILC staff and Council Members invested Council resources for an on-demand, online (accessible) training called "From Self to Systems" contributing to the anti-oppression training and education work of

Council Members and staff throughout 2021 and into 2022. A new INSILC policy will require any newly appointed INSILC Council Members or newly hired INSILC staff to also complete this on-demand, online training course.

3. INSILC will prioritize Black, Brown and other multiply-marginalized individuals and owned companies for its hiring and contract work.

\* INSILC contracted with TWO Black, disabled women over the last year to conduct ongoing education, training and coaching/guidance on equity, opportunity and inclusion to the Council and its staff as a whole and on an individual basis. INSILC continues to be contracted with one of the woman educators/trainers.

\* INSILC contracted with a statewide civic engagement organization out of Fort Wayne, Indiana founded, led and directed by a young, Black, Asian, disabled woman. INSILC partners with this organization on its statewide outreach efforts to its BIPOC peers with disabilities and on its community mobilizing/organizing initiatives throughout Indiana.

\* INSILC secured and is finalizing the details of a contract with a disabled woman of Hawaiian, Japanese and Caucasian descent to manage a historical accounting project/initiative for INSILC examining the allocation and distribution of Independent Living (IL) funding amongst the Indiana IL Network over the last 15 to 20 years.

4. INSILC will review its existing policies, procedures, and practices and seek input from its peers most marginalized in the disability community on how to ensure equitable participation in its programs, events and activities that will center the experience and voices of our peers most marginalized in the disability community.

\* INSILC worked with one of its Black, disabled racial equity educator/trainer contractors to revamp its entire set of Bylaws making extensive changes to strip out bias and establish an organizational and operational structure built on a framework of disability justice that is strongly rooted in the Independent Living Philosophy. Such changes set distinct boundaries in order for INSILC to protect not only its federally required independence and autonomy as an entity but to also expand leadership opportunities and center the voices of our most marginalized peers with disabilities. A few examples of these changes are reflected as follows:

o Overhaul of INSILC State Plan for Independent Living (SPIL) Committee to ensure majority of its membership is comprised of its peers with disabilities who are BIPOC and NOT employed by the state or a Center for Independent Living.

o Established an INSILC Officer of Opportunity, Equity, and Inclusion role on the Council to ensure it prioritizes opportunities, equity and inclusion in all facets of its work, especially for its BIPOC peers with disabilities. This Officer position is a vital leadership role within INSILC and the individual serves as part of the Council Executive Committee and has a standing position on all other INSILC committees.

\* INSILC has contracted with a Black, disabled racial equity educator/trainer to guide its efforts in reviewing its policies and procedures for any biases and update these to address areas of bias to the greatest extent federal and state law allows.

\* INSILC has scheduled two, virtual Disability Community Engagement Sessions during the summer of 2021 in partnership with disability and/or BIPOC led and directed organizations to capture direct feedback from its BIPOC peers with disabilities in the Central Indiana and Northwest Indiana areas of the state. INSILC will use this feedback to help it focus on equitable access barriers (internally and externally) and to determine statewide advocacy priorities that will drive its systemic change efforts.

5. INSILC, its Council Members and staff will actively work to check our privilege and leverage the power we bring to spaces to amplify the voices of our multiply-marginalized peers with disabilities and provide the support necessary for them to succeed as leaders in the Independent Living Movement.

\* On multiple occasions over the last year, INSILC Council Members and staff have held fellow white colleagues and white peers with disabilities accountable for their covert (and at times, overt) racist and ableist behavior and exclusionary practices. These actions of accountability occurred in both private and public meetings/spaces and at times were not met with receptiveness and instead often deflected with performative nonsense and distractions that continued to exploit and tokenize our peers with disabilities, especially our racially marginalized peers. INSILC finds these measures unacceptable and holds steadfast in pushing for structural changes, power dynamics and resources to shift so our Black

and Brown peers with disabilities and their lived experience are elevated.

\* INSILC changed how it determines what initiatives, projects, activities and opportunities it engages in, supports and who it will partner with - efforts must meaningfully include its peers with disabilities, particularly with multiple, intersecting marginalized identities, who are helping to lead, steer and conduct such efforts.

\* INSILC deferred to or partnered with its Black (and other racially marginalized) peers with disabilities on meaningful, compensated opportunities. Examples include:

o Deferred and recommended to the Indiana Governor's Council for People with Disabilities (GCPD) a powerful, all-Black panel of presenters and moderator (all with disabilities) to conduct the virtual panel session #RepresentationMatters as part of the 2021 GCPD March Disability Awareness Month Campaign. INSILC leveraged its community connections and diligently promoted this virtual panel session, which was the highest attended panel of all the GCPD virtual sessions conducted during the monthly campaign.

o Partnered with Indiana BIPOC peers with disabilities on a March Disability Awareness Month panel for Indiana State University. INSILC compensated its peers with stipends/honorariums for their time/contribution of lived experience.

\* INSILC partnered with its racially marginalized peers with disabilities on conference sessions for the 2020 and 2021 National Council on Independent Living Annual Conference.

\* INSILC contacted members of the Indiana Black Legislative Caucus (and other multiply-marginalized state legislators) to meet and learn how INSILC can best support their legislative efforts. INSILC pushed out multiple action alerts during the 2021 legislative session regarding legislation from these legislators empowering our peers with disabilities to become civically engaged in educating and informing state policy makers and other members of the Hoosier disability community on disability justice issues.

\* INSILC shared information and action alerts from Black, disability-directed organizations in support of their legislative and civic engagement efforts via INSILC email blasts and its social media platforms.

6. INSILC will transform how it conducts its outreach and shift its practices to authentically listen to and capture the lived experiences of our most marginalized peers with disabilities in their own neighborhoods, communities and spaces where we are welcome.

\* INSILC staff and Council Members attended and supported several Community Engagement and Listening Sessions organized/led/directed by Black individuals, many with disabilities, to gather input and feedback that informed INSILC on the needs and issues of Hoosiers from BIPOC communities.

\* INSILC hired a young Black, gay, woman with disabilities as its AmeriCorps Public Ally in 2020 who developed an expansive and detailed contact list of Indiana organizations, entities and groups who serve communities who are multiply-marginalized and/or are led and directed by leaders who are multiply-marginalized, especially racially marginalized. INSILC met with many of the leaders of these organizations, entities and groups listening and learning how it can do better as an organization to support the needs of BIPOC communities.

7. INSILC will prioritize recommendation of new Council Members to the Governor for appointment to serve on INSILC who are our Black and Brown peers with disabilities.

\* INSILC conducted a Membership Recruitment Campaign in 2020 specifically targeting outreach to its peers with disabilities from BIPOC communities. Majority of the individuals who submitted applications identified as BIPOC. INSILC interviewed/vetted all individuals who submitted applications and selected/recommended to the Governor's Office eight individuals in June of 2020, SIX of whom identified as BIPOC and having a disability. Sadly, Governor Holcomb has only appointed two of our recommended BIPOC peers with disabilities in the last year. However, INSILC has continued to advocate and push for the Governor to appoint the remaining FOUR BIPOC individuals with disabilities to INSILC:

o INSILC met with the Indiana Family and Social Services Administration (FSSA) Chief Health Equity & ADA Officer in April 2021 and advocated for her support to push the Governor to appoint the remaining FOUR BIPOC individuals with disabilities recommended for INSILC appointment. She assisted INSILC by directly connecting INSILC with Governor Holcomb's Chief Equity, Inclusion and Opportunity Officer.

o INSILC met with Governor Holcomb's Chief Equity, Inclusion and Opportunity Officer in June 2021

and once again advocated for the remaining FOUR BIPOC individuals with disabilities recommended to serve on INSILC be appointed. At her suggestion, INSILC resubmitted the remaining individuals recommended for INSILC appointment in June 2020 again in June 2021 to the Governor's Office. INSILC will continue to push for the appointments of its recommend BIPOC peers with disabilities to be made to the Council.

INSILC wishes to thank the handful of women of color (many with disabilities) who have poured so much of themselves into supporting, guiding and holding us accountable in this work over the last year. INSILC also wants to thank the Black and Brown community for your ongoing grace and space as we continue our long term journey and work to learn and grow and keep advancing forward to dismantle systems of oppression.

#### ADDITIONAL INSILC RACIAL EQUITY EFFORTS

1. In the spring of 2020, the SILC began working with trainer, Reyma McCoy McDeid, on a four-part intensive Implicit Bias training program. The fourth and final part of this training program took place during the reporting year on November 7, 2021 as a SILC Retreat. The retreat focused on the final leg of the four-part Implicit Bias & Addressing additional "isms" training. Every Council Member & Staff successfully completed all 4 parts of the Implicit Bias Training Program. As a result of the intensive four-part training, similar training regarding Implicit Bias/Anti-Racism/Anti-Oppression and Racial Equity is now a mandatory part of the New Council Member Orientation Training requirement.
2. The Indiana SILC Executive Director partnered with two of its black, blind peers with disabilities from the National Federation of the Blind - Indiana Chapter and the Kansas SILC Executive Director and presented a workshop on July 20, 2021 at the 2021 NCIL Conference on SILCs & Coalition Building with strong emphasis on the prioritization and centering of our BIPOC Peers with Disabilities in this work.
3. The SILC Executive Director organized a Region 5 2-Part Virtual Implicit Bias Training (conducted by Remya McCoy McDeid) for the SILCs and CILs in Region 5. These trainings were made available to all Region 5 SILC Members and Staff and CIL Board Members/Staff/Consumers and any close allies and partners of SILCs & CILs. These virtual trainings took place on October 20 & October 27, 2021 and close to one hundred folks registered for the training.

## Section C - Substantial Challenges

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

#### INSILC FACILITATED COMMUNICATION EFFORTS WITH EVERYBODY COUNTS

Because Indiana SILC consultant/contractor, Reyma McCoy McDeid, was appointed to a position within ACL in January 2021, she could no longer continue working with the Indiana SILC in this capacity to guide and assist the Council with its continued negotiating of terms of agreement for facilitated communication between the Indiana SILC and Everybody Counts. As such, the Indiana SILC contracted with a new consultant/contractor as its facilitator to assist in the continued negotiations of terms for facilitated communication for the remainder of the reporting year. Negotiations between the Indiana SILC facilitator and Everybody Counts facilitator continued for several months with Everybody Counts continuing to insist the facilitated communication be conducted in full view of the public, being Everybody Counts having total control over the virtual platform to be used (Zoom) and reserved the right to pull in and add any individuals into the facilitated communication as it saw fit. The Indiana SILC facilitator responded to the Everybody Counts facilitator to their unreasonable demands with the following information and rationale:

1. The facilitated discussion(s) must be closed meetings. The Indiana SILC is sincerely committed to having facilitated discussion be productive and solution-driven. Therefore, it is imperative we hold space that allows people to feel safe, be brave, and speak from their hearts. The SILC strongly believes the discussion with Everybody Counts will be fruitful and very much worthwhile. And it will also be challenging and mentally/emotionally tough for all attendees. Opening up facilitated discussion for any member of the public to view or listen to what is being shared by either entity does not foster a safe and conducive environment for honest, meaningful dialogue.

2. If Everybody Counts chooses to set-up the Zoom link, then the SILC facilitator must be added as a co-host. Adding the SILC facilitator as a co-host exhibits a sign of good faith and helps to equalize the power dynamic between the facilitators. It also signals a willingness to begin building trust between Everybody Counts and INSILC and the attendees from both entities.

3. Everybody Counts must advise the SILC of those who will be attending the meeting on behalf of Everybody Counts. As was agreed to during the beginning phase of the negotiation of terms, facilitated communication should only consist of FOUR attendees and ONE facilitator for each entity. This will assure a fair process for resolving conflict, support clear and consistent communication and mitigate misunderstandings between the attendees for both entities. The Indiana SILC already shared with Everybody Counts its four attendees.

Unfortunately, instead of a response of agreement to what were reasonable terms and solid supportive rationale for all three from the SILC, the SILC Chair and SILC Executive Director instead received a written letter from the Everybody Counts Executive Director including language stating, "it appears clear that this entire process is not a productive use of our time" and aggressively bashing the integrity and professionalism of the SILC facilitator (a black, disabled woman with nothing but the utmost integrity who has engaged in this work for years and built a stellar, credible national reputation). The claims and accusations made against the SILC facilitator were insulting, demeaning and of no validity whatsoever. This is where the SILC decided to redirect its time/energy/focus toward other efforts but continues to leave the opportunity for facilitated communication open if Everybody Counts is willing to come to an accord in the above three, reasonable terms.

## EVERYBODY COUNTS HOSTILE, BULLYING, ABUSIVE PATTERN OF PSYCHOLOGICAL VIOLENT BEHAVIOR & COMMUNICATION

While the Indiana SILC continued to navigate through the terms of an agreement for facilitated communication with Everybody Counts, the Everybody Counts Executive Director and members of their staff continued to exhibit hostile, bullying, abusive behavior in their verbal and written communication toward Council Members, the SILC Executive Director and now the new consultant/contractor hired to assist the SILC with its facilitated communication efforts. This pattern of behavior and communication from Everybody Counts was reported in the FFY20 PPR, as well. This behavior by Everybody Counts was also ongoing during this reporting year and is not isolated to FFY 20 and FFY 21. It is not new or a recent occurrence but instead a dark deep-seated pattern of abusive and manipulative psychological violent behavior perpetuated toward the SILC and its staff that has been allowed to fester and go unchecked for nearly two decades. During the reporting year, the SILC Executive Director (and at times, the SILC Chair) received numerous amounts of lengthy emails from the Director of Everybody Counts consisting of threatening, harassing and bullying communication, often at all hours of the night. In addition, members of the SILC and the SILC Executive Director were also harassed, intimidated, bullied and screamed at by the Everybody Counts Director and their staff at public events and in public meeting spaces. This behavior has been extremely triggering and had a significant impact on the mental and emotional health and well-being of SILC Council Members and the SILC Executive Director (especially if they have a mental health-related disability) as they engaged in disability-related advocacy spaces in Indiana. On multiple occasions (in person and in writing) some Council Members and the SILC Executive Director continued to be shamed and made fun of for their mental health disabilities by the Director of Everybody Counts and her staff and were cursed at and

called idiots and other hateful and derogatory names (which we will not share in this report). The persistent abuse experienced by SILC Members and SILC Staff may not be physical, but study after study has shown that mental and emotional abuse can be just as damaging as physical abuse, sometimes even more so.

The SILC notes again for this reporting year that not only has the behavior exhibited by Everybody Counts been triggering for and perpetuated harm toward members of the SILC and its Executive Director, but the behavior continued to be traumatic for many of our other peers with disabilities in Indiana and across the country. Again, for FFY 21, the SILC was contacted on numerous occasions from past Everybody Counts employees, Northwest Indiana community-based organizations and other national and statewide organizations/agencies and their staff and consumers who have also encountered the same pattern of abusive behavior. These entities and affiliated individuals have directly expressed deep concerns about the behavior of Everybody Counts to the Indiana SILC and its staff. Another past employee of Everybody Counts contacted the SILC Executive Director in early 2021 and shared they were ashamed about the behavior of Everybody Counts and apologized for any of their behavior/actions that might have been harmful.

More concerns about the federal and state resources and funding used to support the abusive and destructive behavior of Everybody Counts continued to be expressed by many community members to the SILC and its Executive Director during the reporting year. The SILC continues to share these same concerns and is deeply worried that a significant amount of time and funds are being wasted to perpetuate and support a continued pattern of abusive behavior exhibited by Everybody Counts instead of being used to provide Independent Living services to our peers with disabilities in Northwest Indiana.

During the reporting year, multiple national, state and local entities (and individuals) once again shared their experiences with the Indiana SILC how they have also been impacted by the behavior of Everybody Counts and tried to report such behavior to the Indiana DSE, national disability organizations and even federal agencies who have witnessed time and time again the abusive behavior exhibited by the Director of Everybody Counts and their staff toward the Indiana SILC and its staff. However, Everybody Counts has yet to be held accountable for their bullying and abusive ways.

The Indiana SILC will continue to communicate with the various entities/funders of Everybody Counts that have witnessed their abusive pattern of behavior. The hope is to keep working with and pushing them to establish clear and concise standards of conduct and accountability measures to mitigate the abusive behaviors for entities within a national and/or state IL Network.

#### LACK OF TIMELY, DIVERSE APPOINTMENTS OF MEMBERS BY THE GOVERNOR

For the reporting year, the Indiana SILC still continued to experience an immense amount of difficulty getting the Governor's Office to appoint individuals to the SILC. In January of 2021, the Governor did appoint two individuals out of the eight the SILC recommended in the summer of 2020 for appointment to the Council. One of these individuals had to resign from their appointment just a few months later due to moving out of state for health related reasons. The other individual appointed was a person of color with disabilities. While this was a step forward to expanding the diversity of the SILC membership, the remainder of the SILC members are individuals who identify as white or Caucasian, which still falls way short of SILC membership consisting of its peers who are most marginalized. More multiply-marginalized peers with disabilities (especially from BIPOC communities) need to be appointed for the SILC to truly reflect the various lived experiences of Hoosier peers with disabilities.

Instead of the SILC conducting its annual membership recruitment campaign during the reporting year, it resubmitted to the Governor for appointment consideration the vetted/recommended 6 individuals that were not appointed in 2021. Five of these individuals were peers with disabilities, four who are

BIPOC.

Despite the immense amount of effort and continued follow-up communication by the SILC Executive Director with the Governor's Office about the resubmitted recommendations for SILC appointment, NONE of these recommended individuals were appointed by the end of the reporting year.

## Section D - Additional Information

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

This would not fit under Section B:

### ADDITIONAL INSILC ACTIVITIES & ACCOMPLISHMENTS

1. The Indiana SILC partnered with the National Federation of the Blind - Indiana Chapter and engaged in efforts to educate/inform and lobby the Indiana General Assembly to pass legislation in early 2021 protecting the parenting rights of parents with disabilities in Indiana. The SILC formed a Parents with Disabilities Advocate Coalition that assisted with this initiative. One piece of this work was the development of a #RightToParent Story Sharing Toolkit used by partners, allies and Deaf and disabled peers with disabilities to capture stories of parenting discrimination happening in Indiana. These stories helped the coalition raise awareness of the prevalence of this discrimination and its traumatizing effects and impacts on families.

NOTE OF IMPORTANCE: Any lobbying activities conducted by the Indiana SILC were paid for with its non-federal, unrestricted funds.

2. The Indiana SILC Executive Director chaired the National Association of SILCs (NASILC) Advocacy Committee during the reporting year and helped arrange/prepare and conduct two SILC-related national webinar presentations/trainings in partnership with IL-Net. These took place as follows: SILC Presentation/Training Webinar #1 (on August 25, 2021) - SILC Roles and Responsibilities within the IL Network.

SILC Presentation/Training Webinar #2 (on September 1, 2021) - SILCs and the Importance of Autonomy: Power Struggles and Relationships with the DSE and the IL Network. Several Indiana SILC Council Members and its staff attended both webinars.

3. The Indiana SILC staff were successful in educating legislators of the Indiana General Assembly and the Indiana Public Access Counselor on the health and safety risk posed and the transportation and care-related barriers to individuals in the Indiana disability and aging communities when required to meet in-person for public boards/councils/commissions meetings. As such, during the 2021 legislative session, legislators created and passed exception language to the Indiana Open Door law that now allows members of public boards/councils/commissions consisting of 51% or more members with disabilities to meet fully electronically or virtually to mitigate health/safety risks and other barriers for Hoosiers with disabilities and older adults.

4. The Indiana SILC Executive Director participated in an invitation-only FSSA Workgroup to examine and provide feedback on successes and barriers to the current Medicaid Buy-In Program in Indiana. As a user of this program, the SILC Executive Director shared comments and recommendations that would help improve and strengthen the program based on her (and many of her fellow Hoosier peers with disabilities) lived experience.



# SUBPART VII - SIGNATURES

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

- Signed Digitally \_\_\_\_\_ 12/31/1969  
SIGNATURE OF SILC CHAIRPERSON DATE

- \_\_\_\_\_ PHONE NUMBER  
NAME AND TITLE OF SILC CHAIRPERSON

- Signed Digitally \_\_\_\_\_ 12/31/1969  
SIGNATURE OF DSU DIRECTOR DATE

- \_\_\_\_\_ PHONE NUMBER  
NAME AND TITLE OF DSU DIRECTOR