

CONTACT INFORMATION FORM
(PLEASE PRINT OR TYPE INFORMATION)

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Grant Number: **132A930115**

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

REPORTING INSTRUMENT

OMB Control Number: 1820-0606
Expiration Date: May 31, 2008

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

SECTION 704
ANNUAL PERFORMANCE REPORT
For
CENTERS FOR INDEPENDENT LIVING PROGRAM
(Title VII, Chapter 1, Part C of the Rehabilitation Act of 1973, as amended)

Part II

INSTRUMENT

(To be completed by Centers for Independent Living)

Fiscal Year: 2007

Grant #: H132A930115

Name of Center: Mainstreaming Consultants, Inc. d/b/a Disability Rights & Resources

Acronym for Center (if applicable): DR&R

State: North Carolina

Counties Served: Cabarrus, Gaston, Mecklenburg, Union

SUBPART I – ADMINISTRATIVE DATA

Section A – Sources and Amounts of Funds and Resources

Section 725(c)(8)(D) of the Act; 34 CFR 366.50(i)(4)

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

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$ 8,333.00
(B) Title VII, Ch. 1, Part C	\$425,970.00
(C) Title VII, Ch. 2	\$ 0
(D) Other Federal Funds	\$ 52,813.20

Item 2 - Other Government Funds

(E) State Government Funds	\$ 3,518.22
(F) Local Government Funds	\$ 0

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	\$139,552.42
(H) Donations from Individuals	\$ 353.96
(I) Membership Fees	\$ 0
(J) Investment Income/Endowment	\$ 8,368.95
(K) Fees for Service (program income, etc.)	\$ 14,592.96
(L) Other resources (in-kind, fundraising, etc.)	\$ 0

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	\$653,502.71
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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, or Medicaid funds)	\$ 0
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Item 6 - Net Operating Resources

Total Income (Section 4) <minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$653,502.71
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SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 725(c)(8)(B) of the Act; 34 CFR 366.50(i)(2)

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 <u>active</u> CSRs carried over from September 30 of the preceding reporting year	78
(2) Enter the number of CSRs started since October 1 of the reporting Year	152
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	230

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	54
(2) Withdrawn	25
(3) Died	4
(4) Completed all goals set	39
(5) Other	3
(6) Add lines (1)+(2)+(3)+(4)+(5) to get <i>total CSRs closed</i>	125

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

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

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	105

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	172
(2) Number of consumers with whom an ILP was developed	58
(3) Total number of consumers served during the reporting year	230

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	6
(3) Ages 20 – 24	11
(4) Ages 25 – 59	180
(5) Age 60 and Older	33
(6) Age unavailable	0

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	117
(2) Number of Males served	113

Section G – Ethnicity

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

	# of Consumers
(1) Hispanic or Latino	3
(2) Not Hispanic or Latino	227

Section H - Race

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

	# of Consumers
(1) American Indian or Alaska Native	0
(2) Asian	1
(3) Black or African American	135
(4) Native Hawaiian or Other Pacific Islander	0
(5) White	91

Section I – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	8
(2) Mental/Emotional	41
(3) Physical	87
(4) Hearing	4
(5) Vision	6
(6) Multiple Disabilities	78
(7) Other	6

Section J – Individuals Served by County During the Reporting Year

Section 704(m)(4)(D) of the Act

List each county within the CIL’s service area, as indicated in the CIL’s application for Part C funds and the approved SPIL. Add additional rows as necessary. For each county, indicate how many individuals residing in that county were served by the CIL during the reporting year.

County Name	Number of County Residents Served
Cabarrus	2
Gaston	15
Mecklenburg	202
Union	11

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS

Sections 13 and 725(c)(8)(C) of the Act; 34 CFR 366.50(i)(3); Government Performance Results Act (GPRA) Performance Measures

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

Section A – Individual Services

For the reporting year, indicate in the table below how many consumers requested and received each of the following IL services.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	97	97
(B) Assistive Technology	5	5
(C) Children’s Services	1	1
(D) Communication Services	0	0
(E) Counseling and Related Services	0	0
(F) Family Services	4	4
(G) Housing, Home Modifications, and Shelter Services	148	148
(H) IL Skills Training and Life Skills Training	11	11
(I) Information and Referral Services	6,355	6,355
(J) Mental Restoration Services	0	0
(K) Mobility Training	0	0
(L) Peer Counseling Services	37	37
(M) Personal Assistance Services	2	2
(N) Physical Restoration Services	0	0
(O) Preventive Services	0	0
(P) Prostheses, Orthotics, and Other Appliances	0	0
(Q) Recreational Services	4	4
(R) Rehabilitation Technology Services	0	0

Services	Consumers Requesting Services	Consumers Receiving Services
(S) Therapeutic Treatment	0	0
(T) Transportation Services	19	19
(U) Youth/Transition Services	0	0
(V) Vocational Services	18	18
(W) Other Services	24	24

Section B – Increased Independence and Community Integration

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

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

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self-Advocacy/Self-Empowerment	35	13	24
(B) Communication	0	0	0
(C) Mobility/Transportation	2	1	0
(D) Community-Based Living	75	43	36
(E) Educational	1	0	0
(F) Vocational	19	6	9
(G) Self-care	7	2	1
(H) Information Access/Technology	7	3	1
(I) Personal Resource Management	4	1	4
(J) Relocation from a Nursing Home or Institution to Community-Based Living	33	30	14
(K) Community/Social Participation	9	9	5
(L) Other	7	1	4

Item 2 – Improved Access To Transportation, Health Care Services, 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	35	28	
(B) Health Care Services	18	7	1
(C) Assistive Technology	21	10	4

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 report that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

(B) I&R Information

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

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

Section C – Additional Information Concerning Individual Services or Achievements

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

In the matrix above the first column identifies the number of individuals who expressed a desire during the reporting year for increased access to transportation, health care and/or assistive technology. We attempted to contact each of them to find out whether or not their needs were met. The contact information we used was a phone number, an email address, or both. The numbers in the second and third columns reflect the responses from those individuals we actually contacted. The difference can not be interpreted as the individuals who did not receive services. For example, the first row shows that there were 35 individuals to whom we provided a service to assist in obtaining previously unavailable transportation and 28 of those individuals subsequently reported that they successfully achieved that goal. The 7 individuals who did not achieve may have reported that they were not successful, or we may not have been able to get in touch with them.

SUBPART IV – Extent of CIL Compliance with the Six Evaluation Standards

Section 725(b) and section 725(c)(8)(A) of the Act; 34 CFR 366.63

Section A – Compliance Indicator 1: Philosophy

Item 1 - Consumer Control

34 CFR 366.63(a)(1); 34 CFR 366.50(i)(5) and (6)

(A) Board Member Composition

Enter requested governing board information in the table below:

Total Number of Board Members	Number of Board Members with Significant Disabilities
9	5

(B) Staff Composition

Enter requested staff information in the table below:

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals From Minority Populations

Decision-Making Staff	3.00	2.00	0
Other Staff	6.13	5.13	1.06

Item 2 - Self-Help and Self-Advocacy

34 CFR 366.63(a)(2)

Briefly describe how the CIL has promoted self-help and self-advocacy among individuals with significant disabilities during the reporting year.

JJ is a 45 year old African American female. Because of her seizure disorder she was having difficulty remembering things, i.e. doing a budget, paying her bills, keeping doctor's appointments. She had an apartment that charged fair market rent but moved in with her sister when her disorder became uncontrollable due to not taking medications properly. While she was living with her sister she was sending all her SSI check to the apartment complex to pay the rent. She came to DR&R because she thought she needed someone to prompt her to pay her bills on time. Through a peer mentoring relationship at DR&R, JJ recognized that she could request a reasonable accommodation from her landlord to vacate the lease due to her medical condition and not have to spend her SSI check on an apartment she could not use or afford. JJ and her Peer found a sample letter for requesting the accommodation. JJ dictated the letter in her own words while her peer typed it. JJ signed it and mailed it to the apartment manager, who released her from her lease with no penalty. Then JJ and her Peer worked on the prompting issues. JJ got an address book and a BIG calendar for her bedroom wall. Her Peer helped her set up a plan and a routine. JJ got her medications regulated and felt she was ready to live on her own again. Her Peer helped her apply for a unit with the Key Program (for which DR&R is the lead agency). She is now successfully living alone and paying her bills.

Item 3 - Peer Relationships and Peer Role Models

34 CFR 366.63(a)(3)

Briefly describe how, during the reporting year, the CIL has promoted the development of peer relationships and peer role models among individuals with significant disabilities.

MP is a 25 year old African American female who is a T-12 paraplegic and lives in one of our rural counties. She came to DR&R because she wanted to go back to school and was having difficulty relating with people at VR. She also wanted to work full-time and learn to drive. Because her DR&R Peer does both and was successful working with VR for both services. The Peer talked her through her own experiences and mentored each step of the way. MP is in school. She now has a part-time job with the police department. Along with her Peer and a VR Benefits Specialist, the consumer did a

PASS plan so she can keep her money while she's going to school and not reduce her benefits. Her goal is to buy a van.

JM is a 42 year old Caucasian who was a parachute trainer. Several years ago her parachute failed to open. She broke most of the bones in her body and now has a residual TBI. She came to the agency for assistance with her Social Security benefits appeals. She was successful, and has shown her appreciation by "giving back". She has donated two printers, two scanners, eight bags of clothes and two bags of dishes to consumers transitioning from nursing homes.

Item 4 - Equal Access

34 CFR 366.63(a)(4)

(A) Briefly describe how, during the reporting year, the CIL has ensured equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access, for the purposes of this indicator, means that the same access is provided to any individual with a significant disability regardless of the individual's type of significant disability.

EP is a woman from Granada who is Deaf. She learned some sign language in her native country but not American Sign Language (ASL). She and her family have lived in the U.S. for 7 years and she works at a local clothing store. All the other members of EP's family have become naturalized U.S. citizens but EP has not passed the test. EP's father hired a private tutor to teach her ASL so she could become a citizen. She had been able to learn some of the language but still not pass the test. The family contacted DR&R for assistance. After doing much research it was discovered that, due to her language problems, she could request a N-648, Medical Certification for Disability Exception. MP and her family asked Disability Rights & Resources to accompany them to meet with Immigration. Although requested, an ASL interpreter was not provided, so the meeting was rescheduled. An ASL interpreter was not provided at that second meeting, either. DR&R located an appropriate licensed clinical psychologist who could perform an examination as per the N-648. This licensed clinical psychologist specializes in serving individuals who are deaf or hard or hearing and is fluent in ASL. At the end of the reporting year MP is waiting for another hearing to be scheduled and has requested an ASL interpreter be provided.

(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

DMS is a woman who is Deaf. She had received a letter from the local Zoning Board stating that a building she owned was deemed substandard. She received a letter

informing her of the date and time she was to appear before the Zoning Board with a number to call in case an interpreter was needed. DMS called the number through RELAYNC and left a message as directed.

On the day of the hearing she appeared but there was no interpreter. She wrote a note reiterating her request for an interpreter. The Zoning Board Chair asked her to wait and made a phone call. Soon a uniformed police officer showed up and signed to DMS the words “90 days”. She asked if she could make a call and contacted DR&R. In discussion with the Police Officer, Sgt. O’Brien, it was determined that he had been dispatched because he has deaf parents and “can sign”. He said he had been asked to tell DMS that she had 90 days to bring her property to code. DR&R pointed out that by performing that act he had violated the state interpreter licensure statute and ADA Title II for failure to perform effective communication. He agreed, and said he was always contacted to “interpret” in situations where he felt unqualified. He asked DR&R’s help in convincing his Captain that he should not be dispatched to sign on behalf of the city.

The agency met with the lead attorney for the Charlotte-Mecklenburg Police Department (CMPD). He produced a department directive that outlined the procedures for providing communication when encountering a person who is Deaf. It required, in order of availability, 1) use Sgt. O’Brien; 2) use a volunteer; 3) use a family member; 4) hire a professional as a last resort. DR&R assisted the attorney in formulating an appropriate policy, then training the police department on following it.

Item 5 – Alternative Formats

34 CFR 366.63(a)(4)

Briefly describe how, during the reporting year, the CIL has ensured the availability in alternative formats of all of its written policies and materials and IL services, as appropriate.

DR&R’s Nursing Home Transition Coordinator was invited to address the annual conference of the local Council on Aging explaining the process and the services the agency provides. Another speaker at the conference, a state employee who works for NC’s state Vocational Rehabilitation IL Program, had handouts but no alternate formats. DR&R’s staff member volunteered to Braille the handouts and got them finished in time to be distributed with the print copies. The Council on Aging staff expressed appreciation for our agency jumping in at the last minute to ensure effective communication.

Section B – Compliance Indicator 2: Provision of Services on a Cross-Disability Basis

Section 725(b)(2) of the Act; 34 CFR 366.63(b)

Briefly describe how, during the reporting year, the CIL has ensured that IL services are provided to eligible individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved, without restrictions based on the

particular type or types of significant disability and in a manner that is neither targeted nor limited to a particular type of significant disability.

Disability Rights & Resources facilitates six community advocacy councils – three in Mecklenburg County and one each in its three outlying counties. These councils are comprised of people with disabilities and representatives of the municipalities in those counties. The Council in Gaston County, one of our rural counties, is the Gaston County Advocacy Council for People with Disabilities (GCACPD). Its members are comprised of individuals with spinal cord injury, CFIDS, blindness, double amputation, post-polio, Fredrick’s Ataxia, and one individual who is deaf-blind.

When DR&R advertises its programs, services, and activities, inclusive language is used. For example, the GCACPD brochure reads: “GCACPD advises Gaston County and all its municipalities on ways to provide more inclusive programs, facilities, and services to citizens with disabilities. We work as a TEAM on these issues and more: Accessible Transportation, Access to buildings, Sidewalks, Playgrounds, Parking...and Getting your particular communications needs met!”

Section C – Compliance Indicator 3: Independent Living Goals

Section 725(b)(3) of the Act; 34 CFR 366.63 (c)

Item 1 – Consumer Information

Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center.

The Independent Living Plan (ILP) form was not revised during this reporting year. The terminology is specifically designed to be consumer controlled. The format is easy to read and encourages the consumer to complete it in his/her own words. After the consumer fills in his/her name and the date, the next open-ended question is “My goal is to...” with room for the person to write anything he/she wishes. The next section reads, “Steps to Accomplish My Goal...” with places for each step, the date the goal is set, and the date the goal is met. There is room on the document for two goals, but additional forms are available. By using first-person terminology, the consumer recognizes that the document belongs to him/her, not to the agency. The waiver language is also in first person. It reads, “I understand that I have a right to an Independent Living Plan, but I do not want one at this time. I understand that I can ask for one at any time.”

During the reporting year, 74% of individuals completing a CSR chose to write a plan while 26% signed the waiver. This indicates that consumers are aware that they have a choice.

In the past DR&R had hosted an annual “Consumer Panel” – an opportunity for consumers to express their opinions about the agency and their suggestions for

improvement. Over the years the number of individuals who chose to participate has dwindled. This year we scheduled the event but had only two consumers agree to participate. After contacting other CIL Directors for suggestions of “best practices” we chose to have a Clerical Assistant call consumers. Eight people participated. While this is not a high number, it is better than the involvement of previous efforts. The questions and results were:

1. What was your initial reason for contacting DR&R?
 - Had lost a job and felt like I was being discriminated against, thought DR&R could help
 - Long ago – I was having trouble with the DMV
 - I needed housing
 - My service animal was not allowed in a restaurant
 - Trouble with the local Housing Authority not accommodating my parking problem
 - Work discrimination
 - Police refused to provide me a sign language interpreter
 - I had just moved to NC and needed help to find housing
2. When and how did you find out about us?
 - Flyer I saw at VR around August or September
 - Moved to Charlotte in 1996 and have known about you ever since
 - A nurse’s aide told me in the summer of 2006
 - My wife called first and I’m not sure how she found out
 - Social Security office had a sign on the door
 - Services for the Blind counselor
 - Local community college counselor told me to call
 - Word of mouth – former DR&R’s employee’s husband referred me
3. How could you have found out about us sooner?
 - I have no idea
 - My IL counselor should have told me
 - Not sure
 - Internet
 - People in the Deaf community had talked about it but I hadn’t paid attention
 - Women’s Council
4. How could we make people more aware of what we do here?
 - “Just One Call”
 - Websites
 - Churches
 - Flyers
 - Case managers need to tell people about DR&R
 - Crisis Assistance
 - Urban Ministries
 - Internet

- Word of mouth
 - Newsletters
 - Eye doctors
 - Flyers and letters to specialists
 - Email blasts
 - Town hall meetings
 - Collaborating with other organizations like Mental Health and the homeless
5. What was your first impression of this agency?
- Thought it was great
 - Really like the agency because of the help I got
 - I feel more capable of doing stuff for myself
 - Very good and helpful
 - It's the first time in 19 years that an agency actually was helpful
 - Very beneficial relief at making connections
 - Wasn't the best response, "let me check on it and will get back to you" then I had to call several times
 - Fast service
 - Good support
 - I wasn't sure at first but my Peer Counselor was helpful
6. Which of our services do you use or ask about most often?
- Advocacy
 - Job
 - Housing
 - Nursing home transition in the future
 - Advocacy
 - Counseling
 - Moral support
 - Advocacy
 - Advocacy
 - Housing
 - Goal setting
 - Budget management
7. What do you think about the staff members?
- Great
 - Lots of respect for me and gave me lots of help
 - My Peer was great. I appreciate all she did
 - Very nice
 - Nobody has an attitude or acts nasty
 - Good people
 - It's really comfortable here
 - The ones I worked with did a fine job

- Love the staff
- Staff is very effective
- My staff member gave good explanations about things I didn't understand
- I could just grab you all and give you a hug
- Everyone deserves an excellent
- After the first impression that wasn't too good the staff did a good job and got results
- They did what I could not do because I didn't know how
- They explain the rights of people
- They do a good job of helping Deaf people and all disabilities
- The two I worked with were very helpful

8. What do you like about this agency?

- I know there's somebody here to help
- They get right on it to help you
- The way you help disabled people
- If someone has a problem you will resolve it
- This place needs to be better known
- This agency is #1
- Good people ready to help
- Advocates for people
- On my side
- Helps to get resolutions
- I hope you continue doing what you're doing
- They give me the facts and are not judgmental
- Help solve problems
- They are always here for encouragement when I'm frustrated

9. If you were in charge of the agency, what would you change?

- Wouldn't change anything
- Nothing
- Give everybody a raise
- Pretty pleased just like it is
- More awareness in the community
- More people to do advocacy
- Maybe have a lawyer on staff
- More people need to know about FMLA and ADA at your office
- I don't think you need to change
- Maybe more staff

Also, we had obtained a nursing home transition grant from a local foundation. The grant included a consumer follow-up interview with each individual transitioned. By the end of the reporting year there were 15 completed surveys. The questions and results were:

1. Where did you live before you lived in a nursing home?
 - Alone in my own home - 5
 - My own home with at least one family member - 1
 - With a family member in his/her home - 4
 - Rehabilitation hospital - 2
 - Another nursing home - 3

2. How helpful was the counseling you received regarding your decision to leave the nursing home?
 - Very helpful - 10
 - Helpful - 4
 - Neither helpful nor unhelpful - 1

3. How helpful was the information you received regarding the services you would need after transition?
 - Very helpful - 12
 - Helpful - 2
 - Not helpful - 1

4. How helpful was the Transition Coordinator in helping you talk to/work with nursing home staff about your decision to leave?
 - Very helpful - 8
 - Helpful - 6
 - Neither helpful nor unhelpful – 1

5. How satisfied were you with the services you got through this program?
 - Very satisfied - 12
 - Satisfied – 3

6. Would you recommend this program to others?
 - Yes – 15

7. How satisfied are you with your current living situation?
 - Very satisfied - 5
 - Satisfied - 9
 - Very dissatisfied – 1

8. What activities are you now able to do that you could not do in the nursing home?
 - Move about without checking in or out and not reporting to 3-4 people
 - Having no rules except my own
 - Be independent
 - Spend time with family and friends
 - Just being on my own
 - Go where I want to go when I want to go, eat at what time I want and when I'm hungry

- Able to walk a bit and not stay in bed all the time
- See my boyfriend on a regular basis and my family
- Go look for a job, spend time with my wife, eat on my own
- Sleep in my own room without others around me, eat when I want to
- Go visit everyone, eat good food my mother cooks, play with my baby sister
- Go to the store to shop by myself
- Eat when I want to, get up and go to bed when I want to
- Go to every place I need to go
- Sleep late, eat when I want to, watch the TV programs I like, sleep with my husband, go out to eat with my husband

9. How important are these activities to you?

- Very important – 14
- Important - 1

10. Are you able to go to religious meetings or services as often as you would like to?

- Yes - 9
- No - 6
- Comments: no transportation, health limitations, hope to in the future, don't have a church home near now, do not attend, have not found the right church home

11. What services would have kept you out of a nursing home to begin with?

Transportation to medical appointments

- Financial situation
- Counseling and AA
- Counseling and health assistance
- In-home nursing care
- Having transportation services and access to medical appointments
- A ramp
- A place I could afford (3)
- Having a woman
- Better medical care while living alone
- Better health
- Improved medical situation
- Affordable houses

12. Have you been able to get the services you need since you left the nursing home?

- Yes - 14
- Somewhat - 1
- Comments – still have difficulty getting transportation

13. Do you feel you have more control over your life?

- Yes - 15
- Comments – Now I make all my own decisions (2)

14. Do you feel your quality of life has improved?

- Yes - 14
- No - 1
- Comments: about the same but I'm working on it

15. What were the biggest successes of the transition?

- Being able to get my family back all in one place and just relax
- Calling my own shots
- Being on my own again
- Independence, making my own decisions
- Getting back with my family
- Living with my brother and other family
- Arranging for own doctor's appointments
- Now starting to see my son
- Getting my own place with my husband
- Independence, the biggest!
- Going any place I like when I like to, working on getting help with my social security check
- Being able to move around, get myself in and out of bed and chair
- Able to afford my place and not risk going back to a nursing home
- Housing, job for me and my husband
- Having my own place

16. What were the biggest barriers of the transition?

- Arranging for transportation
- Getting all of my doctors appointments together and doing all of the scheduling myself
- Leaving friends
- Having to get medical help and trouble shopping
- Adjusting to independence because there were no barriers
- Getting a place that was modified or would let me modify it
- Taking care of my medical needs or getting help from others
- Getting transportation to all doctor's appointments and other places
- Getting transportation to all places
- Arranging for medical care/doctors that take Medicaid
- Communicating with the landlord before moving in, could have used more of the grant for getting things for the apartment.
- Transportation is a recurring problem
- Not getting social security as quickly as possible
- Getting in the house with a ramp
- Housing
- Still arranging transportation
- Finding affordable housing

Item 2 – Consumer Service Record Requirements

Briefly describe how, during the reporting year, the CIL ensured that each consumer’s CSR contains all of the required information.

The staff members who complete CSR’s are careful to ensure the respect of the consumer and to emphasize that the information included in the CSR is the minimum necessary. We do not keep medical records or unnecessary documentation.

During the reporting year the Executive Director took random CSR’s from both Peer Advocates’ (Peer Counselors’) offices, unannounced. She reviewed each to ensure that the 5 mandatory elements of a CSR were there, and that the case notes were up-to-date and complete.

Section D – Compliance Indicator 4: Community Options and Community Capacity

Section 725(b)(4) and (6) of the Act; 34 CFR 366.63(d)

This section contains new data requests. Please refer to the Instructions before completing.

Item 1 – Community Activities Table

In the table below, summarize the community activities involving the CIL’s staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Issue Area	Activity Type	Hours Spent	Objective(s)	Outcomes(s)
Transportation	Phone calls Emails Community meetings Systems change discussions	112	To monitor the ADA compliance of municipal and private transportation providers in each of the four counties by regularly offering opportunities for consumers, municipal representatives and business owners to report their progress and their deficits	Consumers learn about and use opportunities to report discrimination in transportation; municipal representatives and business owners use the process to staff transportation challenges and to receive technical assistance
Individual Advocacy	Phone calls Emails Face-to-face	1,822	To investigate complaints of discrimination by consumers (incl. ADA,	Individuals with disabilities pursue restitution of discrimination

	meetings IEP meetings DOJ complaints		Fair Housing, IDEA, ACAA, §504, etc). If the violation is not based on systemic failures but rather on individuals who did not follow existing policies, and if the consumer wishes, to facilitate a solution between the consumer and the violator whatever that takes	Ultimately the outcome is for the restitution to be provided and not repeated by the same violator
Systems Advocacy	Phone calls Emails Face-to-face meetings Technical Assistance Community Education DOJ complaints Lawsuits	1,452	To investigate complaints of discrimination by consumers (incl. ADA, Fair Housing, IDEA, ACAA, §504, etc) If the violation is based on systemic failures to facilitate a solution with the violator to ensure that the violation does not repeat	Violators respond appropriate to the recommendations of the agency representative; change policies; train their employees to follow policies; refrain from repeating the violation
Health Care and Assistive Technology Access	Phone calls Emails Face-to-face meetings Referrals	66	To give consumers information they need to make health care and AT decisions; to refer those consumers to service providers	Consumers get appropriate health care and AT if they choose to follow the recommendations of DR&R and the agency/business they were referred to

Communication	Phone calls Emails Community meetings Systems change discussions	118	To monitor the ADA compliance of municipal and private entities in each of the four counties by regularly offering opportunities for consumers, municipal representatives and business owners to report their progress and their deficits	Consumers learn about and use opportunities to report discrimination in communication; municipal representatives and business owners use the process to staff communication challenges and to receive technical assistance
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Item 2 – Description of Community Activities

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

Charlotte Mecklenburg Advocacy Council for People with Disabilities

- Purpose: Meet with representatives from the municipalities of Mecklenburg County as well as cities and townships within the county to discuss, provide technical assistance, and to advocate re: issues important to people with disabilities – especially transportation, effective communication, and access to programs and services.
- Role of staff and consumers: Each committee of the council is chaired by a DR&R staff member. Several DR&R staff members and consumers are voting members of the committees. Every consumer who expresses concern in one of the issue areas is encouraged to attend a committee meeting to talk directly to a representative from the municipality.
- Partner organizations: Division of Services for the Deaf and Hard of Hearing, Division of Services for the Blind, Beginnings, The ARC, Physically Disabled Adults

Cabarrus Accessibility Action Committee

- Purpose: Meet with representatives from the municipalities of Cabarrus County as well as cities and townships within the county to discuss, provide technical assistance, and to advocate re: issues important to people with disabilities – especially transportation, effective communication, and access to programs and services.
- Role of staff and consumers: The Committee is chaired by a DR&R staff member. One other DR&R staff members and some consumers are voting members of the committees. Every consumer who expresses concern in one of the issue areas is encouraged to attend a committee meeting to talk directly to a representative from the municipality.

- Partner organizations: Division of Services for the Deaf and Hard of Hearing, The ARC, Downs Syndrome Association, TBI support group, Cabarrus County Senior Center

Gaston County Advocacy Council for People with Disabilities

- Purpose: Meet with representatives from the municipalities of Gaston County as well as cities and townships within the county to discuss, provide technical assistance, and to advocate re: issues important to people with disabilities – especially transportation, effective communication, and access to programs and services.
- Role of staff and consumers: The Committee is chaired by a DR&R staff member. One other DR&R staff members and some consumers are voting members of the committees. Every consumer who expresses concern in one of the issue areas is encouraged to attend a committee meeting to talk directly to a representative from the municipality.
- Partner organizations: Residential Support Services, Schiele Museum, First United Methodist Church of Gastonia

Union County Council for Citizens with Disabilities

- Purpose: Meet with representatives from the municipalities of Union County as well as cities and townships within the county to discuss, provide technical assistance, and to advocate re: issues important to people with disabilities – especially transportation, effective communication, and access to programs and services.
- Role of staff and consumers: The Committee is chaired by a DR&R staff member. One other DR&R staff members and some consumers are voting members of the committees. Every consumer who expresses concern in one of the issue areas is encouraged to attend a committee meeting to talk directly to a representative from the municipality.
- Partner organizations: local supported employment agency, DAV, main library of Monroe

Boy Scout Mecklenburg Council governing board

- Purpose: Direct the programs and services of the scout council
- Role of staff and consumers: To ensure the inclusion of scouts with disabilities in all aspects of the scouting program. Five staff member serve on the committee of the disability district.

UW CAE Mecklenburg County

- Purpose: To network among all United Way member agencies within Mecklenburg County to ensure inclusion among all the programs sponsored by United Way
- Role of staff and consumers: DR&R's Executive Director provides technical assistance and consultation during monthly meetings and serves on the Advocacy Providers Network committee.
- Partner organizations: The ARC, Mental Health Association, Council for Children's Rights, Metrolina AIDS Project

UW CAE Cabarrus County

- Purpose: To network among all United Way member agencies within Cabarrus County to ensure inclusion among all the programs sponsored by United Way
- Role of staff and consumers: DR&R's Executive Director provides technical assistance and consultation during monthly meetings.
- Partner organizations: The ARC, Mental Health Association, CVAN (women's shelter)

Housing Transition Task Force

- Purpose: To network among all service provider agencies who are working on nursing home transition in the four county service area and to identify resources
- Role of staff and consumers: DR&R's Transition Coordinator attends all the meetings and has successfully changed policies and procedures to ensure more access to tax credit units. DR&R is applying to become a lead agency for a local tax credit unit.
- Partner organizations: The North Carolina Health Care Trust, Division of Services for the Deaf and Hard of Hearing, Vocational Rehabilitation, Vocational Rehabilitation Independent Living program, Ombudsman Program, The ARC, Regional AIDS Coalition, mental health service providers,

Mecklenburg County Nursing Home Advisory Committee

- Purpose: To investigate nursing homes in Mecklenburg County to ensure residents are being treated properly and with dignity, and that the nursing homes are following prescribed CARF regulations
- Role of staff and consumers: Two DR&R staff members and one consumer review seven nursing homes quarterly. One staff member is a team leader and reports directly to the area Ombudsman.
- Partner organizations: NC Division of Services for the Deaf and Hard of Hearing, for-profit medical business

Staff members and consumers were active on the following other local coalitions:

- Aging and Disability Resource Center taskforce for Cabarrus County
- Charlotte Department of Transportation Pedestrian Plan Advisory Team
- Charlotte Department of Transportation Pedestrian/Bicycle Neighborhood Connectivity Study Group
- Charlotte Department of Transportation Urban Street Design Guidelines Stakeholders
- Family Financial Literacy Coalition, Disability Connections Committee
- Mecklenburg County Parks and Recreation Accessible Playground task force

Staff members and consumers were active on the following state-wide coalitions:

- Money Follows the Person Stakeholders
- High Stakes Testing for Children who Use Sign Language
- NCADA Network
- NC Disability Action Committee

- NC Network of Centers for Independent Living
- NC Self-Determination Committee
- NCTASH

Staff members were active on the following southeast regional coalitions:

- SouthEastern Center Directors' Association
- SE DBTAC affiliates network
- SE DBTAC technical assistance team
- SE DBTAC training team
- SE DBTAC net administrators' team

Staff members and consumers were active in the following national coalitions:

- AAPD
- APRIL
- APRIL governing board
- NASCI
- NCIL
- NCIL governing board
- NCIL committees and task forces
 - ADRC
 - Civil Rights
 - Health Care
 - Mental Health
 - PAS
- United Spinal Association

Section E – Compliance Indicator 5: IL Core Services and Other IL Services

Section 725(b)(5) of the Act; 34 CFR 366.63(e)

In addition to the data provided in Subpart III, describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

Advocacy – PF is a 46 year old Caucasian male who is Deaf. He was arrested by the Concord Police Department for DUI. The arresting officers, Magistrate, and Sheriff's department employees denied effective communication. He contacted DR&R for assistance with advocacy. DR&R staff coordinated a meeting with PF, a representative from the Sheriff's Department, the city's attorney, and the city's ADA Coordinator. At that meeting PF was promised a full and complete investigation. However, shortly thereafter he received an official letter from the ADA Coordinator stating that the actions of all concerned were appropriate and the case was closed. DR&R staff met with the city's attorney, who continued to insist that the actions were proper. At PF's request DR&R assisted him in filing a Title II complaint with USDOJ against the city, the

attorney, and the Sheriff's Department. (See the next part of the story in Subpart VII, Section B).

ILS – LF is a 26 old African American female who is blind and has Rickets. Her primary concern was her inability to write an effective biography to accompany her college application. Her Peer Advocate worked with her to organize her thoughts and write her document in her own words. The agency's Office Manager, a whiz at grammar and spelling, edited it for her. She expressed confidence when she submitted her application packet.

I&R – one of the consumers we helped appeal the denial of his SSDI benefits contacted a reporter from "The Charlotte Observer". The reporter contacted our office and began to investigate the problems caused by the SSDI process and the denial of benefits in general. Eventually this lead to a three-part series, complete with color pictures, in which the issues were outlined, several of our consumers were quoted, and DR&R was prominently figured.

Peer Counseling – AM is a 22 year old Caucasian female from one of our rural counties. She is a C-4 quadriplegic who wanted to attend the local community college. She stated the college wasn't going to let her in because they "did not know how to accommodate someone with such a severe disability". She met with a Peer Counselor at DR&R who also has a spinal cord injury. AM was feeling that she would never be able to get an education due to this roadblock, along with her lack of Assistive Technology and the length of time VR was taking in addressing her issues. The Peer Counselor talked with her at length about persevering and the assurance that she would be able to attend college. With her spirits lifted she worked with the Peer Counselor and the agency's ADA Coordinator to share information with the college and assist with their concerns. At the end of the reporting year she stated that she has been accepted and will begin studies at the Community College in January.

Section F – Compliance Indicator 6: IL Resource Development Activities

Section 725(b)(7); 34 CFR 366.63(f)

Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1 of title VII of the Act.

USDOE Title VII Part C - \$425,970

SEDBTAC – \$9,134.81

The Carrie E. and Lena V. Glenn Foundation
Requested – \$10,000 Nursing Home Transition in Gaston County
Received - \$0

United Way of Central Carolinas
Requested - \$110,000 for Peer Advocacy in Cabarrus and Mecklenburg Counties
Received - \$106,550

Philip Morris Employee Community Fund
Requested – \$16,170 to hire a part-time Peer Advocate to serve Cabarrus County
Received - \$16,170

NC Council on Developmental Disabilities
Requested - \$80,000 to fund the continuation of the NC Disability Action Network (NCDAN)
Received - \$80,000

Firestone Fibers and Textiles Company
Requested - \$2,000
Received - \$2,000

Sisters of Mercy of NC Foundation, Inc.
Requested - \$15,000 to fund Nursing Home Transition Program in Gaston County
Received - \$15,000

NCDBTAC
Requested - \$1,000 to take pictures of inaccessible lottery sites
Received - \$1,000

Money received through fees for service, donations, and interest - \$15,537.25

SUBPART V – ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

Section 725(c)(4) of the Act

Section A – Work Plan for the Reporting Year

Item 1 – Achievements

Discuss the work plan’s proposed goals and objectives and the progress made in achieving them during the reporting year.

Workplan goals and Objectives achieved during the reporting year

- Facilitate at least 7 meetings of UCCCD
- Perform at least one Title II training during UCCCD meeting
- Meet at least once with a representative from Union Co. re: transition plan
- Obtain at least one report from Union Co. Transportation
- Conduct at least three CMS blueprint reviews
- Conduct at least one Mecklenburg Co. park blueprint review

- Provide parking compliance information to at least 12 Title III entities
- Coordinate two workshops with outside (collaborating) agencies
- Conduct 30 meetings of citizens focused on disability-related issues through ACPD
- At least one staff member will attend the NCIL conference
- Two staff members will attend the national APRIL conference
- Facilitate at least seven meetings of Cabarrus Accessibility Action Committee
- Sponsor training with a national ADA Consultant in our service areas
- Perform at least 60 education sessions in the community
- Review policy drafts of Charlotte Mecklenburg Police Department (CMPD) re: procurement of interpreters
- Advocate with CMPD attorneys until appropriate interpreter procurement policy is adopted
- Meet with City Attorney for Concord at least once re: policy for interpreters and provision of transportation
- Meet with representatives of Charlotte Rehabilitation re: peer mentoring for individuals in Rehab
- Request at least five reports from Charlotte Area Transportation re: complaint resolutions
- Serve as stakeholder for NC MFP grant and participate in November submission
- Update webpage to new logo and storyboard
- Meet with at least ten federal legislators
- Attend at least three NCIL Board meetings
- Review at least two updates from Charlotte Area Transit on light rail project
- Review at least two updates from Charlotte Area Transit on streetcar project
- Receive at least five updates from Charlotte Area Transit on paratransit recertification
- Transition at least 25 people from nursing homes
- Assist in at least ten new Social Security appeals
- Attend at least six meeting of the Housing Finance Agency
- Visit at least two nursing facilities each in Anson and Rowan Counties
- Co-facilitate training for AAA conference with state IL program
- Submit at least three grants that include operations expenses

Item 2 – Challenges

Describe any substantial challenges or problems encountered by the CIL, and the resolutions/attempted resolutions.

Workplan goals and objectives not achieved during the reporting year

- At least one staff member will attend the national ADA symposium
 - The national ADA symposium was cancelled
- Host consumer panel
 - The information was gathered in a different way

- See SUBPART IV §C Item 1
- Revise service delivery manual
 - See SUBPART VII §B
 - The item is included in next year's workplan
- Raise \$25,000 in fees for service and donations
 - Raised \$15,537.25
 - Shortfall was made up by additional grant funds unexpected
- Develop "affiliate" status for entities in service area
 - Upon investigation the agency Accountant and Auditor recommended against the idea
- Develop guidelines for Neighbor-to-Neighbor program
 - No funding source was identified
- Apply for Medicaid Reimbursement Licensure
 - The reason for planning to apply for the licensure was to facilitate DR&R's ability to receive funding under the state MFP program. The MFP committee has changed plans – preparing for CIL's to be able to be a subcontractor of an already- approved Medicaid entity

Item 3 – Comparison with Prior Reporting Year

34 CFR 366.50(i)(7)

As appropriate, compare the CIL's activities in the reporting year with its activities in prior years, e.g., recent trends.

In the past we have not specifically identified access to health care issues. To our surprise we found that the primary complaint we received in that area was medical facilities that refuse to provide sign language interpreters. As we have investigated the reason for this we have found that many medical facilities provided interpreters in the past but the patient did not show up and the interpreter had to be paid anyway. Given that, we will be forming a task force made of consumers who are Deaf, advocates for that population, and professional interpreter to develop a way to address this as a serious concern of both the Deaf and the medical community.

Hosting, facilitating and attending committee meetings can seem to be an inefficient way to spend agency resources of time and money. However we have found that if we are at the table we are able to affect change in areas that would never have been brought to us. For example, working with Mecklenburg County Parks and Recreation to review blueprint reviews was our entry into the process of planning and developing a fully accessible playground. Therefore we will continue to use meetings as way to get on the radar of community change agents.

Section B – Work Plan for the Year Following the Reporting Year

Item 1 – Annual Work Plan

List the CIL's annual work plan goals, objectives and action steps planned for the year following the reporting year.

The following activities have been proposed by the staff and approved by the board

- Perform 8 Fair Housing Training sessions
- Perform 4 "Train the Trainer" Fair Housing sessions
- Develop alert email list
- Broadcast 10 advocacy alert
- Perform BUGS survey (barrier assessment)
- Perform strategic planning for 2008-2011
- Update Service Delivery Manual
- Update Employee Personal and Procedures Manual
- Perform training at the Area Aging conference
- Complete webpage links still "under construction"
- Conduct Southern Piedmont NCDAN caucus
- Assist with and support the statewide NCDAN Congress
- Submit at least two grant proposals that are not continuations from 06-07
- Participate actively as stakeholders in Money Follows the Person
- Submit application to become Medicaid vendor
- Perform at least 10 Social Security benefits appeals
- Transition at least 15 people from nursing home to community
- Perform at least 60 community education activities
- Facilitate at least 9 meetings of UCCCD
- Facilitate at least 9 meetings of CAAC
- Facilitate at least 9 meetings of GCACPD
- Facilitate at least 28 meetings of ACPD
- Perform fundraising and PR event "Open Books Open Doors"
- Raise \$10,000 in fees for service

Item 2 – SPIL Consistency

Explain how these work plan goals, objectives and action steps are consistent with the approved SPIL.

One of the SPIL objectives was to support youth leadership. To honor that goal DR&R paid 100% of the room costs of the youth leaders who attended the NCIL conference.

These youth also were chosen to present a workshop at the conference. During the reporting year the writing of the next SPIL was undertaken by the SILC. Two CIL ED's were allowed to be on the writing committee, but DR&R's ED was not one of them. She continued to provide input as requested. But the SILC failed to meet during one of the federal quarters and continues to operation in violation of the Rehab Act. As outlined in the SPIL in effect during the reporting year, DR&R submitted a Statement of Work in order to receive "operational" funds. NCDVR still refuses to honor the definition of "operational expenses" but DR&R was able to negotiate an agreement that would warrant the agency all the funds the SILC would allow -\$8,333.

SUBPART VI - TRAINING AND TECHNICAL ASSISTANCE NEEDS

Section 721(b)(3) of the Act.

Training And Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	
Legislative Process	
Applicable Laws	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	

Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	6
Outcome Measures	2
Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	7
Fund Accounting	1
Financial: Resource Development	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	5
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	10
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	9
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
Program Planning	
General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	

Program Design	
Time Management	3
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	4
Institutionalized Potential Consumers	
Rural	8
Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

SUBPART VII – ADDITIONAL INFORMATION

Section 704(m)(4)(D) of the Act

Section A – Other Accomplishments, Activities and Challenges

Describe any additional significant accomplishments, activities and/or challenges not included elsewhere in the report, e.g., brief summaries of innovative practices, improved service delivery to consumers, etc.

PRESENTATIONS AND TRAININGS

Each year Disability Rights & Resources performs many community education sessions and sponsors training for staff to ensure capacity to meet the workplan goals. During the reporting year the following workshops were presented:

To: Participants at the Regional Aging Conference
Topic: CIL's and state agency programs

To: Boy Scout Troop 147
Topic: Advancement for Scouts with MD

To: Bank of America employees
Topic: Disability Awareness

To: Council on Aging Senior Advocates
Topic: Effective Advocacy

To: Drivers for Charlotte Area Transit System
Topic: Disability Awareness and ADA Title II transportation requirements

To: Business owners
Topic: Accessible parking requirements

To: Listeners of the Radio Reading Service for the Blind
Topic: Audio Description

To: Videography project from Univ. of San Francisco
Topic: History of IL in NC

To: NC Alcohol Law Enforcement Agents
Topic: Accessible lottery sites

To: Union County Head Injury Support Group
Topic: Effective advocacy

To: Medicaid Social Workers

Topic: DR&R's services

To: Boy Scout Troop 39

Topic: Disability Awareness

To: Charlotte Ombudsmen

Topic: Nursing Home Transition and housing in 5 counties

To: Asian American Hotel Owner's Association

Topic: Alternatives to drive-by lawsuits

To: Bobcats Arena Staff

Topic: Title II, seating pricing, customer service

To: WGIV radio listeners

Topic: DR&R services and ADA requirements

To: Members of Union Co. Council of Citizens with Disabilities

Topic: Title II requirements

To: Administrators of Central Piedmont Community College

Topic: Title II requirements

To: Residents of local group home

Topic: DR&R's services

To: Social workers at Britthaven Nursing Home

Topic: Nursing home transition

To: Homeless coalition

Topic: Housing options outside Mecklenburg County

To: Social Security Appeals' Staff

Topic: DR&R services

To: Mecklenburg Housing Cooperative

Topic: DR&R services

To: Charlotte Observer

Topic: SSDI appeals process

To: Avante of Cabarrus County Nursing Home

Topic: Nursing home transition

To: Brian Center of Kannapolis

Topic: Nursing home transition

To: CIL and SILC staffs from Region VI

Topic: Outcome Measures

To: Matthews youth group

Topic: Sign language

To: Title II representatives and consumers from Gaston County

Topic: Title II requirements

To: Residents of group home

Topic: ADA Title I

To: Community Relations Committee

Topic: DR&R services

To: Boy Scout Troop 13

Topic: DR&R and Disability Awareness

To: Members of Ecumenical Fellowship

Topic: FHIP grant

To: Crosland Properties staff

Topic: Key Program and Lead Agency responsibilities

To: EEOC staff

Topic: ADA Title I concerns

To: United Way staff

Topic: DR&R's new logic model

To: Gaston County social workers

Topic: Nursing home transition

To: Union County social workers

Topic: Nursing home transition

To: Gaston County Board of County Commissioners

Topic: GACPD activities

To: Regional NCIL state coordinators

Topic: Legislative updates

To: NCRID state convention attendees
Topic: DR&R and effective advocacy

To: Boy Scout leaders
Topic: Youth protection

To: Asian American Hotel Owners Assoc. subcommittee
Topic: ADA Notification Act

To: United Way Mecklenburg liaison panel
Topic: DR&R services

To: Venture Crew 726
Topic: Pros and cons of closed captioning

To: Board and staff of Ft. Myers CIL
Topic: Standards, Assurances, IL History, Philosophy

To: SDVSHO
Topic: Using people with disabilities as volunteers

To: Participants of Union County transition fair
Topic: DR&R services

To: Metrolina Disability Network
Topic: DR&R services

To: Participants of Mecklenburg County transition fair
Topic: DR&R services

To: Compass Vending Group
Topic: Disability Awareness

To: GCACPD members
Topic: Fair Housing

To: Individuals from Hospice and Home Care
Topic: DR&R services

To: CAAC members
Topic: Fair Housing

To: UCCCD members
Topic: Fair Housing

To: ACPD members
Topic: Fair Housing

To: Key 3 leaders of BSA-MCC
Topic: Statistics of Scouts with disabilities

To: Scout leaders
Topic: Scout programs for Scouts with hidden disabilities

To: Staff and Board of DR&R
Topic: Standards, Assurances, history and philosophy

To: Community members in Savannah
Topic: ADA Titles I, II, and III

To: UNCC Master level students
Topic: Interviewing people with disabilities

To: Charlotte Square Assisted Living
Topic: Nursing home transition

To: CFAC
Topic: DR&R services

To: Greater Bethel Church parishoners
Topic: DR&R services

To: Staff and Board of Savannah CIL
Topic: Disability IL History, Philosophy, Standards, Assurances

To: NCDAN grant
Topic: Advocacy Committee of NC Council on Developmental Disabilities

To: Mint Hill Chamber of Commerce, ADA Coordinator and Town Manager
Topic: Title II and III overviews

To: Civil Legal Assistants
Topic: Nursing home transition procedures

To: Raleigh Mayor's Committee
Topic: Money Follows the Person

To: Aides for NC Legislators
Topic: Legislation specific to people with disabilities

Staff and Board received training on the following topics:

- Access Board rulemaking
- Accessible playgrounds
- Accessibility features of local bus system
- ADA and accessibility
- ADA and small towns
- ADA and state building code similarities and differences
- Affecting change in a school system
- Aging issues and programs
- Alzheimer's research
- Audio Description by Described Media Institute
- Automatic entrances technology
- Banking options
- Case management
- Civil rights and hotel owners
- Charlotte Housing Authority funds available for people with disabilities
- Communicating through your website
- Community building initiative
- Consumer directed services
- Culture and heritage in long-term care choices
- Database software for CILs
- Depression and women with disabilities
- Division of Services for the Deaf and Hard of Hearing services
- EEOC Title I updates
- Effective community organizing
- Effective fundraising
- Emergency preparedness
- Encouraging people with disabilities to use fixed route instead of paratransit
- Fair Housing
- Federal grant opportunities by Sen. Burr's legislative staff
- Federal legislative issues
- Financial impact of NASCAR on local community
- Financial planning for families with children with disabilities
- FHIP reporting requirements
- FMLA
- Front Porch grants
- Government contracts and how to apply for them
- Grant opportunities
- Grant resources
- Grant writing
- Homelessness in the service area
- Healthcare for individuals who are homeless

- High Stakes testing procedures in South Carolina
- Housing options in North Carolina
- HOPWA grants
- Housing options in Iredell County
- Housing options in Mecklenburg County
- HUD's fair housing training
- Human resources best practices
- IL History and Philosophy
- Insurance benefits for staff
- Leadership skills development
- Legislation for ASL as a Course of Study for NC
- Low income housing initiatives
- Medicaid programs and updates
- Money Follows the Person
- NC Council on Developmental Disabilities funding opportunities
- NC legislative issues
- Nursing home transition best practices
- Outcome measures
- P&A redesignation
- PAS services
- Philanthropy trends in Charlotte
- Proper personnel files and evaluations
- Resource development
- Risk management insurance
- RTC update
- Rural outreach
- Social Security appeals
- Social Security, Medicaid and Medicare updates
- Standards, indicators, assurances
- Supporting caregivers
- Time management
- Transportation voucher programs
- United Way of Central Carolinas application process
- United Way of Central Carolinas service priorities
- United Way of Central Carolinas structure and organization
- USDOJ updates
- Veterans with Disabilities
- Youth issues in Charlotte Mecklenburg Schools

PEER ADVOCACY in CABARRUS COUNTY

From 1998 - 2004 DR&R had a full-time Peer Advocate (Peer Counselor) who worked in both Cabarrus and Mecklenburg Counties. When that individual left the agency's employment the decision was made to RIF the position. This left individuals from Cabarrus County who needed a peer relationship to find transportation to come to

Mecklenburg County, or wait until one of the two remaining Peer Advocates could find transportation/time to go to Cabarrus County (one of those Peer Advocates depended on accessible public or private transportation and only one private provider is willing to cross county lines.) During the reporting year the Resource Development Coordinator identified a possible funding source to support a part-time position for Cabarrus County. The grant submitted guaranteed that the individual hired for the position would both have a disability AND would be a resident of the county. The grant was funded. At the end of the reporting year one individual has been identified as an excellent candidate and plans are underway to hire him at the beginning of the next year.

NC EDUCATION LOTTERY COMPLAINT

As any advocacy agency knows, very often individual advocacy issues result in system advocacy efforts. Such was the case when an individual who uses a wheelchair informed DR&R that she had stopped at a convenience store to purchase a lottery ticket but there was no accessible parking and no accessible entrance. DR&R's Community Education and ADA Coordinator visited the site and determined that there were several ADA violations. She contacted the attorney for the state lottery, who said it was a Title III issue and the state was not a party. During the reporting year DR&R spent many hours visiting lottery sites and documenting the violations. A local TV station got involved and interviewed both the ED of DR&R and the head of the state lottery program. That individual promised, in early March, that all lottery sites would be accessible within 90 days. 90 days later DR&R closed its doors one day and visited 40 sites in 16 counties (other sites were visited in other counties by other CIL staff members across the state). A DOJ complaint was filed citing violations of ADA and §504. At the end of the reporting year there had been no word from DOJ. (see §B below for more information).

SURVEYING VOTING SITES

In October 2006 the CIL's were approached by the state's P&A for assistance in surveying voting sites on Election Day in November. The CIL in Raleigh agreed to coordinate the state-wide effort and act as the fiscal agent for the project. DR&R staff chose to survey Union County, one of our rural, outlying counties. The P&A provided DR&R with a checklist for voting sites but it was unusable as it included a lot of information about the inside of the site but the Director of the Union County Board of Elections refused to allow the staff to go inside. So DR&R developed an alternative document. 28 sites were surveyed and the information was forwarded to the P&A and to the Director of the Union County BOE. As a result of the positive relationship developed through this effort, that Director now attends meetings of the Union County Council for Citizens with Disabilities.

Section B – Additional Information

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

PERSONNEL

In November 2005 one of the agency's Peer Advocates was crossing the street in his power wheelchair when he was hit by a car. This resulted in a broken femur as well as a damaged wheelchair. He was out of the office until February 2006, at which time he returned. The wheelchair was repaired but he was not able to properly release pressure. As a result, during this reporting year he developed a physical condition that ended him in the hospital, a stay in a nursing home, and recovery time in his home. Due to the agency's long-standing leave policies and his length of service, he had enough sick leave saved up for the agency to pay him for the entire six month he was out. Since his return he was not able to perform all the job duties. At the end of the reporting period the Board of Directors is addressing a change in leave policies and his performance is being closely reviewed. During his time away from the office there was a strain on all the staff employees. As a result, one of the goals/objectives that could not be completed was the revision of the Service Delivery Manual (see SUBPART V, §A, Item 2).

NURSING HOME COLLABORATION PROJECT

In November 2006, DR&R received a \$15,000 grant from a private foundation to expand its nursing home transition program "My Home, My Choice" into Gaston County. The grant proposal was for a true collaboration among three entities: the NC Housing Finance Agency (a government program through the NC Department of Health and Human Service [NC DHHS], a private foundation, and Disability Rights & Resources. The NC Housing Finance Agency agreed to fund rental deposits, first month's rent, phone and utility deposits, and health and safety assurances of up to \$1,000 per consumer in the transition program. Funds from the private foundation would provide transition consumers with items necessary to set up a household and live independently – furniture and small household appliances, clothing, food, small household and personal items, and transportation vouchers. DR&R funded the salaries of the Transition Coordinator and Peer Advocate and administrative costs. In early August 2007, the NC Housing Finance Agency failed to reimburse Disability Rights & Resources for expenses incurred by a consumer in Mecklenburg County that they had verbally promised to pay. DR&R had to pay these expenses out of its unrestricted funds. DR&R's Executive Director contacted the Housing Coordinator for NC DHHS and learned that NC DHHS funding had been exhausted. The NCDHHS representative acknowledged that the NC Housing Finance Agency had not contacted agencies directly to let them know of the problem. DR&R submitted a letter to the private foundation in September 2007 requesting a change in the use of their funds. At the end of the reporting year the foundation has not made a determination.

COMPLAINTS ABOUT USDOJ

During the reporting year there were four complaints filed with the USDOJ that were mishandled or seemingly ignored. By the time this agency participates in the process of filing a Civil Rights violation complaint with USDOJ, we have exhausted all other means of resolution at our disposal. The situations are:

- An individual was denied a testing accommodation by the state of North Carolina. USDOJ responded that it would not be opening this "Title III" complaint.
- During an arrest a Deaf individual was denied a sign language interpreter at three different intervals and the opportunity to make his call. USDOJ suggested we file a complaint rather than request mediation due to the seriousness of the offenses and the violation of due process. (See SUBPART IV, §E) Once the complaint was filed USDOJ refused to open it.
- The Executive Director spoke with Jeanine Worden in OCR and she suggested we refile and she would revisit the issue. We did. As of the end of the reporting year there has been no word from her office.
- The state of North Carolina's Lottery Commission refused for almost a year to accept responsibility for the accessibility of the lottery selling sites. This agency wrote letters to 14 individual businesses, with a copy to the NC Lottery Commission, outlining their ADA violations. When this agency filed a Title II complaint with the USDOJ, we included a copy of those letters. We received notice back from USDOJ that they would not be pursuing action against one of those stores. We never asked them to.

This creates a problem for local advocates because many entities "call our bluff" when we tell them that they are violating federal law. If the entity charged with backing up the federal law does not help us, we lose accountability and leverage.

SUBPART VIII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the CIL director and board chair.

JULIA SAIN, EXECUTIVE DIRECTOR (704) 537-0550
NAME AND TITLE OF CENTER DIRECTOR PHONE NUMBER

Julia Sain 12/15/07
SIGNATURE OF CENTER DIRECTOR DATE

Diane E Doak Board President 704-537-0550
NAME AND TITLE OF CENTER BOARD CHAIRPERSON PHONE NUMBER

Diane E Doak 12/15/07
SIGNATURE OF CENTER BOARD CHAIRPERSON DATE