The Problem

Colorado Centers for Independent Living (CILs) need a home in state government. While CILs have provided services to persons with disabilities across the state for nearly 35 years, the contribution of Centers for Independent Living has not been easily understood by policymakers, which has led to a lack of meaningful state supervision and support as demonstrated by the following:

- Lack of financial oversight and technical assistance has resulted in incorrect contracts and significantly delayed reimbursements, which impacts service delivery and risks mismanagement of funds. Particularly, this lack of leadership will become a more significant problem when the new base and funding formula agreed upon by all ten CILs is fulfilled in July 2017.

- No agreement as to how to collect service data, which has resulted in the CIL system not being understood or recognized for its impact on the community, nor are there efforts to enhance service delivery.

- No representation in state level planning activities, which has resulted in a lack of understanding regarding the role and contribution of the CILs on disability issues such as Olmstead Planning.

Strong leadership, advocacy and technical skills are necessary to bring the ten CILs together to create a cohesive statewide program with improved and expanded services and outcomes. There needs to be administrative structure and oversight put into place that provides technical assistance, determines and manages key performance indicators, and holds CILs accountable for how funds are spent, how outcomes and impacts are reported and how services are continuously being improved. This issue brief examines the history and need for a home in state government and makes a recommendation about how this should look and where it should be housed.
The Background/Discussion

Centers for Independent Living (CIL) play a vital role in helping people with disabilities create and live the life they desire. The Independent Living Philosophy is the belief that people with disabilities are the best experts on their needs. Individuals must have the freedom to make choices and the ability to live and work in the community in a life of their design.

In Colorado, there are ten CILs (collectively referred to in this brief as the Centers) that receive a mix of state, federal and private funding. The Statewide Independent Living Council (SILC) has responsibility for planning for the coordination and expansion of independent living services in Colorado. The SILC is also responsible for the development of a three-year statewide network plan for Centers for Independent Living. This State Independent Living Plan is submitted to the Independent Living Section of the federal Administration on Community Living within Health and Human Services. Without this plan, federal funds that currently support independent living ($1.3 million) would not be distributed.

State Independent Living Council (SILC)

Federally mandated and governor appointed, the SILC is a completely volunteer body. The duties of the SILC specified in the Rehabilitation Act include the following:

- Jointly develop the State Plan for Independent Living (SPIL).
- Monitor, review, and evaluate the implementation of the SPIL.
- Ensure that all regularly scheduled meetings are open to the public.
- Submit periodic reports to the federal Administration on Community Living.
- Develop, with Centers and stakeholders, its resource plan and manage the resources (including funding and staff) it receives to support the plan.
- Supervise and evaluate, in a manner consistent with state law, the staff and other personnel necessary to perform the duties of the SILC.

Until July 1, 2016, the SILC works in conjunction with the Colorado Division of Vocational Rehabilitation (DVR). DVR has one part time position dedicated to serving the SILC. Based on the duties of the SILC outlined above, the staffing of a part time administrative assistant supporting the SILC is not sufficient. A decision needs to be made as to where in state government the SILC and the CIL system will reside. That home or Designated State Entity, per federal regulations, will receive, account for and distribute Independent Living (IL) funds based on the State IL Plan; provide administrative support and record-keeping; and provide information/assurances to the federal Administrator in the Administration on Community Living.
Background on Funding and Formula for Disbursement

During the 2015 legislative session, the Joint Budget Committee took action to add significant state funding into the system and require a formula for the distribution of those funds by January 1, 2016. The State Legislature increased the base funding for the Centers to $600,000 each; with each center getting $321,359 in additional state dollars. The Independence Center (The IC) would like to thank the Joint Budget Committee for bringing the issue to the attention of the General Assembly and for prioritizing this financial need.

It is important to understand how the CILs are currently funded to get a picture of the entire system. The CILs get a mix of federal and state dollars including the following for 2015:

- **Part C Funds** ($1,042,727):
  Awarded from federal Rehabilitation Services Administration directly to six centers who competed for these funds in the 1980s and 90s. Since that time there have been no new Part C funds, so four centers have not been able to apply for or receive these funds.

- **Part B Funds** ($290,082.53):
  Awarded to the State Independent Living Council, through the Designated State Entity (Division of Vocational Rehabilitation, until July 1, 2016), who determines how they are spent in conjunction with DVR and stakeholder input. Funds are distributed as a percentage of the allotted Part B dollars based on whether a center is urban or rural.

- **State General Fund** ($2,786,407.00):
  Equal distribution of funds across all ten centers regardless of federal funding allocations and each Center’s actual costs.

- **Total Federal and State Funds for CILs in 2015**: $4,119,216.53.

- **Other Revenue**:
  Some independent living centers provide third party/fee for services programs such as interpretive services, benefit counseling, nursing home transitions employment services and home health. That entrepreneurial spirit is valuable and mandated under Title VII of the Rehabilitation Act, but it should not supplant funding for five core services. Along with these other revenues comes associated costs. All Colorado residents with disabilities should have equal access to the five core services regardless of where they live and these allocations should be made without regard to other revenues. Those federally mandated core services include self and systems advocacy, information and referral, peer support, independent living skills training and transition services. (Transition services include helping persons with disabilities move out of institutions into the community, preventing people from going into institutions and working with youth with disabilities who are transitioning from school to work.)
The Funding Formula

In addition to the state general fund base coming up to $600,000, the ten CILS took $430,000 of the $830,000 state general funds allocated for a formula and agreed to three factors and the weight that each would be given. The formula, as applied, created a spread of $23,000 to $85,000 per center based on:

- Number of people with disabilities in each service area (favoring the urban).
- Population density (favoring the rural).
- The number of people over age 65 (a future consumer base).

In a rare move of solidarity, the ten CILs in Colorado unanimously prioritized the creation of an Office or Division on Centers for Independent Living with an allocation of $400,000. While the $400,000 could have been further parceled out to the Centers, the Centers agreed to carve it out for the purpose of staffing an Office on Centers for Independent Living to oversee and support the CIL system.

Need and Steps Already Taken

An investment in the CIL state system must be accompanied with steps to monitor the funding and statewide Centers’ five core services appropriately so that the system is successful across the state. The statewide CIL system has the following needs:

- Continuation of appropriate levels of funding.
- Creation of an Office on Centers for Independent Living.
- Staff for the Office on Centers for Independent Living.

Two of the above three are taken care of. Adequate funding is already in place and the ten CILs have unanimously agreed to allocate $400,000 for the creation of four staff positions (outlined in the Recommendation). The missing piece is a home in state government where an Office on Centers for Independent Living will oversee the timely distribution of funds and provide leadership and technical assistance to the system through dedicated staff housed within that department.
Recommendation

The recommendation of The Independence Center addresses the need for an Office or Division on Centers for Independent Living and where it will be housed.

How a State Office Should Look

The IC proposes the following new structure using the $400,000 in state funding that the Centers unanimously agreed to allocate:

- Creation of an Office or Division on Centers for Independent Living within the Colorado Department of Labor and Employment (CDLE).
- Creation of an Office Director position to oversee the allocation of funds and to provide leadership for the newly created system in Colorado.
- Creation of an Analyst/Technical Assistance Coordinator position that will be responsible for publishing an annual report of services and outcomes that the centers provide and providing technical assistance to the Centers in order to enhance services and outcomes for consumers.
- Creation of a Director positions to guide the volunteer SILC through planning, writing and submitting the State Independent Living Plan to the Administration on Community Living as well as meeting its other responsibilities as outlined above.
- Creation of one Administrative Assistant position to be shared by all.

The State will realize a solid return on the investment of critical state level staffing through increased financial accountability and better outcomes for persons with disabilities. With oversight and accountability, the CILs will be able to serve their catchment areas effectively as there will be a clearer direction as well as the data to demonstrate effectiveness and enhance service delivery.
Where the State Office Should Be Housed

With the planned transfer of DVR from the Colorado Department of Human Services (CDHS) to the Colorado Department of Labor and Employment (CDLE), on July 1, 2016, Colorado has a window of opportunity to create a natural, facilitative home in state government for the Colorado CIL system. The Centers have been in discussion around which state department might provide the best home and The IC supports creation of an office within the Colorado Department of Labor and Employment (CDLE).

Currently, CILs reside within the DVR, under the greater umbrella of the Colorado Department of Human Services (CDHS). CDHS employs over 5,000 employees and puts priority on multiple human services’ needs. CDLE, by contrast, employs around 1,100 people and focuses on the Colorado employment environment. The more focused management structure and philosophy at CDLE is conducive to nurturing and growing the newly formed CIL system.

The difference in focuses of CDHS and CDLE is where the policymaker should look for natural alignment indicators. CILs are much more aligned with goals of the CDLE than with CDHS. While entering the workforce may not be an option for every person with disabilities, the precursors to employment-readiness are not an option. Centers for Independent Living provide holistic services that help stabilize and prepare persons with disabilities to consider work. From help finding housing, food, benefits, to peer support, self-advocacy training and even assistive technology, CILs help people with disabilities to address the issues in their lives that prevent them from working. Historically, CILs have been a part of DVR since both are working with the same individuals, only on different issues. There should be a natural working relationship toward independence. In this day and age, relying upon benefits alone without employment consigns persons with disabilities to a life of poverty.

The focus of CILs on helping people with disabilities create independence dovetails with DVR and CDLE’s focus on the Colorado workforce. This convergence is where The Independence Center sees a home within state government for the Centers. Recently, State Representative Millie Hamner, the incoming 2016 Chair of the State Joint Budget Committee called CDLE one of the best managed state agencies in Colorado. The fledgling statewide CIL system could benefit from the leadership and support of such an agency.
**Call to Action**

Services provided by Colorado’s ten Centers for Independent Living help ensure the rights of people with disabilities and create a substantial return on public investment. Given the critical role played by the Centers, we are calling for a stronger Independent Living system in Colorado through:

- Continuing appropriate funding with equitable distribution of resources across the CILs.

- An administration that is organized in state government and housed within the CDLE to lead us forward as a system toward improved services and consistent data on outcomes.

- Positioning of leadership and staff who will support collaboration around best practices and reporting outcomes, ensure fiscal accountability including processing payments in a timely manner, and adequately represent the CILs in state planning efforts.
The Independence Center is one of the ten Centers for Independent Living in Colorado and is located in Colorado Springs. The IC serves over 800 people with disabilities in El Paso, Teller, Park, Lincoln, Cheyenne, and Kit Carson counties. In addition to providing Independent Living Services in the community, The Independence Center also operates a Home Health program, funded by Medicaid, that pays for personal services in the home to prevent institutionalization. We employ 300 people, 225 of whom are Home Health field staff.