REPORTING INSTRUMENT

OMB Control Number: 0985-0061
Expiration Date: February 28, 2025

CIL Program Project Performance Report

(To be completed by Centers for Independent Living)

Fiscal Year: 2024

Grant #: 2405IAILCL
Name of Center: League of Human Dignity Southwest Iowa Center for Independent Living
Acronym for Center (if applicable): SWIL
State: IA
Counties Served: Fremont (IA), Harrison (IA), Mills (IA), Montgomery (IA), Page (IA), Pottawattamie (IA), Shelby (IA), Cass (IA)

SECTION 1 - GENERAL FUNDING INFORMATION

Section 725(c)(8)(D) of the Act

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

Item 1.1.1 - All Federal Funds Received

Title VII, Ch. 1, Part B	$41,801.00
Title VII, Ch. 1, Part C	$192,424.00
Title VII, Ch. 2	$0
Other Federal Funds	$0
Subtotal - All Federal Funds	**$234,225.00**

Item 1.1.2 - Other Government Funds

State Government Funds	$28,558.00
Local Government Funds	$0
Subtotal - State and Local Government Funds	**$28,558.00**

Item 1.1.3 - Private Resources

Foundations, Corporations, or Trust Grants	$0
Donations from Individuals	$50
Membership Fees	$0

Investment Income/Endowment	$0
Fees for Service (program income, etc.)	$1,220.00
Other resources (in-kind, fundraising, etc.)	$10,505.93
Subtotal - Private Resources	**$11,775.93**

Item 1.1.4 - Total Income

Total income = (1.1.1)+(1.1.2)+(1.1.3)	$274,558.93

Item 1.1.5 - 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

Item 1.1.6 - Net Operating Resources

Total Income (Item 1.1.4) <minus> amount paid out to Consumers (Item 1.1.5) = Net Operating Resources	$274,558.93

Item 1.2 IL Resource Development Activities
Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1of title VII of the Act.

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The League of Human Dignity continues to have an annual holiday letter that targets those that have given a monetary donation to the League. This is done through a holiday letter that is designed to not only solicit donations, but to provide disability awareness through its design and message. We are also part of the Omaha Gives fundraising umbrella that covers Pottawatomie County. They have two annual "give days" and these are promoted through our office.

Another means of resource development is through the League's newsletter "On the Level" that reaches readers electronically. This is a bi-monthly publication that devotes a section to both honor donors and to request donations. Additionally, the League updated it's website giving it a modern design while maintaining accessibility. The League also continues to maintain a Facebook page and Twitter account, which allows consumers to have quick and easy access to league information, news, donation information, and advocacy updates.

LHD IA has started a Plaque campaign, where a business can donate $500 and receive a plaque with space to add additional tiles for each year $500 or more is donated.

LHD Ia has a 25 year contract with Verizon, to have one of their cell towers on our property. With the monthly leasing fee we charge being used to help fund the center.

In 2024 SW IA LHD contracted with the VA to provide services to the VIP (Veterans Independence Program). This program is designed to keep disabled Veterans as independently as possible at home, with a paid caretaker. This program has already taken off and in the first year IA had 18 Veteran referrals.

SECTION 2 - COMPLIANCE INDICATOR 1: PHILOSOPHY

Item 2.1 - 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	9

Percentage of Board Members with Significant Disabilities	100.00%

Item 2.2 - 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	1.5	1.5	0.0
Other Staff	0.9	0.9	0.0
Total Number of Employees	2.4	2.4	0.0

Item 2.2.1 - Staff With Disabilities

Percentage of Staff Members with Significant Disabilities	100.00%

SECTION 3 - INDIVIDUALS RECEIVING SERVICES

Section 704(m)(4)(D) of the Act; Section 725(b)(2) of the Act; Section 725(c)(8)(B) of the Act

Item 3.1 - 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 the previous reporting period	47
(2) Enter the number of CSRs started since the first day of the reporting period	109
(3) Add lines (1) and (2) to get the ***total number of consumers served***	156

Item 3.2 - IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	1
(2) Number of consumers with whom an ILP was developed	155
(3) ***Total number of consumers*** served during the reporting year	156

Item 3.3 - Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

	# of CSRs
(1) Moved	0
(2) Withdrawn	6
(3) Died	0
(4) Completed all goals set	108
(5) Other	8
(6) Add lines (1)+(2)+(3)+(4)+(5) to get ***total CSRs closed***	122

Item 3.4 - Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	0
(2) Ages 5 – 19	0
(3) Ages 20 – 24	3
(4) Ages 25 – 59	50
(5) Age 60 and Older	103
(6) Age unavailable	0
(7) **Total number of consumers by age**	**156**

Item 3.5 - Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	85
(2) Number of Males served	71
(3) **Total number of consumers by sex**	**156**

Item 3.6 - Race And Ethnicity

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

	# of Consumers
(1) American Indian or Alaska Native	1
(2) Asian	0
(3) Black or African American	7
(4) Native Hawaiian or Other Pacific Islander	1
(5) White	139
(6) Hispanic/Latino of any race or Hispanic/ Latino only	5
(7) Two or more races	3
(8) Race and ethnicity unknown	0
(9) Total number of consumers served by race/ethnicity	**156**

Item 3.7 - Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	2
(2) Mental/Emotional	15
(3) Physical	114
(4) Hearing	0
(5) Vision	1
(6) Multiple Disabilities	24
(7) Other	0
(8) **Total number of consumers served by disability**	**156**

Item 3.8 - Individuals Served by County During the Reporting Year

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
Fremont, IA	2
Harrison, IA	2
Mills, IA	4
Montgomery, IA	1
Page, IA	4
Pottawattamie, IA	141
Shelby, IA	2
Total number of consumers served by county	**156**

SECTION 4 - INDIVIDUAL SERVICES AND ACHIEVEMENTS

Item 4.1 - Individual Services

For the reporting period, 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	123	123
(B) Assistive Technology	86	86
(C) Children's Services	1	1
(D) Communication Services	0	0
(E) Counseling and Related Services	0	0
(F) Family Services	0	0
(G) Housing, Home Modifications, and Shelter Services	24	24
(H) IL Skills Training and Life Skills Training	122	122
(I) Information and Referral Services	618	618
(J) Mental Restoration Services	0	0
(K) Mobility Training	19	19
(L) Peer Counseling Services	133	133
(M) Personal Assistance Services	7	7
(N) Physical Restoration Services	0	0

Services	Consumers Requesting Services	Consumers Receiving Services
(O) Preventive Services	0	0
(P) Prostheses, Orthotics, and Other Appliances	0	0
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	0	0
(S) Therapeutic Treatment	0	0
(T) Transportation Services	3	3
(U) Youth/Transition Services	1	1
(V) Vocational Services	3	3
(W) Other Services	111	111

Item 4.2 - 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.

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.

ILA's attends resource meetings in person or online in 6 SW Iowa Counties to stay informed on all services and changes in services. ILA's & Director continue to look for new grants and training to assist individuals with services. CIL publications, brochures, newsletters, and forms are all available in alternate formats including languages other than English and Braille. The League maintains an accessible website. Consumers are encouraged to request needed alternate formats, and when alternate formats are requested, we provide them. We also provide an interpreter if that is needed or requested. Interpreter lists were updated and verified during this grant year. During this PPR year, we had a total of 1002 units of outreach. We sent mailings, hand delivered brochures, had phone calls with churches, community groups, municipalities, medical offices, and current and past consumers. We also were able to provide 156 pieces of assistive technology items for consumers in need. These items included shower chairs, bed rails, wheel chairs, commodes, walkers, tub transfer benches, toilet seat raisers, toilet seat safety frames and canes.

Item 4.3 - Peer Relationships and Peer Role Models

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.

The League of Human Dignity SWIL has developed and promoted it's Peer Mentoring program through informing the public through all outreach activities, by contacts with multiple community agencies serving people with disabilities, through current consumers, and through other personal contacts. If consumers and other people with with disabilities are identified who are self-advocates, confident and are comfortable in their life situations, staff will ask them about participating in the peer mentoring program. If they agree, training is provided and they can be matched with a consumer who is interested in working with a peer.

Because the League of Human Dignity employs a majority of people with disabilities, staff and consumers can also develop informal Peer Mentoring relationships. This can be anything from just talking through a mental health crisis, talking about ways to get the additional support and brainstorming ideas together about easy independent living tasks.

Item 4.4 - 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	5	4	0
(B) Communication	0	0	0
(C) Mobility/Transportation	92	83	8
(D) Community-Based Living	23	3	7
(E) Educational	0	0	0
(F) Vocational	3	2	1
(G) Self-care	15	7	7
(H) Information Access/Technology	0	0	0
(I) Personal Resource Management	16	9	5
(J) Relocation from a Nursing Home or Institution to Community-Based Living	1	1	0
(K) Community/Social Participation	0	0	0
(L) Other	3	0	2

Item 4.5 - Improved Access To Transportation, Health Care Services, and Assistive Technology

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	1	1	0
(B) Health Care Services	73	73	0
(C) Assistive Technology	138	137	1

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.

Item 4.6 - Self-Help and Self-Advocacy

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

Consumers who contact our offices are informed that self-advocacy and self-help are one of our core services, by reviewing the information that is printed in our agency brochure or informing them in conversation. Our advocacy efforts consist of teaching or assisting consumers in learning self-advocacy skills. We have developed modules that include training materials on self-advocacy.

Many of the calls received under the service of Information and Referral are making contact to call upon the League's knowledge and work as advocates. All League contacts have a component of the provision or encouragement of self advocacy.

Item 4.7 - Additional Information Concerning Individual Services or Achievements

Please provide any additional description or explanation concerning individual services or achievements reported in Section 4, including outstanding success stories and/or major obstacles encountered.

1) LHD received a referral for a 24 yr old, white, male to find housing. The consumer experienced Asperger's, ADHD, & Learning Disability. He was living with his parents which was a contentious situation. He already had a Section 8 voucher & only had 6 days left before it would expire. ILA assisted by advising to complete the contact lists on the housing forms & contacting Lincoln Housing Authority (LHA) to discuss & complete the contact list to extend his voucher. The consumers rental & criminal history were going to pose a barrier, ILA suggested applying to private landlords. ILA provided consumer with several lists of voucher-friendly landlords. ILA & consumer made a few phone calls together & his parents helped him follow up with others. 8 days after consumers first meeting with ILA, he reported that he found a duplex that the landlord is willing to rent to him. ILA advised what paperwork would still need to be completed for LHA. Consumer moved in in Mid-January.

2) S.W. IA Office - L.P. A white male 29 year of age with type Arthritis, contacted the League of Human Dignity in early May of 2025. He was denied for SSI and wanted to know why and make an appeal. ILA assisted LP. with going through the steps of an appeal. They requested a copy of the denial, they called SSI together where the ILA with L.P.'s permission spoke with SSI and found out the reason why L.P. was denied. The ILA assisted L.P. in figuring out which documents L.P. would need in order to make the appeal and be approved. While waiting on the approval L.P. was at risk of having his lights shut off. ILA was also able to assist L.P. in finding a one time payment for his electric bill. L.P. was approved for SSI 3 months later.

3) SW IA LHD - 74 year old White Male with mobility issues came into the office to ask for help. ILA met with Consumer and worked together to figure out what all he needed. He needed help finding a place to come help with some barrier issues in the home. ILA and Consumer called a few different places together and were able to get in touch with a company that was donating time and materials for certain barrier issues. After filing out an application with them consumer was able to be approved and get his home fixed to suit his mobility issues better.

4) SW IA LHD - 22 year old white female with TBI was referred to LHD for housing. ILA met with consumer and together they came up with a list of apartments for the consumer to call with the help of the ILA. ILA and consumer were able to set up tours and eventually filled out an application. Application was accepted. ILA and consumer were able to work together to find a cheap moving company to come move the consumer.

SECTION 5 - PROVISION OF SERVICES

Item 5.1 - Compliance Indicator 2: Provision of Services on a Cross-Disability Basis

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.

The LHD mandates through policies that people with disabilities are served without regard to race, creed, national origin, religion, gender, disability, age or the ability to pay. Services are provided to eligible individuals with disabilities, and to all organizations that serve people with disabilities including those organizations that serve people who experience cognitive difficulties, psychiatric issues and chemical sensitivity.

Item 5.2 - Alternative Formats

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.

CIL publications, brochures, newsletters, and forms are all available in alternate formats including languages other than English and Braille. The League maintains an accessible website. Consumers are encouraged to request needed alternate formats, and when alternate formats are requested, we provide them. We also provide an interpreter if that is needed or requested. Interpreter lists were updated and verified during this grant year.

Item 5.3 - Equal Access

(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.

League of Human Dignity staff have promoted equal access by:

*Making sure all buildings and parking areas are accessible;

*Providing LHD publications, brochures, and forms are available in alternative formats, including Braille and languages other than English;

*Consumers may request special accommodations, and staff work diligently to accommodate the consumer based on her/his unique needs as prescribed by her/his disability;

*Consumers receive information verbally, in written, and/or in other formats as requested;

*The website is accessible;

*Staff travels to consumers' homes to provide services in both urban and rural areas:

*Interpreters are utilized whenever needed for communication with consumers who need ASL or a language other than English.

(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.

During the 2024/2025 reporting year staff advocated on behalf of individuals with significant disabilities in the area of education, health care, acquisition of benefits/services, vocational services, housing, transportation, and by empowering consumers to be strong self and systems advocates, and by serving as advocates upon request of and behalf of consumers. CIL staffs have also promoted equal access by:

* Attend Meetings and provided input to the IA State Wide Independent Living Council.

*Participation in the SWING Meetings

*Participation on the Human Services Advisory Council

*Active involvement in the development of the State Independent Living Plan

*Participation on the Human Services Advisory Council's transportation committee

*Participation on the Human Service Advisory Council Housing Committee

*Participation in the Shelby County Human Service group

*Participation in the Montgomery County Human Service group

*Participation in the Fremont County Human Service group

*Participation in the Page County Human Service group

*Participation on the Human Service Advisory Aging Committee

*Participation in Mills County Inter- agency Collation

*Participation in Cass County Healthy Family Collation

Item 5.4 - 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.

At the time of intake, the League of Human Dignity mission, philosophy, and services are reviewed with each each consumer in accordance with agency policies. Consumers know about their rights while receiving services, and are informed about how the League strives to protect consumers' privacy, by holding information about consumers and services provided in confidence.

Staff assists consumers to understand that they are in control of developing independent living goals, and the methods to achieve those goals. They know that they may choose to develop an ILP or waiver developing an ILP, and consumers are actively encouraged to take control of their own lives.

Consumers learn that their feedback regarding the quality - of - service provision is important and that consumer satisfaction is paramount. Accordingly, each consumer is provided with a stamped, self-addressed Center for Independent Living comment card. Feedback regarding satisfaction may be given at any time while receiving services and at the end of service provision.

Comments were summarized, and presented to the CEO, board of directors, supervisors and the Independent Living Advisors. Comments are used to improve the quality of working relationships between consumers and Advisors, and to strengthen the quality of services offered in general at the League of Human Dignity.

Consumers are encouraged to contact Supervisors, Directors, the CEO, the Board of Directors, or the Client Assistance program if they are not satisfied with the services they are receiving.

The comments are directly mailed to the C.E.O. Comment/feedback cards are reviewed as they come in. Feedback is given to the director from the CEO when there is a concern reported. and the Director can look into addressing any issues or concerns.

Item 5.5 - 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 League has developed internal Independent Living service standards that are inclusive of federal record keeping requirements. The League has also developed an internal quality assurance program.

League CSRs are organized with:

Consumer Bill of Rights

Independent Living services need identified

Demographics

Assessment: The Consumer is assisted in identifying and defining her/his needs in accordance with IL policies and procedures and with what the Consumer desires.

Eligibility & Plan Waiver: The eligibility & plan waiver is completed & placed in the CSR. All active consumers receive IL services in accordance with LHD policies and procedures.

Independent Living Plan: An ILP is developed with the Consumer and documented and placed into the CSR.

The remaining tabs in the CSR are: Contact, Releases of Information and Other/Correspondence.

The CSR is reviewed by the perspective Supervisor of the Independent Living Advisor. Reviews are completed throughout the year. A copy of the CSR form is enclosed in the consumer file as well as discussed with the ILA to make appropriate changes/corrections. The ILA will discuss changes with supervisor to acknowledge that changes/corrections have been made. By doing CSR reviews, it allows for growth, correctly completion of files, and to discuss ways to enhance the individual consumer services. Reports are run to ensure that any errors are corrected

23 CSR Reviews were done with an average score of 94%

Item 5.6 - Community Activities

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)

Housing	Information and Referral	8	In Iowa To promote equal access to all service, programs, activities and resources.	Made Low Income Housing Lists to pass out to potential consumers, at Libraries and Health fairs.
Other	Maintaining Registries/Libraries/Databases	376	In Iowa Increase awareness and referral for IL services in Part B counties.	See section 5.7
Other	Community Education/ Public Information	48	In Iowa increase awareness and referrals for IL services.	See Section 5.7
Other	Collaboration/ Networking	12	In Iowa To promote equal access to all service, programs, activities and resources.	Attended 6 SOAR For Children Zoom Meetings.
Other	Outreach	15	To establish and maintain locations in communities which the IL staff leave brochures.	Left LHD brochures at multiple public community centers - Charles E. Lankin Community Center, Full Circle Recovery Community Center, Council Bluffs Boys and Girls Club, West Central Community Action Center, Carter Lake Welcome Center
Outreach	Outreach	10	In Iowa Outreach to private businesses to fundraising/sponsorships	250 Outreach Letters were mailed for fundraising.
Aswareness	Collaboration/ Networking	23	In Iowa Increase awareness and referral for IL services in Part B counties.	SW IA staff met with 5 interagency groups, joined SWING

				meetings and Rotary Clubs in rural areas. Multiple booths were set up at different county health fairs.
Community Service issues	Collaboration/Networking	8	In Iowa worked with agencies to identify local resources for underserved individuals and groups	LHD SW IA staff worked with local shelters, County Agency meetings, HSAC meeting and met with Medicaid providers

Item 5.7 - 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.

2) Registries/Libraries/Databases were maintained and Fliers and brochures we distributed to: Woodbine Public Library, Harlan Public Library, Tabor public Library, Glenwood Public Library, Red Oak Public Library, Council Bluffs Public Library, Griswold Public Library, Carter Lake Public Library, Anita Public Library, Cumberland Public Library, Lewis Public Library, Atlantic Public Library, Sidney Public Library, Hamburg Public Library, Shenandoah Public Library, Malvern Public Library, Logan Public Library, Missouri Public Library, Mondamin Public Library, Avoca Public Library, Elk Horn Public Library, Villisca Public Library, Lied Public Library, Lied Recreation Center.

3) Participated in Multiple county health fairs - Hamburg Public Health Fair, Iowa Public schools Youth Transition Health Fair, Red Oak Community Health Fair, Hamburg Fire Station Health Fair, Tabor/Mills County Public Health Fair, Glenwood Resource Center Health Fair, C.G. Therkildsen Activity Center Health Fair, Shenandoah Armory Community Center Health Fair, The Crew Center Public Health Fair in Woodbine IA, Tabor IA Community Room Health Fair, Azria Health Center Health Fair

LHD continues to educate citizens in SWIA of LHD services and the independent living philosophy, and providing information to area agencies and businesses, churches, community centers, senior centers, and schools.

The CIL Director and Independent Living Advisor continue to look for consumers interested in systems advocacy. Consumers are given practical tools to help them advocate for themselves and others. Consumers are provided information regarding advocacy related to disability. The CIL director and ILA also attends the Legislative meetings sponsored by the Chamber of Commerce during the legislative session. LHD staff wrote letters to legislators to provide public comments on proposed legislation. Relationships are developed with the State, Federal and Local office holders who are kept informed of the needs identified by our consumers. Advocating for consumers that had issues with the transition of Iowa Medicaid to a managed care system was front and center this year.

Transportation, or lack of it, continues to be an important issue for Consumers in SWIA. LHD staff regularly attends meetings with the Human Service Advisory Council Transportation Committee, South West

Iowa Transit Authority, and Council Bluffs Special Transit Services in order to provide feedback on services and advocate for changes that benefit people with disabilities. The center director continues to participate as a member of the Iowa Department of Transportation Coordination Council to assure transportation for people who experience disability receives state wide recognition.

LHD has been and will continue to work with the Iowa Statewide Independent Living Council (SILC), Iowa Statewide Association of Independent Living (ISAIL), Iowa Vocational Rehabilitation Services (IVRS), Iowa Department of the Blind and other community disability organizations to build a unified community of people with disabilities and advocates to bring change to Iowa. We are actively involved in identifying the barriers for Iowans with disabilities to live their life in the way they choose and where they choose

LHD continued to provide equipment rental, and loan program to people with disabilities in SWIA. The program was promoted during outreach contacts, at networking meetings, and advertisements were placed in our newsletter to solicit donations for the program as well as to educate consumers about the availability of equipment.

SECTION 6 - ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

6.1 - Work Plan for the Reporting Period

Item 6.1.1 - Achievements

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

Goal #1: The League of Human Dignity will continue to provide services to people with disabilities living in the eight counties that comprise the Center's service delivery area. (Pottawatomie, Shelby, Harrison, Page, Montgomery, Mills, Cass, and Fremont.)

Consumers will be assisted with getting the training, referrals and assistance that they need.

Outcomes:

1. League staff will collaborate with Five (5) consumers to improve and/or learn the skills to be self- and/or systems change advocates.

Indicators:

*The League of Human Dignity will continue to work on housing issues.

*The League will provide Information and Referral to 400 individuals.

*5 individuals will receive Personal Assistance referral services and/or Personal Assistance Management Training.

*5 people will receive Social and Recreational Information, and referrals.

Activities:

*Staff will teach or assist consumers with learning self-advocacy skills

*Staff will assist consumers are needed with housing needs

*Staff will engage with community members about the housing needs in the counties served

*CIL Staff will provide information and referral services callers when they call

*Staff will assist consumers with personal goals

2. Consumers will improve and/or learn the skills to be self-and/or systems change advocates.

Indicators:

*The League of Human Dignity will continue to work on systems change projects which aim to change disability support services in ways both large and small, so that users of these services have real, empowering choices to make about the types of services they receive.

Activities:

In Iowa provide system change advocacy in statewide, regional and global movements

3. Consumers will be assisted with getting their transportation needs met.

Indicators:

*The League of Human Dignity has continued to advocate with transportation providers to make transportation costs affordable for people with disabilities.

Activities:

"*Staff will participate in Community groups that assist with the transportation needs of consumers.

*Staff will assist consumers with finding transportation as needed

Progress - LHD SW IA participated in 6 Southwest IA Transit Agency collaboration meetings.

4. Consumers will be assisted with getting medical equipment needed to allow maximum independence in their homes

Indicators:

*One Hundred and fifty pieces (150) of equipment will be sent out of the agency through equipment loan and rental services.

Activities:

*LHD will promote the use of the Equipment Loan and Rental Program

Progress Made - LHD SW IA Had a Total of 156 pieces of equipment sent out through the Equipment Loan and Rental Program

5. Consumers will be assisted with communicating wants/needs

Indicators:

*5 Individuals will access Interpreter services.

Activities:

Use interpretation services when needed.

Progress - There was only 1 interprator need during the 2024-2025 Fiscal Year

6. Youth consumers will transition to post-secondary life choices.

Indicators:

*2 people will participate in Independent Living Skills Training.

*Pre-employment skills training will be conducted.

*Living Well with a Disability Training will be conducted.

Activities:

*In Iowa provide services LHD has to offer to assist youths who experience a disability

Progress Made - LHD SW IA had 2 Youths that utilized the Independent Living Skills training offered at LHD SW IA

7. Increase knowledge of CIL services and disability awareness.

Indicators:

*The League of Human Dignity will issue newsletters 6 times next year, engage in Public Awareness activities and in providing information to educate people about Independent Living Philosophy and the League mission and services.

Activities:

*Continue to offer all LHD publications, brochures, and forms in alternate formats, including other languages and Braille.

*Use interpretation services when needed.

*All LHD buildings will continue to be accessible.

Progress Made - LHD completed 6 Newsletters that were sent Via email, uploaded to LHD website, if requested sent out on Audio CD and Braille

*LHD attended 12 Public awareness activities to provide information about CIL services

* LHD made a post monthly, sometimes multiple posts

*LHD had 12 PSA's on 6 different topics were made on multiple radio stations

*10 Presentations were completed in the community.

8. LHD will participate in collaborative networking opportunities that would benefit people with disabilities.

Indicators:

*The League of Human Dignity will engage 10 or more outreach activities.

Activities:

*League of Human Dignity will increase awareness and referrals for IL services in Part B Counties

*Increase awareness for IL services

*Outreach to private business for fundraising/sponsorships

*Provide services LHD has to offer to assist youth who experience a disability

Progress made/Activities participated in -
*Homeless Coalition
*Freemont county Inter Agency
*IASILC
*Olmstead Housing Committee
*Cass County Inter-agency
* SOAR for Children
*Shelby County Resource Group
*Kanesville Honor Guard
*SWING IA
*5 - 0 Collation
*IA School for the Deaf
*Homestead for the Heartland
*Healthy Homes healthy Lives

Goal #2: The League of Human Dignity will conduct resource development activities.
Outcome
LHD will engage in generating additional funds for use in providing CIL services and activities.
Indicators:
*Staff will generate through resource development activities.
Activities:
*In Iowa outreach to private business for fundraising/sponsorships.
Progress Made - LHD SW IA raised $1132

Goal #3: Goal 3: The League of Human Dignity will provide training to staff and the Board of Directors.
Outcome
LHD staff and board members will have opportunities development opportunities.
Indicators:
*Staff will be given opportunities to receive training that is determined to be pertinent to job function and/or will help staff meet their identified plan for professional growth.
Activities:
*Iowa Staff will receive ongoing training to ensure staff is current on issues & items regarding independent living and other disability issues.
Progress Made - 9 board members and 3 staff received traning

Goal #4: Ensure quality service delivery.
Outcome
All consumer files will be up-kept to state/federal and LHD standards.
Indicators:
*Staff will participate in the League of Human Dignity's Quality Assurance program.
Activities:
All Consumer Service Records are reviewed by the supervisor following intake. The staff responsible for the Consumer Service Record develops a Corrective Action Plan if necessary and makes corrections when needed. The CSR is reviewed again at the termination of services and filed with inactive cases in a locked filing cabinet for 3 years.
Progress Made - 23 CSR reviews were done with an average score of 94%

Item 6.1.2 - Challenges

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

One of the largest challenges LHD SW IA faces is lack of diversity consumers. LHD SW IA has a consumer base made up of 89.10% white consumers, 0.64% American Indian or Alaska Native, 4.49% Black or African American, 3.21% Hispanic or Latino, 0.64% Native Hawaiian or Pacific Islander, and 1.92% two or more races. This next service year SW IA LHD is going to focus on supporting and outreach to these underpopulated nationalities.

Another challenge LHD SW IA faces is lack of commitment from school aged children's parents in the surrounding area. SW LHD had several meetings with Council bluffs public schools alternative curricular programing committee and parents offering and giving presentations on Youth transition services offered through LHD SW IA. With Many parents taking information to sign up but never following through. LHD SW IA will take a different approach this upcoming year to get youths signed up for services.

Item 6.1.3 - Comparison with Prior Reporting Period

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

Our organization has continued a strong usage of our equipment rental and loan program. This resulted from a combination of our ability to purchase additional equipment, expanding efforts to obtain donations of used equipment and our collaboration with community agencies that often have first contact with people who need the equipment resulting in them referring the consumers to us for service. We have placed a heavier focus on promoting awareness about our organization and our services in these specific areas: housing, transportation, peer to peer relationships, independent living skills training, outreach and youth and nursing home transition. Our efforts to collaborate with potential fee for service partners in the community has resulted in us working toward becoming an employment network.

6.2 - Work Plan for the Period Following the Reporting Period

Item 6.2.1 - Annual Work Plan

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

Goal #1: The League of Human Dignity will continue to provide services to people with disabilities living in the eight counties that comprise the Center's service delivery area. (Pottawatomie, Shelby, Harrison, Page, Montgomery, Mills, Cass, and Fremont.)

Consumers will be assisted with getting the training, referrals and assistance that they need.

Outcomes:

1. League staff will collaborate with Five (4) consumers to improve and/or learn the skills to be self- and/or systems change advocates.

Indicators:

*The League of Human Dignity will continue to work on housing issues with 15 individuals.

*The League will provide Information and Referral to 400 individuals.

*3 individuals will receive Personal Assistance referral services and/or Personal Assistance Management Training.

*2 people will receive Social and Recreational Information, and referrals.

Activities:

*Staff will teach or assist 2 consumers with learning self-advocacy skills

*Staff will assist 10 consumers are needed with housing needs

2. Consumers will improve and/or learn the skills to be self-and/or systems change advocates.

Indicators:

*The League of Human Dignity will continue to work on systems change projects which aim to change disability support services in ways both large and small, so that users of these services have real, empowering choices to make about the types of services they receive.

Activities:

In Iowa provide system change advocacy in statewide, regional and global movements

3. Consumers will be assisted with getting their transportation needs met.

Indicators:

*The League of Human Dignity has continued to advocate with transportation providers to make transportation costs affordable for people with disabilities.

Activities:

"*Staff will participate in 2 Community groups that assist with the transportation needs of consumers.

*Staff will assist 2 consumers with finding transportation as needed

5. Consumers will be assisted with getting medical equipment needed to allow maximum independence in their homes

Indicators:

*Two Hundred pieces (200) of equipment will be sent out of the agency through equipment loan and rental services.

Activities:

*LHD will promote the use of the Equipment Loan and Rental Program

6. Consumers will be assisted with communicating wants/needs

Indicators:

*3 Individuals will access Interpreter services.

Activities:

Use interpretation services when needed.

6. Youth consumers will transition to post-secondary life choices.

Indicators:

*5 people will participate in Independent Living Skills Training.

*Pre-employment skills training will be conducted.

*Living Well with a Disability Training will be conducted.

Activities:

*In Iowa provide services LHD has to offer to assist youths who experience a disability

7. Increase knowledge of CIL services and disability awareness.

Indicators:

*The League of Human Dignity will issue newsletters 6 times next year, engage in Public Awareness activities and in providing information to educate people about Independent Living Philosophy and the League mission and services.

Activities:

*Continue to offer all LHD publications, brochures, and forms in alternate formats, including other languages and Braille.

*Use interpretation services when needed.

*All LHD buildings will continue to be accessible.

8. LHD will participate in collaborative networking opportunities that would benefit people with disabilities.

Indicators:

*The League of Human Dignity will engage in 40 outreach activities.

Activities:

*League of Human Dignity will increase awareness and referrals for IL services in Part B Counties

*Increase awareness for IL services

*Outreach to private business for fundraising/sponsorships

*Provide services LHD has to offer to assist youth who experience a disability

Goal #2: The League of Human Dignity will conduct resource development activities.

Outcome

LHD will engage in generating additional funds for use in providing CIL services and activities.

Indicators:

*Staff will generate through resource development activities.

Activities:

*In Iowa outreach to private business for fundraising/sponsorships. $1,000

Goal #3: Goal 3: The League of Human Dignity will provide training to staff and the Board of Directors.

Outcome

LHD staff and board members will have opportunities development opportunities.

Indicators:

*Staff will be given opportunities to receive training that is determined to be pertinent to job function and/or will help staff meet their identified plan for professional growth.

Activities:

*Iowa Staff will receive ongoing training to ensure staff is current on issues & items regarding independent living and other disability issues.

Goal #4: Ensure quality service delivery.

Outcome

All consumer files will be up-kept to state/federal and LHD standards.

Indicators:

*Staff will participate in the League of Human Dignity's Quality Assurance program.

Activities: 30 CSR files will be reviewed

All Consumer Service Records are reviewed by the supervisor following intake. The staff responsible for the Consumer Service Record develops a Corrective Action Plan if necessary and makes corrections when needed. The CSR is reviewed again at the termination of services and filed with inactive cases in a locked filing cabinet for 3 years.

9) LHD SW IA will continue to accept referrals and provide services through the Veteran's Independence Program (VDC).

Indicators:

*Staff will provide services to 21 Veterans this upcoming program year.

Item 6.2.2 - SPIL Consistency

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

The LHD CEO participates and provides input regarding services and needs to the SILC as well as being actively involved in the development of the SPIL. LHD goals are consistent with the State Plan for Independent Living. The SPIL and the SWIA CIL activities both maintain the same IL philosophy. Specifically, the SPIL states they will: "support the philosophy that IL services are provided in a consumer controlled and directed environment for all disability groups. The term IL service is intended to include, but not be limited to, peer counseling, advocacy, IL skills training, information and referral, youth and nursing facility transition and other services as necessary to promote increased independence among Iowa's disability community." This statement alone shows consistency between the five(5) core services of the SWIA-CIL and how we provide services to consumers. The League signed the new SPIL developed by the SILC this year.

SECTION 7 - ADDITIONAL INFORMATION

Item 7.1 - 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.

Aggressive outreach was done in counties for underserved populations. The LHD attends relevant/networking events/community organizations which often cover more than one county and are a good source to do presentations regarding services the LHD offers. The LHD collaborated with multiple organizations throughout the year in the 8 counties that the IA LHD serves. A few of those include Iowa Vocational Rehabilitation Services (IVRS), Iowa department of the blind, Rural hospitals such as Cass Health General Hospital, Shenandoah Medical Center, as well as Atlantic, Griswald, Avoca, and Shenandoah Rural Libraries. All of the counties with the exception of Pottawattamie county are all farmed rural areas where the population is significantly smaller.

LHD is making ourselves more present in Skilled nursing facilities. While meeting already with skilled nursing facilities, we plan to work closer with the Director of Nursing and the facility Social worker to ensure they are aware of all the services LHD has to offer. People discharging after months and sometimes years from a facility, have many tasks to complete. LHD is able to help assist with these tasks at hand which

may include but are not limited to finding housing, getting water, power and gas connected/re-connected, helping find affordable furniture and so on.

SECTION 8 - TRAINING AND TECHNICAL ASSISTANCE

Item 8.1 - Training And Technical Assistance Needs

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	9
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	8
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	1
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	7
Consumer Satisfaction Surveys	
Focus Groups	2
Outcome Measures	
Financial: Grant Management	
General Overview	
Federal Regulations	

Budgeting	
Fund Accounting	
Financial: Resource Development	
General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	6
Grant Writing	5
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	4
Community Awareness	3
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	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	
Urban	10
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)	

Item 8.2 - Additional Information

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

Public Health Workforce (PHWF) - Data Reporting Requirements

Grant Number	
Date Range	10/01/2024 - 09/30/2025
State	IA

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

Total Number of Full-Time Equivalents (FTEs)	0

Item 2 - Type of Public Health Professional(s) Hired

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

Item 3 - The Activities They Are Engaged In To Advance Public Health

SECTION 9 - SIGNATURES

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

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NAME AND TITLE OF CENTER DIRECTOR | PHONE NUMBER

SIGNATURE OF CENTER DIRECTOR | DATE

NAME AND TITLE OF CENTER BOARD CHAIRPERSON | PHONE NUMBER

SIGNATURE OF CENTER BOARD CHAIRPERSON