CIL Questionnaire Results

Review this information to understand the results

Background

Centers for Independent Living are nonprofits that are composed of people with disabilities who work side by side in supporting individuals with disabilities. CILs are not traditional social service agencies, nor are they traditional disability focused organizations. Based on the independent living philosophy, they embody the tenants of the independent movement. They employ a peer-to-people, cross-disability/cross-age group approach that is highly unique. The services CILs provide include peer support, information and referral and training. At their core is the focus on self-determination, equal access, choice, community integration, inclusion, empowerment, and advocacy and system change.

CIL Funding

“Part B” and “Part C” funding is provided through the Administration for Community Living (Part of HHS) to support the CILs. Part C” funding is earmarked by the federal government to pay for “core services; “Part B” supports implementing the state plan and supporting administrative expenses. Some CILs in Texas receive either or both Part B or C funding. This is noteworthy because CILs that do not receive Part B funding are not specifically supported to implement the state plan. Some CILs receive funding through HHSC for purchased services to make it possible for CILs to purchase items such as hearing aids and wheelchairs for consumers. Often, these funds exceed the support they receive through Part B. HHSC also provides its Part B match by specific CILs. Most CILs also have other funding sources, which support a variety of programs.

CIL Participants

Eleven CILs participated in the SPIL questionnaire. Five of the participants were from either South or Southeast Texas. One of the participating CILs combined the data across multiple CIL sites. While we compared the achievements of the participating CILs to the state goal, it is important to recognize that these results represent a sample of CILs. Thus, when the CILs that participated did not reach stated goals, this does not indicate that the goal was not reached.

Questionnaires reviewed

Three different types of questionnaires were reviewed for this report. One was the survey on SPIL activities. The second was on CIL impressions on working on the activities. The third was a consumer satisfaction survey.

Understanding the scoring on SPIL activities

There was tremendous variability in the SPIL among the deliverables required for each objective, with some requiring many deliverables and others requiring one.

For each objective, we calculated an average, a total, and the highest score. We combined averages of the goal and the total across the goal. In examining the scores, you may notice that some of the CILs had extremely high scores. This would heavily influence the total and average. Overall, the average score may be the most important.

The results offer a snapshot of what an average CIL did in addressing specific SPIL goals. Additional results are also offered on the impressions CILs had on their experience working on a given goal. Some goals may be more difficult to achieve than others. If so, we can consider possible reasons. Some of the goals may have been clearer than others. Some goals could be achieved by a CIL alone, while others require a statewide approach. Additionally, all CILs do not have the same level of staffing or resources. Resource development is more difficult in some areas than others, especially rural regions where often no private foundations exist. CILs encountered many obstacles including disasters and major building issues. Consequently, it is important to recognize that each CIL has unique strengths and challenges, as do their consumers. For instance, some regions have more financial and community resources than others.

Understanding the Questionnaire on Impressions

In addition to reviewing activities related to the goals, we conducted a questionnaire on the experiences of implementing the goals, with Likert scale indicating “very dissatisfied, dissatisfied, neutral satisfied, very satisfied”. If implementing a goal was especially difficult for a CIL, it is helpful information that can inform future SPILs.

Satisfaction Questionnaire

We also reviewed satisfaction questionnaire results that were provided to HHSC. The overwhelming responses to the surveys across the board indicated that consumers were very satisfied or satisfied.

How to Review Results

Consider the results in the context of reviewing and evaluating the SPIL. As network partners, the CILs provide feedback so the Network can amend the current SPIL or improve the future SPIL. We can consider changes that have occurred which may call for new goals, identify clearer measures, consider what partnerships, training or research needs to be done to strengthen the next SPIL. We can also explore factors that drive or inhibit success so that barriers can be removed in the future and factors that strengthen success can be amplified. These results are best viewed as an instrument for learning and improving.

Progress on Objectives

SPIL Activities Snapshot

Theme 1: Community engagement & leadership pathways • 91% of participating CILs engaged consumers in some way to become involved in their community. • Board/commission activities reported: 90% identified boards/commissions where disabilities are represented; 82% identified which boards/commissions to target; 91% encouraged Texans with disabilities to apply.	**Theme 2: Personal care attendant (PCA) workforce support** • PCA awareness activities (combined): total 223; average 11.65. • SPIL targets emphasize advocacy (75), awareness (25), and toolkit distribution (150).
Theme 3: Access to transportation through advocacy • Transportation advocacy activities (combined): total 78; average 3.86.	**Theme 4: Emergency preparedness & resilience** • Emergency planning activities (combined): total 287; average 6.74. • Largest activity area: awareness in the disability community (143), followed by local advocacy (98) and state advocacy (37). • Statewide emergency plan development activities were lower (total 9).
Theme 5: Affordable, accessible housing partnerships • Housing activities (combined): total 148; average 4.48. • Totals: accessible housing advocacy (37), universal design/communication access awareness (37), coalitions/partnerships (57). • Housing targets: advocacy (50), universal design activities (15), coalitions/partnerships (5).	**Theme 6: Youth transition outreach** • Youth transition outreach (combined): total 179; average 11.72. • Youth transition targets: school-system outreach (25) and underserved youth outreach (50).

Theme 7: Funding, sustainability, and infrastructure • Funding & sustainability (combined): total 145; average 6.58. • Totals: new funding sources secured (29) and community awareness activities (116). • Funding advocacy & outreach (combined): total 632; average 15.35 (driven by mobile/virtual service options total 555).	**Theme 8: Diversion and preventing institutionalization** • Diversion services activities (combined): total 175; average 7.94. • Totals: outreach to typically underserved groups (152) and education on Medicaid LTSS/waiver waiting lists (23). • 82% of respondents reported using a risk assessment tool to identify consumers at risk of institutionalization (SPIL target: 50%).

SPIL OBJECTIVE: Engaging Consumers with the community.

91% of participating CILs engaged consumers in some way to become involved in their community, such as board or commissions they could engage with, or become a member of, with:

Measure	Percent of CILs
Engaged consumers to become involved in their community (overall)	91%
Participated in identifying boards/commissions where disabilities are represented	90%
Participated in identifying which boards/commissions should be targeted for outreach	82%
Encouraged Texans with disabilities to apply for boards and commissions	91%

(Note: The SPIL did not identify specific targets for this objective.)

Text alternative for chart: Clustered column chart with four bars showing community involvement activities reported by Centers for Independent Living (percent of CILs). Bars (in order) are: engaged consumers to become involved in their community (overall) 91%; participated in identifying boards/commissions where disabilities are represented 90%; participated in identifying which boards/commissions should be targeted for outreach 82%; encouraged Texans with disabilities to apply for boards and commissions 91%.

Discussion

The CILs worked hard to engage consumers in applying for boards, but this is a challenging goal because few commissions and boards are aware of the importance of integrating the voice of people with disabilities unless that entity is focused on disability issues. Additionally, most boards do not gather or report this information unless they are an organization specifically focused on disabilities. It is noteworthy that many people rise to become elected officials to influential positions by starting on boards and commissions.

Selected references for discussion on community engagement and representation:

1. Centers for Disease Control and Prevention (CDC). *Disability Barriers to Inclusion* (updated April 3, 2025).
2. National Council on Disability (NCD). *National Disability Policy: A Progress Report, 2025* (November 2025) (frames "full participation" and independent living as core disability policy outcomes).
3. U.S. Equal Employment Opportunity Commission (EEOC). *Report Analyzes Situation of Workers with Disabilities in the Federal Workforce* (press release, May 19, 2022) (documents underrepresentation of people with disabilities in leadership positions).
4. Disability:IN and American Association of People with Disabilities (AAPD). *Disability Equality Index (DEI) 2023* (benchmarks corporate disability inclusion and reports limited disclosure of disability representation at the board level; commonly cited findings include very low reported board representation).
5. Disability:IN. *"Boards Are IN" initiative* (2023)(summarizes barriers to increasing disability representation in corporate governance and highlights the role of disclosure/measurement).

SPIL OBJECTIVE: Individuals with disabilities have access to a strong network of quality Personal Care Attendants to assist them in gaining and retaining as much independence as they choose.

Personal Care Attendant Awareness

Activity Type	Total	Average per CIL	Highest
Advocacy activities on PCA issues	43	3.9	10
Awareness activities on consumer-directed services	171	15.5	55 and 52
Toolkits distributed for consumer support	192	17.5	145

Overall combined average: 11.65
Overall combined total: 223

SPIL goal targets

Target measure	Target
Advocacy activities around personal care attendants	75
Activities around consumer-directed services (awareness)	25
Toolkits distributed	150

Discussion:

Note that advocates have been working on increasing pay rates of personal care attendants for many years. Some minor increases have occurred, but the challenge of hiring and retaining PCAs remains a major challenge for Texans with disabilities. While studies link low wages to increased risk of institutionalization, Texas based data on the relationship between low wages and costly relocation to nursing facilities for individuals who can manage at home with a PCA may be helpful.

References: Personal Care Attendant (PCA) Wages in Texas

The following sources provide context on Texas personal care attendant (PCA) wages, including Medicaid rate-setting actions and Texas-specific wage estimates.

1. Texas Health and Human Services Commission (HHSC), Provider Finance Department (PFD). *Attendant Services Payment Rate Actions* (effective September 1, 2025).
2. Texas Health and Human Services Commission (HHSC). *Information Letter IL 2025-25* (Rider 23 implementation regarding attendant compensation; effective September 1, 2025).
3. U.S. Bureau of Labor Statistics (BLS). Occupational Employment and Wage Statistics (OEWS): *Home Health and Personal Care Aides (31-1120)*—Texas (state and metropolitan area wage estimates).
4. O*NET OnLine. Occupation wage data (BLS-derived): *Home Health and Personal Care Aides*—Texas (statewide and local area wage percentiles).
5. Texas Health Institute. *Increasing Community Attendant Wages in Texas* (policy brief/issue brief).
6. St. David's Foundation. *Crushing the Workforce* (report on the Texas attendant/community care workforce).

SPIL OBJECTIVE: Individuals with disabilities advocate for and utilize accessible public and private transportation.

83.3 % of respondents reported participating in at least one activity.

Transportation activities:

Transportation advocacy activities

Activity area	Total	Average per CIL	Highest

Advocacy activities with the Texas Legislature on transportation policy changes	12	1.09	5
Advocacy activities for expanded accessible transportation	73	6.63	73

Combined average across 2 areas: 3.86

Combined total: 78

Alt Text: Clustered column chart comparing the number of transportation advocacy activities reported by CILs across two areas. Advocacy activities with the Texas Legislature on policy changes: total 12 (average 1.09; highest 5). Advocacy activities for expanded accessible transportation: total 73 (average 6.63; highest 73). Combined total across both areas is 78; combined average is 3.86.

Discussion:

Transportation is an incredibly important challenge for people with disabilities. However, many CIL directors report frustration in working with transportation providers. Some CILs have developed their own transportation services entities those provided through communities sometimes are incredibly complex and require the individual to get to pick up spots, “on their own”. For those who can drive, vehicle purchases and maintenance are costly and can impact their asset limits for benefits. Inadequate transportation is a substantial barrier to employment and independent living.

SPIL Objective: Individuals with disabilities are prepared for emergencies and have equal access to inclusive emergency planning, response, and recovery supports in their communities.

Every participating CIL implemented at least 1 emergency planning activity.

Emergency planning activities

Activity area	Total	Average per CIL	Highest
Advocacy activities at the state level	37	3.36	25
Advocacy activities at the local level	98	8.9	50
Advocacy activities to increase awareness in the disability community	143	13	41
Activities to develop a statewide emergency plan	9	1.7	5

Combined average across 4 areas: 6.74

Combined total: 287

Alt Text: Clustered column chart comparing emergency planning activity totals reported by CILs across four areas: state-level advocacy (37), local-level advocacy (98), disability community awareness advocacy (143), and activities to develop a statewide emergency plan (9). The corresponding average per CIL values are 3.36, 8.9, 13, and 1.7, with highest reported values of 25, 50, 41, and 5. The combined total across the four areas is 287; combined average is 6.74.

SPIL Objective: Development of a statewide emergency plan with a memorandum of agreement to manage resources across the network in an emergency

HHSC has stated that the CILs cannot develop an enforceable MOA to share resources across the network because the contracts HHSC have with CILs do not allow them to survey outside of their specified region.

SPIL goal targets

Statewide-level advocacy (target): 5

Local-level advocacy (target): 20

SPIL OBJECTIVE: Individuals with disabilities have increased access to affordable, accessible housing and housing-related supports that enable independent living in the community.

90.91% or reporting CILs participated in this goal.

Combined average across 3 areas: 4.48
Combined total: 148
Housing activities

Activity area	Total	Average per CIL	Highest
Advocacy activities for accessible housing	37	3.36	12
Universal design / universal communication access awareness activities (housing providers, developers, associations, and local governments)	37	3.36	12
Housing coalitions/partnerships created to increase housing opportunities for individuals with disabilities	57	5.18	20 (2 CILs)

Combined average across 3 areas: 4.48
Combined total: 148
Alt Text: Clustered column chart comparing housing activity totals reported by CILs across three areas: advocacy activities for accessible housing (37), universal design/universal communication access awareness activities (37), and housing coalitions/partnerships created (57). The corresponding average per CIL values are 3.36, 3.36, and 5.18, with highest reported values of 12, 12, and 20 (reported by 2 CILs). Combined total across the three areas is 148; combined average is 4.48.

SPIL targets

Target measure	Target
Advocacy activities (accessible housing)	50
Universal design / universal communication access activities	15
Housing coalitions/partnerships created	5

SPIL OBJECTIVE: Youth with disabilities access and utilize transition services provided by Centers for Independent Living and other providers.

All reporting CILs participated in this activity.

Activity area	Total	Average per CIL	Highest
Outreach to school systems regarding CIL participation in ARD meetings	44	4	15
Outreach to education service centers	60	5.45	20 (2 CILs)
Outreach to youth in underserved counties, populations, or races	75	6.82	20

Combined average across 3 areas: 11.72
Combined total: 179

Alt Text: Clustered column chart comparing youth transition outreach activity totals reported by CILs across three areas: outreach to school systems regarding CIL participation in ARD meetings (44), outreach to education service centers (60), and outreach to youth in underserved counties, populations, or races (75). Average per CIL values are 4, 5.45, and 6.82, with highest reported values of 15, 20 (reported by 2 CILs), and 20. The combined total across the three areas is 179.

SPIL targets

Target measure	Target
Outreach activities to school systems regarding admission, referral, and dismissal (ARD)	25
Outreach activities to youth in underserved counties or populations	50

Discussion

Youth transition is a relatively new mandate for CILs and CILs did not receive any additional funding for this function. Yet CILs are making progress in this area. CILs may benefit from learning from each other and sharing ideas about how to make a CIL, which was mostly an adult space comfortable for youth. Parent outreach strategies may also be an area that CILs could explore together.

SPIL Objective: Expand funding & strengthen network sustainability

All reporting CILs participated in this goal.

Funding & sustainability activities

Activity area	Total	Average per CIL	Highest
New funding sources secured to help provide Independent Living Services in the community	29	2.63	7
Community awareness activities	116	10.54	44

Combined average: 6.58

Combined total: 145

Alt Text: Clustered column chart comparing two funding and sustainability measures reported by CILs: new funding sources secured (total 29; average 2.63; highest 7) and community awareness activities (total 116; average 10.54; highest 44). The combined total across both measures is 145; combined average is 6.58.

SPIL targets

Target measure	Target
New funding sources secured	5
Community awareness activities	30

SPIL Objective: Funding advocacy and outreach

ALL participating CILs showed some activity in this area.

Funding advocacy and outreach activities

Activity area	Total	Average per CIL	Highest
Advocacy activities targeted to the Texas Legislature or Texas Health and Human Services Commission (HHSC) to secure state-funded CIL funding in statute or biennial appropriations bills	5	0.45	2
Activities to increase mobile/remote/virtual service options for CILs (e.g., Zoom)	555	54	490
Outreach contacts to community partners to use office space or locations on a regular basis	57	5.18	10
Activities to obtain feedback from individuals with disabilities on the use of Part B dollars in Texas (public forums, townhalls, public comment sessions, workshops)	15	1.36	8

Combined average across 4 areas: 15.35

Combined total: 632

Alt Text: Clustered column chart comparing funding advocacy and outreach activity totals reported by CILs across four areas: advocacy activities targeted to the Texas Legislature or HHSC to secure state-funded CIL funding (5); activities to increase mobile/remote/virtual service options such as Zoom (555); outreach contacts to community partners to use office space regularly (57); and activities to obtain feedback on the use of Part B dollars (15). Average per CIL values are 0.45, 54, 5.18, and 1.36, with highest reported values of 2, 490, 10, and 8. Combined total across the four areas is 632; combined average is 15.35.

SPIL targets

Target measure	Target
Advocacy activities targeting the Texas Legislature or HHSC	15
Activities to increase mobile/virtual services	10
Outreach activities to regularly use office space or locations	10

SPIL Goal: Individuals with disabilities who are at risk for entering institutions and nursing homes have access to diversion services provided by the Centers for Independent Living.

Diversion services activities

Activity area	Total	Average per CIL	Highest
Outreach activities to those typically underserved (age-related disabilities, mental illness, substance abuse disorders, and youth)	152	13.8	43
Education opportunities for parents or consumers on accessing waiting lists for Medicaid Long Term Services and Supports (LTSS) or waiver services	23	2.09	10

Combined average: 7.94
Combined total: 175

Alt Text: Clustered column chart comparing diversion services activity totals reported by CILs across two areas: outreach activities to typically underserved groups (total 152; average 13.8; highest 43) and education opportunities on accessing Medicaid LTSS/waiver waiting lists (total 23; average 2.09; highest 10). Combined total across both areas is 175; combined average is 7.94.

SPIL targets

Target measure	Target
Outreach activities to typically underserved groups	50
Educational opportunities on accessing Medicaid LTSS/waiver waiting lists	50

SPIL Objective: Utilize an assessment tool to identify which consumers are most at risk of losing their independence so that the staff can focus more attention on those individuals.

Of the 11 respondents, 82% employ a risk assessment tool to identify the risk level of consumers and utilize a more focused approach to individuals who are “at risk” of institutionalization.

SPIL target: 50% of CILs employ a risk assessment tool.

The following summarizes the findings on the impressions of CIL experiences in implementing the goals.

Goal Area	Rating				
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Board or commission	0	0	40%	40%	20%
Personal care assistant	10%	10%	30%	40%	10%
Transportation	0	20%	20%	40%	20%
Educating policymakers on CIL.	0	30%	60%	0	10%
Coordinating network funding (Leg.)	0	30%	60%	10%	0
Seeking funding or CIL awareness	0	30%	30%	20%	20%
Diversion efforts	0	0	30%	30%	40%
Hosting public forums	0	10%	40%	30%	20%
Average	1.25.25	16.25%	38.75%	26.25%	17.5%

Note that all participating organizations did not respond to all survey questions. This may cause some variances that seem unusual.

What has helped you most in achieving statewide goals?

- Advocating for people with disabilities on emergency management providing toolkits statewide.
- Educating policy makers on a local level has helped me most.
- Outreach to underserved communities
- Committed staff, community partnerships, funding and training
- Coordination with other entities
- Becoming more involved in statewide organizations like state associations, Texas Veterans Commission, and the SILC has been helpful in expanding our impact across the state and making new partnerships.
- Committed Staff, Community Partnerships, Funding, Training

- Collaboration and assisting in additional funding for rent and utility assistance
- Committed Staff, Community Partnerships, Funding and Trainings
- Staff who are dedicated to achieving the desired outcomes as set by the SILC and CIL.
- Clear goals, collaboration with other agencies.

What has hindered you most?

- Lack of housing options for limited income individuals.
- Funding always hinders us the most.
- Red tape in accessing some community services, excessive grant requirements, micromanagement by HHSC and other funding entities.
- Coordination with other entities
- Lack of trust of entities outside the independent Living network has led to significant challenges in unity and cohesion with some of the Centers. We hope changes at the SILC will assist the Centers continue to meet the needs of our consumers.
- Red tape, excessive grant requirements, and micromanagement by HHSC and other funders.
- Lack of housing options for limited income individuals.
- Personal transportation, assisting with additional fundings
- Not enough funding for additional staff.

What are the two biggest challenges facing CILS and what could be done about them?

- The two biggest challenges facing CILS is providing resources for affordable, accessible housing. We provide Information and Referral but there is no funding to directly provide affordable, accessible housing. The same goes for transportation - funding to provide direct transportation that is accessible. I think if all Centers were at the same funding level as promised this would help with more staff to get out to the rural areas to provide services.
- Losing sight of the Independent Living Movement and Philosophy and a fractured CIL network. The SILC should consider hosting an annual IL Conference again. This event brough CILs, SILC, Consumers, disability service providers, state agencies. together to learn, collaborate and just have fun.
- Need more funding on the grants
- 1)Time spent on Purchased Services Contract requirements; 2) lack of sufficient funds overall
- Funding and battling the idea that CILs are social service providers that can pay for rent & utilities.
- Event attendance & Board engagement
- Funding, Money, Volunteers, housing
- CIL funding for more staff to increase outreach w/in our SDA

Success Stories

- One of our clients came to us very depressed and without community. She was in a manual chair and trying to go to college without transportation and appropriate DME. We were able to open her eyes to the IL philosophy and introduce her to peers. She was able to obtain appropriate DME such as a powerchair to access campus. She was able to join one of our support groups for individuals living with paralysis. She was able to see that she has worth no matter her situation. She was able to see that we don't allow our disability to become the thing that identifies us. She has so much more confidence and a new outlook on life.

- A client seeking to learn how to advocate for himself and return to societal activities came in very angry and as a recluse. With consistent follow up and small challenges, he has overcome his fear of public places, speaks up, and attends events we hold year-round. He now enjoys leaving home and going out to accomplish tasks.

- Consumer received his power wheelchair through the ILSP program. He was very happy we were able to help him out so soon. He is really pleased with his power wheelchair he feels it will help him throughout his progressive condition. He feels his independence will increase as he will be able to maneuver himself with ease and on his own. Switching to a power wheelchair from using a manual one since his condition started will be easier on his hands as he no longer has to push now with an easy-to-handle joystick, he can move wherever he pleases. Having a lightweight power wheelchair will be easy for transportation and storage. Consumer is very thankful towards VAIL for giving him the equipment that will help his independent living. The consumer received an accessible shower through VAIL, Independent Living Services purchasing program. Due to consumer's disability of Schizophrenia, body weakness, morbid obesity, depression, difficulty walking and risk of falling, an ADA walk-in shower will assist with easier access to the shower area. He will be able to gain independence and complete hygienic tasks with safety and use less body effort. The consumer will be able to lift his legs with less body effort and reduce the chance for falls or tripping with the tub barrier. The consumer will maintain overall health and assist with his mental and physical well-being. The consumer and his spouse were very grateful and satisfied with the assistance provided to him. For reasons mentioned above, the consumer can meet his independent living goals.

- We assisted a 12-year-old boy with significant disabilities acquire a ramp so his father could easily take him in and out of his house for appointments and for the frequent emergencies he experiences. The ramp was funded by SAILS contract through Texas Health and Human Services Purchased Services funds.

- Mr. O is 70 years old and served honorably in the US Marine Corp from 05/03/1971 to 12/05/1973. After serving in the Marine Corp, Mr. O spent much of the next 15 years trying to figure out what was next in life. During these years, he partook in the abuse of various illegal drugs. In 1986, this life of abusing drugs eventually led to his brief imprisonment. He was imprisoned again from 1988 to 2023. Mr. O spent 36 of his 70 years of life in prison and was released on July 2nd, 2023. He currently deals with macular degeneration and arthritis. After being released, Osborne reached out to the local TX Workforce Center for Veteran assistance. He was referred to the Center for Independent living, who provided him with multiple round trip Uber rides to the closest VA Clinic and the VA hospital in another city to begin accessing services and setup his VA disability rating. Each morning before each of his Uber rides, Mr. O called to

say that he was “standing by waiting to be picked up for my appointment”. Mr. O worked diligently on accessing his earned VA benefits and attended several events. In these CIL events, staff plan and coordinate services geared towards assisting veterans in need. The CIL staff assisted him in learning applications on his new cell phone, securing housing, and addressing food insecurity through local veteran service organizations. Mr. O did not let his physical limitations or cultural stigmas deter him from achieving his goals. He is a true example of how independent living skills and training can make a difference in someone's life.

- The consumer is a 35-year-old, single male who lives at home alone. He has autism, anxiety, depression, and attention deficit disorder. He also has difficulty maintaining independent living because he struggles to understand officials. Initial Circumstances: The consumer came to the CIL to apply for services. He requested assistance with applying for Medicaid. He had applied several times and was denied each time. Although he had been told that he should have the qualifications, he could not identify the required documents and was not able to adhere to the allotted timeline for submission.
  Services Provided: The CIL was able to provide information and advocacy for the consumer. He was able to complete a new application with assistance, and we provided clear instructions on which documents were required and how to obtain them. We also provided Independent Living Skills Training by advising the consumer how to organize his mail so that he could identify documents from HHSC regarding his benefits that are time-sensitive or need attention. The consumer was able to inform us when he received mail from HHSC, and we were able to explain the purpose of the letters and identify additional required documents for the application. Outcome: The Consumer was approved for Medicaid and can now maintain his independence and get the medical care he needs.

- Ms. B is a 61-year-old widow whose children are now deceased. When she came to the CIL Disability, she was living in a boarding house with little medical coverage. She suffers with severe depression, a spinal injury due to standing extended periods of time, and arthritis. She is also currently a client of Betty Hardwick along with this CIL. Due to her physical pain and mental disability, she Is unable to drive herself around anymore which makes transportation extremely hard to find. With the help of the CIL with transportation, Ms. B has been able to get to and from doctor appointments, pain management classes, and mental health appointments to properly treat all aspects of her life. She is now currently in the process of finding a place to live through the local Housing Authority. She has a more positive outlook on life as she can get proper medications from being able to attend her mental health appointments, and she is also able to get proper pain management at her doctor’s appointments because our transportation can assist with getting her there.
- Male, age 62, Power Wheelchair user received both ILS and 7C services (Community First Choice) which allowed him to remain in the community. Female, age 61 with multi-disabilities received Home by Choice services to relocate back into the community in her own residence.

- E.D., a 47-year-old woman with quadriplegia and multiple secondary disabilities, has achieved a remarkable transition from living in a nursing facility to residing in her family home with her mother and aunt. With the assistance of this CIL agency, E.D. navigated the complexities of this relocation process, which required coordination between her Managed Care Organization (MCO), Superior, and

the nursing facility. Although E.D. was eager to leave the facility before formal discharge planning was completed, she was encouraged by peer support services to proceed in a safe and planned manner. The CIL provided vital support, including referrals for health care providers, Transition Assistance Services items to equip her home, community donations for additional needs, and peer support throughout the transition. E.D. now thrives in a secure and stable home environment with access to home health care, food, and medical resources. She expresses great joy in being surrounded by family, stating that she feels like a "person" again and no longer "just a patient."

- Christian is a youth consumer with autism. Staff recently assisted him with enrollment in the Workforce Innovation & Opportunity Act (WIOA) Program with the Texas Workforce Center (TWC). WIOA is a no-cost employment initiative which aims to equip job seekers with the necessary skills training and support to secure high-demand jobs. After completing his basic training at TWC, Christian chose to undertake the internship phase of the program with the Center. He showcased a natural aptitude for working with computers, displaying a methodical and precise mindset. In just six weeks, he accomplished numerous tasks that our staff just did not have the time to complete. His contributions included setting up new computers for the computer lab, configuring tablets for consumers to use during their classes, editing and uploading videos of the Center sessions, and entering them into our Learning Management System (LMS). While Christian faced social challenges, he did step out of his comfort zone during his time at this CIL. He received training to provide phone support when staff were unavailable. Christian managed to do this despite his anxiety and learned to persevere. He said that this experience was highly beneficial for him as it was his first 'job' and he appreciated staff willingness to accommodate his disability. Christian is now looking forward to the next phase of the program where he will be training with the ultimate goal of becoming a software developer.

Satisfaction Survey Results Summary

Organization	Treated friendly (Top-2)	Satisfied w/ services (Top-2)	Encouraged (Top-2)	Met needs (Top-2)	Overall Av
CIL 1	85.9%	68.7%	74.3%	64.6%	73.4
CIL2	100.0%	0.0%	98.0%	0.0%	49.5
CIL3	100.0%	100.0%	0.0%	0.0%	50.0
CIL4	96.2%	95.0%	0.0%	0.0%	47.8
CIL5	100.0%	100.0%	0.0%	0.0%	50.0
CIL6	0.0%	100.0%	0.0%	0.0%	25.0
CIL7	86.4%	84.1%	0.0%	0.0%	42.6

CIL8	97.7%	95.9%	0.0%	0.0%	48.4
CIL 9	98.0%	97.9%	0.0%	0.0%	49.0
CIL10	99.3%	94.3%	0.0%	0.0%	48.4

The following is a list of the Centers for Independent Living in Texas, with their notes on their funding. A special thanks to the highlighted CILs. They were survey participants.

CIL	**FUNDING**				
	Part B	Part B&C	Part C	SSA-R	Gen. Rev.
ABLE Center	B&C				
*ARCIL, Inc (Austin)	B&C				
ARCIL (San Marcos)		C			
ARCIL (Round Rock)		C			
Brazos Valley for Independent Living		C			
Coalition for Barrer Free Communities (Houston)	B&C				
Coalition for Barrer Free Communities (Brazoria)		C			
Coalition for Barrier Free Communities (Fort Bend)		C			
Coastal Bend Center for Independent Living	B&C				
Crockett Resource Independent Living	B&C		SSA-R		
Disability in Action	B				Gen. Rev.
East Texas Center for Independent Living		C			
Heart of Central Texas		C			
Life Inc.	B	C	SSA-R		Gen. Rev.
Mounting Horizons					Gen. Rev.
Palestine Independent Living Center					Gen Rev
Panhandle Independent Living Center			B&C		

REACH Resource Centers on Independent Living (Dallas)		C		
REACH (Resource Centers on Independent Living (Denton)		C		
REACH ((Resource Centers on Independent Living Fort Worth)			SSA-VR	
RISE Center		C		
San Antonio Independent Living Services	B&C		SSA-VR	
Valley Association for Independent Living	B&C		SSA-VR	Gen. Rev.
VOLAR Center for Independent Living	B&C		SSA-VR	

*Combined across the 3 CILs