Greg Newton Associates

A training, marketing, and management services firm

Marketing for Results!

Case Book!

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Access Plus (Amherst, MA).....page 31

Summit Independent Living Center (Missoula, MT).....page 47

One Hanson Street, Boston, Massachusetts 02118 (617) 426-5533

The **Ability** Center
of Greater Toledo

Independent Living
Services for Persons
with Disabilities.

MEMO

To: Greg Newton

From: Liz Lilly

Date: April 18, 1994

RE: Marketing Plan for Casemanagement Services

****

As per our phone conversation, enclosed is an outline of our marketing plan. I wish we could have a better plan developed by now but just working on this draft has taught us so much in terms of thinking through on who we want to target and what is sellable. I am looking forward to our next adventure in learning from you!

Thanks Greg!!!!!

Independent Living
CASE MANAGEMENT
SERVICES

March 31, 1994

Laura Smith, Deputy Program Director
Independent Living Research Utilization
2323 S. Shepherd, Suite 1000
Houston, Texas 77019

Dear Laura:

Enclosed is the marketing plan for our Independent Living Case Management Services program, along with the results of our live market tests.

I would appreciate your sending these on to Greg Newton as the "homework" assignment for the marketing training.

Sincerely,.

Janet McLennan

Janet P. McLennan
Case Manager

Enclosures

2568 Packard Road
Ann Arbor, MI
48104

313 971-0277 PHONE
313 971-0826 FAX
313 971-0310 TDD

A Program of the Ann Arbor Center for Independent Living, Inc

Independent Living
CASE MANAGEMENT
SERVICES

MARKETING PLAN

I. Public (Customer Profile Statement)

A. Consumer

1. Who: Person with traumatic injury (SCI or TBI) who has auto no-fault or health insurance. Direct users of services. Located within geographic area of southeastern Michigan.
2. Motivators: primary target are people who are newly injured and overwhelmed with adjustment to disability and resulting life changes. Looking for assistance in locating resources and benefits, and advocate with insurance company, to enable them to return home and resume life roles. Some consumers who have lived with disability for number of years may need assistance in keeping communication open with insurance company and in advocacy regarding rights & benefits.

B. Health Professionals

1. Who: "Influentials" (social workers, residents, physiatrists) at the University of Michigan Hospital who may make recommendations for case managers to insurance companies or tell their patients/family about case management resources.
2. Motivators: Social workers--in Physical Medicine and Rehab Dept. are primary liaison between insurance companies and patient/family. Looking for case managers who can provide extra support when there are issues that would prevent the patient from returning to independent living (e.g., dysfunctional family dynamics) and strong advocacy and CIL resources are needed, or motivators (i.e., peers). Social workers on burn unit may be one of first hospital contacts family and patient have. The current hospital trend is for the social workers to begin providing internal case management during the patients' hospital stay and then refer them to an outside case mgt. resource at discharge.
3. Motivators: Neurology and general medicine residents--the first referrals for case managers may come from residents who are the initial primary physicians working with the newly traumatically injured before they are stabilized and ready to transfer to Physical Medicine and Rehab. As new doctors, they probably know little about rights and benefits issues and how the new no-fault law and their patient's rights may affect selection of a case manager. Early discharge is their goal, with resources in place to facilitate that.

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C. Present customers

1. Who: Claims representatives from No-fault and health insurance companies who are direct purchasers of case management services. Most have no medical background and no awareness of IL philosophy. Main offices located in Southfield, the financial headquarters for the Detroit area.
2. Motivators: most reprs. are extremely busy with heavy caseloads and little time to spend in direct contact with clients, although a few do like to have "hands on" intervention, wanting to act as case manager in a limited way. They want the contracted case manager to provide communication between insurance company and client, and keep them updated on client's needs and plans for future so they can correctly plan for appropriate reserves. Their goals are to reduce costs of benefits within guidelines of no-fault law and/or policy coverage.

D. Other case managers

1. Who: Most have nursing background in acute or clinical care, some with rehabilitation nursing experience. Will not target case managers working for insurance companies. Some case managers work for large companies providing case mgt. as part of array of rehab services. Other case managers are employees of HMO's, including Blue Cross and large acute care hospitals, or home health care agencies. Some case managers own their own business and have no other staff or just a few employees.
2. Motivators: May need help in dealing with heavy workload, particularly case managers who own one-person business. May be interested in subcontracting for specific aspects of case management like day-to-day program case management needed by someone with a traumatic brain injury. Would be looking for a case manager in close geographic proximity of client to save them travel time. Also may be interested in IL resources such as peers, empowerment (how to set and obtain goals), or skill training that will enhance client motivation and more quickly move them along toward their goals.

E. Existing contacts

1. Who: Dept. of Social Service (Medicaid) and Community Mental Health where CIL has frequent contacts with Adult Services workers and supervisors about IL and OT assessments, and less frequent contact with CMH counselors or case managers.
2. Motivators: CMH may be interested in subcontracting under the Medicaid program for medical case management services for their clients with developmental disabilities. They are less familiar in working with people with physical disabilities and look to CIL as experts in this area and in knowing where the resources are to meet physical disability needs.

II. Product

A. Consumer

1. Coordination of medical and rehabilitation services and resources.
2. Liaison and advocacy (rights and benefits) between insurance company and client.
3. Peer consultation.
4. Personal assistance resources/management training.
5. Empowerment training.
6. Coordination of vocational resources.
7. Barrier free transitional living apartment or SCI Options (transitional residential program).

B. Health Professionals

1. Coordination of medical, rehabilitation and independent living resources.
2. Independent Living profile and recommendations.
3. Peer consultation.
4. Advocacy (rights and benefits) with insurance company.
5. Barrier free transitional living apartment or SCI Options

C. Present Customers

1. Coordination of medical and rehabilitation services and resources.
2. Independent Living profile and recommendations.
3. Life Care Plan
4. Peer consultation.
5. Personal assistant resources/management training.
6. Coordination of vocational resources.
7. Job Analysis.

D. Other Case Managers

1. Coordination of medical and rehabilitation services and resources.
2. Independent Living profile and recommendations.
3. Peer consultation.
4. Personal assistant management training.
5. Financial management training.
6. Empowerment training.
7. Coordination of vocational resources.
8. Job Analysis.

E. Existing Contacts

1. Independent Living Profile and recommendations.
2. Coordination of medical and rehabilitation services and resources.
3. Empowerment training.
4. Personal assistant resources/management training.
5. Financial management training.
6. Peer consultation.

III. Place

A. Distribution and Buying Process

1. Consumer
    a. Inquiry/initial contact
        (1) Market test flyers
        (2) SCI newsletter article
        (3) CIL newsletter article
    b. Initial conversion
        (1)Phone followup to responders
        (2) Mail follow-up to responders
        (3) Meet with responders
2. Health professionals
    a. Inquiry/initial contact
        (1) Phone call to social worker contacts
        (2) Market test flyers to neurology & general medicine residents
    b. Initial conversion
        (1) Meeting with social workers
        (2) In-service presentation to residents
3. Present customers
    a. Delivery/customer retention
        (1) Reinforce credibility--mail card announcing Case Management Certification
        (2) Regular update of client activity
        (3) Timely reports of client progress
    b. Tag-on sales and referrals
        (1) As client goals achieved, re-evaluate with client and recommend follow-up case management options
        (2) Ask customer for new client referrals
        (3) Ask customer for referrals to other customers
4. Other case managers
    a. Inquiry/initial contact
        (1) Market test flyers
        (2) Phone and mail follow-up
    b. Initial conversion/purchase
        (1) Phone and mail follow-up with responders
        (2) Meet with responders
        (3) Tour and presentation of CIL/CM services
5. Existing contacts
    a. Inquiry/initial contact
        (1) Administrative contacts to explore feasibility.
        (2) Meet with CMH and DSS administrators
    b. Initial conversion/purchase
        (1) In-service presentation to CMH and DSS staff re program and referral process

B. Time

1. Consumer, health professionals, present customers and other case managers
    a. Increase contacts at holidays and summer when increase in traumatic injuries.
    b. Maintain consistent contacts by phone or mail of approximately one time per month.
2. Existing contacts
    a. Initial contact in November when state depts. planning new budget
    b. Contact at beginning of fiscal year (October) for referrals.

Independent Living

CASE MANAGEMENT

S E R V I C E S

LIVE MARKET TESTS

1. 84 flyers (Sample #1 attached) were mailed to Consumer market on 2/18/94. CIL mailing list of consumers with spinal cord injuries was utilized.

Responses: 2 phone calls - One caller was familiar with CIL and responded to "coordinate services"; he was looking for Independent Living counseling in core service program for a friend with MS and was given information on how his friend could make a self-referral.

Second caller responded to "business matters with your insurance company" as he is involved in a law suit with his insurance company. He was confused as to what the flyer was about. After our discussion to elaborate on our case management services, he said he would contact his lawyer about the feasibility of including our case management services in a settlement plan.

2. 196 flyers (Sample #2 attached) were mailed to Consumer market on 3/21/94. An expanded list of consumers with SCI was used and was made available from the current list of consumers who participated in the collaborative SCI-IL program between AACIL and University of Michigan Hospital Physical Medicine & Rehab Dept. (includes consumers already on the CIL mailing list).

Responses: There was 1 phone response on 3/30/94. Mother of consumer had just received flyer in the mail. She wanted clarification on some aspects of the new No-Fault Law. Stated that her son has had case managers that he was satisfied with, but the present one is not satisfactory. When her son returns home from vacation, she will give him our flyer and ask him to call.
Plan: follow-up call to consumer in one week.

Since flyers are just being received in the mail, expect more responses and will notify you of these additional statistics.

3. 222 flyers (Sample #3 attached) were mailed to Health Professionals market on 3/29/94. A mailing list of current neurology and general medicine residents at the U. of M. Hospital was used. As the flyer is received in the mail, we will inform you of the number of responses.

3/31/94 jmc

2568 Packard Road
Ann Arbor, MI
48104

313 971-0277 PHONE
313 971-0826 FAX
313 971-0310 TDD

SAMPLE #1

Are you tired of being ▸ Case Managed? ◂

Would you like to be the decision maker in business matters with your insurance company?

Independent Living Services

for people who have experienced traumatic injuries.

We coordinate services that provide *YOU* with the options!

If you are interested in learning more details about our service or know of someone who is, contact:

JANET McLENNAN

313-971-0277

2568 Packard Road
Ann Arbor, MI
48104

A program of the Ann Arbor Center for Independent Living

SAMPLE #2

ARE YOU AWARE??

■ That there is a new Michigan Automobile Insurance Law (No-Fault Act) that may go into effect on April 1, 1994?

■ That under this revised law the insurer is required to make use of a clinical care coordinator and provide a clinical care management plan?

■ That **YOU**, the insured person, have the right to appoint your own clinical care coordinator to coordinate medical and rehabilitation resources **with** you?

WHEN YOU ARE CHOOSING YOUR CARE COORDINATOR CONSIDER

INDEPENDENT LIVING SERVICES

To inform you of the changes in benefits and requirements of the revised No-Fault Law.

To help you locate the resources you need and how to access them.

To facilitate communication between you and your insurance company.

■ FOR MORE INFORMATION, CONTACT ■

Independent Living Services*

Janet McLennan
Services Coordinator

(313) 971-0277

*A Program of the
Ann Arbor Center for Independent Living
2568 Packard Road
Ann Arbor, MI 48104

SAMPLE #3

Michigan Automobile Law (No-Fault Act) that may go into effect on April 1, 1994?

rised law the insurer is required to make use of an independent clinical care ovide a clinical care management plan?

LE?

NTS who have been injured in an automobile accident have the right to are coordinator?

DU ARE INFORMING YOUR PATIENTS OF RIGHTS UNDER THE NO-FAULT LAW,

consider

PENDENT LIVING SERVICES*

n your patients of the changes in benefits and requirements of d No-Fault Act that may go into effect on April 1, 1994.

your patients locate the resources they need and how to access nable them to return to their homes and communities.

ate communication between the patient and the insurance company.

For more information, contact:
INDEPENDENT LIVING SERVICES*

IcLennan, Services Coordinator 313-971-0277

nan Services
m Provider
Services

Arbor Center for Independent Living. The AACIL is operated by people with disabilirsons with disabilities. We serve as a catalyst for personal and social change to lisabilities to reach and maintain their hightest level of independence. We have been R Dept. at the University of Michigan Hospitals since 1985 in the collaborative Program. You can read about us in the latest issue of *SCI Access*.

15

Ability Resources, Inc.
1724 East Eighth Street
Tulsa, OK 74104-3241
Telephone: (918) 592-1235
FAX: (918) 582-3622

Date: 4-14-94

To: Greg Newton & Laura Smith

From: Carla Lawson

Comments: Discharge planners = Public for this marketing plan. Brochure will be mailed and used in person to person contacts

1 pages follow cover page.

CENTER FOR LIVING & WORKING, INC.

484 Main Street, Denholm Building, Suite 345
Worcester, MA 01608
(508) 798-0350 (Voice & TTY) Fax (508) 797-4015

100 Medway Rd.
Suite 102
Milford, MA 01757
(508) 473-2271 (Voice & TTY)

ROBERT H. BAILEY
EXECUTIVE DIRECTOR

76 Summer Street
Fitchburg, MA 01420
(508) 345-1568 (Voices & TTY)

118 Main Street
Sturbridge, MA 01566
(508) 347-5012 (Voice & TTY)

April 15, 1994

Greg Newton
One Hanson Street
Boston, MA. 02118

Dear Greg;

I feel somewhat similar to how I felt back in Sister Anna Catherine's freshman Latin class when I had not finished an assignment on time. Mea culpa! I do apologize for the lateness and hope the late arrival does not delay your preparation for May's training.

After considerable thought we decided to target physicians as a group who might offer this project the "edge" in negotiating third party payor contracts. To assemble this Advisory Group we identified a large number of "docs" who have served our consumer base. We mailed a cover letter and program description to each and followed up with a phone call to see who was interested in participating. The response was pleasantly positive. At least 50 contacts generated over a dozen docs willing to participate. The first meeting was attended by 5 with 4 apologies for last minute conflicts. The second meeting attracted 8 with 4 not attending due to scheduling conflicts.

So far the group has been supportive and suggested that education of physicians is sorely lacking regarding people with disabilities and their health care needs. The group has also stated that it would be difficult to get most docs to admit to needing such training. They then suggested that the best approach is to present topics in a risk management framework. An immediate result of these meetings is our being asked to speak at the Family and Community Medicine Grand Rounds for the UMSS Medical Center (outline enclosed). At least two more meetings are anticipated and then we plan to work with them individually as needed.

I look forward to seeing you in Ann Arbor.

Sincerely,

Dennis Fitzgibbons

cc Laura Smith ILRU

The following activities are included in this task:

A. Develop a presentation for health care providers to standardize marketing of the program.
B. Conduct up to 20 presentations with individual providers and members of provider networks for their comments and feedback.
C. Establish system of documenting physician responses to the presentations.
D. Analyze responses and modify program with responses not in conflict with I.L.
E Review results with CLW and Advisory Group..

The products of this task will be:

1. A report on all meetings conducted with physicians and their findings.
2. A set of recommendations to incorporate into any final version of the program to be marketed.

TASK #3 Design Implementation Plan

The purpose of this task involves refining and implementing the marketing strategy developed for the HCAP by the previous tasks.

The following activities are included in this task:

A. Design of final materials for marketing the plan in the Worcester area.
B. Develop a marketing strategy for HCAP.

The following materials will be delivered as part of this task:

1. A model of professional marketing materials.
2. Continuing contact with the physicians advisory group and consumers for input into the marketing process.
3. On going additions to the consumer data base for new referrals.
4. Develop a media strategy to highlight the uniqueness of the HCAP.

SEMCIL
Southeastern Minnesota Center
for Independent Living, Inc.

April 1, 1994

Laura Smith
ILRU
2323 South Shepherd, Suite 1000
Houston, TX 77019

Dear Laura:

Enclosed is the marketing work that Greg Newton requested prior to the May training in Ann Arbor.

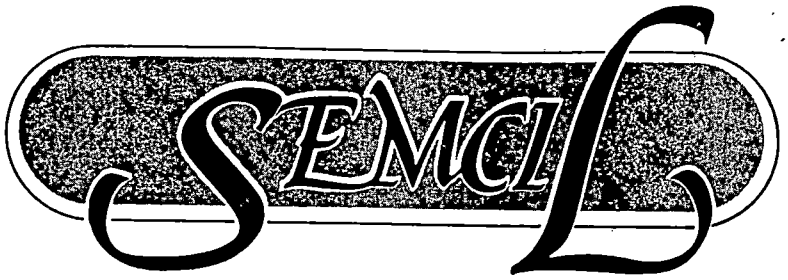
We focused on marketing our ADA Services as we are beginning to see a drop in activity. I thought it would be helpful to use some of the specific marketing techniques we discussed in the first meeting.

If you have any questions please give me a call, and I look forward to the training in Ann Arbor.

Sincerely,

Robin J. DePagter
Project Director

Enclosures



Southeastern Minnesota Center
for Independent Living, Inc.

Marketing Plan for SEMCIL ADA Services

ADA Survey
Modification Plan
Intent to Comply Plan
Technical Assistance
Disability Awareness
ADA Education

***Public**

Target: small businesses in southeastern Minnesota towns with populations ranging from 500 to 30,000. To improve accessibility that will increase business and boost sales and profits.

Improving the product vs. Expanding the product. At this time we are improving the product: user friendly survey form, modification plan, intent to comply plan and customer package layout, and T.A. follow-up procedures.

Target Segments:
Retail stores - grocery, convenience, gas, clothing

Professional - dentists, doctors, chiropractors, clinics, hospitals, banks

Restaurants/Drinking establishments

Recreation facilities - theaters, bowling alleys, schools for functions such: as games, theater productions, commencements

Municipal - community centers, libraries

***Product**

Bundled service package to be marketed to those that have not purchased from SEMCIL previously.

Unbundled services will initially be marketed to those customers who have purchased in the past.

Promotion of ADA services with a weak link to SEMCIL to incorporate a disability awareness component but more importantly to feature the positive effects of improving accessibility to increase business.

***Places**

Workshops on ADA as an infomercial - SEMCIL has completed ten ADA workshops in various rural areas and will continue to use the opportunities to market SEMCIL ADA Services in this format.

Chamber of Commerce/Downtown Business Associations - we have found these groups to be very connected in the rural areas. We hope to have satisfied customers market our services through referrals in these groups.

Direct mailings that include past "satisfied" customer references. Test market results included.

Past customer referrals

Radio/Print - These mediums tend to be used most frequently and SEMCIL has used them in a variety of ways to promote ADA Services. Such as: monthly "Disability" articles that target ADA and promote SEMCIL ADA Services, and local "talk radio" shows to focus on ADA but also promote SEMCIL ADA services.

Disability Fairs - community organized events for agencies to showcase services. SEMCIL has promoted ADA Services.

***Live Market Test**

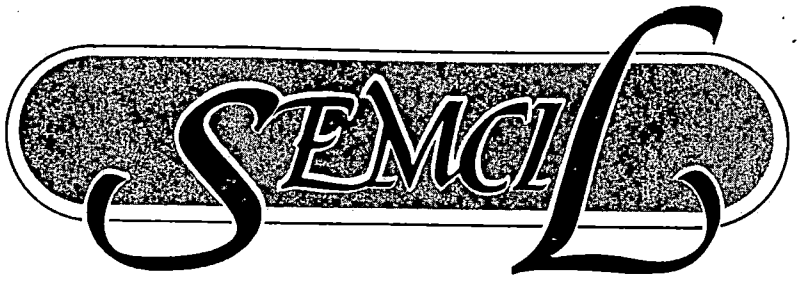
Direct mail to small businesses who have had no previous experience with SEMCIL and/or the ADA. Bundled ADA Services were marketed in Austin population 20,000 and Albert Lea population 15,000. Each town has one large industrial employer. Located 45 and 70 miles from the nearest "metro" area both towns have the full array of retail services. *Note: Sample marketing letter is enclosed.

103 Businesses mailed ADA Services marketing info during the first two weeks of February.

2 Responded and have had a follow-up visit.

1 Contract being developed to provide a Survey, Modification Plan, and T.A. for a bank in Austin.

RJD 4/94



Southeastern Minnesota Center
for Independent Living, Inc.

March , 1994

Dear:

Did you know there are approximately 720,000 Minesotans over the age of 60, by the year 2000 almost 20% of the nations population will have a permanent disability, and 1/3 of all ADA required accessibility modifications cost under $100!

Let the Southeastern Minnesota Center for Independent Living, Inc. (SEMCIL) increase your business, while saving you money at the same time! SEMCIL has a program to assist businesses in evaluating building accessibility in accordance with the American with Disabilities Act (ADA), and Minnesota State Building Code Chapter 1340.

SEMCIL completes an on-site survey, a written report which describes areas of compliance, a plan that outlines required modifications, and provides technical support to assist with your adaptations. The fee for this service is $75.00 per hour, and is approximately 3-4 hours in duration.

Our network of locally based offices can provide your business with individual "hands-on" service to meet your needs.

I am available to further discuss the most cost effective plan for your business to become ADA compliant; and how by becoming accessible you can actually increase customer flow and boost your profits. Let SEMCIL's trained, qualified professionals go to work for you. Please contact me at (507) 285-1815 and start making more money today!

Sincerely,

Dale A. Polton
Access Coordinator

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een working to achieve the action steps outlined here. On
icted a focus group with the Brighton Medical people, Bob
e Medicaid officials.

his as our assignment for you! Even though this is late, we
it for the May training.

Adams, OTR/L
nsumer Services
ams-Smith

127 Main Street, South Portland, Maine 04106
9 (Voice or TT) 1-800-640-7200 (Voice or TT) FAX 207-799-8346
Augusta Brewer Presque Isle

MONSTRATION

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Adaptive living programs for handicapped Americans.

MEMORANDUM

rbara Gill and Denise Whitley
ven Tremblay
VJ Health Initiative
cember 16,1993

One was one of twelve independent living centers nationwide to from the Robert Wood Johnson Foundation to improve the lth care for people with disabilities and increase organizational fficiency.

ing centers are private, non-profit organizations run by and for abilities. Advocacy, information and referral, peer counseling t living skill training are core services provided by centers which all ages with a wide range of disabilities.

any people with disabilities have lacked adequate and appropriate n addition to living with medical conditions which make many of ls vulnerable, low per capita income, less than average education nsportation are often cited as underlying reasons for their poor Finally, locating primary care physicians with an understanding of independent living services whose practices are physically not been easy.

initiative with the Foundation is to develop a financially self- lel of health care delivery designed to overcome these barriers. It explore the possibility of forming an alliance with a well known rovider who has access to primary care physicians and other health

7. Obtain or develop a data base system capable of tracking all project activity and outcomes. This instrument would record delivery methods, services, costs, outcomes, and quality of life indicators. Much work has been done in this area.

8. Utilize data results to modify and expand project as required.

I've enclosed is a copy of the proposal we developed with the state Medicaid office and Muskie Institute which the Foundation did not approve. I have since met and talked with Rosemary Gibson, the initiative's Foundation Project Officer. Although she did not review our proposal initially, she has encouraged me to continue seeking out a legitimate medical provider which would improve our chances significantly in acquiring Foundation support.

Thank you for interest in our proposal. I will be calling you soon to discuss the next step(s) which should be taken to move the discussion along.

services for this population will identify training needs for professionals serving this population and modifications in the service delivery system. These needs will be addressed through the development of a training program for providers and will be reflected in the development of the case management model, the provider network, and the financing mechanism.

The case management and capitation model will be demonstrated in the second and third years of the project. The demonstration will enroll a subset of waiver clients in the capitation/case management system, leaving the balance of waiver clients as a comparison/control group. This design will allow us to examine the impact of the different management and financing models on the cost of services delivered to these clients, the utilization patterns of the study populations, and the relative client satisfaction under each of the models. Moreover, the existence of a pool of similar persons who are on the waiting list for admission to the waiver program will serve as an additional comparison to the study groups. If effective, the model developed for this demonstration will improve the delivery of services to Medicaid's chronically disabled population and provide significant cost savings. The participation of a private insurer in the project would also provide an opportunity for the subsequent development of a commercial product that might be made available to non-Medicaid disabled enrollees.

Budget and timeframe. The estimated budget for the entire three year project will be approximately $450,000 (not including Medicaid and other funding sources).

Organization qualifications and key staff. This project will be conducted collaboratively by three organizations. The applicant, the Maine Department of Human Services, Bureau of Medical Services is a cabinet level agency responsible for Maine's Medicaid program. The Center for Health Policy within the Edmund S. Muskie Institute of Public Affairs at the University of Southern Maine has, for 10 years, provided the Maine Department of Human Services with research, evaluation and technical assistance on a broad array of health service delivery, financing, and policy issues facing the Medicaid program. In addition to its long-standing working relationship with the Department of Human Services, the Muskie

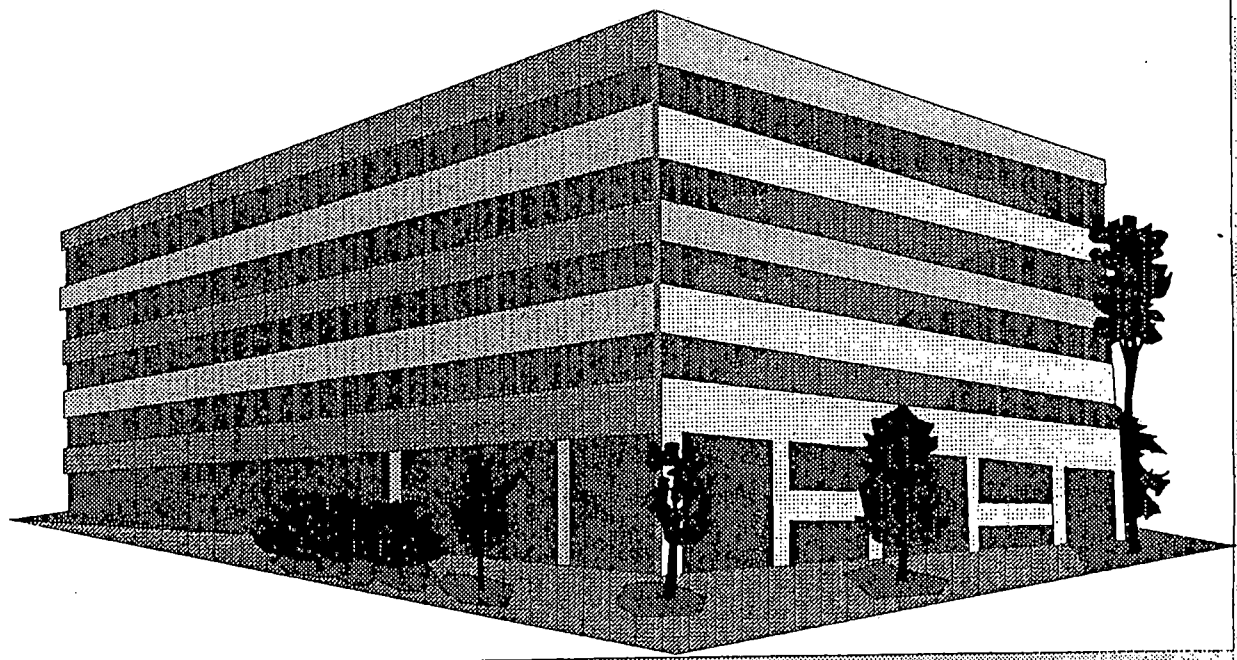
Institute has also worked with the third organizational member of the project team, Alpha One, Inc. Alpha One, which will implement the demonstration model, is a community-based non-profit enterprise directed and managed by persons with disabilities. The organization is dedicated to developing independent living opportunities for Maine's disabled citizens. It is currently the provider of case management services to clients participating in the Medicaid Waiver Program for the Physically Disabled.

Elaine Fuller, Director, Bureau of Medical Services, Department of Human Services will serve as the project's Principal Investigator. Other Bureau staff will include: Deborah Curtis, Director, Division of Health Insurance, who oversees the Bureau's case management and capitation contracts and Christine Zukas-Lessard, Director, Medicaid Policy and Programs, who is responsible for administering the Waiver Program for the Physically Disabled. Ellen Jane Schneiter, Research Associate, Center for Health Policy, will serve as the Project Director for the Muskie Institute. Ms. Schneiter has had extensive experience in Medicaid financing and in the development of case management and capitation systems for Medicaid populations. Steve Tremblay is the Founder and Executive Director of Alpha One, Inc. Craig Tribuno is Alpha One's Business Manager and is involved in all of the negotiations and administration of the organization's contracts. Kathryn Goodwin Adams is the Coordinator of Consumer Services and is responsible for overseeing the agency's direct service staff, statewide.

Ms. Fuller will be the project's liaison. Please feel free to contact her at the following address: Bureau of Medical Services, Department of Human Services, State House Station 11, Augusta, ME 04333, 207/287-2674.

access plus:

Planning for the Future



The FUNDAMENTAL GOALS

- Improving Service Systems for People with Disabilities:
  - "to contribute to the creation of a society that is physically, communicatively and psychologically barrier-free ..."
  - "... to bring assistive technology, design, and education together to produce environments (home, work, community) that support independence and quality of life for people with disabilities."
- Fiscal Self-Sufficiency
  - additional income stream
- Increased visibility
  - issues and rights
  - resources available
  - STAVROS, access plus & other programs

Market Realities

- competition:
  - lawyers, architects, contractors, other individuals and organizations representing people with disabilities, modestly priced do-it-yourself materials being marketed
- limitation to local market size
- prospect (potential customer) resistance, e.g.
  - attitudes: "wait and see," "no people who need ramp come here," "we're small--we don't have to," "we once bought a ...[TTY or fill in] and nobody came"
  - affordability: belief that ADA compliance will be too difficult or costly or can't afford consultation AND construction costs; contractors can design/build without incurring additional costs for consultation or design
  - believe in house resources are sufficient
  - believe already in compliance
  - want individually tailored assistance, not pre-packaged materials
  - want a guarantee that they will not be sued

"Products" & Services

- CURRENT:
  - Workshops: Title II (municipalities, housing authorities), Title III (retail & service business-general), Self-Evaluation, Self Help Site Surveying and Planning
  - Self Evaluation & Transition Plan Package of Services
  - Physical Site Survey & Report
  - Design (contracted)
- PLANNED:
  - Workshops: Title I (employment)
  - Professional Consulting Services for Architects
- EVALUATE:
  - sensitivity training workshops; service businesses (esp. multi-site, large # of employees, frequent public contacts)
    - consider broader scope for future: multi-issue sensitivity training
  - workplace implementation plans and legal compliance procedures for large employers
    - consider broader scope for future: legal compliance & internal procedures for with multitude of employment civil rights laws; worker's compensation–return to work; workplace environmental laws
  - sales potential for print, video & hardware products

Minimal Resource Requirements

- Human Resources
  - ADA Coordinator: primary responsibility for marketing & product development
  - Access Specialist (half-time): primary responsibility for site analysis, reporting, coordinating w/designers & architects
  - Clerical Assistance (half-time): report preparation, materials & hand-outs, etc.
  - Contracted Specialists: architect, landscape architect, industrial engineer, lawyer, designer, OT (not budgeted--fee for guaranteed contracted services)
- Physical and Administrative Resources (office space, equipment, supplies)
- Fiscal Resources $74,450-$80,060 per year (see Pro Forma Budget)

Pro Forma Annual Budget

ADA Coordinator	$32,000
Access Specialist (PT)	$12,500
Clerical Support (PT)	$ 8,500
fringe	$13,250
Office Management (supplies, phone, copying, printing, postage,advertising, insurance)	$ 5,500
Travel (not specific to a contract)	$ 1,700
[sub-total	$73,450]
Administrative Overhead	$ 6,610
Total	$80,060

Income Data, Needs, Projections

	RWJF Year 1 1992	RWJF Year 2 1993	RWJF Year 3 1994	Year 4 1995	Year 5 1996
Income, Actual	$12,850	$27,100			
Income, Contracted		$2,000			
Income, Projected		$4,800 (Total:$33,900)	$42,000	$52,000	$62,000
Balance, after non-RWJF expenses	$12,000	$22,900	$32,000	* ($31,450)	*(28,060)
Cumulative Totals	$12,000	$34,900	$66,900	$35,450	$7,390
				*expense= $10,000 for cost of doing business +$73,450 for minimal operating expense	*expenses= $10,000 for cost of doing business +$80,060 for operating expense with admin

PART II

- Planning and Marketing to Meet the Demands of
  - the fundamental goals
  - market realities
  - resource requirements

TARGETED MARKETS, 1994

Targets:	Employers: Title I	State & Local Govt.: Title II	Businesses: Title III
Specific Segments:	*▪ Title II & 504 entities* *▪ Moderate & Large Service Industries* *▪ Health & Human Services* *▪ Banks*	*▪ Municipalities; State services (also schools, airports, corrections)* *▪ Housing Authorities* *▪ Private Housing Cos. (504)* *▪ Transportation*	*▪ Hotels* *▪ Restaurants; other small business* *▪ Health & Human Services* *▪ Architects & Contractors (as clients)*
Objective:	▪ expand employment opportunities for people with disabilities ▪ contribute to appropriate & legal workplace practices ▪ seek additional, future market niches for ***access plus***	▪ contribute to broadened vision of accessibility in cities and towns ▪ maintain business viability through larger, in-depth contracts	▪ to be able to refer visiting friends of Stavros to an accessible hotel ▪ ▪ (architects, etc.): seek market niches for return business
Rationale:	▪ future business and renewable business likely to be in employment ▪ expressed need of prior clients ▪ develop return and renewable business among those we have already had experience with	▪ build upon prior year's experience ▪ ability to streamline and "hit the ground running" with materials & trainings previously developed	▪ clearly defined access gaps and high use by people with disabilities ▪ expressed need or interest on the part of a small sample of businesses; ▪ experience with, interest and need on the part of a larger number of human services--which are under greater to comply with ADA and are more likely to return for sensitivity training and assistance with employment practices.
Activities:	▪ advertised workshops for specific audiences ▪ policy & procedure training for existing clients (preliminary design for Springfield Housing Authority) ▪ development of sensitivity training workshop package for employers	▪ investigate PVTA consulting needs ▪ review transition plans on file for local municipalities; competitor's proposals ▪ weekly review of Central Registry, newspapers, Federal Register ▪ explore potential in North. CT. ▪ complete reporting for Oct. contracts (2 housing; 1 hotel-DSAS)	▪ mailings ▪ workshop for hotels ▪ development of industry-specific info. package & pamphlet ▪ follow-up phone calls ▪ contact leads on file ▪ complete new business (NES)
Target Dates, if applicable	SHA workshop Nov. Open workshop(s) APR	most ongoing contracts for Oct. & Nov.	Hotels Oct.-Apr. (see sample time line, marketing) On file Leads, follow-up

PROJECTED INCOME from Targeted Markets for 1994

Priorities: Larger entities, repeat business, expressed demand; further fundamental goals

INDUSTRY	Target #	Average Income Per Job (based on very small sample)	Total (Goal: $42,000)
Architects, contractors	10 or 50 hrs.	@ $60 per hr.	$3,000
Property Mgmnt. Firms; other Housing Authorities and Community Development Offices	10	$1,000	$10,000
Health & Human Services	10	$500	$5,000
Hotels	14	$750	$10,500
Restaurants; other small businesses	25	$250	$6,250
		sub-total	$34,750
		[balance required]	?
Open-to-the public, industry specific workshops	1-2	$2,000-$4,000	→
RFPs (public entities)	1-2	$4,250-$22,000	→
		TOTAL	**$42,000 +**

4c

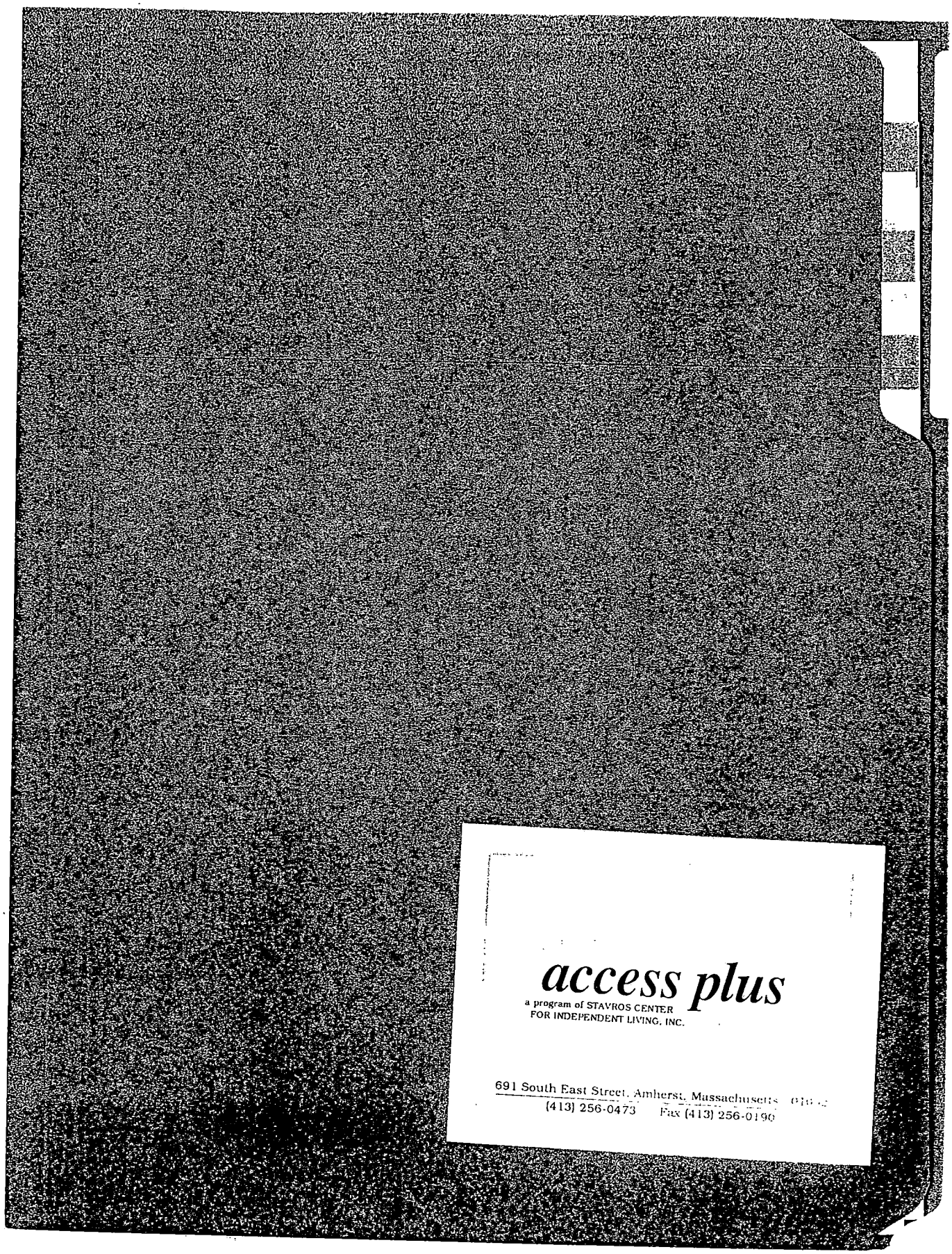
MARKETING NEEDS AND GOALS, 1994

GOAL	ACTIVITY	DATE
to provide information--and if need be, ammunition--in marketing to similar business & entities	Research & Track MCAD, EEOC, & DOJ cases	on-going
to seek adequate revenue, higher community impact and efficient time investment	Within in any target market, identify "bigger fish" and place high priority for follow-up on these targets	on-going
▪ to seek contacts and name recognition, as well as fee for services ▪ to identify renewable or return business	Open-to-public workshops; focus on employment	April, 1994
▪ to identify on-going, return business market niche, as a "professional's professional"	High priority marketing attention to architects, contractors: ▪ develop or purchase mailing list ▪ write, layout, print industry-specific letter & enclosures (three different mailings is recommended) ▪ follow-up phone calls ▪ face-to-face calls ▪ market targeted workshop to capture segment with some interest, but hesitant to contract.*	(93) Oct. Oct.-Nov. Nov.-Dec. Dec.-Jan. Jan.-Feb. March
▪ to generate leads and credibility through education on rights and the ADA	▪ Access Awards (publicity) ▪ Public Service Announcements ▪ General disability education articles; Stavros & Access Plus promotion; Business Digest feature	Oct.-Nov. Nov-Dec on-going Dec.
▪ contribute to more thorough enforcement of building codes to generate awareness of need for our services	offer free training to municipal building inspectors	summer-fall, 94
▪ to develop personalized leads	▪ respond to information requests w/promotional info. ▪ request introductions from satisfied clients ▪ activities reported in newspaper	on-going

*Note: The elements of the time line will apply to other targeted industries, particularly hotels. Hotels may be equally important because of national ramifications in some cases.

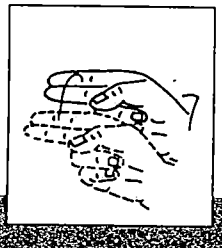
Mailing List targets in any market segment will be hand picked for broadest effect & for geographical mix; personal connections will be important, e.g. if staff know decision makers or if staff or participants have had personal experience with a business.

Mailing Contents carefully crafted letter to appeal to industry and industry need--what we can do for you--invitation to contact A+, description of available services and emphasis on help we have provided to similar organizations; more personalized format where a contact person can be named.


access plus
a program of STAVROS CENTER
FOR INDEPENDENT LIVING, INC.
691 South East Street, Amherst, Massachusetts
(413) 256-0473 Fax (413) 256-0190

Deaf and Hard of Hearing Services

These services are for deaf, late-deaf, or hard of hearing people who desire full communication access in every aspect of their lives.



COMMUNICATION/ADVOCACY SERVICES

- Equipment needs
- TTY loaner program
- How to use interpreters
- Interpreted phone calls
- Legal rights

SKILLS TRAINING SERVICES

- Housing
- Financial/Budgeting
- Transportation
- Communication

OTHER SERVICES

- Information & Referral
- Community events
- Group meetings
- Volunteer program
- Workshops
- Outreach and Education

At Stavros, we begin by paying attention.

Our counselors - all of whom have personal experience with disability or deafness - make sure they understand what the people who come to us really want. Then they work together with each person to discover the best way to achieve that individual's most important goals. Whether it's getting an apartment, arranging for interpreters at school, hiring a personal assistant or learning how to keep a job without losing benefits, a Stavros counselor can show how others have done it successfully.

And we can help get straight answers from places like housing authorities and health clinics. Preparing for job-hunting, finding the best equipment for a disability or communication, setting up a budget... whatever someone needs to live independently, we can make a difference!

Get the Facts

If you are Deaf or have a disability, what you don't know can hurt you! Facts about available housing, equipment, Medicaid benefits or laws against discrimination - Stavros can get them for you. We have a large library and can make many things available in Braille and on tape. We also have information about the latest equipment for barrier-free living.

Breaking Down The Barriers

Throughout our communities, many of the stores, schools, offices, clinics and transportation most people use and take for granted remain inaccessible to persons who are Deaf or disabled. Members of the Stavros team have a long and successful history of championing increased access. Throughout the Pioneer Valley, from town halls to courthouses, from classrooms to housing to the workplace, we have opened doors to greater community participation.

STAVROS
CENTER FOR INDEPENDENT LIVING, INC.

1-(800) 442-1185 V/TDD

Amherst
691 South East Street
Amherst, MA 01002
(413) 256-0473 V/TDD
FAX (413) 256-0190
Hours: M-F, 9-5

Springfield
145 State Street
Room 309
Springfield, MA 01103
(413) 781-5555 V/TDD
Hours: M-F, 9-4:30

Greenfield
55 Federal Street
Suite 210
Greenfield, MA 01301
(413) 744-3001 V/TDD
Hours: M-F, 9-5

STAVROS
CENTER FOR INDEPENDENT LIVING, INC.

Resources • Services • Advocacy

45

As an Independent Living Center, Stavros is dedicated to the belief that everyone has a fundamental right to determine how to live their lives.

Our goal is independent living for all.

Stavros Center for Independent Living, Inc. was created in 1974, when a small group of people with disabilities acted upon that belief by forming an organization to be administered by themselves, dedicated to helping other people with disabilities and the Deaf secure their independence.

More than 1,000 people turn to Stavros every year - people with different disabilities, different backgrounds, different languages, who all have one thing in common: a desire to live as independently as possible.

Stavros has the answers.

How to build a ramp.

How to arrange a ride to a doctor's appointment.

What a TTY or TDD is, how it works and where to get one.

Where to get a wheelchair or have it repaired.

How to get out of a nursing home.

How to find an interpreter.

How to get Medicaid insurance.

What the telephone relay system is and how it works.

What the ADA means.

Where to get special equipment for a vehicle or borrow a portable ramp.

How and where to get an A.L.D. (Assistive Listening Device).

How to advocate for services and entitlements.

To obtain services or become active in Stavros, please call us.

Amherst	413-256-0473 (V/TDD)
Greenfield	413-774-3001 (V/TDD)
Springfield	413-781-5555 (V/TDD)
or call toll free	1-800-442-1185 (V/TDD)

Large print, audio or Braille brochure upon request.

Programs at Stavros

DEAF AND HARD OF HEARING SERVICES are for any deaf, late-deaf or hard of hearing people who want to advocate for their right to full communication access at work, home, school and in community services and activities. The program provides counseling, information, equipment, support groups and skills training, and advocates for everybody's right to know what is being said.

INDEPENDENT LIVING SERVICES are for people with disabilities. The Stavros peer counselor/advocates are called "peers" because they have all personally experienced disability. The participant sets goals with the counselor for individual needs such as budgeting, housing, education, employment, adaptive equipment or civil rights.

PERSONAL ASSISTANCE SERVICES enable people with long-term disabilities to live at home by providing the funds to hire people to help with daily living activities like getting out of bed, taking medication, personal grooming and housekeeping.

HOUSING SERVICES provide information on accessible subsidized housing for the entire state. Lists will be mailed upon request and you'll be advised of recent vacancies in the area you're interested in. If you don't want to move but are having trouble because your present home doesn't have a ramp, Stavros will help you plan for access and seek funding sources.

Feb 1993
Chamber Dat

Summit
Independent Living Center

Providing Western Montana's business community with technical assistance on disability rights and accessibility issues

1280 South 3rd St. West Missoula, MT 59801
TT/Voice (406) 728-1630

#2 47

Summit Independent Living Center is a Missoula-based, non-profit, non-residential program, serving people with disabilities throughout western Montana.

Summit's mission is to assist people with disabilities in establishing and maintaining independent lives. Summit works to ensure and protect the rights of people with disabilities by promoting their self-direction and by advancing their civil right of equal access to society. Summit not only offers independent living services which foster personal growth and independence, it stands in the forefront of the national disability rights movement by advocating changes which recognize an environment in which there is full and equal access for all.

Consumer control and involvement play a key role in Summit's philosophy. Summit is managed by people with disabilities who have themselves become successful in establishing independent lives. All programs and services available through Summit are designed and implemented by a people who know first-hand what's needed and what works and who possess the sensitivity, understanding and expertise necessary to support and serve others with similar needs.

Perhaps most importantly, Summit realizes that people with disabilities are the best authority on what they, as individuals, need to become independent. People who come through Summit's doors have a choice in the services they receive. They set their own goals and they define independence in their own terms.

Summit's comprehensive independent living services include peer counseling, advocacy assistance, interpreter services, information and referral, independent living skills evaluation and instruction, occupational therapy and other supportive services. Services and advocacy activities are provided in Missoula, Flathead, Lake and Ravalli counties in western Montana.

Summit adheres to the practice and philosophy of the nationwide independent living movement which stresses self-reliance, self-direction and consumer control and involvement by persons with disabilities.

OF SPECIAL NOTE TO MISSOULA'S BUSINESS COMMUNITY:
Summit's <u>Accessibility Consultation Services</u> provide business owners with expert advice on ways of making their establishments, services and goods accessible to <u>all</u> Missoulians. Individuals needing assistance, or those just wanting to ensure their place of business meets compliance with the guidelines outlined in the Americans with Disabilities Act (ADA) are encouraged to call Summit Independent Living Center at 728-1630.

Keeping the Spirit of Independence Alive in Western Montana

The American With Disabilities Act... Working for Change... Working for Everyone

By ensuring a barrier-free environment, we all benefit --

Business owners will see their revenue grow when they open their doors to everyone. When barriers are lifted, people who are elderly or who have a disability will be given the resources to fully pursue the opportunities for which our country is justifiably famous.

As a business owner, the ADA requires you to make your goods, facilities and services accessible to everyone. However, this is not meant to represent a costly endeavor. There will be those instances where certain costs are inevitable. However, the ADA does recognize those situations in which a business owner's financial limitations may prevent any major restructuring of existing facilities. The "readily achievable" standard of the law covers those instances and is defined as "easily accomplished and able to be carried out without much difficulty or expense."

The ADA makes good business sense. **The cost of incorporating accessibility features in new construction is less than one percent of the overall costs of construction. This is a small price to pay when you look at the economic benefits which stem from providing full access.**

There are also tax incentives for complying with the ADA --

-- A special tax credit is available to help smaller businesses make accommodations required by the ADA.

Eligible small businesses may take a tax credit of up to $5,000 per year for accommodations made to comply with the ADA. This credit is available for one-half the cost of "eligible access expenditures" that are more than $250 but less than $10,250. (Title 26, Internal Revenue Code, section 44)

-- A full tax deduction, of up to $15,000 per year may be available to any business for expenses associated with removing qualified architectural or transportation barriers.

Examples of covered expenses include costs associated with removing barriers by erecting ramps, widening doorways, altering bathroom facilities and modifying transportation vehicles to accommodate the elderly and individuals with disabilities. (Title 26, Internal Revenue Code, section 190)

-- Under the Targeted Jobs Tax Credit Program, tax credits are available to employers hiring individuals with disabilities.

A tax credit may be taken for up to 40% of the first $6,000 of the first-year wages of a new employee with a disability. (Title 26 Internal Revenue Code, section 51)

THE ADA MAKES SENSE... BY WORKING TOGETHER, WE CAN MAKE IT WORK FOR EVERYONE

For more information on how you can ensure compliance with the ADA, please contact a Summit office in your area. In Missoula -- 728-1630; Flathead -- 257-0048; Lake -- 676-0190; Ravalli -- 363-5242.

#2

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People with disabilities comprise the largest yet, paradoxically, the least recognized mi nority in the United States. Today, there are an estimated 43 million Americans who have : disability – but it wasn't until 1990, with the passage of the Americans with Disabilities Act that people with disabilities were given the same rights that women and minorities have ha since 1964.

For all too long society has endorsed an "out-of-sight out-of-mind" mentality towar people with disabilities. Even today, at an almost subconscious level, people with disabilitie are still regarded as being less than whole. Viewed in this light it's become acceptable t deny these individuals the same opportunities and resources available to all people as a mat ter of right. Historically, people with disabilities have been warehoused in institutions o hidden away and cared for in their homes. Society has imposed limitations by erectin barriers that restrict or take away their choices. It has prescribed for them a patient-lik existence that denies them a voice in their own lives. The disability itself has been viewed a the problem, when in fact it's not the person with the disability that needs to be "fixed"–it' society.

Times are changing. People with disabilities are no longer settling passively for a soci etally-determined lifestyle. And with the support of *Summit Independent Living Center,* the no longer have to.

For over a decade, Summit has been a driving force in helping western Montanans wit disabilities establish and maintain lives of independence. Summit works to ensure and pro tect the rights of people with disabilities by promoting their self-direction and by advancin their civil right of equal access to society. Summit not only offers independent living service which foster personal growth and independence, it stands in the forefront of the nationwid disability rights movement by advocating changes which recognize an environment in whic there is full and equal access for all.

Consumer control and involvement play a key role in Summit's philosophy. Summit i managed by individuals with disabilities who have themselves become successful in estab lishing independent lives. All programs and services available through Summit are designe and implemented by people who know first-hand what's needed and what works and wh possess the sensitivity, understanding and expertise necessary to support and serve other with similar needs.

Perhaps most importantly, Summit realizes that people with disabilities are the best au thority on what they, as individuals, need to become independent. People who come throug Summit's doors have a choice in the services they receive. They set their own goals and the define independence in their own terms.

Many of us take for granted the opportunities we have in our living arrangement transportation, recreation and employment. We erroneously assume that the perks lif throws our way today will be here tomorrow. However, the fact is, it's almost inevitabl

that each of us will be personally affected by disability at some point in our lives. It may stem from an accident, an illness or simply through the aging process. It could happen to a spouse, a parent, a child or a friend. It could happen to *you.*

Last year, Summit's services and advocacy efforts assisted more than 260 western Montanans in leading more independent lives. For these individuals, getting there wasn't always easy. But who said anything worthwhile ever is? The important thing is that these people were given the right to choose their own paths, to make their own decisions – to learn – to grow.

Our country was founded on the principles of independence, justice and equality. Wars were fought to ensure and protect these liberties. People with disabilities don't want special treatment. They just want their share of the American dream – equality and a life of independence.

Won't you help us assist western Montanans with disabilities in their quest to lead more independent lives?

When you invest in the work of Summit Independent Living Center your dollars will go toward:

- Ensuring that all individuals with disabilities, have the opportunity of maximizing their potential for leading proud, productive and prosperous lives as contributing members of society.
- Providing the necessary tools that will assist people with disabilities in advocating their needs and safeguarding their rights.
- Putting an end to discrimination, paternalistic attitudes, and stereotypical thinking toward people with disabilities.
- Providing the resources that enable people with disabilities to live independently.
- Investing in advocacy efforts that will produce an environment in which there is full and equal access for all Montanans.
- Giving people with disabilities control over their lives and the opportunity to blend fully and equally into the communities that make up western Montana.

One Final Thought: There's something indefinable in this whole process of giving – the creation of an intangible greater good for the whole that accrues when <u>all</u> members of society are truly equal. Americans have entered this indefinable dimension at other definite times: the Civil Rights of 1964 and in 1920 when women received the right to vote, to name a few.

Remember... by supporting Summit's programs you'll be investing in ability, not <u>dis</u>ability.

Summit is recognized as a private, tax-exempt, non-profit organization. In March of 1989, the center was determined to be exempt from income tax under Section 501(a) as an organization with 501(c)(3) status.

All Donations are Tax-Deductible.

The History and Philosophy of Summit Independent Living Center

Summit Independent Living Center is a Missoula-based, non-profit, non-residential program, serving people with disabilities throughout western Montana. Summit is governed by an eleven member board of directors and employs a staff of sixteen. The majority of board of director and staff positions are held by persons with disabilities.

Summit first opened its doors to the disabled community in February of 1982. Initially, Summit operated as a department of Community Medical Center. Services were provided mainly within Missoula County and were targeted primarily at severely mobility-impaired individuals. Over the years, we've steadily expanded the scope of our programs and services, the number and type of consumers we serve, the size of our staff and our service delivery area. In August of 1988, Summit was separately incorporated and continues to be a free-standing, consumer-based organization.

Summit's mission is to assist people with disabilities in establishing and maintaining independent lives. Summit works to ensure and protect the rights of people with disabilities by promoting their self-direction and by advancing their civil right of equal access to society. Summit not only offers independent living services which foster personal growth and independence, it stands in the forefront of the national disability rights movement by advocating changes which recognize an environment in which there is full and equal access for all.

Summit's comprehensive independent living services include peer advocacy, advocacy assistance, interpreter services, information and referral, occupational therapy and other supportive services. Services and advocacy activities are provided in Missoula, Flathead, Lake and Ravalli counties in western Montana.

Summit adheres to the practice and philosophy of the nationwide independent living movement which stresses self-reliance, self-direction and consumer control and involvement by persons with disabilities.

SERVICES AND PROGRAMS AVAILABLE THROUGH SUMMIT

Occupational Therapy

Summit's Occupational Therapy Services provide a self-help approach to reaching independenc Summit's registered occupational therapist (OTR) and the consumer work together to assess and addre judgment and safety issues, functional and adaptive skills, cognitive abilities and the psychological an emotional impact of disability.

Through independent living skills evaluation and instruction, the OTR examines the consumer' level of skill in areas ranging from personal hygiene, nutrition and cooking to household and financi management. Once this information is gathered, the OTR meets one-on-one with the consumer to identif problem areas, set goals and develop a plan of action. Instruction in areas of concern will then enable th consumer to develop the confidence, skills and knowledge for living independently.

Summit's Occupational Therapy Services provide Summit's consumers with a self-help approach t securing and maintaining the independent living arrangement of their choice.

Areas of evaluation and instruction include: assistive devices, mobility, self-care, attendant mar agement training, family education and training, money management, social and recreational needs, tran portation, communication, home assessment, housing and living arrangements.

Peer Advocacy

The process of coming to terms with a disability is made easier with the help of *Peer Advocates.* By incorporating Summit training with their own experience as a person with a disability, pee function as positive role models, offer information on available resources and share practical tips for dail living.

Peer advocates help to eliminate many of the day-to-day frustrations a person with a disability ma encounter. What was once seen as an obstacle becomes a challenge. And when there's triumph over cha lenge, success and personal growth are the end result.

Advocacy and Resource Development

There are a surprising number of resources and services available to people in need of assistanc Gaining access to these resources, however, can be time consuming and confusing at best. In frustratio those in need are often forced to give up and do without the resources and services to which they' entitled.

Through *Advocacy and Resource Development,* Summit staff and consumers work together i identifying and utilizing resources in such areas as transportation, housing, health care and financial assi tance. Consumers then receive counseling on ways of effectively accessing the system and enhancing the self-advocacy skills. Alternatively, center staff can act in a representative capacity for those desiring assi tance in advocating their needs. The center also serves to ensure and protect the human and civil rights individuals and offers assistance with the administrative appeals process when necessary.

Support Groups

Many people with disabilities and their families undergo a sense of self-imposed isolation. They b lieve they have no alternate source of support outside the family. As a result, they feel compelled to de with their circumstance solely by themselves. This way of thinking not only furthers isolation, but shu out potentially rich avenues for mutual growth. For this reason, Summit offers a variety of *Suppo Groups,* composed of people who share similar situations. Based on their own experience with disabilit these networks lend emotional support and guidance to those in need of it.

Summit offers an epilepsy support group and support groups for individuals with head injuries an their family members. Other support groups can be organized to meet consumer and community needs.

Family Counseling and Education

Support is available for family members who need assistance in learning to cope with disability issues.

Systems Advocacy

"...all men are created equal." At Summit we embrace the very essence of this tenet. And, for over a decade, we have striven to ensure that these words continue to ring true. Summit pursues social change for citizens with disabilities through ongoing public awareness and advocacy efforts at the local, state and national levels.

Health Systems

Lets face it – Americans have become a health conscious lot. Today fitness, nutrition and diet are seen as the key to a rich and satisfying life. People with disabilities are especially receptive to this philosophy. Medical and rehabilitation technology has made tremendous strides in the last few decades. People with even the most severe disabilities are living longer, more independent lives. Viewed in this light, proper diet and exercise are seen as essential tools for ensuring a long and healthy life. People with disabilities are also at a risk for developing secondary disabilities. Maintaining optimum physical condition can greatly reduce secondary complications. Summit's healthy lifestyle workshops provide a wealth of information for those interested in fitness, health maintenance and prevention of secondary disabilities.

In response to the national health care crisis, Summit's efforts aim at reforming health care at state and local levels. The center recognizes that adequate, affordable health care is a right, not a privilege, and not only advocates reforms, but works to develop resources that will ensure quality health care for all Montanans.

Attendant Management Training

Individual or group instruction prepares people with personal assistance needs to recruit, hire, train and manage their personal care attendants.

Senior Companion Program

Support for individuals over the age of sixty is available through a cooperative program with Missoula Aging Services. Summit *Senior Companions* provide assistance with shopping and transportation, as well as companionship for social and recreational pursuits.

The many resources provided by Summit include...

Assistive Technology The center offers short-term, low cost rental of wheelchairs and other mobility aids, communication devices, adaptive bathroom equipment and other assistive devices for daily living.

Interpreter and TT Services People who are deaf or hearing impaired can avail themselves of Summit's text telephone (TT) and interpreter services.

Resource Library Video cassettes, books, magazines and other publications on disability topics are loaned free of charge. Summit also publishes a quarterly newsletter and a monthly calendar of events.

Information and Referral Up-to-date information on adaptive equipment, accessibility, housing and transportation, support services and other areas is available through the center. Referral to outside resources is made when Summit cannot supply the information directly.

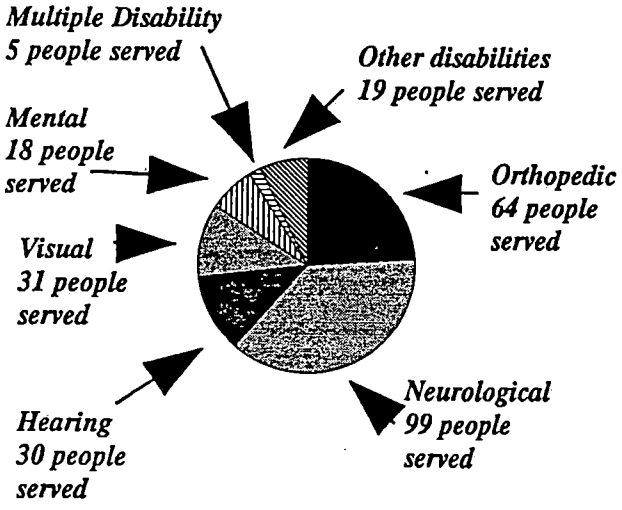
Consultation Services Technical assistance on disability rights, accessibility, housing, transportation and related areas is available to consumers, community members and government agencies.

Volunteer Services Volunteer opportunities are available to consumers, community members and students who wish to gain experience in the field of independent living.

Disability Awareness and Sensitivity Training Independent living professionals heighten public awareness by sharing personal experience and expertise on topics ranging from discrimination to the social aspects of disability.

Summit does not discriminate on the basis of disability, race, creed, sex or national origin, in compliance with the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964.

Consumers served, according to disability

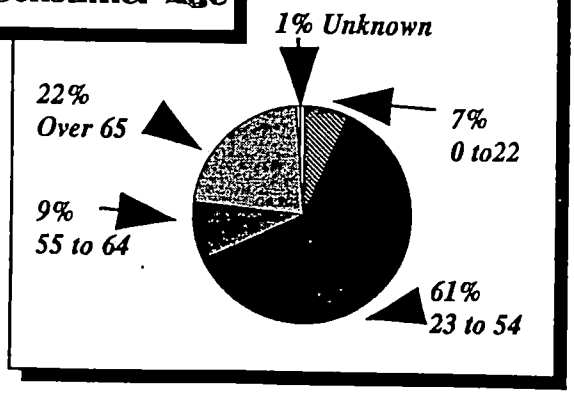


Summit served 266 people with disabilities during 1992

In 1992, Summit rendered 7027 hours of direct consumer service in these areas:

Advocacy Assistance--2900 hours
Peer Advocacy--1132 hours
Social/Recreation--1060 hours
Independent Living Skills--990 hours
Transportation--566 hours
Housing/Equipment--238 hours
Communication Services--141 hours

Consumer Age



Empowerment

In 1992, Summit made significant strides in empowering people with disabilities by:

Laying the groundwork for the statewide *Coalition of Montanans Concerned with Disabilities* whose mission is to promote equal access for all Montanans through the collective empowerment of people with disabilities.

Sponsoring several Medicaid Forums which alerted Summit consumers, service providers and the public about proposed government cuts in Medicaid optional services. Summit's advocacy efforts were instrumental in ensuring that only limited cuts in Medicaid optional services were made during the 1993 Montana legislative session.

Forming *Planning and Action Councils* which gave voice to community-wide concerns in areas such as recreation, accessibility, employment, social services, health care and counseling.

Working with over 120 agencies throughout western Montana to ensure service provision to people with disabilities.

Coordinating the Missoula County Fitness Program at the Missoula YMCA. The focus of the program was on health promotion and safety issues for people with disabilities.

Advocating Change

During 1992, Summit provided 2,482 hours of systems change to ensure that all Montanans have equal access to society by:

Advocating technical alterations that resulted in changes in policy and procedure in such areas as transportation, recreation, housing and communication for deaf and hearing-impaired individuals.

Advocating and completing accessibility consultations for changes which resulted in a reduction of barriers in eight buildings.

Completing accessibility consultations at the Missoula YMCA and for the Bitterroot Forest Service.

Sponsoring workshops and seminars on the Americans with Disabilities Act; the Fair Housing Amendments Act; the Rehabilitation Act; health care; access; recreation; and self and systems advocacy.

Conducting over 668 hours of information and referral services.

Summit stands in the forefront of the nationwide disability rights movement. In recent months the center has been instrumental in:

Initiating the development of the statewide "Disabled Accessible Affordable Homeownership Pilot Program."

This program was developed in response to a letter from Summit's equipment/assistive technology coordinator to the state Board of Housing regarding the lack of affordable, accessible housing in Missoula. Run by the Montana Board of Housing, this program is designed to further the independence of people with disabilities by offering low-interest loans which enable them to purchase affordable, accessible homes. The board set aside $3.5 million for loans throughout Montana.

Aiding efforts at reforming Montana's health care system.

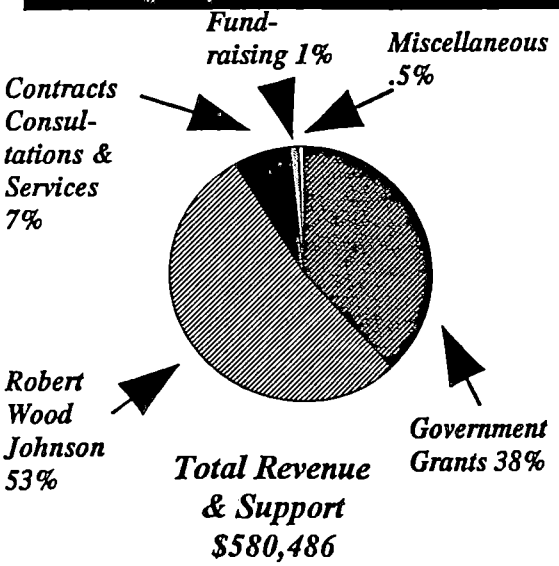
Summit advocates a more integrated approach between various insurance programs to ensure that people with disabilities are included in major health-care insurance reforms. Summit currently has a representative on the board of the Montana Comprehensive Health Association which oversees the state plan for Montanans who cannot obtain health insurance elsewhere.

The restructuring of Mountain Line's governing board, its policies and procedures.

Summit's advocacy efforts stemmed from numerous complaints from Missoula's disabled community alleging deficiencies in the local bus line's service; discriminatory practices; and overall insensitivity to the needs of people with disabilities.

Support and Revenue for 1992

1992 Support & Revenue

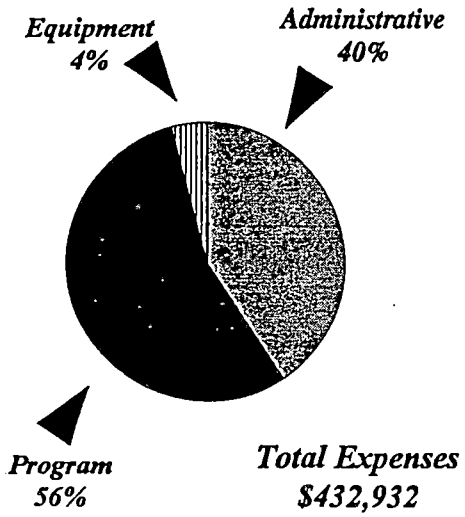


Total Support & Revenue 1992 - $581,971
(loss of sale on asset of 1,485)

Percentage Breakdown

Miscellaneous = $2,903
Fund-raising dollars = $5,993
Contracts/Consultations/Services = $41,962
Government Grants = $221,021
Robert Wood Johnson = $310,092

1992 Expenses



Total Expenses 1992 -- $432,932

Percentage Breakdown

Equipment -- $18,160
Administrative -- $171,521
Program -- $243,251/ $915.00 per person

Funding... Past, Present and Future

In 1981, Summit applied for and received federal funding through the *Centers for Independent Living* program, administered by the Rehabilitation Services Administration, U.S. Department of Education (Title VII of the Rehab Act). Today this funding allows Summit to provide services such as: personal advocacy, independent living skills evaluation and training, peer advocacy, information and referral, systems advocacy (including barrier reduction activities), option development and public education and community awareness activities.

In 1985, Summit received additional federal funding through Title VII to expand the scope of its programs and services, its service delivery area and the number and type of consumers served. An alternate source of funding was secured that same year through the Ravalli County Commissioner's office. This funding continues to provide transportation for that county's citizens with disabilities. During 1985, Summit also initiated a contract with the state to provide independent living services which are administered through Montana's Vocational Rehabilitation Program.

In 1990, Summit was one of 12 independent living centers nationwide awarded a grant under the Robert Wood Johnson Foundation's (RWJF) "Improving Service Systems for People with Disabilities." This four-year grant will provide a total of $700,000. The main objective of the RWJF project is to increase Summit's self sufficiency and to improve social service systems for the delivery of health care and social services, especially for people in rural areas. Funding though the RWJF project allowed Summit to expand its operations by opening offices in Flathead, Lake and Ravalli counties.

In September of 1992, Summit received additional funding through a contract with the MonTECH Program at the University of Montana. Under this contract, Summit serves as one of five ACATs (Access Cooperatives for Assistive Technology) statewide. Each co-op acts as a clearinghouse for information on assistive technology devices and services available throughout Montana.

In May of 1993, Able Medical Supply Company opened its doors to the citizens of western Montana. Able Medical, a for-profit, subsidiary corporation of Summit, promises the fast, convenient provision of consumable medical supplies. This business venture was implemented as an objective of the RWJF grant and is seen as a viable way of not only meeting consumer need, but also as a means of supporting Summit's programs.

In January of 1994, Summit's Flathead and Lake county offices are slated to receive United Way funding.

Summit is currently in the midst of pursuing a number of financial development activities which will further supplement the center's core funding. Income generating efforts include implementing a fee-for- service component; expanding third party reimbursement for independent living services; and conducting ongoing marketing, fund-raising and financial development activities.

Summit has an extensive history of development and implementation of innovative programs...

In 1986, Summit won a grant from the Dole Foundation to implement Project Pace (Peer Associates for Competitive Employment).

In 1987 Summit was the recipient of a Department of Education recreation grant to expand recreation and leisure-time opportunities for western Montanans with disabilities.

In 1988, Summit was awarded a two and a half year contract with the Rural Institute at the University of Montana. Under this contract Summit served as the "disability outreach component" of the Institute's Secondary Disability Prevention Program.