

EXECUTIVE SUMMARY
**CALIFORNIA CENTERS FOR INDEPENDENT LIVING
AND HOME MODIFICATIONS**

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INTRODUCTION

This executive summary is based on a survey of home modification (HM) programs, advocacy, and services of Centers for Independent Living (CILs) in California. The survey was conducted in 2000-2001 by the National Resource Center on Supportive Housing and Home Modification housed at the University of Southern California. Funding was provided by The California Endowment and the Archstone Foundation.

Centers for Independent Living

Centers for Independent Living (CILs) are community-based agencies that provide services to individuals with a variety of disabilities. They are a product of the independent living (IL) movement, which stressed the importance of people with disabilities maintaining control over their own lives. All CILs provide four core services. These include advocacy, peer counseling, training in IL skills, and information/referral. In California, CILs are also required to provide attendant referral and housing assistance. Housing assistance services typically consist of referrals to identify affordable and accessible housing, but they may also include home modification (HM).

Home Modification

Home modifications (HM) are adaptations to one's living environment that are designed to make tasks easier, reduce accidents, and support independent living. Examples include removing hazards, adding special features (e.g. ramps) or assistive devices, moving furnishings, changing how activities are carried out or where they occur, and structural renovations.

Research Rationale and Methods

This study of California CILs grew out of an earlier nationwide survey of federally funded CILs to determine whether CILs provide HM. The purposes were to look at what services California CILs provide and their collaboration efforts with respect to HM. We also wanted to examine different categories of CILs (e.g. rural) and identify exemplary CILs in terms of HM service provision and funding to showcase centers with practices from which other centers can learn

The survey instrument consisted of 12 items covering HM programs, advocacy, and services. Questions assessed if CILs employ a housing advocate and about that staff member's training in HM. CILs were asked if they provide HM funding and the types of services provided. Staff knowledge and collaboration efforts were also assessed. The survey was designed to allow between-group comparisons.

The original listing of CILs was obtained from Volume 22 of the Independent Living Resource Utilization (ILRU) Directory of Independent Living Centers, SILCs, and Related Organizations, which was current as of January 2000. Updated information through August 2001 was obtained from the California Foundation of Independent Living Centers (CFILC) listing of California CILs. Initial surveys were mailed to the 70 CILs in California. Those that did not return the original survey were either faxed another copy or completed the survey over the telephone. Responses were received from all 69 centers that were still in existence at the time of the survey.

MAJOR FINDINGS

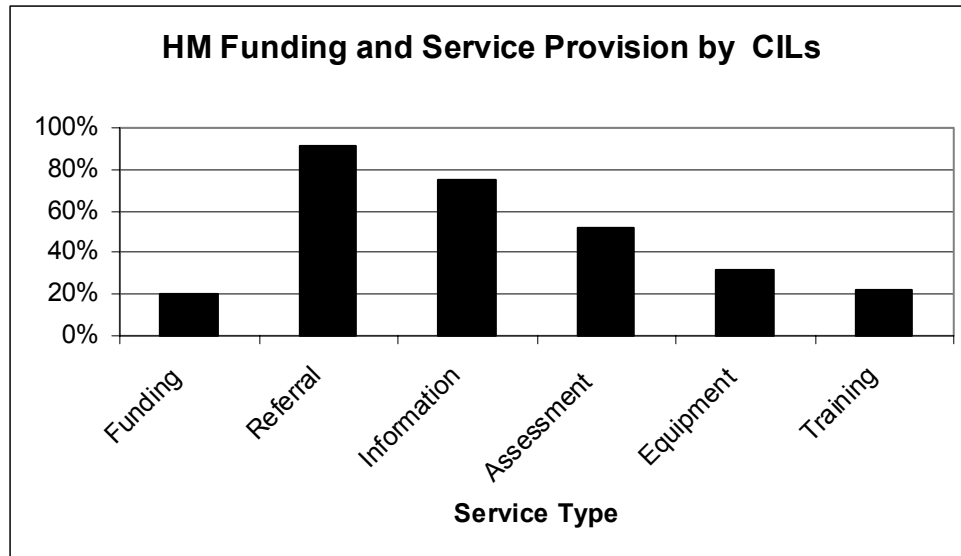
All CILs

HM Knowledge and Training

- 84 percent (58 CILs) have an employee who is designated as, or performs the duties of, housing advocate
 - Of these, more than half (53 percent or 32 CILs) are trained in HM services or funding
 - Popular training and knowledge-gathering methods for these 32 trained advocates include:
 - In-house/on-the-job—38 percent
 - Attending seminars/workshops—13 percent
 - On average, staff knowledge about HM services is higher among CILs with a trained housing advocate
 - Less than half (44 percent) of CILs rate their staff as knowledgeable or extremely knowledgeable about HM services
 - Slightly less than half (48 percent) rate their staff as somewhat knowledgeable

HM Services and Funding

- 91 percent of CILs offer some kind of HM service:
 - All 63 CILs that provide any service do referrals
 - The less labor intensive a service is, the more likely it is to be offered
 - Referrals and information rather than equipment or training
- Only 20 percent of CILs provide HM funding



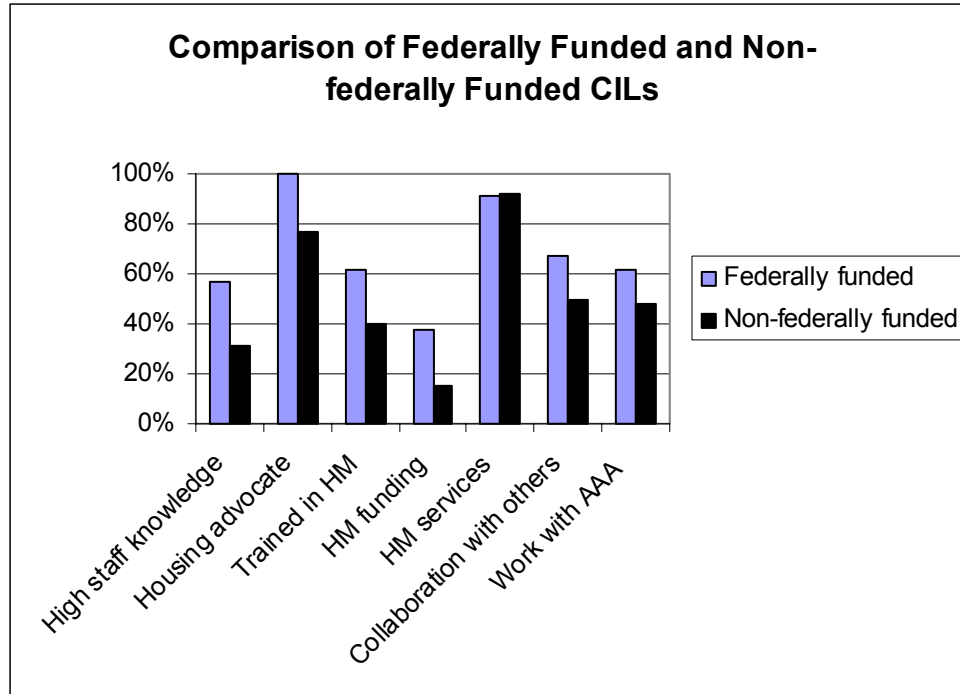
Collaborations

- 55 percent of CILs participate in a task force/collaboration to advocate for HM
 - 24 percent work with housing organizations
 - 13 percent work with aging organizations
 - 11 percent work with the CFILC or their CDBG agency
- 52 percent of CILs work with their local Area Agency on Aging (AAA) on HM issues

Comparisons Among Groups of CILs

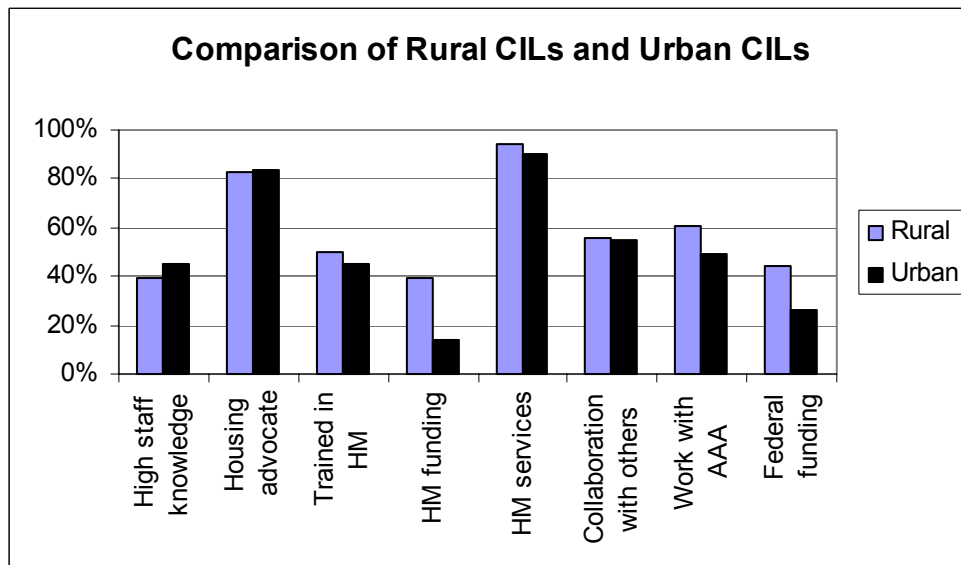
CILs with/without federal Title VII funding

- Less than one-third (21) of CILs received federal Title VII funding at the time of this study
 - The remainder rely on state funding, other federal sources (CDBG, HUD), city, county, and school district funds
- On average, CILs with federal Title VII funding scored higher on HM efforts than CILs without



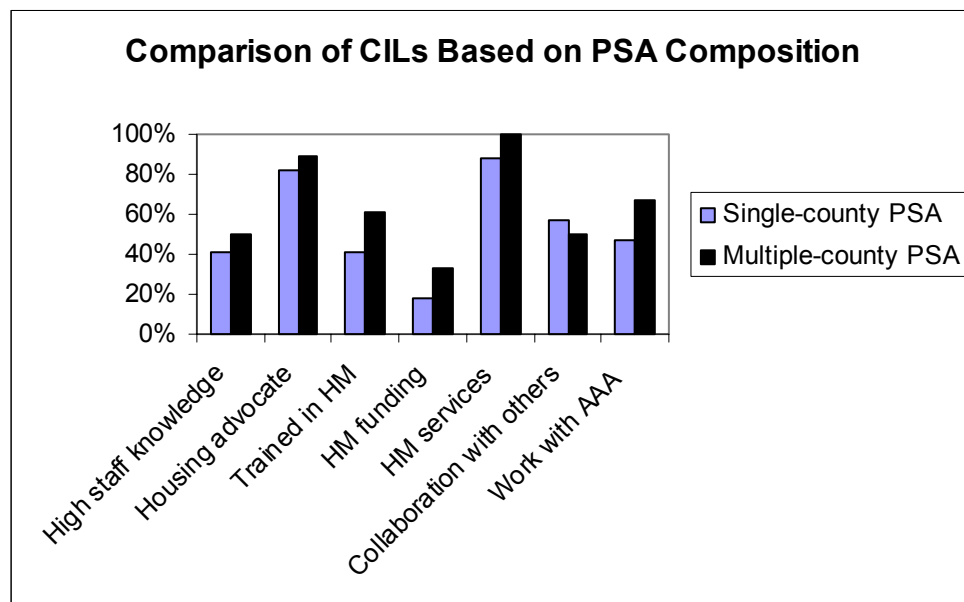
Rural versus urban CILs

- 18 California CILs (23 percent) are designated as rural
 - Rural CIL service areas have economic bases of agriculture and/or natural resources
 - Conversely, urban CILs serve areas with economies based primarily on manufacturing, retail sales, and services
- Generally, rural CILs scored slightly higher than urban CILs on HM efforts



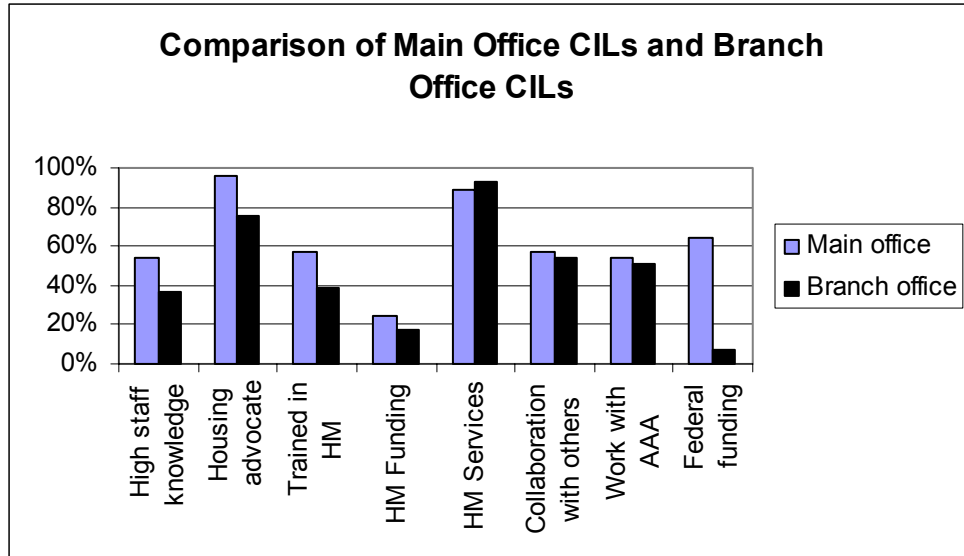
CILs located in multiple-county PSAs versus those located in single-county PSAs

- The California Department of Aging (CDA) divides the state into 33 Planning and Service Areas (PSAs) and designates one AAA per PSA
 - 12 AAAs cover multiple counties
 - In general, PSAs covering one county are more metropolitan than multiple-county PSAs
 - CIL locations are not based on PSAs; instead they are located in 28 catchment areas, each with a main office
- CILs located in multiple-county PSAs scored better than their counterparts in single-county PSAs
 - Except in terms of collaboration with organizations other than their local AAA



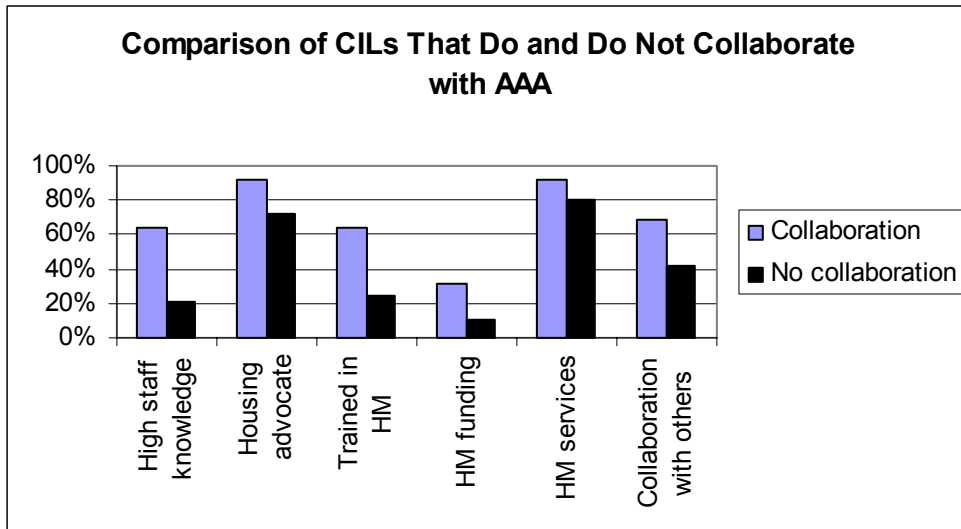
CIL main offices versus CIL branch offices

- 28 of the CILs are main offices; 41 are branch offices
 - With the exception of service provision, main offices are more likely to be involved in HM activities than branch offices



CILs that do/do not collaborate with their local AAA

- CILs that cooperate with their AAA scored higher on HM activity than those that do not



Exemplary CILs

- Criteria:
 - Trained housing advocate
 - HM services and HM funding
 - Collaboration with other organizations, including AAA
 - Staff extremely knowledgeable about HM
- Ten identified as exemplary, with two standing out above the rest
 - Mother Lode Branch of Disability Resources Agency for Independent Living (DRAIL) located in Sonora
 - Center for Independence of the Disabled in Belmont

CIL Name	Location	Type	Federally Funded	Trained Housing Advocate/ HM Funding/ HM Services	Work with AAA	Task Force	Staff Knowledge
Center for Independence of the Disabled	Belmont	Urban Main		X	X	X	Extremely knowledgeable
Center for Independent Living	Berkeley	Urban Main	X	X		X	Extremely knowledgeable
Community Access Center	Banning	Rural Branch		X	X	X	Somewhat knowledgeable
Disability Resources Agency for IL	Modesto	Rural Main	X	X	X		Knowledgeable
Disability Resources Agency for IL	Sonora	Rural Branch	X	X	X	X	Extremely knowledgeable
Independent Living Resource Center	San Luis Obispo	Rural Branch		X	X	X	Somewhat knowledgeable
Independent Living Resource Center	Santa Barbara	Urban Main	X	X	X	X	Knowledgeable
Independent Living Services of No. Cal.	Chico	Rural Main	X	X			Knowledgeable
Marin Center for Independent Living	San Rafael	Urban Main		X	X		Extremely knowledgeable
Westside Center for Independent Living	Los Angeles	Urban Main		X			Knowledgeable

DISCUSSION

The vast majority of CILs (97 percent) want more training in HM funding and services, and their level of knowledge of such services demonstrates such a need. CILs cannot be expected to provide HM training and assessments to clients if they are not knowledgeable about the topic. While a few CILs receive training from the Department of Rehabilitation and the CFILC, it is unclear why more do not. Most training on HM is done in-house, which makes sense because it is convenient and low cost.

Perhaps a feasible solution to the CILs' desire for knowledge is for statewide information dissemination and training to be established. Low-cost technologies like teleconferencing, satellite feeds, videos, and on-line training could be used to educate CIL staff about HM. The CFILC arranged such a program late in 2001, after this survey was initiated. The National Resource Center on Supportive Housing and Home Modification at the University of Southern California presented teleconferences on "Home Modification (HM) and Universal Design (UD)" for CFILC members in 2001. Seventeen California CILs, including three of the exemplars, participated in learning high- and low-technology approaches to HM and how to locate local HM resources.

The current study did not allow us to determine how extensively CILs collaborate with other organizations, but we did determine that those collaborating with others tend to score higher on our service dimensions. Conceivably, the collaboration to address HM issues is indicative of the CILs' commitment to providing HM services. Alternately, the collaboration may allow for greater service provision and shared knowledge leading to higher knowledge levels.

It is unclear why some CILs (42 percent) do not collaborate with their local AAA. Perhaps they do not have sufficient numbers of clients age 60 and older. Conversely, those that do work with their AAA may have older clients who wish to "age in place" and require modifications to their homes in order to do so.

Federal funding appears to impact staff knowledge, staff training, and collaboration with other organizations. Why this occurs, however, is unknown. The stability of federal funding versus state funding depends on the year being examined. One factor may be that federal funding fluctuates from year to year.

Rural CILs and those CILs located in multiple-county PSAs provide more services than their urban counterparts. This may be because their remote catchment areas have fewer alternative providers of HM services. In rural areas, clients may also have fewer housing options and may therefore be more interested in modifying their current residences.

CIL main offices tend to be more active in terms of HM than branch offices are. This may be due to operations being centralized at the main office, with the branch offices routing clients to that office. Differences in funding levels may explain why main offices are more active in HM. Unless branch offices receive federal funding, they share their main office's state funding, resulting in fewer dollars.

CONCLUSIONS AND RECOMMENDATIONS

No one type of CIL appears to be more likely than others to provide exemplary HM services. Neither urban CILs nor rural CILs were more likely to be identified as exemplary. A lack of federal funding does not appear to hold CILs back from demonstrating a strong commitment to providing HM services.

This short survey allowed us to answer some questions about California CILs and HM, but it raised others. We need to know more about the specifics of CIL funding sources and allocation for HM, whether both younger and older adults are being served, and more information about how CILs and AAAs are working together, especially in rural areas. Further research is also necessary to determine whether the older adults served by CILs are those aging with a long-term disability or those who experience disabilities in old age (aging into disability).

California CILs can enhance the HM services they provide for older adults. While they are familiar with the needs of individuals with disabilities, they may not necessarily be familiar with those of older adults. In particular, CILs could work to increase their awareness of those aging into disability. Knowledge of older adults who are experiencing increased disability may improve service delivery to that population. Similarly, increased collaboration with AAAs, that focus on older adults, can boost HM service provision for older adults.