
DISCLAIMER: This funding allocation model is an adaptation of a model developed by the Illinois Network of Centers for Independent Living and adapted by the Indiana Business Research Center (2009), [http://icoil.org/documents/082009/ICOIL_Formula_Funding -
_FULL_REPORT_.pdf](http://icoil.org/documents/082009/ICOIL_Formula_Funding_-_FULL_REPORT_.pdf). The model has been adapted for the State of Minnesota's county populations, land areas, and employment levels, along with the current inflation conversion factor and a cost of living adjustment. All other components of the model have been retained and should not be modified except under the advice of a trained economist or statistician.

Executive Summary

A funding allocation formula was developed for the State of Minnesota's Centers for Independent Living service regions. The model was adapted from the funding allocation model used for Indiana's Centers for Independent Living (Indiana Business Research Center, 2009). The funding formula is based upon the average score across three main indicators, based upon US Census and US Department of Labor employment estimates for each MN County. The three indicators are:

- (1) Service Index – The level of service need in the county
- (2) Worker Disability index – The county disability rate compared to the statewide disability rate
- (3) Economic Distress Index. – The job density for the county compared the statewide job density.

The average score is calculated for each county. Using this average score, funding in terms of year 2000 dollars is calculated as \$1000 multiplied by the average score for each county. This dollar amount was then converted to 2015 dollars by multiplying by the inflation factor of 1.36 (a 36% inflation rate). The dollar amount was further adjusted utilizing a cost of living ratio of the county versus the state. If the cost of living for a county was greater than the state cost of living then the dollar amount was increased proportional to the difference.

The total funding for each region was calculated by adding funding amounts for all counties served. The percentage of total funds for each region was also calculated. The total funds estimated under the model for the State of Minnesota is \$18.6 million with regard to serving the 18 and older population, with each region receiving the following:

18+ Population	<i>Total Population</i>	<i>Number of Individuals with a Disability</i>	<i>Total Formula Funding (including COLA)</i>	Total Percent State Funding for Each Region
Minnesota (statewide)	4,115,590	502,149	\$18,583,296	
<i>Region</i>				
Access North	333,828	56,030	\$2,112,923	11.4%
Freedom	187,275	27,740	\$1,862,629	10.0%
ILICIL	425,329	51,664	\$2,048,966	11.0%
Options	129,964	19,989	\$2,334,344	12.6%
MCIL	2,221,836	240,669	\$2,313,640	12.5%
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SMILES	181,528	22,779	\$1,784,374	9.6%
SWCIL	98,143	14,462	\$1,746,737	9.4%
Unassigned	157,636	23,705	\$2,185,844	11.8%

In order to use the results of the formula, each region would receive the calculated percentage of total state funding or the suggested funding, depending on the amount of funding available.

Formula Indices

The formula is based upon three indices and a cost of living adjustment. The following describes in more detail each of these indices.

Service Index

The Service index score is based upon the estimated disabled population aged 18 and older for each county for the year 2015. The estimated populations are based upon the 5-year American Community Survey for 2013, Table B18101. This table contained both total population counts and counts of persons with a disability. These estimates are further adjusted to account for population increase over 2014 and 2015 using the average yearly increase of 1.3%, as provided by US Census Bureau estimates for the State of Minnesota. The service index score is based upon specified population ranges as provided by the Indiana funding formula. The population ranges and corresponding service index score is provided in the Table below:

Estimated Number of Disabled	Service Index Score
0-999	100
1,000-4,999	200
5,000-9,999	300
10,000-14,999	400
15,000-39,999	500
40,000-69,999	600
70,000-99,999	700
100,000-149,999	800
150,000-199,999	900
200,000+	1000

The range of service index scores for the counties was 100-800 with an average of 224.

Worker Disability Index

The Worker Disability Index Score is based upon the ratio of the county's population percentage with a work disability to the state's population percentage with a work disability. The percentage of the population with a work disability is obtained from the 5-year American Community Survey for 2013, utilizing those with a disability between the ages of 18 and 64. The final score is obtained by multiplying the ratio by 100. Thus if the county's disability percentage is equal to the state's then they would have a score of 100, if they had a lower rate then the score would drop below 100, and if it was greater then it would go above 100. The range of scores for the counties was 62-185, with an average of 114.

Economic Distress Index

The economic distress index score is based upon the ratio of the county's job density as compared to the state's job density. Job density is calculated as the employment density (number of jobs per square mile) divided population density (population per square mile). The number of jobs for each county was obtained from the First Quarter estimates for 2014, from the US Bureau of Labor Statistics,

http://www.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=2&st=27&year=2014&qtr=1&wn=0&ind=10&supp=0

The final score is calculated as the ratio multiplied by 100. Thus if the county's job density is the same as the state's then they get a score of 100, a score above 100 implies a higher job density than the state, and below 100 implies a lower job density for the county as compared the state. The range of the final scores was 69-206, with an average of 129.

Cost of Living Adjustment

The cost of living adjustment was made by using the ratio of the county cost of living to the overall cost of living for the state. The Living Wage amounts, used to estimate the cost of living, were retrieved from the MIT Living Wage Calculator,

<http://livingwage.mit.edu/states/27/locations>

Ratios of the county to the state cost of living were made. If the ratio was greater than 1, higher cost of living for that county than the state, then the final formula dollar amounts were multiplied by that ratio to get the adjusted dollar amount. For example if a county had a ratio of 1.25, then the final formula dollar amount would be multiplied by that same ratio, giving an adjusted dollar amount 25% higher than the original. If the ratio was 1 or less, indicating an equal or lower cost of living than the state, no adjustment to the estimated funding was made.

Funding Formula

The final funding is based upon the average of the three index scores for each county. The final percentage of funding for each CIL can be computed solely by the average of the funding formula scores, but for reference purposes the estimated funding need for 2015 is also computed. The estimated funding for each county is provided by multiplying the average score by \$1360. This value is then adjusted for inflation from the year 2000 until 2015, roughly 36%, where the \$1000 is assumed to be in year 2000 dollars like the original Indiana funding formula. This provides an estimated total state funding of \$18.6. The funding for the regions, both estimated 2015 funding and percentage of funding, is computed as the sum of all counties served by the

CIL region. The excel workbook provides the estimated 2015 funding for each CIL region and by county.

Use of Funding Formula

Strategic thinking about the IL system from a statewide perspective is now possible. For the first time, State Independent Living Councils (SILCs), Designated State Units (DSUs) and state independent living center associations now have a *data-driven* way to look at the distribution of people with disabilities in their state. They can more easily determine where Independent Living Centers and branch offices could be placed. With the creation of an economic-based funding formula, that is, a funding formula that looks at objective numbers rather than social services based criteria; advocates can present a picture of a statewide IL services system and its cost. They can demonstrate whether the system is under-funded and which areas are un- or under-funded. The SILC, ILCs, DSU and consumers can now work together with objective data to develop catchment areas that meet the needs of the state. Finally, a funding formula that gives each ILC a set percentage of funding raises the possibility of better collaboration on advocacy to increase the total state funding level for IL services. Here are a few ways to use the data:

1. Catchment area issues

The funding formula demonstrates the current catchment area or service region for each ILC in the state. It shows information on number of people potentially to be served and the amount it might take to do that on a county by county basis. Being able to see the number of people with disabilities and the dollar amount needed to serve by county can be very helpful in determining catchment area or regional services area sizes. Such a picture can make it easier to determine the location of new Centers and/or branch offices for existing Centers. Each state will want to set its criteria on the number of consumers that can be served, in how large of an area and how much of a budget, on average, for the catchment areas.

With the existing service areas pictured on a map, planners can easily see if areas are too big or have too many people to serve efficiently and effectively. While Title VII C funded counties can not be moved around, moving around state or other funded counties could be discussed and agreed upon among the Center directors and their boards. Inequities in funding and service territory can be more easily addressed in a non emotional or more objective manner based on the formula numbers. States that have unserved counties can strategically develop their new catchment areas in advance of funding availability.

In terms of catchment areas or service regions, we recommend two things. First, that the service regions be based on counties for ease of getting accurate numbers. Alternatively, a percentage of the county could be used if Centers share a county, but everyone must agree on that percentage. Or, if a county is to be split, then consider using zip codes. Census tracts

could be used but it will require centers to identify what tracts their consumers live in which adds to the burden of collecting more demographic information.

Next, the way that this formula balances larger population versus rural space is through land mass and job density. This can limit the funding amount for a Center who only covers one or two counties. Counties that have lots of population will typically have lots of jobs (a measure of poverty). These counties will most likely have other disability service providers available to share the provision of services. As a result, highly populated areas' funding level will decrease a bit.

In other words, rural centers may have to provide services that urban centers would refer out to other providers in their community. This is how balance is achieved between lots of consumers versus many square miles to travel. If the goal is to have more equity in funding across the Centers, the catchment or service areas may need to be adjusted. The funding formula gives you the information to make such adjustments.

2. Demonstrating need

One of the advantages of this formula is that it shows how much money will be needed to serve the entire population of people with disabilities within the age range you select. We recommend ages 18-64 because that age range generally has no other funding stream. Children can get services through the education system. Seniors can get services through the Area Agencies on Aging and the Older Americans Act. While a center certainly serves both populations, the target population for ILCs remains adults with disabilities. Savvy policy makers could argue that dollars exist to serve kids and seniors with disabilities but they can't argue that there are already dollars for adults with disabilities.

Having a data driven plan that demonstrates how IL services will be provided across the state and a budget detailing where dollars will flow should help policy makers understand your goals. Advocacy at the state and county levels should be more effective with complete and better objective data. Comparing the statewide funding that is currently available to what is needed will objectively demonstrate unmet need. For example, in Colorado we were able to show the Rehabilitation Services Administration (RSA) that the IL system was funded at less than a quarter of what it needed. RSA then agreed with the SILC that a new center was not possible at this time.

Another way of examining need is to look at who is getting services currently. The map of the existing IL system can show planners where there are large populations of people with disabilities living. Comparing the number of people served in each county through the "704" report with the consumer population of that county can provide an assessment of whether areas are getting a fair proportion of IL services. This is another data driven argument that can be used to increase state or local funding.

There are several ways to demonstrate need using this data but this explanation gets you started. Another source of information on need can be had through the National Disability Stats Center, funded by the National Institute on Disability Rehabilitation Research. They will provide a FREE comprehensive study of the demographics of your state's disability population on several levels-statewide, by county and by ILC catchment or service region. This information is based on the 2010 Census and the American Community Survey. A state-specific report from the National Disability Stats Center will give you the most frequent disability types in an area, ethnic and age breakout and other information. A detailed demographic description of consumers by state and catchment area will add valuable details about need to the formula information. This information is also very helpful to Centers who are writing grants for funding and SILCs who want to better understand their statewide constituency.

To start the process of getting a state specific demographic report, contact Andrew Houtenville, senior research director (Andrew.houtenville@unh.edu). For an example of his state-specific report, check out the Colorado SILC website (www.coloradosilc.org). Click on the public policy button and you will find it there..

3. Funding

Perhaps most importantly, this formula determines a county-by- county and service area-by-service area funding level for serving people with disabilities in that area. The dollar amount can be translated to a percentage of the total state IL funding amount. For example if a state needs \$10 million to provide independent living services to its residents with disabilities between the ages of 18-64 and there are 8 catchment or service areas, each area will have a percentage of that \$10 million. The percentage is based on the formula and most likely will be different for each area.

No one expects that the entire amount to fund a state IL system will become immediately available. This is a funding target to work toward with federal, state and county policy makers. As new money becomes available (Part B, state funds or other dollars that the SILC and DSU might agree upon) each Center will know how much of the funding they are getting in advance. They will get their percentage of the state total. So, if Center Q is 15.4% of the total state funding for IL, that center will get 15.4% of any new funds. This alone could end the fighting among centers about who should get more money and unite them in advocating together to increase the total IL funding level in a state.

Planners for the state IL system will have to determine 1) what services will be funded (suggest the four core services), 2) what funds will go into the formula, and 3) whether the formula applies to new dollars or is retroactively applied. Obviously there are political considerations here. Additionally, planners will want to examine how much of the proposed funding level each center has already achieved. This could impact the priority criteria for

funding that SILCs must set in their State Plan for Independent Living (SPIL). Centers closer to their targeted amount may have to wait or take less funding until other centers in the state get closer to their targeted amount.

Other states' usage of the formula

While Illinois created the formula in the early 1990s and as far as we know they are still using it although there has been talk about changing it or modernizing it.

Indiana was the first state to take the formula from IL and make it useful for other states. In 2009 the Indiana SILC created its state formula for 8 Centers and roughly 22 million people with disabilities. Their funding for the IN IL system totaled \$16.5 million. The SILC accepted the report and made it a part of their State Independent Living Plan. Any new funds have been distributed based on the formula percentages per catchment area.

In 2010, the authors of this report used the formula to examine Colorado's IL system funding needs. With 10 Centers and right around 500,000 people with disabilities, ages 16-64 in 2009, the IL system would cost \$12.6 million. The Center Directors rejected the formula thinking that it was too much money to ask for and there was no base. Interestingly, in 2015, the Centers were successful in getting a base of \$600,000 each. There is an additional \$400,000 on the table for which formula factors must be agreed upon by all 10 Centers by January 1, 2016. The system funding, with federal dollars could grow to \$7.7 million in 2016.

In 2010, New Jersey also contracted with the authors to provide their system with the IL formula used in IN. In NJ there are 12 Centers, a great deal of poverty and wide disparity in cost of living so that factor was added. They focused on the 16-64 age population; which translated to 985,275 people with disabilities. The IL system funding came to \$8.4 million. The Center directors could not agree so the formula was not incorporated into their State Plan.

Washington State also used the formula to calculate its IL system funding needs in 2010. There were 8 Centers or regions (not yet served) and the cost of living factor was used as well as the population between 16 and 64. The 2009 Census information showed there were 766,724 people with disabilities in that age range. The cost of their system was \$11 million. The Washington State SILC accepted the formula and incorporated it into their State Independent Living Plan.

The Wyoming SILC asked the authors to use the formula to identify the funding needs of its IL system in 2011. With 2 Centers and a large geographic area but "only" 56,485 people with disabilities between the ages of 16-64, their system funding came to \$3.8 million. At

that time, the SILC accepted the formula report and incorporated it into their Statewide Independent Living Plan.

In 2012 California was the latest state to use the formula. There are 28 Centers in that state and they looked at the age range in two ways. First they examined the range of 18-64 which gave them a population of 1.85 million people. Then they looked at the range of 18 and up which included seniors, which gave them a service population of 3.745 million. CA centers also added a base of \$450,000 for each center and determined that, based on which population by age served, the system would cost between \$32 and \$34.5 million. The centers could not agree on the formula so it has not been adopted to date in their state plan.

Most recently, in 2015, North Dakota also asked to use the formula to determine its IL system funding needs. With four IL centers serving the state and looking at the age range of 18 and up there are 70,561 people with disabilities. The cost of ND's system is \$8,340,197. The State IL Council joined the Centers in sponsoring the research so we are hopeful that it will be incorporated into their State IL plan.

Summary

A data driven funding formula will revolutionize the discussion of funding for independent living services. For the first time, we are able to use the data that so many advocates fought hard to get collected. Finally, all of us can sit down and discuss funding, service areas and needs based on data driven information. School districts do it, county governments do it, now Statewide Independent Living Councils and their stakeholders can do it, too. We can use an economic formula to determine how much is needed to truly serve our consumers, just like other public service entities.

Conclusions

Overall this funding model appears to adequately adjust for a CIL region's service need, worker disability, and economic distress, along with inflation and cost of living. More so, the distribution of counties among the service area appears to be well balanced among the CILs. Provided at the end of the report are the final count of individuals with a disability, estimated funding in 2015 dollars, and overall percentage of the estimated funding for the entire state, for each. The detailed calculations, along with formula based estimated funding is provided in the accompanied Excel workbook. The Excel workbook has 7 worksheets:

- 1) Service Index – Calculations and table entries for each county to compute the Service index Score for the 18+ population
- 2) Worker Disability Index – Calculations and table entries for each county to compute the Worker Disability Score
- 3) Economic Distress Index - Calculations and table entries for each county to compute the Economic Distress Score
- 4) Funding Formula – Calculations and table entries to compute the allocation percentages and estimated funding, along with suggested funding in 2015 dollars.
- 5) Region Areas Funding with Counties– Provides the allocation percentages and estimated funding by region and counties, along with suggested funding in 2015 dollars.
- 6) Region Areas Funding– Provides the allocation percentages and estimated funding by region.
- 7) 18 and above Pop – Calculations and table entries for each county to compute the indices score that use the age range of 18 and above data.

Funding Formula Result Tables

Centers for Independent Living Service Regions

18+ Population	<i>Total Population</i>	<i>Number of Individuals with a Disability</i>	<i>Total Formula Funding (including COLA)</i>	Total Percent State Funding for Each Region
Minnesota (statewide)	4,115,590	502,149	\$18,583,296	
<u>Region</u>				
Access North	333,828	56,030	\$2,112,923	11.4%
Freedom	187,275	27,740	\$1,862,629	10.0%
ILICIL	425,329	51,664	\$2,048,966	11.0%
Options	129,964	19,989	\$2,334,344	12.6%
MCIL	2,221,836	240,669	\$2,313,640	12.5%
SEMCIL	380,051	45,111	\$2,193,840	11.8%
SMILES	181,528	22,779	\$1,784,374	9.6%
SWCIL	98,143	14,462	\$1,746,737	9.4%
Unassigned	157,636	23,705	\$2,185,844	11.8%

Funding Formula Results Figures

Three figures are provided that display the number of individuals with a disability within a county and the estimated amount of funding needed to provide services.

Figure 1 – Map of Minnesota counties with service regions shaded and location center offices displayed

Figure 2 – Estimated funding by county for the 18+ population, darker greens imply more funding

Figure 3 – Number of persons with a disability by county for the 18+ population, darker blues imply more persons with a disability

Funding Formula Executive Summary

Why this report?

In 2015, the Minnesota Statewide Independent Living Council (MNSILC) in conjunction with Minnesota's eight Centers for Independent Living (CILs), commissioned [REDACTED] to determine how much money it would take for the CILs to fully provide independent living services for adults with disabilities ages 18-64 throughout Minnesota. They serve all age ranges and all disabilities including Veterans, Seniors and Youth. Centers are mandated through the Workforce Innovation and Opportunity Act (WIOA) passed in 2014, which was formerly the Rehabilitation Act (Federal Law), and corresponding State Law to provide five core services: 1) information and referral, 2) peer mentoring, 3) independent living skills development, 4) advocacy (both individual and systems) and 5) transition. Transition involves three components: nursing home (and other institutional level) relocation, services to prevent nursing home (and other institutional level) placement, and services to youth ages 18-26 who qualify for services under federal law in the school system and have graduated or otherwise left the educational system. Centers for Independent Living are statutory non-profit 501c3 entities. Their local boards determine what services other than the 5 core services that may be provided by each CIL based on local needs.

Funding

In 2016, the State Legislature recognized the critical importance of Independent Living Programs and the tremendous return on investment (ROI) that Centers for Independent Living provide by allotting an additional \$1,000,000 in one-time funding for 2017 and an additional \$500,000 in ongoing funding for 2018 and 2019. As shared during the 2016 Legislative session with Minnesota Legislators, nursing home relocation services provided by CILs, saved the State over \$5,000,000 Medicaid dollars in FFY2015. Services to divert nursing home/institutional placements is estimated to have potentially saved the State over \$30,000,000 Medicaid dollars during that same time period. The annual cost of a nursing home placement for one person is \$80,665. Despite this stunning return on investment, there has not been an increase in the ongoing base State funding for CILs since 2008 until the legislature added the additional funding of \$500,000 to the base funding for the eight CILs in 2016. Federal funding has also remained stagnant since 2004, increasing some one year and decreasing some other years. Despite this lack of additional funding in the past eight plus years, there was also a mandated 5th core service established federally (transition) for CILs, with no additional funding allotted. CILs already provided some of those transition pieces, but having it be law that they must provide that service increases the financial burden on the CILs. This report reveals the need for a much greater amount of financial support for CILs and their critical work in order to fully serve people with disabilities in Minnesota. Strategic thinking about the Independent Living (IL) System from a statewide perspective is now

possible through this formula. For first time, the Minnesota State Independent Living Council (MNSILC) and the Minnesota Association of Centers for Independent Living (MACIL) have a data-driven way to look at the distribution of people with disabilities in the State. The funding formula used in this report has already been used by several states to think strategically about the IL system from that statewide perspective.

What this report reveals

The report gives a County by County description of the level of service needs for those people with disabilities ages 18-64. As you can see the total amount needed in Minnesota to meet the needs is \$18.6 million for those ages 18-64. This amount does not include those under the age of 18, nor considers the increased needs for those of the gray tsunami over the age of sixty-five that will continue to affect the service system for years to come. In the past, the number of those over the age of 65 has been about 13% of the total population and by 2030, that number will be 25%¹. Further, expectations are changing with boomers indicating they prefer or need to remain working longer and age in place which has many implications for their needs for independent living services and supports².

The current amount of the State appropriation is 2.8 million dollars. The Federal appropriation of \$1.1 million for a total of \$3.9 million. An additional \$14.7 million is needed to allow Centers to fully serve Minnesotans with disabilities in the 18-64 age group. Additional funding still needs to be determined for those under 18 and those over 65.

¹ "Minnesota Population Projections 2005 - 2035," Minnesota State Demographic Center, June 2007

² The Ecumen "Age Wave" Study," 2007, pg. 7., AARP Policy Report: Home and Community Preferences of the 45/+ Population," November 2010, pg. 4, 8.

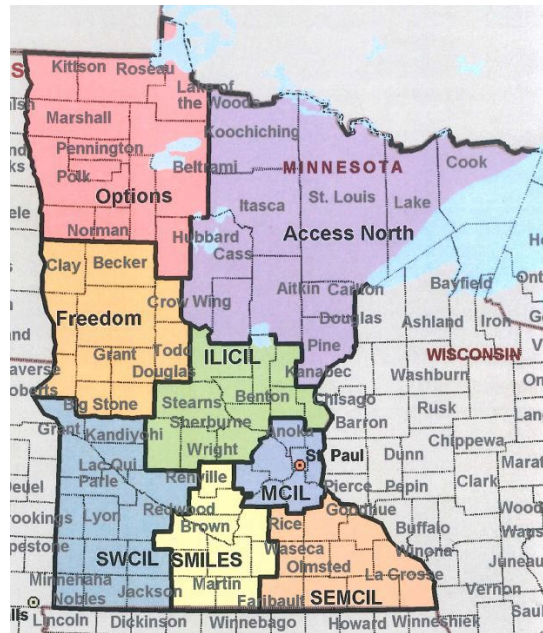
Table of Population and Funding for Each Center for Independent Living

Catchment Areas (Labeled “Regions” in the original report)	Total Population	Number of Individuals with a Disability	Total Formula Funding (Including COLA)	Total Percent State Funding For Each Area
Minnesota (statewide)	4,115,590	502,149	\$18,583,296	-
Access North	333,828	56,030	2,112,923	11.4%
FREEDOM	187,275	27,740	1,862,629	10.0%
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SWCIL	98,143	14,462	1,746,737	9.4%
Unserved (Unassigned in original report)	157,636	23,705	2,185,844	11.8%

NOTE: Since the study was completed, MACIL determined that the unassigned Counties would be divided by the existing CILs. The amounts above are from the original study and new numbers for the CILs taking on new Counties will be determined. The total of \$18.6 million is accurate for the State.

- Access North adds one County: Pine
- Independent Lifestyles adds two Counties: Chisago and Kanabec
- FREEDOM adds two Counties: Stevens and Pope
- SMILES adds one County: McLeod
- SWCIL adds five Counties: Big Stone, Swift, Lac Qui Parle, Chippewa and Renville

Map of the Service Areas for Each Center



Counties in Each Center's Service Area

(including the new counties from those previously unassigned)

Access North: Center for Independent Living of Northeastern Minnesota; Aitkin, Carlton, Cass, Cook, Crow Wing, Itasca, Koochiching, Lake, Pine, St. Louis.

ILICIL: Independent Lifestyles Inc. A Center for Independent Living; Benton, Chisago, Isanti, Kanabec, Kandiyohi, Meeker, Mille Lacs, Morrison, Sherburne, Stearns, Wright.

SMILES: Southern Minnesota Independent Living Enterprises and Services; Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Nicollet, Sibley, Waseca, Watonwan.

FREEDOM: Freedom Resource Center for Independent Living; Becker, Clay, Douglas, Grant, Ottertail, Pope, Stevens, Todd, Traverse, Wadena, Wilkin.

OPTIONS: Options Interstate Resource Center for Independent Living; Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahanomen, Marshall, Norman, Pennington, Polk, Red Lake, Roseau.

SWCIL: Southwestern Center for Independent Living; Big Stone, Chippewa, Cottonwood, Jackson, Lac Qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine.

SEMCIL: Southeastern Minnesota Center for Independent Living; Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona.

MCIL: Metropolitan Center for Independent Living; Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington.

Summary

On behalf of Minnesota's eight Centers for Independent Living and the Minnesota Statewide Independent Living Council, we thank you for your time and for considering the needs for support of people with disabilities, including Veterans, Seniors, and Youth in Minnesota. The full report is available on the MNSILC website at mn.gov/deed/silc or upon request. We are also happy to clarify or provide any information we can help you. Please contact the MNSILC Coordinator, Pam Taylor at mnsilc1215@gmail.com or 612-518-1497.