

National I&R Support Center
Webinar: An Introduction to the Independent Living Movement
March 20, 2019

Our webinar will begin in about five minutes. Thank you.

Jillian, if you would like to let me know when you have the recording started, I can then begin with the introduction.

Hello. We are ready to begin the introduction .

Great thank you. My name is Nanette and I am with the National Association of States United for Aging and Disabilities , or NASUAD. On behalf of NASUAD and the National Information and Referral Support Center, a project of NASUAD, I would like to welcome listeners to the webinar today , entitled An Introduction to the Independent Living Movement. Let me cover a few housekeeping items before we get started. These slides, audio recording, and transcript from today's webinar will be posted to the NASUAD website with the next several days. Please visit the support Center project on the NASUAD website to see our webpage on the monthly calls. The web link will also be posted in the chat box for your reference. All listeners are on mute during the webinar to reduce background noise. But we do welcome your questions and comments through the Q&A function available on your screen. Please feel free to submit your questions at any time during today's presentation and we will address questions following the presentation. We also have real-time captioning for today's webinar. On your screen you should see a multimedia viewer panel on the bottom right side where the captioning appears. You can minimize the panel or have it open . It will not block your slide presentation. You may need to enter your name and organization and click submit in order to view the captioning in the multimedia viewer panel.

Independent living is a program and a movement and a culture. Today's webinar will explore all of these aspects in the independent living movement. We will review the roots of independent living and describe the roles and services provided by centers for independent living and statewide independent living councils ensure guiding principles that promote independence and community living for people with disabilities. These are an integral part of the information and referral network available for people with disabilities at all stages of life . And they offer programs and services that support individual goals for living in the community . I'm delighted to welcome my colleague Lindsay Baran to present this webinar. She is a policy analyst with the National Council on Independent Living . They are a core center of the I&R support center. If you joined us in January you heard Lindsay and myself present findings from the national survey of referral and assistance agencies. Lindsay, let me turn it over to you now to get you started with the presentation today.

Great, thank you so much Nanette . Welcome everyone. Thank you for joining us today. My name is Lindsay Baran and I work as the policy analyst for the national Council on independent living which is a national grassroots advocacy organization run by and for people with

disabilities. As Nanette said, I'm going to be giving you an overview of the Independent Living Movement, including a bit about history, the principles the movement was founded on and that continue to guide us today, and the key structure that was put in place to deliver services in line with these principles. And then how Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs) and NCIL fits into the structure. The question of the day is what is independent living. At the core of the philosophy is the emphasis that people with disabilities are the best experts on our own needs. We have crucial and valuable aspects to contribute. We are working with an equal opportunity to live work and take part in our communities. Many of you are familiar with the Center for Independent Living in your community. Independent living does encompass the independent living program. Independent living is also a movement and a culture. So I will go over each of these in some detail over the course of this webinar.

Before we dive in I just wanted to make a note about language. Throughout the course of this presentation I will be going back and forth between person first language and identity first language. These are the first languages typically use. Person first language is generally based on the idea that a disability is just one part of who a person is. As some people say, a disability is something a person has a not what a person is. Person first language is using terms like people with disabilities or a woman with MS. When people started using person first language it aims to represent a shift away from outdated terms like handicapped or other terms that are now considered sensitive. This is still language a lot of people prefer. But a growing number people of now using identity first language. Identity first language is based on the idea that disability is an inseparable part of a person's identity. It's also based on the idea that disability is not something to be ashamed of and not inherent to the negative. And claiming it can be empowering. Identity first language is using terms like disabled person or an autistic man. I can use different language in different settings. I refer to myself as identity first language.

With that said in a lot of languages first person language is considered the go to. So a lot can depend on geography, or which organization you work with or which organization you interact with. Language is really important. The key is when you work with centers for independent living or people with disabilities, just follow their lead. It's always best to ask people what their preference is. Do not make assumptions.

Now a bit of history. All throughout history, people with disabilities have been subjected to discrimination, mistreatment, and violence. Not just in the U.S. but a cross cultures in the world. We have plenty of examples of this. Children in nomadic tribes were look at like worthless and less able to contribute. Sometimes they were left to die when others moved on. Early Christianity looked at disability as a result of sin. They thought with enough prayer that the disability could be eliminated but they would shun them and mistreat them in the meantime. During the Middle Ages people became more fearful of disabilities. Those people became persecuted as disabilities looked at like a manifestation of evil. We have plenty of examples from our time period as well.

Institutionalizing people with disabilities was not new. There was a long history of disabilities in people being institutionalized and institutionalization certainly played a big part of our modern disability history, particularly from people with psychiatric disabilities and intellectual and developmental disabilities. But also people with physical disabilities and other disabilities as well. Widespread institutionalization happened again. One reason was to keep people with disabilities away from the general public. This was one of several efforts. In the mid-to late 1800s the first of what were known as the ugly laws were introduced. That would outlaw anyone diseased, maimed, mutilated, or in any way deformed so as to be an unsightly or disgusting object " from being in public. This movement got its start in the U.S. in the early 20th century. It would lead to sterilization of tens of thousands and possibly even more people with disabilities. During the Holocaust people with disabilities were the first targeted by the Gestapo for execution and experimentation.

While thank goodness some of this is ancient history, some of this is not that far in the past. Some of this is ongoing. Chicago did not repeal its "ugly law" until 1974, not that long ago. Some people are even being forcibly sterilized to this day. Thank goodness progress has been made but people are still stuck in institutions because they cannot get the home-based services and support they need. Even today some countries have strict integration laws, in the late 60s and early 70s when the independent living movement was just getting started, this was the history they brought with them. Many of the people leading this movement had experienced being pitied, abused, institutionalized, and just generally having their rights denied. There were no laws protecting them at this time. They were just ready for things to change. The independent living movement began in the 1960s.

I want to preface this by emphasizing that there were people fighting for disability rights before the Independent Living Movement throughout all of history individuals have been fighting alone and together for their rights. And there are a ton of examples of movements and how they have changed in the way people with disabilities are treated. In recent history alone we've seen this with white folks and others as well. I want to make it clear I'm talking here about the modern Independent Living Movement. The Independent Living Movement had its roots in the 60s and 70s and was largely inspired by the civil rights movement. Not only did the civil rights movement shine a light on another group fighting for the rights, but also the battles fought around the country were providing examples of specific strategies that people with disabilities could learn from and use in their own fights.

In terms of disabilities and legislation, really all around. Disability activists learned a lot from the civil rights movement. But the Independent Living Movement was also informed and shaped by other social movements happening around the same time as well. The deinstitutionalization movement that started in the 60s also influenced the movement in the 60s. The deinstitutionalization movement was largely people with intellectual and developmental disabilities, people with psychiatric disabilities. The deinstitutionalization was also shaped by the self-help movement. It was started by the alcoholics program that

became more popular in the 60s and 70s. This became the idea of peer support and those with disabilities have a shared experience and are in the best position to support one another.

Another movement was the de-medicalization effort. That was to promote more holistic approaches to healthcare. This really resonated with folks looking for a shift from the traditional power dynamic of the medical model and those that wanted to feel more empowered to meet their own needs. And finally the Independent Living Movement was also shaped by the consumers of which Ralph Nader was an outspoken advocate which promoted the idea that consumer should have control over the choices and options available to them. In this, obviously, became a core part of the Independent Living Movement. So as much as the Independent Living Movement was certainly responding to a long history of oppression and some very serious needs and gaps, the way that it formed and was structured and the issues that got prioritize from the beginning were very much a result of the time. Each of these movements happening around the same time shaped and informed the movement in very important waves. In 1962, Ed Roberts who is considered by many to be the father of the Independent Living Movement, arrived on the Berkeley campus and was forced to stay in the infirmary to attend college. He was one of a dozen physically disabled students attending school and they dubbed themselves the rolling quads. Together they pressured the school to become more accessible, launching the physically disabled students program. It was a student led campus organization.

It gave rise to the Berkeley Center for independent living. The principles of this program group where that people with disabilities are the experts of their own needs. Their needs were best met by a comprehensive program rather than in fragmented services and that people with disabilities should be integrated into the community. Now the physically disabled students program was a huge success. Over the time those that were not students also called the program overtime because there was nowhere else for them to get the services they needed. So the need became clear to the general public. So the need for the center of living was established in 1972 with three former rolling quads with a small amount of grant money. Several years and was tapped to be the director. He expanded it and it became a model for Centers for Independent Living across the country.

Other started modeling that center and in 1978 amendments to the rehabilitation act added statutory language and funding for the formal formation of Centers for Independent Living. But Berkeley was not the only community where disability activist were fighting for their rights and setting up programs. In the early 70s, other programs were starting around the same time that were providing similar services and would eventually turn into Centers for Independent Living. Is like Boston, Houston, Ann Arbor, and other places around the country and even around the world. What was the second Centers for Independent Living was the Atlantic community in Denver. This also has a interesting story. Wade Blank was a civil rights activist. In the early 70s was working in a nursing home and trying to improve the services for some of those young residents living at the facility. Wade Blank helped those move out and got fired in the process. In 1974, two years after

the Berkeley Center was founded he started the Atlanta community in Denver. Services were provided in a community setting and under the control of members. Once they were in the community they realized without access to public transportation they did not have access to the community. So they adapted the public transportation act. There is a disability activism organization that uses civil disobedience to fight for disability rights. And there have been a lot of overlapping efforts in these organizations both in the past and today. I think understanding their history is interesting.

Speaking of advocacy there were some critical efforts and actions over time that changed the way people with disabilities were viewed in the public. It also help to make humongous strive for the movement. Like I said before the deinstitutionalization was developing and more people with disabilities were moving out of institutions and into their communities. The architectural barrier act was passed in 1968. Centers for independent living were starting in states across the country. I would be remiss if I didn't share this important advocacy, the 504 sit in. The rehabilitation act was signed into law in 1973. Every time a center was removed from the law it was added back later. Section 504 of the law remained in the final version and that was a huge win. The effect of section 504 was to prevent discrimination on the base of disability with all federally funded programs. No handicapped individual will be denied the benefit or subjected to discrimination under any program or activity receiving federal funds. This was considered a huge win but it needed movement to become effective.

The U.S. Department of Health education and welfare are huge and are supposed to issue the regulations for Section 504 but by 1977, four years after passing the law, they still had not been published. Congress Senate back and forth. There was a public comment period. When it was finalized and waiting for the signature of the secretary, a new administration came in. A task force was set up with note disability regulation. The disability community basically had enough and responded. They threatened to take action if the regulations were not initiated by April 4, 1977.

When that didn't happen and the regulations were not issued, on April 5 activist began demonstrating all over the country. This is a photograph of the flyer for the first day of the demonstration in San Francisco. It says the federal government is trying to steal our civil rights. Demonstrate. It was really incredible. There were protests all over the country. In San Francisco 150 activist were in the Hughes building for 25 days. It included the Black Panther party who provided daily hot meals. Other allies provided blankets and mattresses to show support. It received both local and national news coverage. Advocates went to Washington D.C. to camp out on the lawn of the secretary which also got national news coverage. And the secretary finally signed the regulation to sign the official establishment as a fundamental right. This was historic and the first piece of federal registration that made it illegal to discriminate against people with disabilities in federal programs. This was a significant step forward for the civil rights of people with disabilities and for the Independent Living Movement. In addition to the significance of what the legislation said, it was one

of the first times disability advocacy was getting national attention. As a movement they were gaining attraction nationally. I think this is an appropriate segue into independent living as a culture and community . So much of what the community rolls around is a shared vision. As none that said in her introduction this is a culture and the Independent Living Movement was founded on the belief that people with disabilities regardless of the forum have a common disability and share a culture and community that will advance when banding together. The idea of a disability culture now began to be more widely acknowledged and accepted. Even though the amount of diversity is great and even though the types of disabilities and experience varies widely. The common the commonalities unite us . Steve Brown is the cofounder on the Institute of disability culture . He's also a professor on the disability studies .

His way of describing disability culture can be see on this slide. We share a common history of oppression and a common bond of resilience. We generate art, music, literature and other areas of our lives and culture from our disability. Most important we are proud of ourselves as people with disabilities. We claim our disabilities with pride as part of our disability . Disability culture means a lot of things to a lot of people. Granted not everybody with a disability will communicate with those with others disabilities. But for many it is a big part of their identity. To some disability culture represents a shared history and everything that has come from it. To others it represents disability pride and not being ashamed to be disabled. And being able to be visible . To some it represents everything our community has been able to create, the dance, the art, the literature . And Carol Gill was one of my presenters in grad school and she wrote an article in 1995 . In it she referred to how she was struck by the common language concepts and values and beliefs of different disability communities that she interacted with across the country. In her words "The elements of our culture include, certainly, our longstanding social oppression, but also our emerging art and humor, our piecing together of our history, our evolving language and symbols, our remarkably unified worldview, beliefs and values, and our strategies for surviving and thriving... Any time disabled people have been able to come together, culture has flourished - in hospital wards, in special schools, at charity camps, during sit-ins, during creative workshops, in peer-support groups, in the hotel corridors of disability conferences, in jail". I'm not going to spend too much time on this. But I want to point out a lot of Centers for Independent Living and universities and other disability related organizations will host events and that's a really good way to learn more about disability culture and experience it. I would encourage any of you that are interested to see if there are any public events going on in your community.

The rest of this time that we have together I'm really going to spend on focusing on the Independent Living Program. But I did want to spend a few minutes first on the different models of disability. This is a way to frame surface provision. In the early 70s when the independent movement was getting started there was the independent living paradigm . It emphasizes that the problem does not reside in the individual, but rather in the lack of autonomy or in the dependency-inducing features

of the paradigm. It talked about the goals of the paradigm which were largely about restoring function with independent living goals of living independently obviously in the environment they were choosing. This way of thinking gave way to the development of social model disability which you may be more familiar with. That will contrast the medical model of disability. Both the independent living paradigm and the social model disability are in line with the philosophy that the emphasis is on some level of consumer direction and control. And that we are the best experts on our own needs. This is relevant in terms of services that affect our day-to-day lives.

These images on these slides you may also be familiar with. The top is the medical model image. The body is labeled the problem. The circle inside has a bunch of arrows pointing at the bottom saying problem. And the next level is showing the disability caused by physical, mental and/or sensory impairment. The individual is impaired and is the problem. And the focus of the medical profession is to cure the impairment and alleviate the effect of the impairment. Another will read impairments and chronic illness cause real difficulties but they are not the main problem. In the bottom image which represents the social model there's a body inside a circle labeled "society" and areas pushing away from the body labeled barriers. Social barriers. Parts of the environment that could be inaccessible like buildings, services, communication and language. Avenues like stereotyping and discrimination. And organizations that are inflexible through procedures and/or practices. Historically disability and by extension the people with those disabilities, were thought of as problems that needed to be fixed. In practice when they couldn't since most disabilities cannot be cured, these people were seen as less capable and less worthy. And the ongoing devaluing of people's lives led to ongoing infringement of rights. Medical providers and service agencies operated under this model for a really long time and honestly some still do. The Independent Living Movement is focused on pushing back against that. And that the solution was not fixing the said disability that frankly could not be fixed but rather removing these barriers. So the Independent Living Movement paradigm and the social model show how services are provided and how things operate. It's not on turning to professionals to help disabled folks live as normally as possible. The focus is realizing we are our own experts on our needs and lives and the emphasis needs to be on helping those with disabilities gain control of our support services.

And with that let's talk a little bit more about the Independent Living program. As I said when I talked about the first Centers for Independent Living, the 1978 amendment to the Rehabilitation Act added statutory language for the formal formation of the Centers for Independent Living and now we have about 700 Centers for Independent Living around the country. 350 of those, I think the number is 365, are federally funded. And we have 30 satellite locations. Today the Independent Living is in those programs or councils. Consumer controlled community based crossed disability non-residential agencies designed and operated within local communities by people with disabilities and they provide an array of independent living services. At least 51% of the board and staff must be people with disabilities.

And statewide independent living councils are required in each state and territory , primarily to develop a state plan for independent living and coordinate other state activities. The definition on the previous slide for Centers for Independent Living was quite lengthy . I want to break it down a bit for you and explain how the Centers for Independent Living are organized and run. First, Centers for Independent Living are consumer controlled. The term consumer controlled means with respect to the organization the best power and authority in terms of management , in terms of staffing, decision-making, operation and provision surfaces services of the center. At least 51% of the board and overall staff and decision-making staff for the Centers for Independent Living must be people with disabilities. The second term is community-based . This is more obvious . It means in the community and involving the community. This is important because other areas were not based on the community where people previously had to go. So these need to be run by and serve all people with disabilities.

Nonresidential means people do not live at the facility. It's not a facility where people go and stay but they go and return to their homes and communities. As we went over earlier, Independent Living originated in reaction to the dehumanizing product of the medical model. The services provided at Centers for Independent Living provide philosophy translated into action. They provide at a minimum a set of core services. For almost four decades they were four services, information and referral, independent living skills training, individual and system advocacy, and peer counseling. With the package of the active 2014 additional core services were added. These all fall under the umbrella of transition. They include transition assistance from nursing home to community-based residences. Assisting those to avoid placement which is often called diversion. And the transition of youth after the completion of secondary education to post secondary life . They also provide a lot of additional services in the community. Some of the more common include personal assistance services . Help with securing accessible, affordable and integrated housing assistance. Also technology assistance. Placement services . And transportation services. As community-based led organizations that they are organize to meet the specific needs of their community members and the services provided do vary from center to center. Some of the things they provide a really based on either the needs of their community or on interest expressed by their consumers .

I wanted to give you a few examples of some of the more unique programs and efforts we have worked on. These are just a few of the examples on this slide . This is the Atlantis community in Denver, Colorado , which you now know was the second official center for independent living. A few years ago they launched a mobile independent unit . It is a fully operation wheelchair accessible mobile office . It allows them to serve and provide assistance and independent living services and rural locations and to those experiencing homelessness. They serve a southern County area and provide all of the core services with the mobile office. They do not provide crisis service but they do provide referrals to other organizations in the southern County area that do. This is really an example of them identifying need and figuring out at

innovative way to find people who need help that were not otherwise being served.

The next example is something totally different . It is in Claremont, California. They wanted to provide their consumers with a fun way to participate in adaptive sports. They held the first disability athletics fair with over 250 dispense and volunteers participating in eight different sporting events. They could participate in martial arts, kayaking, golf, bocce ball . It was such a success that the fourth annual event is now coming up in April and it will include yoga, swimming, rockclimbing, and other activities. And this is Able South Carolina which is in Columbia, South Carolina. They found one of their state laws was problematic . In the law like others unfortunately there was language that allowed termination of parental rights based on disability alone . So they worked really hard and were eventually able to advocate for the creation and passage of the person's with disabilities right to parent act . It added additional language requiring accommodations and appropriate supports for parents with disabilities. And because of this new law they were appellee happily able to reunite a parent to their child. And the Southern California Resource Services partnered with the Columbia Memorial Bay Center to launch an innovative S.T.E.M. program to umpire the use of those with disabilities. They selected students from six different high schools with different disabilities and provided them a five week S.T.E.M. program to help them become the innovators of the future. These are a few examples. Core services are provided and then they decide, each facility, what is needed in their area. That is what makes the Independent Living Movement so cool, it's about translating independent living philosophy into action. And showing the people with disabilities are part of the community. And living the life they want to live with the support they need to do so. These are some examples of how Centers for Independent Living is doing just that.

Some of you are probably are aware of this resource. This has an online directory of Centers for Independent Living . This is just the image of the resource. In this resource you can identify what state you live in . It will give you a listing in your state and show you on the state map where the facilities are located at. And on the list it will show you which areas each center will cover. I'm sure a lot of you know this but it's good for those of you that do not. The directory is available at this link here. If you cannot get the link here because it is long, the other way to get to it is at the NCIL homepage which is www.ncil.org. under here you can find the Centers for Independent Living and it will take you directly to this link. In addition to Centers for Independent Living , we are also home to 56 statewide independent living councils. They are required in each state under the disability act. Members are appointed most often by the governor. Among the membership there must be at least one director for each center for Independent Living. And they must represent the state and range of disabilities , come from diverse backgrounds, and who are knowledgeable about Centers for Independent Living and Independent Living services. As with Centers for Independent Living, Statewide Independent Living Councils (SILCs) must be consumer controlled.

So over 50% of the SILC members must be those with disabilities . They serve several functions in the state. 1st and foremost they develop the state plan on independent living and they do that with Centers for Independent Living . The state plan on independent living sets priorities and achieves needed funding for the Independent Living statewide . Again they work with the centers but the SILCS are in charge of implementing the plan. They also provide Centers for Independent Living in their state on various issues, identify the need for expanded services and coordinate activities with other entities in the state. The SILCs can also work to coordinate activities and services with public and private entities. They can conduct resource moment activities to support the provision of independent living services. They can also perform functions that they determine are necessary as well. So just like there is a SILCS director .

They have a directory and they have an online directory of statewide living center councils. This is the map and you can click on your state and it will give you information about your SILC, including the name of the chair and contact information . I wanted to share this for you . The directory is here at the link on the page. Or you can get to it again at our NCIL website at www.ncil.org . So click on find your statewide living counsel under the www.ncil.org and I don't want to spend too much time on NCIL , National Council on Independent Living, but I wanted to give you background information. NCIL was created in 1982. At the time directors for the Centers for Independent Living didn't feel like the federal government was listening to the views of the Independent Living consumers . So they work to organize and establish NCIL and that was accomplished in 1982. The National Council on Independent Living is a national cross disability grassroots organization. Again we are run by and for people with disabilities. We are a membership organization . Our members include people with disabilities at Centers for Independent Living , statewide independent living counsel, and other organizations that advocate for the rights of the disability community. As a membership organization we assessed our members and building their capacity to promote social change and we are driven by the priority of our members across the country. The national advocacy agenda we promote are set by our membership and through our member lab led committees and subcommittees. To learn more about National Council on Independent Living, NCIL, again you can go to our website and that is at www.ncil.org. I feel like a broken record. That was on the page.

I now want to take a moment to highlight the Association of Programs for Rural Independent Living (APRIL). In 1984 the first national conference was held on rural independent living issues. From that April was started. APRIL is concerned with independent living issues of those living in rural America. Members include 260 from the Centers for Independent Living, there satellite and branch offices, statewide independent living councils and other organizations and individuals concerned with people with disabilities living in rural America. APRIL also puts on a national conference and puts out other resources throughout the year. They have a website here that is listed on the slide.

And before I wrap up I wanted to share a few more resources with you. NCIL members receive weekly news member updates. Nonmembers can look at archived articles and that includes updates from subcommittees, announcements from our partner organizations and other relevant news. You can get those at advocacymonitor.com. The weekly newsletter updates are available to our members. If you want to join and become a member I would highly encourage that. But even if you are not a member I would encourage you to check out the website to see the things we have been working on. You can see what NCIL is working on and what our partner organizations are working on as well. Also on the site are informational and action alerts that we send to our members. Again, www.advocacymonitor.com.

And we put out a priority guide twice a year by NCIL. One comes out in February and once again another for the annual conference in July. This guide will outline our current activities with regard to the major priority issue areas. We did just update this for our February Congressional briefing. So we have our most updated version up online now. And we will be updating again in the summer for the summer conference. You can check out that updated version again at www.ncil.org. and you need to go under press-room. It's available in several different formats depending on what is acceptable for you. You can check out the work that our subcommittees are doing. Again the subcommittees are from NCIL members all over the country. They are mostly people with disabilities and a lot of staff from around the country that are working on issues as volunteers for NCIL. So this does represent the Independent Living Movement across the country coming together to work on these issues. So that is available for any of you that are interested. And I wanted to share the annual conference. It will be held July 22nd-25 in Washington, D.C.. NCIL will host trainings throughout the year including the annual conference in Washington D.C. in late July. We also host other trainings and webinars online and in person throughout the year. You can learn more about all of our upcoming trainings online again at the link. Or you can go to the website and click on the training tab to learn more about the trainings that are available by the National Council on Independent Living, NCIL. Again you can just go to www.ncil.org to find that information. I know this is a lot of information in a short period of time. But the Independent Living Movement has a long history. I hope you learned something you didn't know before. I did want to leave some time for questions as well.

My contact information is listed here on this last slide. Again my name is Lindsay Baran. I work for National Council on Independent Living, or NCIL. Again their website is www.ncil.org. Now I want to open it up for questions.

Thank you Lyndsay. I feel like I learned a lot. Transportation does remain a top issue and it was one of the root issues and I did not know that. So things change but sometimes the issues persist for a long time. I also loved when you shared the newsletter and you showed one of the conferences. As I mentioned in my introductory remarks, The Administration for Community Living are core partners with the support center. If we have listeners coming to the conference this year this

will give you another opportunity to hear from other partners including some of the current policy issues we are experiencing in the field.

Now to get started with questions. We do have a question in the Q& A I want to invite listeners that if you do have questions to use the Q&A section. One listener does ask, you said that 51% of the staff be people who have disabilities. Can guardians perform in that role?

>>No. So the 51% of the people must be people themselves with disabilities. Also for SILCs and all of the other roles there are certainly room for people who are not disabled and those that are part of the disability community. So the other 49% of individuals I think for parents and guardians and providers, I think there are a lot of those people who serve in those roles. 51% of people do have to be people that have disabilities themselves.

>>Are there special ways that SILCs do engage with siblings, parents, or other ways? Anyway around the core activities and community programs that SILCs offer ?

>>I think it will vary a lot from location to location actually . Because that's not built into the core programming of centers. I think that there are some centers I know that do have specific family programming. And you know like they have a lot of the peer counseling, for instance. I know there are some that do vary by support groups. Others involve family members or have separate family member groups . And we have some that may be smaller and may not have the capacity to have such diverse programming. So I think it really depends on the capacity of SILCs and the interest level expressed by consumers and family members. So I don't think there is a hard and fast rule here with this.

Right. Thank you . Let me look and see if we have any questions that came directly to you Jillian as the webinar administrator. It does not look like we have any additional questions at this time. Again I encourage people to submit questions again through the Q&A feature on the right side of your screen.

I have a couple of questions . As I mentioned in my introductory remarks I've been working with Lyndsay about a national survey we had in the field last year. All different types of I&R agencies that serve older people with disabilities. I was taking a look at some of the findings around person centered counseling. Lindsay, in your remarks looking at the history of Independent Living Movement as well as some of the current activities that centers provide, there is a real focus on peer support orientation. Can you talk a little bit about how person centered counseling or an approach as people might be thinking about those based on federal guidance or training, how may that look a little different in the CILs environment and what might the focus be?

There is a lot that aligns between person centered counseling . I think there was a presentation at one of the NCIL conferences comparing person centered counseling and consumer direction. And I think that there's a lot that is aligned in terms of keeping the person in

control. I think that the question is more about whether the person is just -- who has the power. You know we don't want to necessarily just make sure that the person is a part of the process but we want to make sure that the person is driving the process. So that is kind of what drives everything that CILs is doing. It's not just that the person has the choice. It is that the person is in power in the situation. So this is how I want to determine how to do it. Here are the choices. Choose between what the options are. And so I think that person centered counseling is moving in the right direction, certainly. But it is a slightly different paradigm. I don't know if I exactly answered your question.

Yes you did. And again you pulled out some of the elements where it can align and where we can have different focus for CILs when they are providing services to individuals.

I know in your role at NCIL you also worked around the development of the disability resource Center as well as the newest integration of consumer access and comes called no wrong doors. I wonder if you can share anything around, maybe opportunities for partnership or some promising practices. Or ways that you have seen CILs become engaged in that type of network development and support.

It was a source of information and referral from different kinds of consumers and families. And that's another area where we have seen so much variation from state to state. And I mean I am sure all of you on the call have seen that, even maybe in different areas of your states. And I think in some states we are seeing the no run door system funding is trailing off. And in other heirs we have systems that have been put in place and are doing well. I think we have some examples of states where there is some great collaboration. And I think that has been places where really from the beginning all of the partners kind of come to the table and wanted to ensure that they have strong partnerships. And they kind of figured out where their strengths are and where they can work together. So rather than kind of one team member taking the lead, which sometimes is how it works and that is fine, but I think the more collaboration there is that could be from early on that that seems to be when we see things go really well. But I think also other opportunities that we have seen that have gone really well actually are CILs now with the passage of the work fun opportunity act they can provide transition services. And that is another area where we have seen a lot of No Wrong Doors kind of systems using CILs as a referral partner for transitioning people out of nursing homes. And kind of finding those specific roles for partners to play. I think that has been helpful. So yes, I think that it is interesting that because again, really each state is doing things so differently. And so I don't even know if there are really a lot of patterns yet. But yes, I think that certainly we have definitely seen a lot of states where things are rolling out a lot more smoothly as things are progressing. And there have been a lot of great collaborations. And it is exciting to see that. Because I think at one point nobody kind of new what was happening when funding was starting to dry up.

And you mentioned referral partners . I was thinking about our survey as well. Training was something that came up a lot . It's a great opportunity for partnership . We have some examples . It didn't mean the programs were co-located but a staff person may for example come to an agency and spent part of the day or part of a week there. That seemed like a very nice model as well.

Yes that makes a lot of sense. Absolutely.

So Jillian, we are reaching the top of the hour . Before we close out let me check for any questions that were directed directly to you .

There are no additional questions Nanette.

Okay. We have reached the top of the hour. Thank you Lindsay for joining us and for providing such a rich and detailed history . Also bringing us up to really the current status of the Independent Living Movement and Centers for Independent Living . Your comments emphasize how we can build important partnerships for people and families and our communities is appreciated . I also want to thank our listeners for joining us today. And I think our Captioner as well. We will have the slides and recording and audio transcripts available on our website, probably within the next several days. We hope that you will join us next time when we will have another webinar focusing on the assistive technology act services with an opportunity to learn a little bit more in that area. I want to thank everyone for joining us and I wish you a very enjoyable rest of the week . Have a nice day. [Event Concluded]