

OPERATOR: Thank you for standing by. At this time, all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time, you may press star followed by one on your phone to ask a question. I would also like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Cynthia LaCounte. Thank you, you may begin.

CYNTHIA LACOUNTE: Good afternoon, Title VI and friends, I hope you're all doing well. Pardon us for being a little late. I got lost between my office and this room, you know how I am. But it's good to be back at our office, and I'm glad that we can present this information to you before—or [chuckles] to you today. Before today, we've had one other presentation about the CILs, Centers for Independent Living. We had one of our speakers, Corinna, come to our Title VI conference last year, and this is such an important program that we have here at ACL, and it can coordinate so well with Title VI, we wanted them back again today.

So I want to introduce to you Dave Wickstrom, who works here at ACL, kind of across the hall from me, and I don't know what he does, something with the CILs program. And then we have also Corinna Stiles, who works around the corner from me, and she does something else with the CILs program. So with that wonderful, astounding, professional introduction, Dave, would you like to go ahead?

DAVE WICKSTROM: Let Karina start.

CYNTHIA LACOUNTE: Corinna, would you like to go ahead?

CORINNA STILES: [Chuckles] Thank you, Cynthia, yes. Thank you for the introduction. As Cynthia mentioned, my name is Corinna Stiles, and I currently manage the Independent Living Program here at the Administration for Community Living. And I will be presenting today with my colleague, Dave Wickstrom, who is a program officer and administers the Centers for Independent Living Program in—which region, Dave?

DAVE WICKSTROM: Five.

CORINNA STILES: In Region 5. So thank you for inviting us here today, Cynthia, giving us an opportunity to talk about the Centers for Independent Living. As Cynthia mentioned, I have presented on the Centers for Independent Living before, so for those of you who attended that conference last year, some of this might sound familiar. If it does, that's great, that means you were paying full attention the first time, if you were there. If none of this sounds familiar, that's okay, that's why we like to repeat the information and make sure that everyone has plenty of opportunities to learn about the different programs that we have here at ACL and how those programs can help the Native American communities as well as provide crossover between programs.

CYNTHIA LACOUNTE: And at the end of the presentation today, one of our questions to you will be, who has worked with your local Centers for Independent Living, and who know about

them. So two questions to be thinking about, and don't hang up before the end of the call. Okay.

CORINNA STILES: [Chuckles] That's a great question, and we will also have other questions for people to think about as well as a challenge at the end. And I think I heard someone would be advancing slides, so I will just say—

CYNTHIA LACOUNTE: Paula.

CORINNA STILES: Okay, Paula, I'll just say next slide. The slide that you're seeing should be titled, Goals for the Presentation. So we have two goals for today's presentation. One is to help everyone on the line better understand the Independent Living Program, and then the second goal will be to identify Independent Living Program and Title VI collaboration opportunities. Next slide.

So just to give you a little bit of context, I'm going to talk about the Administration for Community Living. Most of you know ACL was established in 2012 by combing multiple offices that included Administration on Aging, Office on Disability, and the Administration on Developmental Disabilities. Since 2012, other programs and offices have been added to ACL. That includes the transfer of the Independent Living Programs, which happened in 2014, and that helped build out the Administration on Disabilities. So ACL programs focus on the unique needs of older Americans and people with disabilities across the life span. That was really the intent of building ACL, was to bring together aging and disability programs because there are so many similarities that are experienced by both the aging and disability population, and we will talk about that in just a couple of slides. The mission of ACL is to maximize the independence, wellbeing, and health of older adults, people with disabilities across the life span, and their families and caregivers. And this mission statement, as it was developed, was really intended to serve as a bridge between the aging and disability communities. Next slide.

So a little bit about the Administration on Aging, otherwise known as AOA—[audio cuts out]—three important programs were enacted in 1965, the Medicare program, Medicaid program, and the Older Americans Act, and this is where your Title VI programs are located. At that time, President Johnson said, in July of 1965, every state and every community can now move toward a coordinative program and services and opportunities for our older citizens. I always really like this quote because I think it really highlights the intent, not just amongst these programs but amongst all federal programs that there should be a coordination of services and that there should be opportunities for people to participate in the coordination of services. And where we are now at ACL, that coordination of services isn't limited to just those under the Older Americans Act, but they touch all of the programs at ACL, meaning both aging programs as well as disability programs. Next slide.

So a little bit on the Administration on Disabilities, which would be the counterpart to the Administration on Aging. At the Administration on Disabilities, what we try to do is create change and improve lives, that's kind of our catchphrase. Our intent is to equip individuals with disabilities of all ages with opportunities, tools, and supports to lead lives of their choice in their community. So all of the different programs that are currently administered in the Administration on Disabilities have something to do with fulfilling this sentence that I just read.

Some of the highlights include moving people from institutionalization, isolation, poverty, and joblessness and dependency to community living, inclusion and participation, increased employment and financial wellbeing, and most importantly, independence and self-determination. Next slide.

So now to talk a little bit about partnerships and specifically Title VI disability partnerships, again, we go back to that quote from Lyndon Johnson that really talks about moving towards a coordinated program of services and opportunities for our older citizens. ACL, internally, is trying to build partnerships across programs, and this partnership that we currently have with the Native American program, specifically Title VI, and the Administration on Disabilities, specifically the Independent Living Program, is really a good example of one of those partnerships. And from where I sit, I really feel like, if we're going to ask and have the expectation that on a state or local level that these partnerships are made, we need to role model that at the federal level. And this is certainly a way that we're trying to do that.

So, as we go forward with this presentation, and after this presentation, after you all move forward with your lives and the programs that you're involved with, I want you to consider, who are your disability partners and what is one disability partnership that you can foster? And we will have a challenge for you at the end. So as you think about these questions, we're going to try to make it a little easy for you by giving you some information on who your disability partners could be within your states and within your local community. So we will move on to the next slide, and then I will hand it over to my colleague, Dave.

DAVE WICKSTROM: Thank you, Corinna, and thank you for having me on, Cynthia. Our team is excited to be presenting today to all the Title VI family. Again, my name is Dave Wickstrom, I'm a program officer with the Independent Living Administration, and I oversee Centers for Independent Living grantees. So I'm going to go over kinda giving you a high overview of the Independent Living programs, and there's two of those, so you can kinda understand what those are. I expect you to remember all of this information and be able to tell everybody in your community every nuance about our program. All right, next slide.

CYNTHIA LACOUNTE: Thank you. [Chuckles]

DAVE WICKSTROM: You're welcome. So Title VII of the Rehabilitation Act, as amended, talks about what the purpose of the Independent Living Program is, and as you see on the slide, it says, to promote a philosophy of independent living, including consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities in the integration and full inclusion of individuals with disabilities into the mainstream of American society. That, obviously, is a loaded sentence, and if I were to write that in college, I would probably be told it was run-on, [chuckling] but it's in the law, and we believe it's a great sentence here at ACL, that's our purpose.

And it's loaded with things, but I want to kinda point out one thing to you that you're going to see that's interesting about Centers for Independent Living, and it's the word consumer control. So all Centers for Independent Living that you—it's a requirement, we're going to talk about it in just a moment, but I want to point it out—51% of the staff at Centers

for Independent Living are people with disabilities, 51% of their leadership are people with disabilities, and 51% of their board of directors are mandated by law to be people with significant disabilities.

So when we say consumer control, we're saying they have the majority of votes, of the power. They're at the table making decisions about the services and how that CIL, that Center for Independent Living, or CIL, is ran. We are—we obviously—if you also look at integration and inclusion, those are two different things. You can integrate somebody into a community and them not be wanted, but inclusion—we also want to integrate, but we also want that community to want them, and that's kinda the inclusion piece of this, is that they're wanted by the community to be at the table, to be a part of their community. In a lot of communities around our country, that is not the case. Next slide. The slide right now should be a closer look at the programs established by Title VII of the Rehab Act, I don't know if I said before to move the slide, but there's two programs, like I said, the Independent Living Services and Centers for Independent Living. So, see, you'll be able to talk about this, there's only two things you need to remember, Independent Living Services and Centers for Independent Living. Now, we'll dive into what those are. Next slide, please.

So the Independent Living Services piece of the Independent Living Program provides formula grants to states and territories for the purpose of supporting and expanding the IL, or the Independent Living network. Some of the activities that really apply to you all, and we'll talk about this, is to support the Statewide Independent Living Council, or what we call a SILC, S-I-L-C, to support operations of Centers for Independent Living, or CILs, IL services, especially in unserved areas of the state, and demonstrations to expand and improve IL services. So I want to stay here for just a moment to kinda talk about this because, when I first met Cynthia, and we had our conversation, she made a comment to me that has not—that I have not forgotten. And we were sitting in a big conference room, and there was a poster on the wall, and it was obviously up there by little tack pins, but you couldn't see them if you were too far away.

But if you were close, you could see that they were there, and we were talking about services for the Native American community, and she goes, Dave, you have to look for them, they're there, but you got to look for them. And I've never forgot that and making sure we don't forget the Native American community. And one of the ways you can make sure that people do not forget about you, is you can be on the SILC, you can join the Statewide Independent Living Council. Those are appointed by the governor, but usually, a lot of times, you apply to be on those, and you can have a say in your Statewide Independent Living Plan and make sure that the Native American communities are being served and have a say. So that's very important, become part of that Statewide Independent Living network, join the SILC, have people with disabilities in the SILC, the Statewide Independent Living Council. It's 51% of people with disabilities as well. And so that's an important thing to know. So if you're a person with a disability and you want to make a difference, here's one opportunity.

Another part—a way to have the independent living services, the SILC has to do something called the State Plan for Independent Living, and you can be a part of that process. They should be having coming up very soon, if they've not already started having open meetings talking about what their ideas are for the state plan. Make sure that you get involved. You look up your state in the SILC, so if you just look up—if you're in Wyoming, look up Wyoming Statewide Independent Living Council, and I'm sure they might have or say—or they'll

have a phone number you can contact and ask them when they're having these open meetings, and make sure you're a part of that process and go to those meetings and put your input in so they know that you're there and the services are needed in your community.

You can also be part—you can help direct independent living services funding, so you can help get funding to your community by being part of the process. Part of what the state [unintelligible] has to do—and Corinna—I am very new, so I started here in January. I've been a part of Centers for a big piece of my career now. But some of these funds, the Statewide Independent Living Council, in the SILC, have to serve unserved and underserved communities. They need to identify those and have a plan to serve those. So if you're underserved or unserved, this is an opportunity where they maybe can direct some funding to you for some of the services that we're going to talk about moving forward. Yes, ma'am.

CYNTHIA LACOUNTE: Just I'm interrupting everybody, and I'm sitting here thinking that, okay, I'm a new Title VI director from Timbaktu, Indiana, and I've never heard of CILs before, and I'm hearing this webinar, when we talk—and this—excuse my ignorance, world—but when we talk disabilities and this—these centers and this statewide council, are we talking big disabilities, people in wheelchairs and who have trouble conversing, are we talking people who are hard of hearing, are we talking, you know, lesser—what is the range of—are we talking attention deficit and developmental? What are we talking about?

DAVE WICKSTROM: Yes, so that's a great question, and this is always what I get excited about, the Statewide Independent Living Councils and CILs, because a disability to be eligible for services is—means you have to self-identify with a disability. You don't need to provide documentation to us of your disability and, you're about to find out, cross disability, which means any disability on the spectrum, from ADD to a spinal cord injury, whatever disability you experience, that counts in our world, and you just have to self-identify. And so that's how, if you get services at a Center for Independent Living, they're going to ask you that question, and you just self-identify. So that is—

CYNTHIA LACOUNTE: Okay, that's really helpful.

DAVE WICKSTROM: Yes. Yes, yes, yes.

CYNTHIA LACOUNTE: Thank you.

DAVE WICKSTROM: Yeah, and one of the—so there's 56 awards of the Independent Living Services Program. There's 56 of those around the country, so every state and territory. Next slide. Centers for Independent Living, this is where I can talk a lot, and I will try not to talk a lot, but this is kinda my bread and butter. So this program provides discretionary awards, so these are awards that are competitive, and they were competed in an agency that is a nonprofit and in the community that is controlled—consumer controlled, cross disability, meaning all disabilities, and nonresidential, meaning their not a group home, they're not a nursing home, those types of things, and it's a private nonprofit. Those are the entities that are Centers for Independent Living.

They are designed to operate within a local community by individuals with disabilities, that's the consumer control that you're going to hear so much in our programs, consumer control, consumer control, consumer control. They provide IL services, including, at a minimum, the independent living core services, which we're going to move on to in just a moment, and I'll talk to you about those, and they have to comply with the standards and the assurances set forth in the Rehabilitation Act as amended that we talked about a little bit earlier. There's 354 of these awards around the country, and those include territories for United States. Next slide.

So, as I said, still have core services. In the law, they said, hey, if you're going to get money to be a Center for Independent Living, you have to do, at minimum, these services. So information and referral, so that might be information about if you have encountered a spinal cord injury, you were recently in a car accident and you have a spinal cord injury now, they might give you information—[audio cuts out]—what that looks like. Or you've been recently diagnosed with ADD, ADHD, they can give you information about that. They can also give referral services out to the community, to doctors or to other community partners, but also that can look like maybe it's a referral you want to be involved in your community more, and so maybe that's to a pool or a movie theater, helping you understand where a local faith community is that you can go to, to participate, help you locate those. Those are things a CIL can do.

The next one is independent living skills training, so let's say I'm a person with a disability and I struggle with managing my money, a CIL can assist you with figuring out strategies to better manage your money or what you need—that what this really is doing is trying to make sure that you have the skills necessary to live independently and not be institutionalized because that's the goal is you to live in the community of your choice and make the decisions that you want to make and nobody's telling you when to do things. Peer counseling, which includes cross disability peer counseling, so this is one of my favorite core services, if you can have a favorite. It's like I guess having a favorite child, we're not supposed to have a favorite, but this one is a favorite for me. And this is one where you can sit across from somebody in having—if you experience a disability in your life, which I do, look across the table at somebody who also experiences a disability and talk about it and they can say, yeah, man, me too, or, yeah, I understand, I've encountered that as well, and this is how I handled that.

It takes the pressure off of you and you don't feel alone. Because sometimes, in this world, those of us who experience a disability can feel like we're the only ones going through it at the time, and you're not. A lot of this world has experienced or will experience, and we need to come together and to work through that together, and I think the little bit of research I've done in the Native American world since I've been at ACL, I see that that happens a lot in your community already, so this seems like a natural fit for your community. There's also individual and systems advocacy. Individual advocacy might be helping somebody understand how to advocate for fair housing or for an IEP, to advocate during an IEP meeting for themselves, for what they want their educational goals to be. And systems advocacy is helping eliminate barriers in the community that keep people with disabilities from totally being included, which could be fair housing, it could be affordable housing, it could—there's a whole range of things, but just informing folks and advocating to let them know, you know, if these barriers were

removed, and maybe giving them examples of how they could be removed would be examples of advocacy.

Then there's this core service called transition and diversion, and transition and diversion has three parts. It has transition from a nursing home or other facilities. So we basically describe other facilities as places that you don't have 100% control over how—your daily decisions. So it could be group home, it could be a criminal justice facility, like a prison or a jail, it could be a hospital, or it could be a nursing home, whatever that looks like. So we're trying to get folks out of there—that environment. We also want to divert them from going in if they're at risk. And that looks different everywhere in the country. At risk means something different in North Carolina than it does in Seattle, Washington, and that sometimes looks at laws. So maybe a law in Raleigh, North Carolina, maybe there's really bad laws, per se, we could say, these are just examples, around people with mental illness, and they get institutionalized, so those people might be more at risk than people in the IDD community. Well, maybe in Seattle, Washington there's laws that people with IDD might get institutionalized more than people with disability or with a mental illness. It's at risk. In the Center for Independent Living, they kinda identify what that looks like for them.

Transition of youth to post-secondary life, this is making sure youth are successful transitioning to post-secondary life when they graduate high school, that's going to college, what that looks like, getting a job, those types of things. CILs also can provide all kinds of other services as well, but these are the main ones that every Center for Independent Living will provide. To be clear, CILs look different in every state, in every territory, in every community. Because they're community-based, they kind of look like their community, and that's the goal of this. They also have a service area, so sometimes your closest CIL might not be the CIL that serves you. So CILs have counties that they serve or a service area, and so there might be a border, and they don't serve that county, and that's closest to you. You might have to go to a different CIL that does serve your community. And so you might just look at that, but calling a CIL, they'll let you know, a lot of times, if they serve your community or who does. I'm going to go back—so I'm going to turn it back over to Corinna because I now know that you all have a complete and total understanding of the Independent Living Programs, and now Corinna is going to help you identify the Independent Living Programs and Title VI collab opportunities, and you're going to be independent living experts in no time. So, Corinna?

CORINNA STILES: Awesome. Thank you, Dave, I appreciate it. So as Dave described, there are two main programs that we've been talking about here, the Independent Living Services Program, which is funding that goes to the state for a variety of services that we are strongly encouraging the Native American community and Title VI leaders to get involved with so that you can help make those decisions at the state level where some of that money goes to. And, again, they likely won't come knocking on your door, but you could certainly go knocking on their door. And to find out who those contacts are in your state or local community, just hop on our website, acl.gov, follow the links to the Centers for Independent Living or the Independent Living Services Program, and you should be able to find some contact information there, or you can also just get in touch with either one of us, and our contact information will be at the end, and we can help you navigate that information. So we're going to turn to identifying Independent Living Program and Title VI collaboration opportunities. Next slide.

The title of the slide should be Aging and Disability, Shared Ideals. And what I want to do is spend a little bit of time just helping people understand how disability and aging communities overlap. So if you're not convinced at this point that there are similarities, hopefully the next couple of slides will help you get there. Because what happens with programs, not just in ACL, but across federal government, we don't often have an opportunity to talk about how we look the same. We always talk about how we look different, and because we focus on how we look different, it ends up keeping us separated and in silos. So what I want to do is talk a little bit about how we look the same so that it feels more natural and comfortable to reach out to other programs when you may not otherwise do so.

So the aging and disability communities really share a lot of the same ideals, regardless of which population or demographic we're talking about, we often hear, both from the aging side and the disability side, conversations around self-determination and making our own decisions. People with disabilities confront barriers to self-determination and making our own decisions because we end up in a lot of patriarchal-type environments where people who are well-meaning will try to make decisions for other people. The same happens on the aging side. As people age, you have people who are in family situations who want to do what's best for the person who's aging. They want to tell the person who is now part of the elder community what they need and what's best for them. Well, that's not necessarily what that person needs. What that person needs is an opportunity to make their own decision.

Community integration is also an area that's often talked about on both the aging and the disability side. As people age, community integration, while it remains important for them, isn't necessarily what family members or other professionals or well-intended people want for people who are aging. They want people to be safe. They think about, oh, we need you in a place where you can be watched, where you can get your medicines on time, this, that, and the other. Those are the same conversations on the disability side. What the person themselves wants, which is community integration and what they should have, isn't necessarily what well-meaning people in their lives think those people should have.

Inclusion, both on the aging and disability side, you want to provide opportunities to be included in regular community life. Yes, it's great to have opportunities to attend activities or events or whatnot that are specific to your particular demographic, but it's even better if you're just doing the same thing that all other people are doing all of the time. And again, those are the same conversations on both the aging and disability side. People want productivity in their lives. You don't want to be told just because you're a certain age or just because you don't have a certain ability, that you no longer have the ability to still be productive in your society. Well, that may just look different now. Maybe because you're aging, your health needs prevent you from doing certain physical things. That doesn't mean that you can't still be completely productive by sharing wisdom, by sharing history, by sharing knowledge, by being a subject matter expert in something that's related to your community or your culture, those are all still ways to remain productive.

The idea around rights, again, another issue that both the aging and disability community share, it's about maintaining your civil rights regardless of your disability, regardless of your age. And everything leads to remaining independent. People want to remain independent in their communities. Yes, it's great to have support services where a person decides they need those, but what's really the ideal is to stay as independent as you want to be

as an individual, whether you're a person with cerebral palsy or some kind of physical or mental health issue, or whether you're a person who's now 80 or 90 years old, it's about maintaining your independence.

So, again, these are conversations that are similar conversations across the aging and disability side, but somehow, when we talk about them, we don't understand that those are the same conversations on both sides of aging and disability. But as an administration, as ACL, we can further those conversations and show the overlap and show that, you know, there are a lot of similarities that, if people came together and spoke with one voice, you know, there are strengths in numbers. And so, when we need program changes, when we need additional funding or those kinds of things out in our communities, these two demographics, aging and disability, could be coming together in order to—[audio cuts out]—or increase funding in any of the areas that touch these six things that I have on this slide here. Next slide.

So looking a little bit just on disability in Native communities, specifically, I am no expert in this area, but there are just a few things that I do know. One is data shows that there is—that the prevalence of disability is higher in Native communities than the general population. So right now, according to the—I want to say it's the Community Services Standard Survey or something like that, it shows 16% versus 12.6%, so that is higher just based on the data that can be collected. I think if we were honest about it, we would probably say that that number is a lot higher, and I think that's because of the second bullet point, which shows that disability is often underreported. And that's true not just in the Native American population, but in the general population, especially when we're looking at the aging community. Because what happens is, as people age, there can be an increase in health issues, which can result in a limitation that the person experiences, but the person is often unwilling to associate that limitation to a word such as disability, and so they simply don't report it or acknowledge that there's some kind of limitation that they're having to deal with. So disability does go underreported.

When we think about mental health issues as being part of the disability world, oh my gosh, it's so under-reported! And in the Native American communities, there's such a prevalence right now with opioid misuse and, you know, accidental overdoses as a result of the use of opioids for pain medication and whatnot, and oftentimes, the misuse and abuse is a direct result of a mental health issue. So, again, people, because of cultural reasons, because of social stigma, are just unwilling to report that they might have a mental health issue, which keeps those disability numbers down where, if people felt more free and had a willingness to report their disability, the numbers would likely be a lot higher.

Increasingly in Native communities, elders are the caregivers and grandparents that are caring for grandchildren. And, again, we see this in the general population as well, but I think that the prevalence is probably much higher in Native communities because of some of the things I've already mentioned, whether it's mental health issues, whether it's issues with the opioid situation that we have across the nation, but certainly is prevalent in the Native American community. Elders are now caring for their grandchildren. And those elders and the grandparents caring for grandchildren likely have disabilities themselves, but again, they're just not willing or have enough information to acknowledge that the limitations that they are experiencing can be termed as being a disability. Next slide.

So the next slide should be title Native American IL Demonstration Projects. So I just wanted to give you a little snapshot of some of the programs that we have initiated here at ACL to assist Native American communities when it comes to independent living and all of those things that I've just talked about. In 2016, the Administration for Community Living ran a competition for three Native American Independent Living Demonstration Projects. Those projects were launched with three-year project periods in New York, Alaska, and Wisconsin. And then, a couple of years ago, we launched two additional projects that were located in California and—actually I think that this slide is probably not correct. It should be California and, I believe, Minnesota. I'd have to go back and look at my data. Something went wonky on this slide.

But for—at any rate, the purpose for the demonstration projects was to gain an understanding of service needs of Native Americans with disabilities living in Indian Country. Because we acknowledge that it takes a different skillset to fundamentally provide culturally appropriate and appropriate services to Native American communities. And that's really the case of any community that could be considered a pullout from the general population. We don't give enough attention to the fact that you can't just launch a service and expect that service to be provided in the same way to all people, it's just not possible. So that was part of what we had hoped to gain by launching these Native American Demonstration Projects. We also wanted to improve the cultural competence in regard to the needs of specific tribal organization targeted by current Centers for Independent Living, and we wanted to capture the lessons learned and best practices for outreach and service delivery for Native Americans with disabilities.

So, again, kinda the point behind these demonstration projects was to help CILs gain a better understanding for how to provide services in a culturally appropriate way in Indian Country. And at the end of these projects, we hope to give back, to the communities, information on how the services can be provided in more culturally appropriate ways. So if you are someone on the phone today, and you are in one of these states that currently have one of these projects, I strongly encourage you to reach out to those centers and find out what they're doing around those services and see how you can be involved. On the next slide, it's just a snapshot of the tribes that are represented by these projects. So, again, if you are a part of these tribes and you don't currently know anything about these services, I strongly encourage you to reach out to the those centers and find out more and really find out why you don't know more because they should be in your communities and you should have this information available to you.

CYNTHIA LACOUNTE: Most of those communities are Title VI communities.

CORINNA STILES: Then hopefully they know about—

CYNTHIA LACOUNTE: Yep, yep, we're hoping.

CORINNA STILES: —these Demonstration Projects, and if they don't, we definitely need to work on that and find out why. The next slide is not information that's new to you. It's just a slide that gives the services eligibility requirements for Title VI. The reason why I included it

was because I wanted to point out that the eligibility requirements include individuals with disabilities as well as non-elderly disabled as well as, the last bullet point, volunteers who provide assistance during the meal hour to the program, and those volunteers could very well be individuals with disabilities. So you are already interacting and serving people with disabilities in your Title VI programs, but the focus, I think, tends to be on the aging piece. It doesn't really focus much on the disability piece. But the people with disabilities are already involved, so what we need to do is figure out a way that you can cross-purpose what you're doing by either bringing in services during the congregate mealtime to further assist people with disabilities or do something where it can be tagged on and maybe it's used for information and referral. I mean, it just—it seems like we could figure out something to further reach out to people with disabilities in your community and bring them all together.

So the next slide kind of just—these are prompts to help this conversation around individuals with disabilities in Native communities. You know, you can go back or even think about it right now, who in your community is currently talking about disability? Who are those people, and what are those conversations? What services and support is your community currently providing people with disabilities? If there isn't anything specific or it's not enough, then there's no reason not to reach out to Centers for Independent Living and see what they can do for you. And think about, how can the people and programs that are currently acting alone begin to act together? And, again, it comes back to this conversation of your Title VI services already have eligibility requirements that bring in people with disabilities, so is the program acting alone or is it actually reaching out to other disability programs and trying to partner and build more robust services for people? Next slide.

Teamwork Makes the Dream Work. I just love saying that! It feels good to say it, so I'm saying it right now, teamwork makes the dream work. And what we're looking for is to build a team between the Title VI and IL network. And we have provided you some ideas earlier in the presentation, and I'm just going to review some of those for your again. To, again, make it easy for you, what you can do is become part of the state IL network. Get involved with your SILC, see what you can do to be part of the decision making on how that money is spent that is coming into your state. Identify your unserved and underserved areas and bring those to the network's attention. Tell them, you need money to provide disability services in your communities. Collaborate with the SILC, collaborate with your [unintelligible] projects, and encourage your community tribal collaborations and partnerships. And one way to do that is to encourage disability partners to come to your congregate meal sites. You don't have to do all of the work yourselves, but you might have to do a little bit of it, and that little bit is reaching out to those disability partners and saying, we welcome you into our congregate meal sites or into our community to give out the information that you have because it's needed and will be helpful. And I will turn it over to Dave for the . . .

DAVE WICKSTROM: Yep. So we are going to open it up for question-answers, but I just want to—I know that the goals—I feel like I—and I'm pretty sure, I can't hear you, but I can feel the vibe already that you already understand the Independent Living Programs thoroughly, and you have thought about and you can now identify Independent Living Program and Title VI collaboration opportunities, which we've given you some options already, but we want to kinda challenge you to make one new disability partnership after the call in the upcoming days and

weeks and months, to really look at that and to, as Corinna said, teamwork makes the dream work, and, you know, partnering always goes—helps everybody and it goes further, it makes the money go further when there's only so much. Our next slide is our information. Corinna Stiles, who has a lot of letters after her name, and then me, who has none.

[Laughter]

DAVE WICKSTROM: So, yes, she's the acting director, and I am, well, I'm just David.

CORINNA STILES: And a very important program officer.

[Laughter]

CORINNA STILES: So I know we started a little bit late, we can stay a few minutes longer to allow for question-and-answers if that would be helpful. If there are questions on the line, we're happy to take some of those now.

CYNTHIA LACOUNTE: Okay. Go ahead, Paula.

PAULA AREVALO: Okay, I will call back the operator to open it up for questions.

OPERATOR: Thank you. We will now begin the question-and-answer session. If you would like to ask a question, please press star, followed by one, and record your name clearly. To withdraw your question, please press star-two. One moment, please, while we wait for the first question.

CYNTHIA LACOUNTE: This is Cynthia. While you're thinking of your question or calling in, I have a couple. And the first—maybe not questions as much as comments, but when we talk about unreported disabilities in Indian Country, my mind just explodes as I think about all of them, and if we have grandma who is 84, and grandma is diabetic, and grandma has always gotten along well, she used a cane in later years, and then, all of a sudden, they amputated her left leg below the knee, that makes grandma disabled. Don't forget those grandmas, and don't forget those events in our seniors lives when we may not put that label on that somebody is now disabled, but they absolutely are. And please look out for those elders in our communities that you know have some sort of disability. Deafness. You know we have a lot of seniors who lose their hearing, and we don't think about them as being disabled, they're deaf. So look at our cultural definitions and our community definitions, please, to expand our communities' minds a little bit. And then I wanted to also mention addiction. Tell me how CILs would work with an active addict or maybe somebody who's been in recovery for three years.

CORINNA STILES: So there's no prohibition for services if you're a current addict or if you have been in recovery. It is—there's no qualifier one way or the other—

[Crosstalk]

CYNTHIA LACOUNTE: [Unintelligible]

CORINNA STILES: —yes, whether you can or can't get services. If you have a disability, you can receive services regardless of your status of being an addict or in recovery. As far as at what point does being an addict qualify as a disability, it depends. It would depend on each individual and what barriers to their daily living are presented as a result of being an addict. And that could look different from CIL to CIL, quite frankly, like Dave mentioned, while each center is required to provide those core services, how they provide those core services can look different. So where in one community, somebody might go to a center and get a particular service, that exact same service may not be available at another CIL. And so that's part of the reason why it's so important for people to learn what's available in their own community so that they have an awareness.

DAVE WICKSTROM: So something a CIL might do around addiction is advocate for drug court, which is a court for those that are currently addicted to some type of drug or alcohol, and that would help—that deters people from going into an institution because it keeps them out. And so that's one way a CIL could—I mean, there's a ton of ways a CIL could do it, but, I mean, CILs can be super creative in what their community needs.

CORINNA STILES: And sometimes what a CIL needs is to know what the community needs. And if that currently isn't an area of focus for a CIL, it might not be an area of focus because nobody has brought the issue to them where they think, oh, this is a place where we need to divert funds, we need to look at individuals who are coming out of the jail or prison system who have disabilities and need to be reintegrated into their community. Their community might be their Native community. But if nobody brings that issue to them, they wouldn't know that that's a place—

CYNTHIA LACOUNTE: Okay, so they're as good as we make them.

CORINNA STILES: Exactly.

CYNTHIA LACOUNTE: Any other questions?

OPERATOR: We have no questions at this time.

CYNTHIA LACOUNTE: Okay, I've got two more, and maybe they're kinda the same, but one of the issues that we hear about a lot in Indian Country, and I've talked to you about it, is our younger disabled people, usually wheelchair-bound or physically disabled people who have been in a car crash, who have had some kind of trauma, and they've ended up disabled. Because of our tribal communities and our housing, current housing situation, most of live in a HUD house, those of us in a HUD house, it could be anywhere from 50 to 60 years old to a few years old, that often they're not—what word do I—accessible. So we have communities who have had to place younger community members in a nursing home or some kind of long-term

care facility because we don't have accessible housing available for them at home. If we wanted to help get—okay, I want to get Patty out of the nursing home up at Turtle Mountain, and how can CILs help me get Patty out of that nursing home? Would you folks—is there payment to help her with housing, do you help us find payment Section 8, whatever, what would a CIL's role be in transition?

CORINNA STILES: The answer to that is, again, it depends. It's going to depend on what that CIL is doing in that specific area. Some CILs do work one-on-one with people who are in a nursing facility or some kind of institution and actually work through the facility or institution to get a discharge plan in place and set up community supports and make sure that housing is accessible and all of that. Other CILs might accomplish that core service by just being on a state workgroup or something where they are reviewing what are the barriers to people getting out of facilities, maybe it's a lack of accessible housing, and so what they're working on is a systemic way to address a lack of accessible housing. So I can't give you any one way that that would look. Again, it depends on the community. But the issue that you bring up is definitely a good one, and another reason why these kinds of partnerships and these kinds of webinars are so important is because not just at the community and state level can change happen, but even just conversations between you and I, Cynthia, can make change at the federal level. So, for example—

CYNTHIA LACOUNTE: That's how powerful we are.

CORINNA STILES: [Laughs] Well, sometimes things align, right? The stars will align. And I have just recently been placed on a home modifications workgroup at the federal level, and we're currently accumulating specific issues that the workgroup can address. And so what you've just presented would be something that I would then present to the workgroup where, at a federal level, we're talking with HUD, and we can be letting them know, look, here's the situation, we have X-percentage of people who are living in nursing homes in this specific community who can't go back to their Native community because there's a lack of accessible housing. We need those examples. HUD needs to do a better job of their accessible housing. I mean, in my opinion, every HUD house should be accessible, minimally use universal design where it's easy for people with or without disabilities to benefit by the housing. Those are things we need to be looking at on the federal level and we need to be pushing.

CYNTHIA LACOUNTE: Okay. Tribes, remember that and bring that issue up. And then I got—I know we're getting late, I got one more quick question. When you said that CILs are divided kinda county-by-county and region-by-region and whatever, okay, I've got examples of reservations, say Standing Rock Sioux in North and South Dakota, part of the reservation is literally in each state, but I'm a person with a disability, and I live at Fort Yates on the reservation, which is actually in North Dakota, but because the entire federal reservation has its boundaries extended into two states, if the North Dakota CILs can't help me, can I go to the South Dakota CILs because it's still within my reservation?

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CORINNA STILES: Yeah, so it's going—again, it's going to depend because there are some CILs—

[Chuckling]

CORINNA STILES: —and here's why. There are some CILs who have service areas that cross states. And I don't have that information in front of me where that's happening precisely. There are also some states who have CILs that are specific to Native American communities outside of the Demonstration Projects. South Dakota recently, I want to say one or two years ago, had a little bit of a change in their CIL money where each center in South Dakota received additional money to serve Native American populations. So whoever is—whatever CIL is closest to the reservation should be able to provide those services. And for the Native American communities, we try to keep it simple so that people don't have to figure all of that out themselves. The centers just help them figure that out.

CYNTHIA LACOUNTE: Okay. Thank you. Any other questions? I know we're over. Thank you, Corinna and David.

CORINNA STILES: Yeah, thank you.

CYNTHIA LACOUNTE: This was fantastic. I have two pages of notes. I'll challenge anybody on everything I learned.

CORINNA STILES: [Chuckles]

CYNTHIA LACOUNTE: Thank you, Paula.

PAULA AREVALO: Absolutely. Thank you all, have a good day.

CORINNA STILES: Thank you very much.

CYNTHIA LACOUNTE: Paula was actually running the—

OPERATOR: Thank you for participating in today's conference. You may disconnect at this time.

[End of audio]