>> OPERATOR: Good afternoon, Ladies and Gentlemen. And thank you for waiting. Welcome to the get to the Corps of it IL skills conference call. All lines have been put on listen only only mode. Without further ado, it is my pleasure to turn the floor over to your host, Mr. Tim Fuchs, the floor is yours.

>> Tim, can you hold one moment? I'm not getting any audio on the web.

>> TIM: Sure. Folks, we're going to address that issue. We'll start in just a moment.

(testing audio).

>> TIM: So, everyone, I want to thank you for your patience. For those of you that are on the telephone, we also simulcast these presentations over the web, and so for the folks on the web, they're not hearing anything yet. So I thank you for your patience. We're going to have Sharon, that runs the audio, dial back in and see if we can refresh that connection. We'll get started in just a moment. Thanks for your patience.

Again if you're just joining, I don't want you to be confused. We're addressing some technical issues and we'll get started in just a moment.

If you're just joining us, we're addressing some technical issues and we will get started in just a moment.

Okay. Everyone. Thanks again for your patience. We refreshed the system. Sharon is dialing back in now. So hopefully we'll get able to get started in just a moment here.

>> Sharon: Tim, can you hear me?

>> TIM: Yeah.

>> Sharon: I just can't get the audio. I can't get the audio in the room now. I have disconnected, unplugged, disconnected, unplugged. I can't get the audio streamed in the room. And I cannot tell you what it is because I've unplugged everything and plugged it back in again.

>> TIM: Amanda, can you confirm that Sharon's line is open?

>> OPERATOR: Sharon, your line is unmuted.

>> Sharon: (testing audio).

Nothing is coming into the room. Tim, would you put up a message? I'm going to try to reconfigure my other machine. Give me about three minutes.

(Sharon testing audio again).

(and again).

Sorry about that. I have no idea why it wouldn't work.

>> TIM: Is it working now?

>> Sharon: Ah‑huh.

>> TIM: It is? Fantastic. Okay. All right, well, sorry that took so long, folks, it's 12 after 3:00 eastern time. So we will continue a bit past 4: 30. I apologize for the inconvenience and I thank you all for your patience. So let's get started.

>> Sharon: It disconnected again.

>> TIM: Sharon, could you post a message on the webinar screen with the call‑in number for the teleconference so that folks have a chance to at least call in and hear this on here?

>> Sharon: Okay, can you give me the telephone number.

>> TIM: Of course. 866‑939‑3921. And there's no pin code. That's 866‑939‑3921. If you could do that while I do the intro, that would be great.

>> Sharon: Okay.

>> TIM: All right. Let's get started. I will abbreviate my introduction so we can get right to the presentation. Thanks so much, everyone. This is Tim Fuchs with the National Council on Independent Living. I want to thank you to the Get to the Core of it series. The course is independent living. It is presented by CILnet the technical assistance. It is operated through a partnership among ILRU, NCIL and April with support provided by RSA at the U.S. Department of Education.

Now, I want to remind you that if you are listening on the phone today, you'll want to have the PowerPoint presentation and the handout available, especially the PowerPoint presentation will make today's presentation a lot easier to follow along with. If you don't remember seeing that in the confirmation email you received, email me at.

>> TIM: @NCIL.org. That's Tim @NCIL.org. I have my email open. At the end, fill out the evaluation form. I'll remind you about that we're done. Just make sure you have the PowerPoint open. I want to introduce our presenter for the day, Tim Sheehan. Tim is the executive Director of the Center for Independent Living for western Wisconsin. He's also a member of April's Board of Directors, a past member of NCIL's board and a past director and he presented with us when we did the IL presentation in 2010. I always enjoy working with Tim. I had a good time planning this call with him and I'm glad he's here with us today. So let's get started. Tim?

>> Tim Sheehan: Thank you, Mr. Fuchs. Good afternoon, everyone. It's always good to participate in these events and to be asked to be a trainer.

Let me give you a little bit more background about myself, maybe put into context why an executive director's on the phone talking about independent living skills training. I've been around independent living since 1988. I first was exposed to independent living as a consumer. I later, then, served on that center's consumer advisory council. I later joined the Board of Directors, eventually served as President of the Board and eventually, when I changed careers, all that time I was going to college and starting my second profession as a newspaper journalist in daily newspapers and then had the opportunity to start my third professional career as the assistant director of this independent living center and then eventually as the executive director until this very day.

I think whenever we talk about the provision of services within this construct called independent living, I think it's important, always important when I do inservices or staff training on independent living philosophy, I think it's important to understand our history, understand where we came from and understand why we do what we do. And in order to do that, specific to these series of trainings, why the core services are the core services. And I don't think we can understand that and I think staff often don't understand that because we don't talk about how we got to where we are, and if we're going to talk about independent living, we have to talk about the Father of independent living in Ed Roberts.

In 1970, Ed Roberts said "I'm tired of well meaning non‑cripples with their stereotypes of what I can and cannot do directing my life and my future. I want cripples to direct their own programs and to be able to train other cripples to direct new programs. This is the start of something big ‑ cripple power."

Next slide, please. He said that from what happened in his life. I think everybody probably knows the Ed Roberts story. If you're working at an independent living center. But if you don't, when Ed finally got accepted and attended the University of California at Berkeley some 30 years in advance of the signing of the ADA, he immediately, in that converted infirmary, began to confront both the very real attitudinal barriers as well as the physical barriers. And so he soon and very soon after was joined by others began confronting of the university, the community surrounding the university, and eventually the entire state to make the programs more accessible, to make the physical buildings and access to the sidewalks more accessible, as well as hoping to change people's minds about the stereotypes that they had in their head about people with significant disabilities.

And so when Ed and the others of the Rolling Quads and the founders at CIL at Berkeley began that work of establishing that first Center for Independent Living, there was ‑‑ he had a really well‑formed notion of what this thing that he was calling independent living would look like. And the lessons that he took off that campus and into Berkeley to establish that first center were that if we're ever going to get anywhere in this world as people with disabilities, we absolutely have to fight like hell. And there is no one who was a better teacher of a person with a disability than another person with a disability. We've got to learn to love and support each other in our journey through life. And we have to be ‑‑ we, as people with disabilities, have to be "the" resource, not only for each other but for the entire world around issues of disability, around issues of awareness and sensitivity, the legal structure, what's possible and what's not, what are the resources out there for someone to live in the community that they want to call home.

And so with those lessons, that was really the foundation of what we now call the core of the independent living philosophy. Fight like hell. Advocacy, advocacy, advocacy. We are our own best teachers. Independent live skills training. Support each other. Peer support. Be "the" resource for each other in the world INR. So when we think about how those core services and their descriptions ended up in Section 7 of the Rehab Act and specifically in Section 725, it's because of the lessons that Ed learned that he took off that campus. Why wasn't it, you know, assistive technology or personal care or any of the other hundreds of services or centers across the country provide? Why wasn't it those four things? It was those four things. Next slide, please. It was those four things because those are the foundations. With those four things, you can then impact people's lives in a meaningful way that allow them to have personal outcomes to achieve the dreams for their lives. And so that's why the four core services became the four core services and it's why it's important for staff to understand that this is not just provision or the way we do things and this program called independent living skills training; it is foundational to who we are as independent living centers.

I'm going to spend a little bit of time talking about the Wisconsin story towards best practice and the structure of independent living in Wisconsin, which will relate directly to the later part of the presentation on the provision of independent living skills training.

There are eight independent living centers in Wisconsin covering all 72 counties. So we have state which had coverage ‑‑ statewide coverage border to border. A number ‑‑ there are centers in Wisconsin who were in those first rounds of funding, federal funding back in 1979 and '80 and then later there were other centers founded primarily with state dollars that we fought really hard to get, statutory language in our state defines independent living centers and mirrors federal definitions and standards. And through that process, we understood that we needed to find a way for all of us trying to make Wisconsin the best place on the planet needed to band together in a formal way. And out of that process was formed the Wisconsin coalition of independent living centers, or WCILC, which is its own private nonprofit corporation based in our state's capital city and is governed by two representatives of each of the independent living centers. And its primary purpose is to foster independent living across the entire state on behalf of the centers but also on our advocacy agenda.

And so during that decade and a half or so of putting this together and defining who we are as centers, young centers and small centers and big centers and old centers, we struggled often with how someone interprets some standard or some language in the Rehab Act or what an open file or what a CSR means. And so we began on a journey to sort of set a bar really high as to what is best practice and on that journey define for ourselves what we all meant when we said core services or what we all meant when we said independent living skills training. And we decided and partnered with the state and the CIL to develop a tool that would help all the centers in Wisconsin to move with that best practice ideal we were defining and we developed a process called quality indicators in independent living services that is described in one of the handouts for today's training. QUILS is a tool which centers voluntarily employ using a team of people for up to a week to look at all of the indicators in the Act. And we've developed best practice standards about each of those. And the tool, then, gives feedback to the Board and to the Administration and Staff of the center, and exemplary are activities and areas of the services and areas where there could be improvement. That entire process not only made all of our centers better, it helped us on that journey of defining a common ‑‑ obtaining a common continuity of how we do things so that we could truly be who we say we are. Consumer control across disability‑based organizations that employ the independent living philosophy.

As a part of the coalition of independent living centers, we developed a program committee, which is comprised mostly of the lead program staff and/or assistant directors from the centers, and they meet ‑‑ their charge is really to look at what does that continuity look like on the ground? How do we demonstrate it to ourselves? How do big shops do it? How do little shops do it? And so they have developed best program descriptions. They also work on the continuity of reporting and the policy implications of that reporting regiment.

Another one of the key tools to help us reach that sort of ‑‑ beyond that journey towards best practice is we decided a number of years ago that all of the centers in the state would use the same MIS system. And by designing that system and implementing that system and then tweaking it to meet the needs of what we had all agreed upon was the best practice program descriptions, we now, then, can aggregate data across the centers and report on various things that we can pull out of that data that tell the story of independent living across the entire state of Wisconsin.

Next slide, please. And so that ‑‑ having a consistent MIS system really does lead to understanding, defining and then being able to evaluate independent living skills training as a program within the service delivery of independent living center. Next slide, please.

Slide 4? Slide 4, please. Next slide, please? Is anyone hearing me?

>> OPERATOR: Line is live, Tim.

>> Tim got disconnected. Sorry about that, Tim.

>> Tim Sheehan: Not a problem.

>> Sharon: He'll be back on in just one second. Thank you all for your patience today, by the way.

>> Tim Sheehan: And so that's the framework under which in Wisconsin we look at providing services, evaluating services and demonstrating to ourselves, to our consumers, to our other stakeholders, to policymakers that we take the charge from Ed and the lessons that he's learned very seriously and care very passionately about it. And we are constantly working on tools that will help us continue to tell the story of the impact of quality independent living services on the lives of tens of thousands of Wisconsin residents on an annual basis.

So where do we begin in that process? We've got to define what we mean when we say independent living skills training. And so the next slide will show you that instruction that is a part of the lovely 704 that we all get every year. And it says, I'll read the slide. IL skills training and life skills training services, these may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. ."

Okay? So that's the instructions and the definition contained within the 704.

Well, I don't know about you, but that could mean a bunch of stuff. And so when we look at what that means, a key part of that is how do you gather that data on training? How do you gather that data teaching people coping skills for example? Because reporting becomes critical. It becomes critical towards best practice. It becomes critical in being able to sell a consistent story about what's happening within your center and how you're measuring the impact on peoples' lives who choose to work with us.

So when measuring the provision of IL skills as a core service, this part is really important. All service categories reported for open consumers will be considered independent living skills training with the exception of individual and systems advocacy, peer counseling and information and referral. In other words, the other core services.

Services reported for consumers without a consumer service record or an open file will not be considered ILST or any other service with the exception of information and referral.

I want to spend a little bit of time on all service categories. Because this is certainly something we see when we go and visit other states who invite us to come and demonstrate the QUILS tool. It is important, I believe, I personally believe, in having an MIS system that is tailored to capture data in a way that will consistently tell a story. And you look at 704 reports, and when it reports on independent living skills training, there's not much there. But it's clear that there's a lot of it happening. It's because if you don't start out with consumer interaction as being all service categories, whether it's housing or whether it's financial or whether it's whatever as an issue or a topic, the category has got to be independent living skills training. Unless it's another core service. In that way, the reporting becomes absolutely consistent. And the use of independent living skills training for individual consumers to achieve their personal goals can then be tracked by the issues or by the other topics that are a part of that consumer's plan in the system. So obviously if you're tracking all categories except the other four core services as first and primary independent living skills training, that has lots of implications for the center and for consumers and for other people who care about what we do.

But I think it's important to once again remind ourselves why we're doing what we're doing in the first place. And that really is to allow individuals to engage with us on their terms, on their dreams for their lives. And our role is simply to facilitate that so that they can achieve those things, so that they can fully enter and engage in all aspects of their community in a successful way. That's why we do what we do. That's why we invest all the time that we invest. And independent living skills training are the nuts and bolts, the mechanisms, the tools and the tool belt that allow staff to accomplish that. And so assisting an individual on the path towards their own personal freedom is an important foundation allege principle of what we're all about ‑‑ foundational.

So the policies in the center should be fairly obvious regarding that. So in Wisconsin, independent living skills training is provided to open consumers with a consumer service record only. Consumers who reported on the 704 report as having received independent living skills training must be open consumers. All data reported on the 704 must be from open consumers. The only exception being information and referral. So what does that mean for a center? Policy implication wise, if you're spending a lot of time with somebody, or if you're anticipating spend a lot of time with somebody, it really ought to drive the decision to open a CSR. Whether they have a plan doesn't matter. The natural result of that would be if you align all these systems together, that you're going to be reporting more CSRs than you probably had in the past. And so that, I think, is something that centers do grapple with and should grapple with. And I think it's partly a philosophical discussion that we need to engage in.

So I think after that, before I go into the next part of the specific provision of independent living skills training in our center, I'm going to break for Q & A.

>> OPERATOR: Certainly. The floor is now open for questions. If you do have a question, please press the number 7 on your telephone keypad. Questions will be taken in the order they are received. If at any point your question has been answered, you may press 7 again to disable your request. If you are using a speakerphone, we do ask that while posing your question, you pick up your handset to provide favorable sound quality. Please hold while we wait for the first question. Our first question is from Peggy Round of Wyoming Independent Living.

>> Peggy: Hi, I just started peer support program. This brings up a question as far as people that aren't open cases but they attend a recreational function? Would you open up a CSR on that?

>> Tim Sheehan: Not if the sole purpose of their involvement with the center was through the peer support program as a core service. And the reason that they were in the peer support program was to gain access to a recreational opportunity, I would not. I would not open a CSR on that. Unless that relationship led to other things being uncovered in this person's life or this person saying "you know, I'm having this or this or dealing with this issue and this issue" and through that relationship, it became evident that that person could benefit from the other services, opportunities, knowledge and resources available at the center, then I would go through that process or encourage them to think about requesting services that would lead to a CSR.

>> Peggy: Okay. Thank you.

>> Tim Sheehan: I would capture the peer support, though, under community activities.

>> Peggy: Okay. That helps. Thank you.

>> OPERATOR: There are no further questions at this time. But again, as a reminder, if you do have a question, please press the number 7 on your telephone keypad.

>> Tim Sheehan: Are there any CART questions?

>> Tim: I am looking at the CART screen, and the webinar and we don't have any questions now. But I'll make the same reminder to anybody on the web as Sharon just typed, if you have a question, you can type it under the yellow emoticon in the public chat and hit enter to submit. And for those of you listening on the CART captioning screen, you can type that in the chat. And I'll ask it on the call. Okay. We do have a question from Bob Mikusic. I hope I'm saying that right, Bob. What are best practice resources for financial management when individuals have very low incomes? Tim, do you have any tips?

>> Tim Sheehan: Sure. A couple of ideas right off the top of my head. First of all, I think all staff should have a base understanding of what's available in their geology rafy and in their locale as opposed to those enterprises or nonprofits that do specific kinds of financial counseling ‑‑ geography.

And that's readily available, and you should look it up and lean on those folks.

Part of that is to be able to have a quality referral source for people who really need that; the other part is to begin to educate yourself about what is on the ground in the area in which you're serving. What are the resources that are available locally? And what are the sort of nuts and bolts of what you can do with money, with a small amount of money to have successful outcomes for your lives? So that might include what's the base market rent for housing? What are the availability of public housing authorities and vouchers and all those other sorts of tools that can be employed? And how can people access them and what do they need to know to do that?

So that foundational understanding is something that all staff working delivering ILST ought to have, either their own personal knowledge about that or know where to get it.

And then, secondly, what are those no‑cost counseling services available for folks who truly need that level of expertise?

>> Tim: Okay. Great. Thanks. Got another question on the web before we go back to the phone. This one comes from the folks at SCRS in downy, California. And they're asking in regards to CSRs, so you would not recommend that for attendees of workshops or support groups that they would need an open CSR?

>> Tim Sheehan: Correct. They would not be counted on the 704 as ILST. Now, they could be counted in a variety of different ways, noncore service reporting which we all do. Again, it's community activities or community education or outreach or networking and collaboration or advocacy, for that matter. So, yeah.

>> TIM: And I want to go back to the phone, but I've got a similar question from the folks at Action for Independence. And they're asking about well, what about parents and social skills training for children with disabilities? How would you report the parents if they aren't consumers at all?

>> Tim Sheehan: We would capture that again on our reporting system on the various categories of community activities. We count whoever is there. And whether we try to determine to the best of our ability whether they're a person with a disability or not a person with a disability. And so we count them in all those categories that I described. That's an important part of the data that we use to measure what kind of a reach into the are community are we having? But it's not IL skills training. Even though it might be for the young attendees.

>> TIM: Okay. Thank you. Let's switch back to Amanda and see if any questions have come out on the phone.

>> OPERATOR: There are no questions at this time. But again as a reminder, if you do have a question, please press the number 7 on your telephone keypad.

>> Tim Sheehan: Well good, if you do think of a question about this first part of the presentation while we're going on, there will be a Q & A at the end and you can certainly squeeze it in there. Let's move on to slide 7 if we could. So the next part, the next half of this presentation I want to talk about specifically ‑‑ I apologize. We had our summer pot luck cookout today. And my cheese burger is trying to come back at me.

Talk about our center and how all this stuff that I talked about, laying the groundwork, on a common MIS system, a common method of reporting and a common method of measuring, our center was founded in 1980. Internally for us, the independent living skills is described and first is the a foundational sort of purpose, statement that underlies everything we do, whether it's provision of core services or transportation, and that is that we advocate for the full participation in society of all persons with disabilities. Our goal is to empower those individuals to exercise choices to maintain or increase their independence. Specifically around independent living skills training, this provides training and assistance in independent living skills, which is, as we just talked about, cog money management or household management or community involvement. But to put those four things in that list is not ‑‑ does not make that an inclusive or exhaustive list. Literally you could go on and describe all different kinds of facets of what living life successfully in the community could be providing the training and assistance that would be considered independent living skills.

Next slide, please. So, in our long history, it seems long since I've been around for a good lion's share of it, the examples of what it can be and what it is on a daily basis is helping individuals locating and using the wide array of community resources and funding options that may be available through eligibility, through application, through all kinds of different means and mechanisms. It can be assistance with developing the consumer's own personal supports, a system for that and developing and enhancing their own problem identification and solving skills. It could be simply provision of specific disability information, information and assistance with locating transportation resources, which I don't know of anywhere in the country, but in rural Wisconsin, access to transportation for those people with disabilities and elders who are transit‑dependent is one of the most significant barriers to being able to be fully engaged in all aspects of the community. And I know being a transportation policy advocate, that that's true in urban New York as well as it is in rural western Wisconsin. And it also can include information and assistance with employment resources. And on this one in particular, I want to use an example that sort of goes back to a couple of the questions.

We're currently working last summer and this summer on a project. This year we have two separate groups of young people. One group with mental health disabilities and the other with more generalized cross disabilities who were giving both experiential opportunities around employment as well as training around a whole series of things like soft skill building, social interaction, responsibilities of being in employed, and we're doing it in group activities throughout the last summer and this summer.

The methods that we're employing are classic independent living skills training techniques and tools and approaches. However, it's a project. And some of those participants are not open consumers; some of them are. But the techniques we're employing are clearly independent living skills training, and the way in which these young people are evolving through this system so that when they transition out of the K‑12 public school environment, they will be much more job ready. And that is their goal to enter integrated community employment than they would have been absent this approach. But in terms of tracking the program achievements of those two group trainings, it's not independent living skills training, although it does have an employment outcome.

Next slide. So all of the things that I've discussed up until this point are really the framework in the sort of reality of how you should approach this whole concept of IL skills. But if we're going to demonstrate again that we truly are who we say we are, centers are the coolest thing on the block and all of that, that we believe in consumer control and choice and cross‑disability and all that stuff, we've actually got to do it. And so the key towards moving towards best practices is the execution of all of those things. And so we insist through that purposeful framework that I laid out earlier that it absolutely has to be executed in that completely open way. So our basic approach to the provision of this core services and other core services and other services that the center provides is that it must be to the greatest extent possible fully holistic, a total look at the total person. And then once they have articulated their goals to achieve the dreams for their lives, the provision of those things must be individually tailored and individually paced.

So, that's easy to say. It's really hard to do. And it's challenging to do. And I think it's incumbent upon us, those of us who have some administrative responsibility over staff who are delivering these services that we understand how difficult it is. But that we also insist that it be approached that way and that it be delivered in that way and that we, then, can have the data to evaluate whether or not that's happening. And then we can provide whatever leadership, guidance, training, assistance we can so that the results are that the consumers do achieve their individual dreams for their individual lives. And if you do that, then that is why we exist, in large measure. Then they can take their part in changing the world. So we do employ a couple of tools that really help us be able to move much closer towards best practice. All of the centers in Wisconsin are the providers under the federal tech act for tech act services. So all of us are immersed in a daily basis in assistive technology. Our center in particular has at our disposal more than 2,000 ‑‑ I think it's closer to 3,000 pieces of assistive technology. And under the tech act program, we can loan and demo those things. But then we also have other assistive technology that goes beyond that. We also have staff training that can do assessments and training. And we also offer assistive technology assistance training, even purchase and installation as a program that is ‑‑ the description of which is the other handout in your handouts to third‑party purchasers as a fee for service. The importance of assistive technology and individuals achieving their independent living skills training goal cannot be overstated. Having access to a variety, for example, of amplified phones and you're dealing with someone who has a progressive hearing loss, for example, and able to take those out to that person and sit down with that person and have them try out these different kinds of phones, finding the one that works the best for that person and putting it in their life, the level of what they're able to achieve personally in terms of interpersonal communication is unmatched. And that's just one example and one area of assistive technology. So having those tools to be able to play with eases a lot of the frustrations that staff often run up to when it seems like you've turned every which way and you've turned over every rock and there's nothing to help address the goal that the consumer has set for themselves. There's just no tools in the tool belt. AT can be that critical thing. And having access to it and having staff trained in it is great. All of that assistive technology that we have, that we employ on a daily basis, it's all bar coded. And we have a program where we track it. We know where we got it. We know how much it costs. We know who manufactured it. We know where it's at. If it's not in the AT room when someone goes to show it or demonstrate it or leave it with a consumer for up to a month because it's in that program.

And so it's just an enormous tool that staff have in order to help individual consumers achieve their independent living skills training goal.

The other dilemma that staff often ‑‑ and consumers often find is, okay, this piece of AT or this home modification is what I need. And, yeah, I understand that. But I'm on SSI. And I'm certainly not going to get a loan from a bank to get it done. Wisconsin operates ‑‑ the state operates, through the centers, a statewide microloan program called WISloan which is now totally self‑sustaining and self‑funding which can provide up to $30,000 in loans to purchase or install AT, which it does include home modifications. So having that tool in your tool belt can be an absolutely critical factor in helping individuals achieve their goals to remain in the community, the community of their choice, the place that they want to call home. And so that really brings us back to where we were at the beginning, which is if we were doing all of this as just our own center, doing our own thing, developing our own program, deciding for ourselves what all this meant and the center covering counties to the east of me had also done that and were doing their own thing; and when we went together to advocate at the state capitol for changes in law or money for centers and we started talking about what we did, they might be talking about something completely different than what I would be talking about in terms of how the provision of direct services in people's homes where they live have these kind of impacts. So having defined what it is, what IL skills training is, what a best practice definition is, having a way to report that, a way to then capture that data and then report it out in a way that is consistent and is evidence of providing a quality service controlled by the consumer is absolutely essential, I think, to provision of the core services. Let me just say one other thing before we get to the final slide. I think it's important for those of you participating in this entire series to keep in mind that if we're looking at what a really good center is and what it means to be a part of a really good center, it often ought to be hard from just a casual observation to distinguish between any of the core services. They ought to be so interconnected ‑‑ and that is doubly so for other services that centers may have developed over time. They ought to be integrated into the totality of the fabric of the center. So that an open consumer could be receiving peer support, individual advocacy, IL skills training and accessing the transportation program all in a completely seamless, integrated way so that if you asked them: Did you get what you wanted out of the independent living skills program, they would say "I don't even know what that is."

So I think that's important to keep in mind and it's all a part of what makes being a quality independent living center so damn daunting. Next slide.

So that ends the formal part of the presentation. And we've got lots of time for questions.

>> OPERATOR: Again as a reminder if you do have a question, please press the number 7 on your telephone keypad. We have a question on the line from Debbie cook of Washington state independent. Debbie, go ahead.

>> Hi and thanks. This is a great presentation. And I really appreciate this. I really like talking about trying to collect good and consistent data. I think it's such a powerful way of sending our message.

I guess I'd like to ask you if you would talk a little bit more ‑‑ and you set up for this really well in your last slide about how the services need to be seamless to the consumer and need to be able to transition back and forth across from each other. But I had some difficulty in your explanations as you were talking about the independent living skills training, particularly working back and forth between the skills training and information and referral. And I know what advocacy looks like. I know what peer counseling looks like. I know what information and referral looks like. And I know what skills training looks like we're actually really defining a skill and an objective and the person does that. But in some of your examples, there was a lot of I & R as opposed to teaching the person to actually do it. So how do you determine where the I & R piece ends and the skill training piece begins in those kinds of settings? And how do you decide which way to document it? Because I totally agree that both can occur. But where do you draw the line?

>> Tim Sheehan: Sure. Thank you for that question. And I completely agree with you both can occur. For us, it's a matter of time. Literally.

>> Debbie: Okay.

>> Tim Sheehan: Okay. And this comes up from time to time like what is that arbitrary number? Well maybe it is arbitrary and maybe it's not. But a really good example is someone who you've worked with in the past as a consumer. And they come back through as a pure I & R. But it's clear through the process of that I & R that in order to really get at what this person wants, they're going to need a lot more ‑‑ a lot more direction and/or training or access to resources. And so at that time is the time you decide: Would you like to be reopened and I'll come and sit down with you and we can brainstorm through this and figure it out?

So it's really, for us, it's not hard and fast. But if the direct I & R process with the consumer is going to be more than two hours in duration, for example, you might be better off exploring whether or not a CSR ought to be created.

>> Debbie: Okay.

>> OPERATOR: Again as a reminder, if you do have a question, please press the number 7 on your telephone keypad. There are no questions at this time.

>> Tim Sheehan: Thank you.

>> TIM: Okay. So let's go to the web. We've got a question from Carrie Yamashiri. Asks Tim if you can recommend any independent living skills training, instructional materials that can be used? How about printed stuff?

>> Tim Sheehan: Sure. That's an interesting question. And I think depending upon who in our world you asked, you might get different answers, some of which would be: We don't need no dang materials. We create them ourselves. And it's not a curriculum. It's our life experience as people with disabilities would instruct us how to do this.

Others who would say: Look, especially if we're dealing with diverse populations and if we're doing group settings, some sort of instructional guidance or curricula would be helpful. Some centers have developed that. And I know ‑‑ has resources in that. One that we deploy in Wisconsin, not always but when it's needed, is the Living Well with a Disability that was created out of the rural institute at the University of Montana.

>> TIM: Okay, cool. That's the only question by the web. So just a reminder, if you have a question, you can type your questions under the yellow emoticon in the chat and hit enter to submit.

And I'll mention, while we're waiting to see if anybody submits a question, that the ILnet, the training program, does have a Facebook page. So if you are interested in checking that out or if you have a question that you think of after today's call, you can always post it there. You can go to Facebook and just search for ILnet. Or it's also available if you want to type it in at www.facebook.com/ilnett. Let me check in with Amanda and see if any questions have come in over the phone?

>> OPERATOR: There are no questions at this time. Again as a reminder if you do have a question, please press number 7 on your telephone keypad.

[Silence.]

We have a question from Jason Bush at a center for living and working. Go ahead, Jason.

>> Jason: My question was if I could get any advice in how to work with a consumer where the disability ‑‑ or their disability, rather, may be getting in the way of setting goals or even obtaining goals?

>> Tim Sheehan: You're looking for advice on how to communicate that? Or on ferreting out what those goals might be?

>> I mean just establishing goals, period. Sometimes the disability, case in point, I had a case yesterday where a consumer was not ‑‑ it was just tough because the consumer's disability was really getting in the way of really setting any goals. Even though the consumer knew that there needed to be goals set for him to be independent, we couldn't get to that point.

>> Tim Sheehan: Well, I'll tell you what my advice would be if I were being asked this question by staff. It goes back to some of what we were talking about earlier about having this foundational purpose that sort of underlies everything.

And the same could be true of someone who decided not to have a plan, right? Well, they can decide not to have a plan, but that doesn't mean we're not going to capture any data or we're not going to be able to track any measurable progress towards that goal. And that key is ‑‑ and this can be very difficult. And I appreciate the challenge that you're facing ‑‑ is to listen as closely as possible to the stream of thought that the consumer is trying to communicate. And listen again if necessary. Or again if necessary. And out of that stream of discussion develop in your own mind and in your own way how that would translate into something that could be worked on together with the consumer in the lead if that's possible or facilitated if it's not that would look and act and sound very much like working jointly together on a goal in an independent living plan.

>> Okay. Thank you.

>> Tim Sheehan: And I do have one segment that I'd like to flesh out a little bit if we have time, Mr. Fuchs?

>> TIM: Absolutely. Go ahead.

>> Tim Sheehan: So I mentioned the second document that was in the handouts, and it's really sort of our standard program description to those third‑party purchasers that Ile at thatked about. And I know this is not true in every state. And I'm not encouraging folks to try to rush out and figure out how to do this. But where these things exist in your state or within your area, there is a way to provide independent living, philosophically grounded, consumer‑controlled services in a fee‑for‑service environment that look and act and sound an awful lot like independent living skills training or assistive technology, assessment, training, installation, home modification and design. We're fortunate in Wisconsin, well fortunate I guess in some ways depends on who you ask on which day. We operate in a managed care environment in most of the states. So private and public and sometimes private/public partnerships that have formed managed care organizations that deliver the bundle of services that you might think of as either Medicaid services, fee for service or waiver services. And people are determined eligible for that and referred to managed care organizations if they so choose that route to have those home and community‑based services delivered by going through aging and disability resource centers. It provides an opportunity for centers to engage with those organizations or others and have a conversation with them about how we do what we do and the way in which we do it can have really great outcomes for folks. But it's not, perhaps, your traditional social service type delivery system. And so the kind of skills training that often takes place within an ILskills training program can translate to that fee for service world in a really great way. One sort of offshoot of that sort of approach that we're currently employing is the use of certified, trained mental health peer specialists as a mechanism to provide the sort of supports and training to other mental health consumers to help them on their path to recovery. And so that document just sort of outlines the framework for what that description is like, and it's in a number of contracts that we have. And it is another tool that centers can employ to take the cool things that we do and get them to a wider audience than those consumers who come to us seeking core services or other services we offer.

>> Okay, great. I've got another question from the web, Tim. We all know how important it is to be working with consumers that are trying to get out from a nursing home and get to or get back to the community. And it's so common for people to lose skills or not be allowed to practice skills they had before or think they've lost skills. And I just wonder if you could speak a bit about assessing skills that people may have lost while they were in a nursing home, how to work through that and how that relates to skills training.

>> Tim Sheehan: Sure. Well I think it's that sort of up‑front interaction, right? The first time you have the opportunity to meet with that person and whatever that bubble is around them, right? The nursing home discharge planner, the family, their social worker, however it happens to be, to begin to discover what the consumers articulating. Believe me, that's not always clear. And then beyond that, to begin to determine, before anyone talks about what the last day in the nursing home is going to be, what exists and what doesn't exist? What resources are available, what does the person truly want to achieve. Do they want to live completely independently in their own apartment with whatever supports are necessary? Or is it something else?

And in determining that, staff have to be really nimble in being able to assess what's evident on the face of what's happening and kind of what's not being articulated but might be able to be determined and the areas in which we find that people feel like they no longer have the skills to be successful in the community or where some of the fear resides are around safety and around communication. And so if you can convince all of the parties involved, the consumer, most importantly, that there are things that can be done that will help that person feel more secure in their own body, on their own feet, if they're ambulatory still, within their potential new home, and that they can independently communicate at a level that they probably are not if they're in a nursing home currently, which will then free up a whole bunch of stuff internal to them that will allow them to eventually sort of re‑emerge as the person that they were before.

>> Tim: Okay, thanks. Let's go back to the phones. See if anybody has come in there. Amanda?

>> OPERATOR: There are no questions at this time. But, again, as a reminder, if you do have a question, please press the number 7 on your telephone keypad.

[Silence.]

>> TIM: I don't want to discourage anyone from asking questions. I'm going to mention a couple things here while we're waiting.

First of all, I'm flipping ahead now to slide 11, and Tim has been generous enough to provide us contact information here if you all want to reach out to him about today's presentation. I'll also remind you all that on ILnet Facebook page just go to Facebook and search for Ilnet or go to Facebook.com or search for Ilnett for the web address. Or you're always welcome to email me. I'm happy to field questions, to pass them along to Tim or to someone else who might be able to answer them, whether it be about today's training or the ILnet program, my email address is just my first name Tim @ncil.org. I'll also ask that you, flipping ahead to slide 12 now. And if you're on the webinar, this is a live link. You can click on it right now. That is the survey. That link will take you to the evaluation form for today's call. So when we finish today, please let us know what you thought. If you're participating in a group today, that's great. But I'd really encourage each of you to fill it out so that we know what everyone thinks and we can improve our calls.

I want to mention that this is of course been part 4 in the Get to the Core of it series the series. We broke out systems advocacy, though, so we had five parts. The final part, peer support, I'm excited to announce that we have Amina Donna Kruck and April reed from able in Phoenix presenting on that call. Unfortunately they're not available on the 22nd. So if you're on today's call, please be our guest for that. We'll send out connection instructions and the final date. We had tentatively reassigned that for September 5th. And we'll confirm that by email. So if you're signed up for the series, be on the lookout for that.

And I also want to mention that tomorrow, that's Thursday, July 19th is the last day for the reduced hotel rates for ILnet's housing training in Chicago. A really exciting event. It's a four‑day training on housing. Really unique opportunity. It's not likely that we'll re‑run this. If you can join us, please do. We have Ann Denton and Pat Tucker doing a two‑day presentation on working with consumers to find accessible, affordable and integrated housing. And then the second two days in Chicago will be led by Access Living staff with housing advocates and some of their governmental lies from all around the ‑‑ government allies from all around the state. And that will be in Chicago August 7th, 8th, 9th and 10th. Registration will be open through next Friday, the 27th. But, again, if you want that reduced rate at the Renaissance Chicago, you'll need to do that by tomorrow.

So just a few commercial. Amanda, any questions come in?

>> OPERATOR: There are no further questions at this time. But again as a reminder, if you do have a question, please press the number 7 on your telephone keypad.

>> TIM: Okay. Well let's begin to wrap up. Tim, I want to thank you so much for an excellent presentation today. We really do appreciate it. And to all of you for being with us. I hope that you all have been on for the whole series and you know that the technical glitches that we had at the beginning of the call are not typical. I want to thank you again for your patience.

Again if you have any questions whether you think of them in a couple hours or a couple weeks, you can email me at Tim @ncil.org. If I don't have it, I will pass it along to Tim. Thanks a lot.Esh. Don't forget to fill out the evaluation form. And we'll be in touch for the new date for peer support soon. Thanks have a great day. Bye.

>> Tim Sheehan: Thank you.

>> OPERATOR: This concludes today's teleconference. We thank you for your participation and you may disconnect your line at this time.