AMINA DONNA KRUCK: Good morning.

They're all in their places

with bright sunny faces.

You guys are so beautiful.

Well, we looked

over your feedback.

Fabulous feedback.

Very helpful.

Our apologies to those of you when we use acronyms that you didn't

know what AAA was,

Area Agencies on Aging,

or ADRC, Aging and Disability Resource Centers.

So we're going to ask you to

call us on that today and don't let us get away with it,

whether you know what the acronym means or not, to make sure that

at least a couple times we're saying what the full thing means.

And then reminding you also

that the trainers are here.

So if you have other more

specific questions,

we're here during breaks, lunch.

Feel free to come up to any one

of us to ask further questions.

One of the questions that came up was around ‑‑ there are a couple

people about transportation issues, particularly in rural areas, and so we wanted to remind

you about Resources from APRIL which is the organization for

the rural independent living.

And it's just april.org, right?

No?

What is it?

How do they find it?

AUDIENCE MEMBER: You can Google it or if you want to jot this down,

it's April‑rural.org and

I'll say it a couple times.

It's April‑rural.org.

AMINA DONNA KRUCK: April‑rural.org.

So that's a really good

resource for you.

And then also up on

the ILRU website,

there's some tutorials

and information.

So remember these Wikis that

are up there are on any of the trainings that have happened.

So there's materials in your packet, and can I look in

your packet for one second?

I want to draw attention, particularly ‑‑ you pulled

it for me, the service record.

Oh, here it is.

There's one right here.

Thanks Deb.

You have in your packet from

day one an introduction to

consumer service records and independent living plans for CILs.

This is fabulous.

It has forms and everything

we've been talking about

today and yesterday.

Keep in mind yesterday was the first day, today is another day,

and we'll be addressing

in particular systems

advocacy tomorrow,

although we'll just be dipping

in because that could be

easily a three‑day workshop,

but ‑‑ to know.

So this is there for you.

And then we put up

here to remember,

this is at the end of Deb's presentation yesterday,

resources and tutorials.

And what Darrell was telling

me is that the same material

that's in here is in ‑‑ there's some different tutorials up there.

And if you walk through,

you actually can get a

certificate when you're done.

This you're just

reading on your own.

I read through that first night just to see what all was in here,

the stuff about the whole intake process and everything.

It's really very interesting.

I realize I don't work directly ‑‑ I work

directly with consumers,

but not with CSRs usually

because I like problem

solving for advocacy stuff.

But I did have a program this last year where I had to do that and

I had to learn how to open up people in our database and stuff,

but I didn't know until I read that I was supposed to send a closure letter out to everybody.

So really good resources.

Your challenge will be

to find time to use them.

I think that's the hard part.

You get here and then you

leave and you go yikes,

I was going to do all of this cool stuff and now I don't have time.

So let's see.

What else came up in that?

There was a lot about strength‑based and some

concern about getting

into counseling.

So, again, I just want to remind you that really this is a systems

change for many of us, and

I know where it comes from.

It comes from our eligibility where we have to ask people ‑‑ we have to prove they have barriers.

So we get into the barriers and it's just an attitude difference.

It's just an interviewing technique that is used in all kinds of different fields.

It's not counseling therapy.

It's just an interview technique about bringing out with people

what their strengths are and not just focusing on their weaknesses,

and doing that part first so

we're not tearing them down and then having to build them up.

But from the very get‑go

we're helping them recognize

those things.

And what I noticed when we were doing that goal setting session

yesterday is that all of the sudden, you get nervous.

I have resources.

Does that mean I can't

offer them resources?

No.

But at that point,

you're offering them

resources and then always good.

You know, they're always thinking the S&L, what do you want to do?

What will you be doing about this?

You know, some of us have been around a long time and know about how you learn to notice if you're

working harder than the

person you're working with,

there's something wrong.

I see some nodding heads.

So, but I just got that line yesterday from that training.

I will what?

Get them to tell us what they're going to do right from the get‑go.

That's part of that as well.

And then there was a

question about, well,

how long do you set goals for?

Well, you can set goals for

10 years, if you want to,

but you and your consumer

won't feel very satisfied.

So you want ‑‑ that's why another thing I loved about that form,

to break it down into the

action steps.

Because that helps you get some short goals that they said they

will do that can get accomplished, maybe within a day.

That's great.

Because then you have

the strength to build on.

Good job, great.

So now we'll do the next thing

and then the next thing.

So it's okay to have some long‑term goals, but I don't think

you want to set those up

as the goals that you're

working on right now.

When keeping that in mind,

we know that's your

heart's desire,

we know that's where you're going.

You can even document it somewhere, but I wouldn't

put that down as

the goal that we're

working on right now if it's,

you know, like to get a college

degree because then you're

not going to get any little

successes on the way.

At the end of the day,

what do they have to do?

They have to get a catalog,

they have to do this,

they have to do that.

So does that make sense?

Yeah, so, and I think all of us can ‑‑ I like to think of it as like your grocery shopping list.

Like I shop at Costco and I shop at Whole Foods and I shop at Safeway because I can get better,

cheaper, organic vegetables there than Whole Foods sometimes.

So I make that shopping

list and then I decide,

where do I have time to go today?

I can't go to all three of them today, you know what I mean?

And I don't want to.

So am I strong enough to

push the cart at Costco?

You know, that kind of thing.

So does that make sense for that?

And feel free to talk to Deb.

There were lots of kudos

about the I&R.

Not that you didn't have kudos

for Deb's but lots of very

specific statements about what you

appreciated about that and

lots of questions about

the session that Deb did.

And I think ‑‑ so she's going to talk more in a way this morning

that's going to help some of

it come together a little bit

more for you, and then

also she's around to talk to.

Let's see, what else?

Oh, yeah, the ADRCs and how

do we get them more and that

kind of thing.

So there was some discussion around that, and you guys can chime in if I missed something,

but the thing with the Aging Disability Resource Center

really is a system change.

Because literally when I came into the independent living movement, we were all about getting away

from the aging community because we'd been lumped in with them

with that medical model.

And in most places,

it's an aging administration

that got those grants and

have more control and

more of the money.

It doesn't have to be that way, but that's true.

In fact, a lot of that money

is going to be going away.

But the administration really

got behind this push and in

some ways realistically so.

And it's part of their

longer range plan.

So there is this new administration on

community living,

and we have a great

person there.

They're the ones that are

putting out these ADRC grants

and guidance on ADRCs,

and Elizabeth works there and

she used to work at NCIL.

She's so cool and she totally knows it and she's your friend

and a good resource and she's happy to talk to you about

if you need some ideas

about how to work better.

And then some of my colleagues

are saying, and you just have to

be persistent and keep your

nose in their business.

Because some of it ‑‑ how many people here feel like they have

a really collaborative relationship with their

agencies on aging?

A few, good.

And how many people like

they're working with them,

but it's like you're always

trying to get in there?

Yeah, that's right.

Yeah.

I'd say that's how

we feel in Arizona.

But ironically because I had a WIPA program for 12 years,

I worked very closely with our area agency on aging benefits

counseling and SHIP program all the time, but that's a tiny

corner of their universe.

They've got a pretty

good universe here.

Yeah?

AUDIENCE MEMBER: Acronym, WIPA?

AMINA DONNA KRUCK: Okay.

WIPA, thank you.

Work incentive planning assistance program, grant to do benefits and work incentive counseling.

AUDIENCE MEMBER: I'm sorry, could you say that again, WIPA?

AMINA DONNA KRUCK: WIPA, work incentive planning and assistance.

So those with the Social Security grants that were to help Social Security beneficiaries understand

what work incentives were available to them,

and how to understand the role

of Social Security and how it affects employment.

How many CILs here

had WIPA programs?

A few, yeah.

Not too many.

Well, that was a big tragedy that hit all of us this last year that Social Security interpreted that

they could not continue those grants because congress didn't reauthorize it.

It was part of the ticket

to work legislation.

And so they let

those programs drop.

And all that expertise and training, at least half of it,

got lost and people

went off to other jobs.

It was really a heartbreak.

Now finally DOJ, Department of Justice, has ruled that

Social Security could have

spent the money all along.

And in the continuing

resolution it just went

through for the budget,

they had money in there also.

And I'm thinking some language for permission for them to understand

they don't have to get reauthorization, but I'm trying to get clarification about that.

So just for those of you interested in that area,

there is a national group,

National Association for Benefits and Work Incentive Specialists, nabwis.org,

and it's folks who have been working in the field.

Many of them on the side are Virginia Commonwealth University technical assistance folks.

And we are an association.

I'm president of that association, and we are working to help

influence getting that program going again in a way that's good for beneficiaries.

So you could join that group and get ‑‑ we send out regular e‑mail alerts about things.

So that's nabwis.org.

But so that was ‑‑ so I used another acronym SHIP.

So, somebody else might be

able to explain better than me,

but they are state health insurance plans ‑‑ programs,

thank you.

State health insurance

programs, SHIPs.

And that is ‑‑ they

get national money.

They come down through the

Aging Administration which

is now called the Administration on Community Living.

And they are specifically

to provide Medicare counseling

and help people make choices around Medicare,

but they're usually really good clearinghouses for healthcare

and understanding Medicaid and

how Medicaid and Medicare

work together,

and helping people find

resources when they don't

qualify for either one.

And in our state, that money comes down then for benefits counseling

through the area

agencies on aging.

And so that's what that is.

And those are really good resources and helpful people and they like to ‑‑ and ‑‑ a lot of

them that do that counseling

are volunteers, but these are

like ex‑insurance plan

executives and stuff.

They really get some highly trained volunteers to do

this counseling.

Okay.

So, one, two ‑‑ I think

I did everything.

So I know Deb's up next,

but I'm going to make them

listen again one more time.

So just to get you going,

break up into pairs.

Find an X and a Y.

We're not doing chromosomes here.

Did anybody hear ‑‑ have you heard we have a bathroom bill in our legislator right now about who can

go into which bathroom and

do you have a birth certificate

to prove it?

Arizona, what can I say?

I live in Arizona.

I'm a California born girl

who lives in Arizona.

Perfect for the independent

living movement.

X, Ys, have you figured

it out yet?

Raise your hand.

You're the Y.

Ys?

Here's a Y.

I see some Ys over here.

Y, X, Y.

Great, thank you.

So, okay.

So, Xs are going to talk first.

And what I want you to do is tell your Y listener your earliest

memory in any way at all

of a physical or emotional or mental difference.

Whether it was somebody else

or yourself noticing you had a

difference, your earliest memory as young as you can go.

Go.

Your earliest memory of

physical or mental difference

any way at all.

Could be TV, could be a movie, could be family, could be school.

Just your early memory and say it over in as much detail as you can while doing your time.

What do you remember about that?

How old were you?

What was the weather like?

What were people's

attitudes about it?

Surrounding.

Say it again.

If you're done, say it again.

Tell it again in as much

detail as possible.

Okay.

Stop.

Who's going to be the

listener next?

Y.

Are you going to be the

talker this time Ys?

Xs are going to be the listeners and you're going listen like what?

Treasure box, treasure box.

Go.

Okay.

Thank you.

Thank you.

I know you thought it was weird, but it's interesting, isn't it?

This is one thing I like to do.

I do a training called, "Disability Liberation: Attitude, no Barriers" workshop.

And the more you do this,

the more memories you reclaim.

And you can do this with people living without disabilities.

I find often helping professionals in the disability field that are really good at what they do had

family members that had disabilities, so they got to

know the person first.

I remember a story a woman talked about playing poker with her blind

grandmother and how much fun

they used to have and she was a helping professional.

So this is a fun thing to do, and you can do it for longer than 45 seconds, but this got us going.

So, Deb, you're next.

Deb's going to come and follow up some more and talk about integration of services.

Talk about how ‑‑ we talk so much about how, like, some of the centers that are smaller have staff that do more than one job.

But then you have that issue of somebody making fun of somebody

else's territory, and in the bigger center you have a problem

with people being so focused on their narrow piece of the pie, that do they remember what's going

on over here and the other

piece of the pie and how you

put it all together.

So Deb's going to help us with that this morning, and then we're going to do a panel and you're

going to get a chance to share some more about it yourselves too because I'm learning from you all,

as much as I'm quite sure you're learning from us as trainers.

Thank you.

You guys are so engaged.

Fabulous.