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JENNY SICHEL:   
Hello, everyone. We will just give it a few more seconds to let the attending room populate. OK. Before we get started, I just want to let Darrell know that if your internet does conk out I will allow you to talk via your phone and then you can present via your phone. Just giving you that heads up, I cannot promote you to panelist but I can allow you to talk. OK.   
  
For everybody else, I am going to share my screen. We are going to get started. Hi everyone. My name is Jenny Sichel, I'm the operations director at the National Council on Independent Living and I want to welcome you all today to our regional independent living showcase. Today we are featuring regions one and four. To give you an idea of who these regions represent, region one represents the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. Region four represents the states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.   
  
They are currently experiencing a hurricane, soâ€¦ Or something like that, one of our representatives power may go out and it's OK, we will figure it out if it does. Give you a brief on myself, I use she her pronouns and I am a white female with brown hair pulled back into a low ponytail right now and I have on a gray and purple shirt and my background looks like a lovely new England fall, autumn.   
  
Let's move on to some housekeeping. Captions are available on this webinar. Click show subtitle in your zoom menubar to turn them on. We will also have captions running@ai-media.com. The actual URL is too long to read. We will share it in the chat box. Ai-Media will allow you to enlarge the font and change the color and contrast of the captioning.   
  
ASL interpreters are also present and will be for all of our regional reps showcases. We are presenting and gallery use of the interpreter should always be visible. Please let your host know if you cannot see the interpreters. We are also PowerPoint sharing today so you will need to be in side-by-side mode to see both the interpreters, presenters and PowerPoint at the same time.   
  
If you are not in that mode you can go to the menu bar that says you are viewing Jenny Sichel screen, click view options and select side-by-side view. This will allow you to see everybody all at once. You can also adjust the size of the PowerPoint and the interpreters when you're in this mode by using the slider feature in the middle of the screen. If you are joining via mobile or tablet you can usually swipe left to change your view.   
  
Finally, if you're using dual screens you might want to click optimize for dual screens. You don't need to be on zoom to access the webinar. We will read all slide content and all questions out loud So that everything will be available to individuals calling in on the phone or who cannot see visual content. In that same vein, public chat is turned off for accessibility purposes. You will still be able to send chat messages to the hosts and panelists. We ask that you reserve the chat for requests for technical support only.   
  
Please do not use the panelists chat to submit content questions for the presenters. Speaking of questions, we will be answering all questions if time permits. You are welcome to submit your questions throughout the webinar but please note that they may or may not be answered live. If we don't have enough time to get through all of the questions, we will answer them via email after the webinar.   
  
There are a number of easy and accessible ways to submit content or submit questions to the presenters. If you are on Zoom you can simply type your question into the zoom queue and ATAP. You are also welcome -- Q and A. You are also welcome to email your questions to me at jenny@ncil.org. I will also provide my email in the chat box after I finish talking.   
  
If you are only on the telephone today you may press\*nine to indicate you have a question. We ask that if you are speaking the question you limit the question to no more than 30 seconds. Please also note as mentioned above that there may not be enough time to get to everyone's questions. Near the end of the session, we will not put an evaluation link in this one so don't worry about that. Anyways. I hope these accessibility tips and logistics have been helpful for you. To kick us off I would like to bring in interim Executive Director Darrell Jones. Take it away and I will also unmute you on your phone. You have to unmute yourself on your phone. (audio issues)   
  
DARRELL JONES:   
Sorry. That was feedback from my computer. I'm going to talk to you from my phone just to make sure that I don't lose my connection because my internet is acting a little flaky today. Hi, everybody. I am Darrell Jones. And CILs interim Executive Director. -- NCIL's interim executive director. I am a white female with white hair wearing glasses with brown rims. My pronouns are she/her.   
  
We are also glad that you joined us for the first regional web forum. -- Rep forum. We hope to do these forums on a regular basis as part of our expanding networking at NCIL and are expanded peer sharing efforts. We know that some of you have been wondering what is going on at NCIL these days. We have been in a time of transition this year. And a time of assessing ourselves, and a time of planning. We have been quite busy. We are currently recruiting for a new permanent Executive Director.   
  
Throughout all of this, we have continued to work with Congress and the administration for community living on legislation. And policies that matter for the healthy and well-being of centers for independent living. And Statewide Independent Living Council's. And overall, for people with disabilities.   
  
We continue to operate the barrier removal fund that provides accessibility grants to healthcare providers, passing through a portion of those funds to centers for independent living. Who do the access audits of those facilities. We held the first ever hybrid conference in Washington DC this year with 440 people in attendance in person in spite of the ongoing presence of a pandemic as 305 who attended virtually. We continue to provide other educational opportunities through our partnership with the IL net at ILRU and other partners.   
  
Recently, we were able to provide financial assistance to four centers for independent living in Florida that were severely damaged by the hurricane. That was because of the generous donations of our membership. Let's take a look at slide number two. Sorry. Some things are popping up on my screen. That are not being helpful.   
  
Let's take a look at the purpose for holding these forums and what we hope to accomplish. We wanted you all to start meeting your region's representatives on the national level. And learn a bit more about their role in informing you of current IL issues and assisting you in your networking.   
  
We wanted to give you an opportunity to discover what other centers and CILs are accomplishing -- SILCs are accomplishing that can hopefully inform your programs and local efforts. We wanted to give you all an opportunity to share what your CIL or SILCs has recently accomplished with the momentum of your peers. It has been a rough couple of years but in spite of that, the IL network has continued to accomplish a great deal.   
  
Finally, learn how you can to support the national effort to advance independent living. And why a national network is so critical to the success of your local, state and regional work. At this point, I just wanted to introduce and ICL's new advocacy director -- NCIL new advocacy director from who you will be hearing at a different time as NCIL continues to implement our goals. Jessica is just going to say hi to you all,   
so you have a chance to meet her.   
  
JESSICA PODESVA:   
Hi everyone, I'm thrilled to be joining you today, I am thrilled to join NCIL as its new advocacy director. It has been a few months -- busy few months getting started, working to focus our advocacy work back on centers and on meeting the needs of the disability community. I am thrilled to be here and get to know you all over the next coming months and thank you very much for having me.   
  
DARRELL JONES:   
Thank you so much. Jenny, if you would advance to slide three I think we can get started. At this point, I would like to introduce Steve Higgins. The Executive Director of independence Associates in Bridgewater, Massachusetts. Steve is the region one representative and is chair of the regional representative committee. Steve, take it away.   
  
STEVE HIGGINS:   
Thank you, Darrell. I think I have everything on muted and it is working. It is really exciting to be with everyone today. I would also like to, before we jump into some things, quickly introduce my cofacilitator today, that is Marty Musser who works at the disability rights and resource Center in Charlotte, North Carolina.   
  
She is our region for representative. So it is exciting to have Marty with us today and our goal, as we begin these region rep forums, you will meet the different reps from each region a couple at a time. Our goal is to have these forms every couple of months and as we are having them, you will get the opportunity to not only meet the folks that are the region wraps but interact with each other and learn about the great things happening that we are doing.   
  
We have 10 regions, we follow the federal region numbers, some of our regions we will go into the next slide, Jenny. Back one. Number four. There you go. Perfect. Nice. Don't ever allow me to try to run a PowerPoint. It never works well for me. If I keep goofing up on slides, don't worry. (Laughs)   
  
Are region reps currently listed, currently I am the region one rep, region two is currently open, region three is Karen Michalski-Karney who is at the Blue Ridge independent living center. Region four is Marty, as I mentioned a moment ago, region five is John Herring, at the Illinois network of centers for independent living, region six is Samantha Moreno from progressive independence. Region seven is open. Region eight is open. Region nine is Lisa Hayes from rolling start. Region 10 is Camberley Mac from the alliance of people with disabilities. -- Kimberly Meck from the alliance of people with disabilities.   
  
I want to apologize that I did a horrible job and forgot to get my description so I am a white male, my pronouns are he/him, his, I am a middle aged aging guy who has hair starting to turn right, I am wearing glasses and because I come from New England it is appropriate that I'm wearing a vest and flannel shirt today. We had 70s and 80s for temperature the past weekend, we woke up this morning to 30s. It is kind of New England. We do what we can.   
  
At this point, I am going to turn it over to our first speaker and our first speaker is Bill Henning. Bill Henning is the executive director at the Boston Center for Independent living. In Boston, Massachusetts. Many of you that attended our conference in person this year met Bill. He helped to get everybody revved up before we went and did Hill visits and he has been a member and supporter for many years. Bill will be sharing today about the successes that have taken place here in Massachusetts with a successful legislative campaign and how that has added significant funding for centers for independent living.   
  
Bill, I will pass it over to you now. Then you will pass it on next.   
  
BILL HENNING:   
Thank you, Steve. I am Bill Henning, with BCIL, I am a white male, I have a quite receding hairline and I am wearing a blue shirt with some stripes or checks or whatever. As I look on the monitor I can barely see it. I am trying to get close to the screen.   
  
One thing that I would add about myself, I have been doing this work for almost 4 decades. It is fantastic to be involved with NCIL and I will also add that I go by the pronouns he, him, his. Steve wanted me to talk about a campaign or campaigns that we have done in Massachusetts to increase center funding. In Massachusetts, we are fortunate to get a lot of supportive income from the state. We do not just depend on our federal ACL funding. One thing that has really been critical as we have sought more funding from the state legislature is that the 10 sectors work collaboratively.   
  
One of the things that NCIL is about as independent living centers working collaboratively. I know that one of the big campaigns that Jessica, the new advocacy director will be tackling is trying to get more federal money for the centers. Our appropriation has been increasing a little bit but is still relatively static and we all need more money. We know there is inflation but we also know that the cost of running a program, health insurance, paying staff adequately, all of those things are critical to improving -- promoting BIL message, empowering consumers and providing vital services.   
  
What has worked especially well Massachusetts is the collaborative effort. I will touch on a few of the key points. I will present these with the idea or understanding that in every state, the dynamics, politics are going to be a little bit different. The legislature will be different. How your centers work with each other will be different. Personal interactions are going to be different. My points are kind of general but I respect that they should be customized to the dynamics of any given state in the country. But again, it is built on collaboration. The 10 centers will meet and decide if this is the year for seeking more money.   
  
That is really a political analysis that we have to make. It is not that we are all especially astute, some of us have been involved with the politics of these things for years, but what are the economics, of the state? Is there a surplus? Are people running for reelection and want to do positive things?   
There is always a need.   
There will always be a need that we can have but we also try to decide what is it that we most want to promote. In the past, we have talked about needing more funds to move people out of nursing homes. This year, we have chatted with do we need to provide services for youth with disabilities? What will be attractive? In a practical way, I think anyone running a center knows that we need money to keep the lights on or pay the health insurance as I said.   
  
Those are not what I would say our sexy issues. They are not going to get a legislator to rally around them. I think your messaging is important.   
  
You do not want to be deceitful but in the end, all of those things, if it is more money for utilities because as mundane as that is, you do not win a legislative effort on that but if you're getting money to give -- a people out of nursing homes it may free up money to pay other bills. But messaging is important and we will work together to decide a key message.   
  
It then gets into the very basic level of drawing up some promotional materials which, the classic one pager or two pager, on what is the message, and we really want to feature human interest stories. Legislators are politicians. They respond to people. The messaging has to be about stories. We help so-and-so, Joe, get out of a nursing home. Our youth program empowered Charlene to graduate from high school and she is now going on to a four-year college. Things of that nature.   
  
They are not these classic disability pity hard pull stories. They have to be about independence, self-sufficiency, people achieving their goals, we do not use IL speak because the rest of the world does not understand our terminology. You can translate that into basic English. It is not an inspirational story but it is a story of the core work that we do every day of helping people to move forward.   
  
The other parts of the campaign are starting to connect with legislators. Who knows someone who is in a power position in the legislature? It is not unlike the US Congress. Do you know somebody in leadership? Our state legislators by and large work in the same way. They are probably more hands-on accessible in some ways then Congress and in other ways it is more challenging because mentally -- many legislators do not have a lot of budget to work with for their own operations which means they do not have a lot of staff and they may in fact rely on you for a lot of work that a member of Congress or especially a senator would assigned to a staff person.   
  
That is not a bad thing. I would love it if we are working with the legislator and they are asking our opinion, they are asking us what is the best language for a bill, for an appropriation. That is heaven. We are kind of in better control of the campaign. What each center than does in differing ways, what is unique to a center, is typically contact legislators who serve the service area of any specific center. And we may hold legislative breakfast, that is very common in Massachusetts. We now do things virtual or hybrid. We may have small advocacy days. BCIL where I work is just down the street from the statehouse. It is just a 10 minute walk and we are inside the state capital of Massachusetts. Maybe this 15 minutes willing up the stream. We are inside. So we will show up and make a lot of impromptu visits or join other centers in their campaigns. I have worked with Steve any number of times in these quick visits when timing becomes very important. When legislators are ready to act, they are ready to act and being tied in at the state capital is one important thing, if you can do that. Because they go by their own timetables, not ours. Even if Massachusetts is a small state it is not the easiest one to drive around and or use public transportation.   
  
We feel that we have a real important role for the whole state because we are right near the capital. But you would want to think of such things in your center or state as well. And we try and sell our stories and the best way to sell our story is again, it is consumers, giving their story of how we may have assisted them. We coach people, we will call skills training perhaps but it is also about letting people speak from the heart. Eloquence is not necessarily being able to twist a phrase or use big vocabulary, it is being able to convey a message.   
  
No one is better at conveying a message than are consumers of what is important to them, is it affordable housing, is it getting on Medicaid, is it getting access to a full-time job, those are the things that people feel with deep emotion. And if they can convey that to legislators it starts to sell things.   
  
It is really important to develop personal relationships with legislators and that can take years. It can take a long time. But be respectful. If they are going to cut your program it is good to know people to say not to cut our program or not to cut Medicaid or increase the housing budget and sometimes you have to engage in conflict. We have certainly been confrontational at times.   
  
But in the end, respect legislators. They tend to be regular folks, no one makes a lot of money as a state legislator unless perhaps you are in leadership. Many states it is a part-time job, it is a full-time job in this one but most states it is part-time, understand they have other priorities in their lives, families or other jobs. And work with them is what I would always advise.   
  
One of the things that we do quite well as a group, is we work with the Statewide Independent Living Council and we have an annual public education day. Usually in the spring. Which is timed to occur concurrent with the tackling of the state budget for Massachusetts. We are talking about trying to get more money for independent living centers. We want to be in the statehouse when they are talking about appropriations and what programs, services will receive money in the coming years.   
  
We invite various legislators and legislative leadership to come and attend our forum. It has been virtual in the past few years. I would hope that we can go back to an in person presence or hybrid presence in springtime of 2023. We go to a hall in the statehouse which has some of the worst acoustics in America which is tough though if you can read a screen on cart or follow an interpreter it may be OK for you. But in some ways, the medium is the message. We have 150 people in a small room, we have legislators, there is energy, clapping, cheering, there may be chanting and it builds momentum in the whole guys of equal access to get more money. How much money have we got, probably in the last 15 years we have had three or four of these campaigns and have probably increased overall the state allocation and Steve could give the exact number. I think that is germane overly critical to this discussion.   
  
Each year it increases by many $500,000, $50,000 a center, and a good year it might be $1.5 million, that is wonderful money. It covers some of the key costs that we have and it helps us to do what we are saying we are going to do. Improve services for youth with disabilities. Get people out of nursing homes. Support more transportation options, you name it. For the people who receive our services. The last thing I will say is that this model can be adapted to other issues.   
  
One of the things that we work on a lot of Massachusetts and we spoke on it a little bit at the conference in July, was a program that provides housing vouchers for people with disabilities. In everything I said about trying to campaign to get more money for the centers is also applicable to getting more money for a state-funded voucher program. In my experience, having worked from time to time on campaigns at the US Capitol or statehouse, they are very similar.   
  
Do the work, there is a lot of sweat equity, collaborate, tell the story, be respectful of the other side, the legislators, members of Congress, it is a little different if the program is being cut, there may be conflict but we are talking about a campaign to boost resources. That is something very positive. I will be around later for questions but now I want to go to Peter of the Vermont Center for Independent Living which is in (unknown term) and he is the deputy of director. He is also the chair of Nichols transportation legislative and advocacy subcommittee and has been part of the independent living movement for over 30 years. He has a visual disability and hearing loss and Peter refers to himself as a car lists traveler. Take it away.   
  
PETER JOHNKE:   
Thank you, I appreciate that and I greatly appreciate being here. A little bit about me, I am getting to be an old guy, though I may not look that old. I have my hair pulled back, you cannot see my ponytail. I go by pronouns he, him and his, I am wearing glasses and a headset which makes it easier for me to hear. I have a red shirt on today. I always try to wear a red shirt when I'm on camera.   
  
Vermont, like some other states is very rural. There is only one part of the state, the Northwest, where the state of Burlington and surrounding area -- city of Burlington and the surrounding area that has about 1/4 of the population of Vermont, the rest of it is scattered about, and transportation is always an issue whether you are in and urban area or a rural area people with disabilities. In rural areas it can be especially challenging. One of the things that has really been a benefit to be chair of the transportation subcommittee, it is one committee of the whole bunch of committees that make up the greater legislative and advocacy committee. And we meet once a month and review what committees are doing and share information there.   
  
It is pretty easy for me to get focused on my transportation stuff, I get on my soapbox and go on for quite a while. It is good for me to be in that group so I really understand other issues going on whether it is housing or civil rights or funding presenters, all those things are part of that broader advocacy issue. It is the whole thing about what makes NCIL get connected to all of the various issues we are trying to address. But I did want to talk today about some of the pilot programs that Vermont is doing to try to improve transportation for rural areas.   
  
One of them is doing micro transit in a rural area. We have had a pilot project going on, we are coming up at the end of the second year in January, we launched in the middle of the pandemic, in the middle of winter, which was OK, it blended itself to doing a soft launch, and we have learned a lot, for those of you that don't know exactly what micro transit is, the best way or easiest way to think about it is sort of like a public transit Uber style or lift style transportation set up where you use an app on your phone or a computer from home, most places who have this program set up, they have also a college center places for people who don't have access to the internet or smart phones, they have to do a little bit of planning but don't have to wait for the bus schedule, if you just missed the bus and it is another hour, if you are lucky, before comes back and was in some metropolitan areas you may not have to wait that long but the bus is limited in terms of where it's going to go.   
  
And micro transit in its overall scope is limited. It does expand transportation within a particular geographic area, because in a regular fixed or even deviated transit system within an area, you are limited to what that root is and how far -- root is and how far the deviation is off that root and if it is beyond 1/4 mile or whatever the transit provider has said, you are out of luck.   
  
But if the area includes an entire neighborhood or community, or as in the situation in Vermont where this particular one has started, includes the higher city -- entire city of (unknown term) and Oleg off of that where one of the big malls is as well as the hospital in the region to connect with healthcare facilities. And previously, while there was and still is some fixed root services that go once in our -- per hour through parts of the city, if you are not on that route or cannot get to that root you have a problem. With the micro transit, you call up, as long as you are within the city limits or those outlying areas you get service. So you can schedule your trip ahead of time, you would on the fly, so it does lend a lot more flexibility to it.   
  
But we have also learned it is not perfect. There are issues with it. Some of those specifically because it is in a rural area with a smaller population and smaller population density. One of the issues is to be cost-effective, the pilot that we are doing can't run as many vehicles as you would in a more traditional micro transit system. So the wait times for a vehicle to get to you are going to be longer. And you may not get exactly the return trip that you wanted to get for the same reason.   
  
So those are some of the downsides, if it was more densely populated area and there were more vehicles that would be an easier issue. The other issue that has come up not only for this micro transit program but all of our transit across the state and I know also across the country is that transit drivers, bus drivers are in very short supply.   
  
Transit providers are having to cut back on service. They are having to sometimes on short notice cancel a bus route because they cannot find a driver so that is a big problem and it is not just related to micro transit.   
  
But I think it is also important to understand some of the downsides of micro transit in a rural area. So that you can figure out ways to work around that. One of those is that some people just have a really hard time if there is not a set schedule. It is the way that their brain works. They know, they can walk out to this point in their neighborhood where there is a bus stop and a bus will come and pick them up.   
  
They don't have to plan and think I have to make this call, or figure out I'm going to go at this time, when does the bus come, if you go and stand there long enough the bus will pick you up. So for some people that is a bigger problem than we had originally anticipated. In the other issue, this is probably more so an issue in transit in a rural area for micro transit then it would be in a more populated area that has more responsive service, I would say. People whose disability involves chronic fatigue, chronic pain, often have very limited energy and very limited physical resources.   
  
If they are planning a trip, to go somewhere and come back, that is taking a lot of their energy. So they have to be pretty precise on how that is going to run.   
  
They have to know that I'm going to get the bus at this time and I do these three things before the bus will pick me out again and before I collapse just because I'm worn out or in too much pain, I get the bus back, and with micro transit in a rural area it is difficult for it to be quite that precise.   
  
In a fixed route situation, the buses going to, this time, they have an hour or 30 minutes and maybe within the half hour or the hour they had a chance to rest before they get on the return trip. So there are some things like that that have not worked in micro transit but overall, it has provided more transportation options to more people.   
  
From our perspective with NCIL and my own personal issue with transportation, I have gotten to be a really good expert at multimodal commuting. And sometimes it's a lot of education and we have a mindset that I either take a bus or take light rail or an Uber or or maybe if it is close enough you can own a bicycle or even walk, but I try to get people to expand that thinking, can you get further or if you're saying none of the things go this far, I cannot walk that far and the bus does not come here, what can I do, can you do part of that with different modes of transportation?   
  
Is it close enough for you to go to bicycle to where you can catch the bus, the bicycle can go on the bus, you can take the bus to where you need to go, and do the return trip that way.   
  
My typical commute most days is I rideshare with a neighbor who takes me to a bus stop that is down the street from where he works, and I walk across the street to catch the bus at that stop which comes about 10 minutes later. And I take that bus the rest of the way to the transit center, and then I probably have 1/8 of a mile or so. A 10 minute walk to my office. And then on the return trip I essentially do the same except in this scenario, I am able, because I'm on the bus, I take the bus to a stop where his offices, and the reason he doesn't drop me off there is because of the way the traffic and logistics is, the bus stop that is at his office is good for me to get to his office but there is no bus stop across the street so he dropped me off at the bus stop earlier which has a stop across the street. I actually advocated, it is a very short distance from these two stops, you can probably see, one stop to the next up maybe 1000 feet or I did not measure it, but there is no sidewalk and in the wintertime there were piles of snow and ice so I advocated to the transit company to put another stop in. So I could get there without having to do transit or some other type of transit program.   
  
JENNY SICHEL:   
I want to give you a one minute warning.   
  
PETER JOHNKE:   
Thanks. The point is, there are positive and negative things, in all types of transportation. But I really type -- try to educate people about looking at all of the things and options to do. One last thing I will mention as we are involved in trying to set up community rights for all which will be run with electric vehicles. Except for the accessible vehicle and it will be a public transit type of Uber. You call up, you call by phone, you get a ride, and it is set up to enhance the existing public transit that is there.   
  
We are partnering with them so we can do after hours service, we can service, those rides that they can't get with some of those normal transit services. Happy to answer questions at the end. My contact information is on the slide so don't hesitate to reach out. Thank you very much.   
  
STEVE HIGGINS:   
This is Steve, we are going to pass this over to Marty who is going to introduce our next folks. Marty?   
  
MARTY MUSSER:   
Thank you Steve. I will be quick because I know we are running short on time. As Steve said, I am your region for representative, I use she/her pronouns, I am a white woman in my 30s and have long brown hair. Today I am wearing a black and white top with a black cardigan and there are some bookcases and plans behind me. I am honored and delighted to introduce you to Sharif Brown, the program manager for state reentry at alliance of disability advocates. Center for independent living in Raleigh, North Carolina.   
  
Sharif is a transplant from New York City who has been living in North Carolina for seven years. He has over 24 years of experience working with the disabled population. He is a certified travel training instructor, a father of five sons, four still living and the proud dad of a son with autism. Take it away.   
  
SHARIF BROWN:   
Thank you very much, my name is Sharif Brown Hogan, (indiscernible) for the alliance of disability advocates located in Raleigh, North Carolina, I am an African-American male who uses the acronyms he/him, I am wearing a black cap, black headset and I have on a black and white shirt. I wanted to thank everyone to give us the opportunity to speak about this fantastic program that we have going on at alliance of disability advocates. We coined 88 reentry.   
  
One of the five core services that has so much to do with his transitional services and my agency has decided that instead of going the root of doing transitions from group homes and institutions, group homes and assisted living facilities we decided to do transition from actual prison or institutions.   
  
In 2019, sorry, 2018, my release Executive Director decided to go to (unknown term) federal compound which is a federal prison 35 minutes from our office that has various levels of security, that is five prisons in one, one of the biggest federal compounds in the nation and I went into that situation under the premise I was going to try to help train one individual to be released so that we can offer him employment, because this gentleman was incarcerated for 17 years and received his HVAC certifications and also received his wheelchair manufacturing and fixing certifications.   
  
So as a Center for Independent Living we were lucky that we had the opportunity to bring someone into the agency that could actually fix wheelchairs for our population without actually charging which is a huge resource. So I went in working with him and coined the phrase IRP which is individualized reentry plan because we deem that the agency that most of their reentry plans are going to be cookie cut due to the fact that the caseloads for the case managers are so busy, they do not have time to offer those individualized reentry services. So I went to train this individual to be acclimated into society, I taught him to use a smart phone without bringing in a smart phone, I trained him on how to use a fixed root system without ever seeing a bus, we did independent living skills training, mock job interviews, telephone vernacular to get them acclimated to make sure that he wasn't -- when he was released he was able to get the ground running and hit the agency. Within two weeks of me helping this individual I had 100 people in a federal con pound asking me about these services because they had never seen a reentry plan and program that number one, empowered them because it was their program, listened to what they needed and connected them to the resources that they were looking for. Prior to release.   
  
So I went back to my Executive Director and I let him know that there was a huge interest for this program and he told me to take as many people as you can take and help as many people as you can so within 2018 and 2020, one COVID hit I put 212 people through my reentry program at the federal compound and I only had two people reoffending go back, and 98   
success rate for the program. We all know the recidivism rate is roughly about 47 to 48% statewide, nationally it is about 50%.   
  
To have that kind of success dealing with reentry, especially individuals that have any disability, that program was phenomenal.   
  
The DD Council of North Carolina let us know that there was a grant that was going to be a competitive grant. They were offering to help transition individuals specifically within IDD diagnosis out of state prisons.   
  
The beautiful thing about this whole IRP plan and program is because this individualized it works on every level of incarcerating regardless of it is federal, state or county jail. We applied for and received the grant which was a great thing for the agency and we got the grant right when COVID hit because that eliminated us from going to the facility and being able to up our participants.   
  
During that time, on the federal level I was doing reentry by myself in Butner and when I got the grant for the DD Council I was able to hire two outstanding individuals that are very passionate about reentry. One is Wayne Bell who has over 10 years of doing in reach in the prisons prior to coming to my agency so he was very passionate about joining the team and had done phenomenal work pre-and post release and is also a certified peer support specialist and I have another gentleman by the name of Jean Smith who was also a certified peer support specialist and is also a rep facilitator and has lived experience of incarceration. So the three of us, we sat down and had to figure out how we were going to get this information that we needed to instruct the IRP without actually seeing our participants.   
  
So we came up with the questionnaire that we sent into the prisons that allows us to extrapolate the information that we need in order to construct this IRP. To date, even with COVID going on we just got into the prisons in April of this year, so even with an active and raging pandemic, on the state level we helped 147 people with their transition back into society throughout the state with a 90% success rate right now to date.   
  
In the IRP because it is individualized there are a lot of resources that are incorporated, we (indiscernible) individuals to housing, social living situations, employment, have linked individuals to food pantries, records, Social Security cards, birth certificates, which are vital as you do your reentry because most individuals do not go to jail or prison with their birth certificate and Social Security card. So being incarcerated for so long you have to try to find a way to get those resources back.   
  
STEVE HIGGINS:   
One minute.   
  
SHARIF BROWN:   
Let me run through it. These are some of the things we have done, we have partnerships with Duke University that allow us to offer a free virtualized independent GED training course. One-on-one with the (indiscernible), a Masters student from Duke that does training, we can offer that with anyone across the state virtually, they are in an attachment area which is (unknown term) orange and Franklin counties in North America, it can be physical one on one in person if they choose to do that.   
  
We have a partnership with Monarch who is one of the leading employment services and networks across the state. They received over 1000 applications for employment. They guaranteed anyone that goes to my reentry program gets a guaranteed job interview.   
  
The thing I am most proud of is that the agency we have a suit closet to where we give out free business casual and business attire for men and women for free. To assist them with gaining employment. I know that my time is short, I know that's a lot but I'm hoping any questions that you might have for me and my contact information is definitely on a slide. Thank you for your time.   
  
JENNY SICHEL:   
Thank you so much, that was amazing. I could listen to all three of our presenters even more. We have about four minutes left. I'm going to give a quick question. Then I will give it to Steve to wrap it up. So this question is for Peter.   
  
For everyone else, if you have any questions feel free to email me at jenny@nicole.org -- jenny@ncil.org and I will put that in the chat. Perfect. You can email me your questions and I will send them out to our presenters and they will get back to. So for one question, Susie asked Peter, living in remote rural areas and being ableâ€¦ Unable to share rides with other passengers, due to fragrances, cell phone, cleaners etc., having access to a private vehicle is imperative. Upkeep and repairs are horribly costly for those on Social Security welfare. Do you have any ideas about getting a subsidy to afford insurance like food stamps but for vehicle upkeep and insurance. Peter, you have about two minutes. I'm going to pin you as soon as you turn your camera off.   
  
PETER JOHNKE:   
For some reason my camera does not want to turn on, but you can hear me.   
  
JENNY SICHEL:   
You are good to go.   
  
PETER JOHNKE:   
It is a great question and a huge issue. I don't have any good answers to that. A lot of the times it is a matter of creative stuff, there are some programs in Vermont, we have a program that people donate cars that they no longer need to this program and the cars are fixed up and they are made sure they are reliable and running in their donated to family in need, so that at least gets them a vehicle. But you're correct, the cost of upkeep and repair, even right now, gas is outrageously expensive. So it is a big problem.   
  
The other thing, the other thing that is also a problem with transportation especially as we are going to electric vehicles, with batteries and stuff, people who have electromagnetic sensitivities, that is a real problem for them as well. It is something that most people are unaware of. There is an Institute I think in Canada that is looking into that, ways to make safer buildings and exploring which models of cars might be safer or at least more accessible for people with electromagnet sensitivities.   
  
That might be something on the national level for NCIL and our transportation subcommittee, that is certainly something I bring up to find out if there are any programs in other states that do anything like that. There might be grant money out there somewhere from a private foundation that somebody could work on making that kind of a program. But I really appreciate the question because it is a good one and we need to have creative solutions.   
  
STEVE HIGGINS:   
Thank you, Peter. Jenny, I will ask you to jump to the last slide that we have. We were really excited today with the overwhelming amount of folks that participated in our call. We have learned a lot from today's call, we are really excited, as Jenny mentioned, if you have questions for any of our presenters, please drop Jenny an email. She posted that in the chat. He will make sure we connect you directly with them. Together, we can change the world.   
  
These forms are open to anyone regardless of NCIL membership, any center, SILCs Association and we ask that if you find value in this and find value in these regional workshops to consider joining NCIL. Consider being part of a national network of peers that are working together to truly change the world that we live in, especially when we are talking about independent living in our ability to live independently, in our own homes, in the communities, as we choose.   
  
We really appreciate all of you guys and we are glad you are here today. And we want to thank each of our presenters today, Bill Henning from the Boston Center for Independent Living, Peter Janaki and Sharif, I am horrible, I am missing the slide, because I swept through, but Sharif Brown, thank you so much and we appreciate that you are here today, we look forward to hearing from you, seeing you soon, and look forward to seeing you at our next presentation and during our next presentation are moderators are going to be Samantha Moreno from progress independence in region six and John Herring from the Illinois network of CILs in region five.   
  
Thank you so much everyone for participating today and we look forward to seeing you soon.   
  
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