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JESSICA PODESVA:
Hello everyone. We are giving a few moments for folks to still sign on, so we will start in just a couple of minutes.

JESSICA PODESVA:
Hello everyone. I'm just going to give it one more minute because I'm still seeing folks just sign on. So we will give it one more minute. OK. Nope, it's still looks like quite a few people are signing on so we will just give it one more minute. OK I think we can go ahead and get started. Welcome everyone. I'm so excited to have summary folks joining us today. My name is Jessica Podesva and I am the director of advocacy at NCIL. Before we turn it over to our wonderful presentations, I'm just going to run through some technology housekeeping.

So just quick, I am a white female wearing a black blazer with a navy blue shirt and glasses with long brown hair. My pronouns are she her. Some zoom housekeeping, we do have CART captioned and ASL interpreting, you can turn this on. The euro is too long to read but we will show you it in the chat box. A Ai-Media candidate or allow you to control the font and color of the Captioning. Please let us know if you cannot see the interpreters and we will troubleshoot directly with you.

You do not need to be on zoom video to access this webinar. We will read all the slide content and all questions out loud so everybody will be available to individuals calling in on the phone or who cannot see visual content. Public chat is also available but we ask that you please remain polite and aware of what you are entering into the chat. We have a zero tolerance policy if any hateful or offensive speech is seen you will be immediately removed from the webinar and not able to rejoin.

We encourage you to ask questions throughout the webinar but please note that will be held until the end of the webinar during the Q&A portion. Our goal is to always get all of the questions that we may not be able to depending on time. There are a number of easy accessible ways to submit content questions to the presenters. If you are on Zoom, you can simply type the question into the Q&A Chapel and please note if the chat is overflowing it may be more difficult for us to capture your question if you ask it in this manner. We are also welcome to email your question directly to our operations director, Jenny Sichel who is helping us run all of the check today. And finally, if you're on the telephone today, you may press\*90 indicate you have a question.

We ask that you limit your question to no more than 30 seconds to make sure we have time to get through everyone's questions. Thank you very much again for joining us and now I will turn it over to NCIL president Kent Crenshaw for an introduction of our first speaker. Kent?

KENT CRENSHAW:
OK hello everyone. How are you doing? First of all, I am Kent Crenshaw and I am the president of the organization. Today I would just like to welcome you all to the 5 for 5 advocacy campaign. We are very excited and this is our first annual advocacy campaign for 5 for 5. I just want to introduce our new president and I don't know how long we will keep this on what our president definitely is excited to have him aboard. In support of the movement. At this time I will introduce Theo Braddy. Theo?

THEO BRADDY:
All right. Thank you Kent. As Kent stated, I am the new Executive Director of the National Council on Independent Living and I'm very excited to bring this campaign and introduce to you all. Just so you all know, I have a full beard and a plaid shirt on. I am a black man and so I go by pronouns he is and him. OK let's get started. What is Independent Living? It's a movement. A philosophy. A specific programs that provides tools and resources for integrating people with disabilities fully into their communities to promote equal opportunity and determination and respect. In other words, all people can live with dignity and respect. They can make their own choices and participate fully in society.

Why community living? People prefer to live in their own homes. Right? Even in the American disability act, even in the home state, even with all the different laws and programs out there to ensure we still have the institutional bias and that has to be changed. So it's a legal right for people to live in the community. And for it to even cost less. Anyone benefit when everyone can contribute, everyone should have a seat at the table. Next slide please.

And so let me talk to you a little bit about the centers. Centers are hubs for disability information, resources, services, and advocacy. Centers have a unique ability to creatively address there is within their individual communities and that is very important. Allowing the sales network to respond quickly and effectively in times of crisis and emergency and we all know what happens with COVID-19 so it's important for CIL to function during these emergencies.

Investing in CIL benefits the entire community with a strong return. It provides for court services and doors services include information and referral and Independent Living and life skills training. Individual and system advocacy and peer support and mentoring for adults and of course institutional transition and youth transition.

Next slide? America is home to 403 centers for independent living. 330 branch offices and 56 statewide Independent Living councils. And we know this is not nearly enough to meet the growing needs of the over 67 million Americans living with disability in the US. Next slide. Statewide Independent Living councils. Each state and US territories required to maintain a state Independent Living Council. SILC developed a three-year strategic plan that creates unified vision for how to address barriers and other issues impacting people with disabilities.

In 2003, NCIL first made the recommendation for a $250,000 operating budget for SILC which is still not occurred. Next slide. And the Department of Health and Human Services administration for community living, ACL, the office of Independent Living Programs OILP within ACL is tasked with overseeing independent living agencies on a national level. NCIL leadership continues to meet monthly with ACL and provides input and recommendations on various programs and policies.

We do this on a monthly basis and will continue to bring it to the table and improve Independent Living. Next slide. The founding document, this is very important. The realization act of 1973 -- rehabilitation act of 1973. And The Rehab Act will be up for reauthorization. This is so important here. We must protect it. Let me say that again. We must protect it. We have it both of dedicated leaders that an ICL who are working very hard with The Rehab Act.

I want to hand this over to Jeff Hughes, the vice president on the National Council of Independent Living. Jeff?

JESSICA PODESVA:
Thank you Theo. Jeff will talk briefly about the ask for this campaign, 500 million for the five core services. Also for folks joining us by phone or can see the visual, Jeff has a wonderful background on his screen that took place of the Boston Red Sox with the 5 for 5 logo so thank you Jeff.

JEFF HUGHES:
Thank you. So you know it must be important if I'm putting this up instead of my usual Boston Red Sox theme. Thank you Theo, I just have to say I can listen to talk all day long. Great job and I really appreciate you and I'm really glad that you are here, and also can't. Great job. So we will talk briefly about the history of how we got to this point and some of the recommendations that we have made in the past regarding funding. Including fonts with where we're at right now and why we chose the 500 million.

So as everybody knows, we are funded through the rehabilitation act of 1973. In 1978, there was $2 million set aside of title I and E funds to fund the first additional CIL. -- Initial CIL. They use the title I IND funds to get up and running. It switched over after that to part C, but in the beginning... This is an important piece that everybody should make note of so if there is a Reauthorization this year, there will be recommendations we have regarding title I.

So please be ready for when those come out. 1978 was when the formula funding was statutorily mandated and that funding formula you have probably heard us talk about many times that this is something that we are going to have to address and I will talk about it a little bit later. And, not less, what it says is not less than $200,000 at that time. One third of 1% is made available. Whichever is greater. And that formula there remained until... For the next 10 years and then in 1984 we discussed in the minimum funding levels of, the first time we talked about minimum funding levels of $200,000 per center.

In 1992 of course without some significant amendments to the rehab act. I'm not going to go into all of those. They did adjust for formula for inflation. Just a small percentage to adjust for inflation.

In 1998 that formula was the minimum funding was not less than $275,000. Some moved up from $200,000-$275,000.

The beginning 10 states, in the beginning. 78. They were funded at $200,000 per state. That does not necessarily mean it was $200,000 per center. The $200,000 per state, and those first 10 centers were Illinois, Kansas, Maine, Massachusetts, Minnesota, Missouri, New York, North Carolina, South Carolina, Vermont.

Very interesting. It was hard for me to go back as I was looking for information for this presentation today trying to track down those states was pretty difficult. But now we do have them, and they are going to be in a centrally located spot, and hopefully an NICL will be able to put something up on their website or have the document available because finding out this information was a bit challenging.

Some of those states there are two that are 723 states, which are Massachusetts and Minnesota. Which means (indiscernible) and that still remains. All the rest 722 were feds to spend money.

In 2003 you will see several points here referring to 2003. That was when NCIL developed a pretty confidence of paper on dry for 75. -- Drive for 75. A lot of things we have still not achieved, we will be coming out with a new position paper probably in March that will outline a lot of this.

In 2003 there was a question about what I&E funds, and I'm sorry I didn't give an explanation for that, title I used to have what was called innovation and expansion. Those I&E funds you could use them for doing all types of creative approaches for independent living, employment, a lot of different stuff. But as the I&E fund, I don't believe it is there anymore, but there is an avenue similar to that we can use. Thank you for pointing that out. Sorry I didn't explain that better.

In 2003 NCIL recommended that the Part C increase up to 10% of the total of title I. So that is a pretty significant amount obviously and that was the first time we made that recommendation.

In 2003 we also recommended a new formula change of 50% of all the total new money that were appropriated being distributed equally among states. And then, of course, the other remaining 50% with state of the existing formula.

So, 50% of that, let's see if we were successful this year at $500 million. So we have a recommendation that might be with a new funding formula that 50% of that $500 million would be distributed equally among states, and the other 50% could be distributed among the old formula.

The 50%, and the reason we took that approach, was because a lot of smaller states it takes a very long time for funding to ever amount to a whole lot. So, like West Virginia they went and I think they had -- they had 10 years or 15 years without any Part C funding at all and just a few years ago they started seeing an increase in those funds.

The same thing here in my state of Oklahoma. Unless we get a huge amount we don't really get that much of an increase in federal funds so we felt like if we distributed it equally, that first portion of it, then everyone would get a little bit of an increase in then the other 50% would be distributed with the old formula. I think that is still a pretty good plan.

If you have comments around this, suggestions around this formula, please email us. Email Jessica or myself in that way we could make sure we are trying to address everybody-- everybody's needs as best we can.

As Theo mentioned earlier 2003 was the first time we mentioned $250,000 minimum funding levels which we still do not have.

As I mentioned 2003 when we first started the drive for 75. Ann just posted in the chat, thank you for the clarification. West Virginia went from 1982 2018 without any new Part C funds, not even cost-of-living increases. That's a good illustration of what I was talking about. There's a lot of states and that similar position. So these large amounts are important, and that's why one of the reasons we decided to really jump a lot higher for this $500 million, but I'll talk about that in a second.

So, $75 million was our drive into thousand and three. We did get there, it took a few years but we made it. In 2009 you saw with the stimulus package from President Obama's administration we had 85 million, $500,000 invested into IL. And of course if anyone was around at that time there were a lot of challenges with the interpretation of how those monies could be used, but it was a one time investment and it wasn't something that you could really start up new centers with. And then of course we also were working on the independent living administration at that time which is what we have now at the federal level. Getting prepared to move over from the Department of Education to HHS.

2014 is when we finally got the reauthorization. A lot of the issues that NCIL recommended moved forward, but then Ira funding was really flat from 2015 until 2017. And then it increased hundred and $11 million which made up for not receiving much of an increase at all. That's really what this is at right now.

In 2020 we all experienced additional aisle funding for the 85 million for COVID. It was real similar to that. The struggles we had before which was great, we were able to go ahead and use those funds for a lot of the fifth core service, transition services. We could help people when they needed PPE, we could help people for lots of different approaches. It was really good.

I know that all of us really appreciated that money and being able to support our community. I know in Oklahoma that it wasn't for the centers people with disabilities really have been struggling much more than what we did.

The state unfortunately did not support our community with PPE like they should have, or really much of anything else. It was really helpful for us to be able to support people in the community with a myriad of approaches.

2022 the funding goes back to the original amounts. 2020 3B got an additional increase, and of course in 2023 we set our goal of $500 million. All of our approaches are that this is to address and support this fifth core service, there are two prongs. Transition that we've not been able to receive funding for.

There are different approaches that we can take, but if we really focus on that aspect that we've gone this long with this fifth core service without new monies, not a substantial amount of new funds, and that the... What we received through the COVID funds and what we were able to do to tell your story, tell your story.

Tell your story of how many people we've helped with the COVID monies. What capabilities that you had. Those are the things that Congress needs to hear. Whether you are coming with us to DC next week, whether you are staying home and participating virtually let Congress know how helpful those funds were and that we need those funds back into the Iowa budget.

I am very excited to introduce Marty Musser and Jessica Podesva again. So, Jessica and Marty.

JESSICA PODESVA:
Thanks, Jeff. I'll just give a minute to spotlight Marty.

So, we are going to dive into the budget process quickly and give a high level overview of what the actual budget process is, and it can be incredibly confusing so we also have some resources you can go and look at, but we are going to give a very high level overview today.

So, first we have budget requests. I will say all of these steps we are going to talk about today was pulled from a great resource from Ohio State. Thank you to Ohio State University who summarized the budget in seven key steps.

So, first the office of management and budget, or OMB provides guidelines to all the coming year. So the federal agency for independent living would be the administration on community living.

OMB then reviews the agencies funding requests and then after feedback from the agency it creates a draft of the budget.

OMB sends presidents the final budget which includes information on the condition of the treasury for the last completed fiscal year,
in the estimated condition at the end of the current fiscal year. The budget also may include other budgetary publications that have been issued during the fiscal year, and other related and supporting documents pertaining to the budget.

Marty, do you want to do the next one?

MARTY MUSSER:
Sure. Step three. Submits budget. In February the president submits his budget to Congress. The president's budget is a proposal detailing how he would like to divvy up federal revenue for the next fiscal year. The federal fiscal year runs October through September. I am Marty Musser, advocate... In Charlotte North Carolina and I am the regional representative of the board. I'm a white woman in my 30s and I have long brown hair and thereby blacktop today and I use cheer pronouns. OK so jumping back into our steps.

FDR used to have a saying actually that the president proposes and then -- and then Congress disposes. So we can move on to step four. Create and pass budget resolutions. And I will say, so on that last slide historically the president does submit his proposed budget in February and that doesn't always happen. Sometimes the schedule gets a little far behind so we haven't seen that yet but we anticipate that we will see that from the White House in March.

OK so then once the president has put that out there, his plan, then Congress takes over and they get to work on it. So, create and pass budget resolutions. They take the president's budget and create positive resolutions. These resolutions set spending levels for federal agencies. After each passes their version of the budget resolution, a joint committee ironed out any differences between the two versions and the revised budget resolution is sent to Congress to be voted on.

So you can think of these budget resolutions as kind of the broad strokes. We have a game plan of how we are going and how much we will spend and from that point we will determine how much we are going to spend on each of our programs. Next slide please. OK so here is where we are getting into the specifics with the appropriations bills. Step five, create appropriations bills. Working within the spending limit set within the pending resolution, the house subcommittee determine the precise level of funding for the coming fiscal year.

The resulting bill is voted and passed in the subcommittee and then the full Appropriations Committee, and then goes to the full House or Senate to be voted on. There with me I know this is confusing. You're listening to all of this and this seems really complicated and confusing. That's because it is. (Laughs) It's confusing to all of us. So, broad strokes with those budget resolutions, now we're getting into the specifics of the appropriations bills and I will add there are 12 Senate appropriations subcommittee.

So we are under the one for labor education and related agencies. Next slide please. OK, step six. Vote on appropriations bills. The full House and Senate vote on their own appropriation bills from their respective Appropriations Committee. After passing their virgins, if there are any differences, a conference committee is appointed you are in them out and in the revised bill is sent back to the house and Senate to be voted on. If passed, it is sent to the president.

So at this point there are kind of three options because we have two different versions of the budget that ultimately is going to be voted on. The house has their version, the Senate has their version, and so the house can choose the first option to disregard their version and go with the Senate version. Alternatively, they go at the houses version but what most commonly happens though is that we found a compromise between the two and that's called "going to conference."

I want to make sure I'm not missing anything. OK. OK so our final step, step seven. The House and the Senate have come together, fingers crossed, and agreed on what the Appropriations Bill's are going to be and what the federal budget is going to be. Once they have agreed, then it goes back to the president. So step seven, it signs each Appropriations Bill in the center comes out. Only after the president signs the Appropriations Bill does it become law when all of the appropriation bills are signed, the budgeting process for the year is complete and the federal government is funded for the next fiscal year.

So that's the whole process. I will add that there are a lot of really great videos on YouTube if you are interested more learning about this process. I spent a lot of time reviewing those myself so I recommend that if you want to learn more. I hope you are all fairly excited because this is an exciting topic. Everyone here today, we care about IL and we know what good work is happening around the country and the bottom line is we need more money to do more good work. So keep that in mind and I will pass it back to Jessica.

JESSICA PODESVA:
You think after three years of the zoom life that wouldn't happen anymore. Thank you Marty Musser, you did such a great job summarizing everything. So now I'm going to talk to a little bit about 5 for 5 at lobby days and I will answer a bunch of questions that I am seeing -- pop up in the chat like, do we have scripts for contacting legislators? What are the plans? Etc. The next week, there will be a small group of us meeting in DC and we will have meetings with key appropriation staff and key members of the health committee and key allies in Congress asking for this increase.

And during that time, we need your help and Erin and Jeremy, two of our NCIL board members will have more on what that will look like NCIL... We want you to call your representatives and tell them about this increase in ACA question, better to use the term advocacy instead of lobby. We have a wonderful toolkit on our website that Aaron and Jeremy will talk about in a minute. About those two and if you have any questions or advocacy versus lobbying. This is a specific asked to government for a specific increase. So it is lobbying under the federal definition.

This is lobbying. However, don't be scared about that because we will break down the difference between advocacy and lobbying and how you can still support this campaign without crossing that line if your center does not have any federal funds to engage in lobbying or habit... If your center does not have any nondiscretionary funds to engage in lobbying activities. So next week in a small group of us will be in DC having meetings asking for this increase and we need you to call your representatives. We also have launched a campaign website for this campaign.

5 for 5 campaign.com and -- and on that website, you will see fact sheets and toolkits. We will slowly be continuing to populate that over the next week is a whole bunch of other at different information that you need in order to support this campaign. So I encourage everyone to check it out and this is still a website that we are still building and we will continue over the next several years to populated and grow it and we're hoping that this year is a good launch here and we will continue over the next few years.

Unless we get the $500 million on the first year which would be really amazing so I want to turn that option down either. So we need your help to amplify this message in your districts. And it Jeremy and Aaron will talk to you a little bit now about different ways you can do that so I will turn it over to them.

JEREMY MORRIS:
Thank you Jessica. Her name is Jeremy Morris. I am the NCIL treasurer.

AARON BAIER:
I am Aaron Baier, I am the region to wrap for the national Council on Independent Living and I'm also the director of administration for the independent living center of the Hudson Valley in New York.

JEREMY MORRIS:
So we're going to talk just a little bit about some of the things that individuals within the network across the country can be doing. Again, knowing that not everyone has the capacity to do direct lobbying and engage in the lobbying aspect of it. There is some advocacy work that can be done and there is also general education that doesn't necessarily fall into advocacy or lobbying that everybody would be doing and should be doing. So for specifically statewide Independent Living councils, some of the things that could be done is making sure your councilmembers are aware of this information. Just letting them know, you know, what is going on from the national level.

So that they can be aware that there is a push for increased funding that they understand what the current funding mechanics are and how much funding is dedicated within the federal budget and how much is coming to your state. I know many of you are having those conversations now regarding your state plan. So it's a good time that you can bring this up and just talk with your councilmembers about how much funding is being allocated for Independent Living. You can collect stories. This can be a very important thing of, you know, working with your centers in your state to understand what is happening within the network and understanding the impact that you are making.

You can work as a collective to find out how many individuals have been transitioned into the community. In the past year. You can find out how many individuals have been served. These are just great points of information to know whether or not you are participating in this or not. You don't have to do any of the direct lobbying but you can let your elected officials know what is going on within your state.

Show the highlights. Share what your state counsel is doing and share the success that you are having. Share the great things that the centers are doing across your state. It is important for us to have those relationships where we can reach out and just tell the good things that are happening. And it may be an opportunity to have that conversation as you are talking about some of the great things that are going on. If you have unserved areas within your state.

Because people that are serving in an elective capacity in areas that do not have access to a center for independent living. These are the things that their constituents don't have access to. Because of lack of funding. I will now turn it over to Aaron.

AARON BAIER:
Awesome. Thank you Jeremy and actually forgot to do a visual description. I may blind white male with curly red hair and a little bit of a beer. But I think you are all going to notice some themes and some trends here from what Jeremy was saying. So for centers within the pendant living, -- Independent Living, there are a lot of ways to lobby... Making sure we are able to advocate for 5 for 5. So again, collecting impact stories from your center centers around wonderful programs. Talk about them. Collect them in written or audio or visual format. But pull those stories together from your various programs.

And then share them with your legislators. We have sent newsletters but you know if you don't have a center that puts together a newsletter, share them and social media with your legislators and share their stories and print them all up and put them in the envelope and send them to them. Getting those stories to their desks into their inboxes is a great way to educate and inform them about what our centers are doing across the country.

You can make calls to your legislators and you don't have to directly ask for money. Just simply tell them about the work you are doing. A lot of times legislators love to hear from centers from the staff and from the consumers at those centers. Lastly, you know, centers is sometimes forget that we have a direct line to people who want to advocate. Our consumers have often received a significant feeling of freedom and independence from our work that we do and they want to give back. Many of them have some incredible stories to share so let's educate them about the need that we are facing for funding. And a lot of them feel empowered to meet with their legislators and to share their own story.

So individuals and allies. People with disabilities, friends, family, colleagues. Many of whom don't work for Independent Living or who want to just give back and share their story. So help them set up meetings with their legislators or to make calls to their legislators. And help them refine those stories. Individuals can also work with their peers. You might know someone, another consumer who isn't quite sure how to reach out or is nervous.

Work with them. Help them feel empowered to share their story.

Work with your center. It goes both ways. State Independent Living Councils, Centers for Independent Living, consumers and individuals. Communicate back and forth. Don't just filter down, filter backup. Make sure you are sharing stories you want to share with your legislators, share them with the State Independent Living Councils in your center. Spread those stories as far as you can because the more gets out there the more people will pick up on them.

Social media. That's a good comment in the chat. Absolutely thinking about centers in State Independent Living Councils. If you see a story coming from your state or area and you want to share it reach out to that person and make that connection, make sure they are OK with sharing those stories. Some people may want their name out there and some people may not. Either way is fine as long as we have permission. Names can be changed and stories may still be shared without permission.

I will turn it back over to Jeremy.

JEREMY MORRIS:
As Jessica mentioned there are some resources on lobbying versus advocacy on the campaign website itself. I actually just really want to make a point of what was said in the question and answer by Amber.

There's a lot of discussion about what has been done but not about the work that we want to do. That's a huge thing. If your center had access to greater funding what are the things you are limited by right now because you do not have the funding? You do not have the capacity to truly engage?

How many people are underserved in your community because you do not have access to greater funding? How many more people could be impacted by the work you are doing? Those are important things to look at when you are having this conversation. So, Amber thank you very much for bringing that up. Because yes, lobbying would be involving, telling your senator directly to increase funding to $500 million.

When we are talking about advocacy as most everyone would know on that is you can have conversations about the needs of your community, you can talk about the barriers that people are facing and talking about some of the barriers or senator is facing. Making sure that people in the community, especially elected officials know about what is going on is an important work to the advocacy that we do.

And probably one of the most important points I wanted to make on this slide is sharing the information about how you are impacting your community, about how individuals can access your center, sharing information and talking about your services and programs none of that is advocacy or lobbying.

Your elected officials should know who you are. They should know how to contact you, how individuals can contact you and the services you can provide to help individuals. There's a lot of calls that they get so learning about resources could be very important for them. And they are going to remember that. The more often they call you and the more often they have individuals in the community calling about issues they might start connecting that more and more.

I think this might be still, yes. Again, now and always share your success. Talk about the difference you are making, whether it's something you are doing within the community, something you are doing with individuals, how are you making a lasting impact in your community? These are important things that we all need to be sharing more often. We all need to really take those moments and brag about our success because there is great work that's being done across Centers for Independent Living, and if we don't tell people those great things they are not going to know what's happening. That is going to be very important as there is a larger push. Just so that these representatives and senators know how vital you are in their community.

And with that I think I pass it back to Jessica.

JESSICA PODESVA:
Thank you. I just want to quickly summarize what we are talking about and also thank you Amber for raising that really important point. How vital this campaign is and why NCIL has chosen this year to really prioritize focusing on this campaign. We know centers are in crisis. We know you do not have enough funding to meet the needs of your communities, we know that your employees sometimes are working two or three jobs, which was me six months ago before coming to NCIL. I was working three jobs to make ends meet working at the center.

We know that in order to sustain the work that you do we need to focus on building up that infrastructure, that a strong center will lead to stronger communities, more people living independently and more people getting out of nursing homes. So please, please, please get, as Aaron and Jeremy said, help us get the word out. Call your representatives and let's all come together on this.

If you are interested in joining NCIL we do have more information on NCIL's membership which you can find on NCIL.org. Think we have time now to take some questions.

We have some sources for the information in this webinar that you can feel free to check out. The PowerPoint will be sent out and also posted on the 5 for 5 campaign website.

Now I will go ahead and open it up for some questions. I guess we will start with any spoken questions. Do we have anyone raising their hand? No?

SPEAKER:
We have a couple of spoken questions here.

JESSICA PODESVA:
Great. Deborah? Deborah Gleason?

SPEAKER:
The pop-up came and went and then it went back. Super quick. I serve on the Minnesota Independent living Council and we are working on a position statement type letter. And do you think the sources you have on there would be helpful in helping us make sure that our language doesn't cross the line? Because we cannot lobby at all.

Do you think that information would be helpful with that language we are trying to put together to show the support in what we believe in and what we want to go forward without saying, "Give us money now."

JESSICA PODESVA:
On that website lobbying versus advocacy document is there and I think it will give you some guidance on how to not cross that line. I also see another question about examples. I believe we have some examples in that document as well. It depends on (indiscernible) play out. Please check that out. If you have any further questions we are happy to chat off-line about that as well.

SPEAKER:
Thank you so much.

JESSICA PODESVA:
Lori Hill.

SPEAKER:
This is actually Gina (Unknown Name). Hi. Lori Hill is our executive director for the disability network of Wayne County Detroit. I had a question as the Director of resource development. I am going to definitely look into our boundaries with lobby versus advocacy. We do have townhomes that are scheduled this year to share other information. With the kits that you have provided us do you have sample letters? So that we could attach our newsletters and publications and things with the sample letter to legislators that we are already consistently in contact with for other things with that?

And then also once we do find our boundaries on the lobbying versus advocacy to avoid any conflict of interest there. And we collaboratively like send our newsletters and publications to an organization that doesn't have as, I guess fainter boundary lines that could be an organization that can do a little bit more lobbying. Can we share those newsletters with them to say we are all in this together. Here is what they are doing over in the Midwest and so to speak, as where we could support what they are doing or even just share that information that we are not specifically reaching out to legislators ourselves?

JESSICA PODESVA:
You absolutely can forward the information. I want to explain that this lobbying versus advocacy, NCIL cannot give legal advice. If you have any concerns or something that doesn't feel clear we encourage everyone to check with their legal counsel. I just have to give that disclaimer here.

We've written a guide but it's not legal advice. Just some disclaimer there. You absolutely can share stuff with different organizations that is absolutely OK. And yes we will have some samples that will be up on the website by next week for folks to use. We will also be sending out some action alerts next week as well.

Be on the lookout for that from NCIL.

SPEAKER:
Thank you so much.

JESSICA PODESVA:
Jeff Eiseman?

SPEAKER:
Yes.

JESSICA PODESVA:
You had your hand raised. Do you have a question?

SPEAKER:
Oh, no. Not sure how that happened.

JESSICA PODESVA:
OK. Let's turn over to some of the written questions. Who writes the bill to get this funding to Congress? Most other bills are who? Wouldn't it be better to speak where the bill gets wrote first and then congresspeople?

So, the budget, we went through the budget process. Every year they go through it. They are going to put in a number four I. It's about telling them what number we want under the rehab act that we are guaranteed that funding. That's where that starts.

I answered those. Sorry, folks.

In the budget process we are in stage III and has HHS/HEL have been increase for Ira already in it or will this be done through an appropriation bill, or am I completely missing the budget process?

The president has not released his budget yet. They have done some general back-and-forth with ACL of parameters based on previous funding. That has started to go through, which is why we think that this campaign will most likely be a couple of years in the making and we are really laying out a strong foundation for future years, but there is still room because the president's budget has not come out yet for us to make a big push for what they originally said kind of was not within ACL's parameters.

Hope that helps. It's a very complicated process, as Marty said. Amber Smock has a great question. I hope they can also be supported through technical assistance to develop nongovernment sources of funding that will allow us to be all more flexible with advocacy. I wholeheartedly agree Amber. Is there any plan to advocate for a federal change to the base a lot to ensure future (indiscernible) are included? Jamie are you talking about the rehab act?

I believe that is what you are talking about. So when the rehab act is up for reauthorization, so when that comes down the pike and as Jeff talked about, we do have a group here at nickel that has been working on some recommendations for The Rehab Act that will include some stronger funding language but those recommendations have not been finalized yet. The group just started meeting and combing through the rehab act but that is certainly something. Jeff, do you have anything to add to that? Jeff Hughes?

JEFF HUGHES:
No, but nothing other than I mean we have been looking at it for a while. We have a lot of stuff that is... That hasn't been approved through the The Rehab Act committee yet but that is going to be very high priority right after we get done with this. 5 for 5.

JESSICA PODESVA:
OK. Any other questions? Deborah did you have a second question or is your hand is still up? Nope, OK. Jenny do we have any questions in that chat?

JENNY SICHEL:
No extra questions in the chat that I can see. I think Amber did have a question in the chat, that example that you had given, having to work multiple jobs just to make ends meet and then (Name) also asks, can you of type this effort to the problem of climate change and natural disasters?

JESSICA PODESVA:
Thank you so much Amber, you're hitting the nail on that. Because Amber is always one step ahead of me. Yes we can. So as Jeff said, we saw drink over just how creative and really powerful centers can be. In a crisis and how we really can have a network that can be leveraged to really help meet the needs of our community and how creative we can be. I know, you know, there was here in Boston we did a program with our transportation provider to have part paratransit vehicles that were not going anywhere because all the parts were shut down help deliver food and get food to people and also help transport PCA so that people got PCA care.

Those are the kinds of relationships that centers have. So absolutely centers are prime to be go to use for disasters to help people recover and help get people the services that they need to get through emergencies. So thank you Amber for raising that.

JENNY SICHEL:
Looks like we have a couple more in the Q&A question box.

JESSICA PODESVA:
How do we balance advocacy for a general increase in Independent Living funding with advocacy for funding for our CIL specifically? That's a very good question and one that does not have a super clear answer. But, and I think there are two parts there and I will maybe call on Jeff Hughes to jump in? But I would say, you can't have the individual SIL increase without increasing the overarching part. Right? We need to have more money to work from before we can advocate for the allocations. Jeff, do you want to jump in a little bit on the second part?

JEFF HUGHES:
Yes I'm sorry. What question?

JESSICA PODESVA:
The question was how do we balance advocacy and generally increase for CIL funding but also advocate for funding for our CIL specifically? It's a very good question. --

JESSICA PODESVA:
So I said, until we get the big pot increase, you can't really dive into the second piece.

JEFF HUGHES:
Yes. The advocacy is going to take quite a bit of money and a lot of resources. It always does. And that's one aspect of why we are starting down this path of 500 million. So that we can have the additional funds for those services that we need. And you know the answer is that you now I budget a little bit for doing so advance and doing some difference innovative approaches and I use unrestricted funds for the heavy advocacy stuff.

Advocacy and lobbying and all of that. So I really focus on getting some of the unrestricted dollars so that there won't be questions on what I'm doing. But the part C fund for the individual advocacy around helping individual needs, I just use that and use those part C funds for that approach and I don't know if that is answering your question but that's the approach I use.

JESSICA PODESVA:
All right.

JEFF HUGHES:
ICA question here from (Name) and I think it is a great question. Don and I appreciate... Sorry?

JESSICA PODESVA:
No I just said yes they found the question. Sorry. (Laughs)

JEFF HUGHES:
So John asked, what is the lowest amount to operate realistically? Not what we want, because some CIOs are getting by barely with the funds and others have a lot more in the same state. That's true. You are absolutely correct. It is not. And that is why this funding formula as they mentioned, we're going to have to address it in some fashion. How the formula gets distributed right now is an old formula based upon population and part C funds are, you know, how they were distributed initially through RSA. A lot of times they don't make any sense. Here I can give you a really good example here in Oklahoma.

We have one center that is 50 miles away from another center. And the Northeast and we have the entire western portion of the state that doesn't have anything. So we struggle with meeting the needs out in the western part of the state and it makes no sense and they started that center back in the late 90s. For the late 80s. On a $75,000. That cannot be done. You can operate a center. So we recommendations that have Artie been said that there around what beautiful -- minimal funding should be. I know April is looking at approaches for the minimal funding levels again.

So that will be updated pretty soon but you make a really good point Don and I am really glad that you brought that up. And part of the rationale of the state plan as well is to address those areas that you are describing of how do we increase and improve the network of centers for independent living? If it's not in your spiel, that includes animal funding levels and includes addressing areas where there are not centers and addressing the needs of the existing centers. And if it's not there, that's a challenge.

JESSICA PODESVA:
Thank you Jeff. There was a comment, the parties see part is increased and the first thing that they do is to find CIL at their current levels and then they provide for each funded CIL and then the remaining funds are distributed based on the best PIL and this could have remaining funds depending on what the S PIL says. There is another question about how other national organizations such as April and (indiscernible) are involved in this campaign? I'm thrilled to say we have been funded with both April and NCIL will be a part of that group funding and joining us in the seat so we are unified in this effort and thank you very much to the folks at April and NCIL that will be joining us and collaborating with us so yes I just wanted to share that and I'm sorry I did mention that in the first slide but April and NCIL will be joining an CAL in DC next week advocating for more funding for centers. Are there any more questions?

JENNY SICHEL:
Not that I can see. Although... There are a couple more questions that may have just come in on the question and answer if you just check that out? I just want to make sure we have them.

JESSICA PODESVA:
All here are some more. OK. If we are fortunate to get funding, will be distributed equally to the centers also? Jeff, do you want to jump in a little bit on what happens once ACL gets the funding? Or do you want me to take a stab at it?

JEFF HUGHES:
Go ahead.

JESSICA PODESVA:
So once ACL gets their funding, then they break it up into what goes into the center. So there will be another way of advocacy interest of folks now, representatives from NaCl and April and SILC all meet with ACL regularly and when funding increases coming, this is one thing we talk with them about or they will take our input on. So we will be... Once we get more money, it depends, you know. Then we will all advocate for how we are hearing how it needs to be distributed based on what we are hearing from members.

But ultimately then ACL decides how that is distributed. Today get that correct? And or Jeff will you correct me if I'm wrong?

JEFF HUGHES:
Perfect.

JESSICA PODESVA:
OK. And I am not seeing any other... Is this collaborating with NDRN? NDRN, will be reaching out to them to support the campaign but they're not joining us this go around. But we will be sharing information with them and reaching out to them.

JENNY SICHEL:
We do have a couple hands raised again as well.

JESSICA PODESVA:
Thank you Jenny. John Wolf? John are you there?

SPEAKER:
Yes I am here. Can you hear me now? OK thank you very much. I wish I could go to DC with you next week but I am housesitting and other things. Anyways, one of the big things of the worries here in region eight and probably nationwide is emergency disaster preparedness. And one of the major things is if the power goes out either for climate change or from like a flare or something. If somebody that is on oxygen and that happens, they're going to be the first ones being neglected. I would seriously say that probably the most important thing for a lot of the people that are disabled, and if they have medication that needs to be refrigerated, that medication is going to go bad within hours.

What within a day or so. So I think that one of the things you guys up there is point out to them that to these increases in funding for 5 for 5 is one of the main things I see that needs to be funding is being able to get some kind of generators for these apparatuses to keep your oxygen flooring or refrigerator running. And things like that.

I think it starts there in the SILs and emergency around the community. To be able to get generators for people that need to have that and survive through an emergency like that. Whether it's man-made climate change or not. I hope that when you go there you can speak out towards that point. Thank you.

JESSICA PODESVA:
Thank you, John. Lori Hill?

SPEAKER:
Hi again this is Gina.

JESSICA PODESVA:
I'm sorry I should have a member.

SPEAKER:
Now, I think I signed in under her link and I apologize. The strategy to legislators about the $500,000, $500 million overall is the mission behind not, does that include language on retention of employees that you invested in? Sometimes certifications and so forth, or is the mission to expand and strengthen services? Is that language just the strategy behind the purpose of and the need for additional money?

JESSICA PODESVA:
Thank you for raising this because I was hoping to BMs a touch more on this.-- Be able to touch more on this. We know centers are in crisis and employees, many of them, are in crisis as I shared my own story of working multiple jobs to make ends meet. I know there are many employees at centers doing the same thing. I heard back from many employees at the NCIL conference.

One of the biggest comments I heard from folks at the NCIL conference was how they are working, many of them, working multiple jobs while working at the center. It really planted a seed in me to kind of keep thinking about this issue holistically, both from a need to improve and grow services, which that need is wholeheartedly there, but equally as important is advocating for our center staff that we currently have in creating a foundation for them that they are supported, and that we can sustain employees.

That is wholeheartedly just as important in this campaign as it is increasing the amount of services we can provide. Because if center staff are not being taken care of then they don't have what they need in order to go day today. Then it's not sustainable.

We need to be able to pay center staff livable wages and that's a very important aspect of this campaign. Just know that yes we are thinking about both.

SPEAKER:
Thank you, thank you.

JESSICA PODESVA:
Any other questions?

SPEAKER:
There are a couple more in the Q&A.

JESSICA PODESVA:
Is there a way to clarify this year the meetings in DC, there will be a small group of people going and those folks have already been identified because of funds. We did not have the funds for a large group to attend. So we have a smaller group with representatives from the three national organizations attending along with some folks directly from a couple of centers, however my hope for this campaign is that next year I'm telling you something very different and I want everyone to come.

This year we have a small group going down, my hope is that this will grow. If you are not part of that group that will be in DC next week we need you to be in district having those meetings and getting involved that way. But this year it's a small group going to DC next week, but we hope that will grow in future years.

There someone asking for regular calls to see where we are at the budget process. We can definitely look at different ways to keep you updated, whether it's a call or with action alerts and updates to the website we will be thinking through the best way to navigate that.

Question from Lisa Hayes. Assuming we are going to get the increase can you elaborate on new funding distribution? Does it default to Part C or Part B? Does ACL decide? Or is it obligated to follow the current funding formula?

We touched on that a little bit. Once we get the increase ACL decides how it's distributed but they typically ask for input from our community. Sorry, I lost the question.

Do you anticipate activities at the NCIL conference this year regarding this effort? Thank you, and yes. We do anticipate this will be one of the big asks also at the nickel conference.-- NCIL conference. If you're not joining us next week you will definitely have the opportunity to participate in this ask the DC conference, the NCIL conference.

For those of us doing spill surveying are there any questions we should add to aid this effort? I'm going to call on Jeff or Ann McDaniel. I know you're not a panelist, but do you have any thoughts on this question?

Jenny, can we prompt Ann to jump on.

SPEAKER:
I just allowed you to talk, Ann.

SPEAKER:
Asked the question again.

JESSICA PODESVA:
For those of us doing spill serving are there any questions we should add to aid in this effort?

SPEAKER:
I think anything you could target to unserved areas would be really helpful. If you can use your surveying to help identify unmet needs, services that are not being provided that could be provided if we had more resources. Areas that need coverage that don't have coverage. All of those kinds of things you normally look at when you're working on your plan for the expansion and adjustment of your statewide network is really useful information when you put it all together nationally to show what are the unserved areas of your state. What are the underserved areas? Are there underserved or unserved populations? What things do people need they are not getting? That's really helpful information when we are talking to Congress folks about exactly why we need more money, and you know it's easy to say we can do more and so we can have more centers, but if we have data on how many unserved counties are there in the country, what are the unserved population? We have real data that you will gather through your questionnaires. That would be enormously helpful.

JESSICA PODESVA:
We should also add that one of the things we have been advocating for also as a return on investment for SILs to treat-- try and get some data also.

Any other questions? Any hands raised?

SPEAKER:
No other hands raised but it does look like Jeff just put another question in the Q&A.

JESSICA PODESVA:
Is NCIL providing any I/O breakdowns by state or should we be doing that so we know the funding levels in our states for each?

Currently we do not have a breakdown. Jeff, do you want to break-- jumping on this question?

JEFF HUGHES:
Based upon the existing formula and the amounts we can estimate by state, but I'm hesitant to really say and promote that at this point until we go through it a little bit more. So, go ahead and do your own research using that formula and hopefully within the next month or so we might be able to double check all the figures and see about how we can get that information out because we do have the formula, we do have how it was distributed and even by center on some old numbers but we are working to try and get all that, so I hope that answers your question.

JESSICA PODESVA:
But we will not be able to get that by next week.

JEFF HUGHES:
No, not by next week. It will be a little bit longer.

JESSICA PODESVA:
That's down the road.

SPEAKER:
I do not see any other questions. As an FYI we have four minutes left in the webinar.

JESSICA PODESVA:
I don't see anymore either. If time for about one more. Are there any last minute questions? I don't see any.

I just wanted to thank everyone for coming today, and as we said earlier we really appreciate everyone's involvement with this. This is something we are more powerful when we all come together. And so we need your help and we cannot to this alone.2

We are looking forward to working with all of you hopefully and pushing this message out there and getting our centers and SILs the support that they need. Thank you all for coming. If you have any questions please don't hesitate to email me.

My email is jessica@ncil.org. I'll get back to you as soon as I can. Thank you all so much for coming.

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