**NCIL-Regional IL Showcase-(Ai-Live to Zoom) (USNCIL2604A - Ai-Live Premium)**

So hello everybody!   
We are going to get started shortly.   
Just going to let people come in. Looks like our attendee field is still populating so we are going to give it another couple seconds until we get started. m going to share my screen here.   
There we go.   
Okay!   
It looks like we're still going on attendees joining. We'll give it another five, 10 seconds. So let's get going and then people can kind of catch up as they join. To start off, hi again. My name is Jenny Sich el. Eye am the operations director at the National Council on Independent Living. And I wanted to welcome you all to this regional independent living showcase. So today we are featuring region 2, which represents New Jersey, New York, Puerto Rico, and the Virgin Islands. And region 10, which represents Alaska, Idaho, Oregon and Washington. Giving you a brief on myself, my pronouns are she/her. I'm a white female with curly brown hair that's currently pulled back into a high ponytail. I'm wearing a navy blue and white horizontally-striped top. And I'm excited to be here today. So to go over some housekeeping, captions are available on this webinar. You can click "show subtitle" in your Zoom menu bar to turn them on. We also have captions running at AI Media, the URL   
is too long to read. I will share it in the chatbox when I finish this opening. AI media will allow you to enlarge the font and change the color and contrast of the captioning. ASL Interpreters are also present today and will be for all of our regional rep showcases. This is our third one. We are presenting in gallery view so the interpreter should be visible at all times. Please let me know if you cannot see the interpreter. You do not need to be on Zoom video to access this 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.   
We have turned public chat off for now, but you can send chat messages to hosts and panelists to let us know if there are any technical issues, we ask that you reserve it mostly for technical issues. If you do have questions, there are other ways to ask them than chat. If chat is the only way that you are comfortable asking questions, you can do that as well though.   
So speaking of questions, we will be answering all questions at the end of this session 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 to all the questions, we will answer them via email after the webinar.   
So how do you submit a question?   
The easiest and most accessible ways to submit questions are if you are on Zoom, you can simply type your question into the Zoom Q&A tab. You're also welcome to email your question to me at Jenny@NICL.org or JENNY@NICL.org. I'll put my email address in the chat too when I'm done along with the AI media link. Finally if you're on a telephone tonight, you may press \*9 to indicate you have a question and I will allow you to speak. The same thing with the hand raise, if that's easier for you to voice your question, you can raise your hand, I'll allow you to speak. But we do ask if you are speaking a question, you limit that question to no more than 30 seconds.   
And please just know, as I mentioned about there may not be enough time to get to all of the questions, but we'll answer as many possible. I hope these accessibility and logistics tips have been helpful for you. Now to kick us off, I'm going to give you a few objectives of these regional representative forums or I IL showcases. One objective is to meet your region's representative on the national level and learn their role in informing you of current independent living issues and assisting you in networking.   
Two is to discover what other CILs and CILCs are accomplishing. Three, it gives an opportunity to share what your CIL or SILC has accomplished if you're in the region that's being show showcased to boost the support of your peers. And why a National Network is so critical to the success of your local, state and regional work.   
So now I'm going to introduce Steve Higgins, who is region one representative on the NICL board and also the Chair of the regional representative committee. He's going to take you through a little bit more and do a couple more intros.   
>> Good afternoon, everyone. Just to give a brief description of myself, I go by the pronouns of he/him. And I am an aging white male in my early 60s can graying hair and I'm wearing glasses. And today I have on an orange-colored shirt and a white/off white vest. It's exciting being with each of you today. When we began the regional showcases a little less than a year ago, we began with the idea of how do we reintroduce ourselves and share the good work that is happening in the independent living community. So we're really excited that you have joined us here today once again. Jenny and I get to be the co facilitators, which makes this really fun. I work at independence associates, which is an Independent Living Center in east Bridgewater, Massachusetts, just south of Boston. And as Jenny shared, I chair the regionalize reps committee. Our other facilitators are Aaron bier who works at the Independent Living Center at the HUDs Valley up in New York and he's our region 2   
representative. And we have Kimberly Meck who works at the disability empowerment center out in Seattle, Washington, who is our region 10 rep. The exciting thing about these regional showcases is we pick two representatives each time to be able to showcase some of the folks from their region and to hear from some of the centers in the region. And it's a way for us to hear what's happening, but it's also really exciting to meet folks that you also may be meeting at the NCIL conference or in future seminars and webinars that NCIL looks for to be able to present as we continue educating and growing the independent living community. With that said, we have 10 regions, the region reps in region one is myself, region two is Erin, who I'll be introducing in a moment. Region three is Karen Mi chal ski Carnie at the Blue Ridge Center for Independent living. Region 4 is Marty Musser from the Disability Rights and Resources in Charlotte. Region 5 is John her herring from the Illinois network of   
centers. Region 6 is Samantha moraine oh from progress independence. Region 7 is currently open. Region 8 is Joel ped enfrom the the Montana centers for independent living. Region 9 is Lisa Hayes from rolling start and region 10 you'll be meeting Kimberly as co-facilitator a little bit later from the disability empowerment center. With that being said, I'm going to turn this over to Aaron. He's going to share a little bit about region 2 and introduce our folks from region 2 for today's presentation. So take it away, Aaron.   
>> Awesome!   
Thank you so much, Steve. Thank you, Jenny. My name's Aaron buyer, I'm middle-aged white male, red hair, freckles. I'm wearing a black and white short sleeved shirt because it's finally starting to be warm here in New York. So I represent region two on the NCIL board. As was stated earlier, that's New Jersey, New York, Puerto Rico and the U.S. Virgin Islands. And what I try to do is reach out regularly to the centers in our region. Just give me a second. I'm going to turn voiceover off for a moment.   
Because it's reading everybody's messages out loud to me. So I try to reach out to the centers and NC NCIL members within our region to answer questions and help them learn from the broader movement and help bridge those connections. I think one of the greatest things about the independent living network is our ability to highlight the different things happening in different states, different models of facilitating the common goals that we've established as a network, things like independent living skills training and systems advocacy and peer supports. So this is my first time doing a regional reps forum and CIL spotlight. I look to my own state, so I would like to introduce -- introduce -- I'm going to introduce both presenters here at once. In New York we have a unique model for our nursing transition -- nursing home transition programs. So I'm going to introduce Suzanne debiomea, she's the Assistant Director of New York association on independent living, which oversees our   
statewide nursing home transition program called Open Doors. And I would like to introduce Jer Lin Kaps who is the lead transition specialist for the Western New York independent living out of Buffalo. With that being said said, I will let them take over because they have a lot of really great information and important information I think that's worth sharing.   
>> Hello. My name Suzanne deBeaumont, I'm a middle-aged white woman with brown curly hair and I'm wearing a flowered shirt today. We have a program at the New York Association for Independent Living and we call it NYAIL. We hold a contract with the New York State Department of Health to implement their money follows the person program. Money follows the person is the federal program from CMS that is offered to any state that was spending more money on institutional care than on home and community-based care. There's 33 states that currently participate in MFP. In New York State, NYAIL applied to provide transition center services. Before 2014 when we applied to do this, the contract was spread at various entities across the state. Ha they did was they would go to a nursing home, meet with someone who was interested in returning to home to the community, provide them with information about services and supports available in the community, and then at the end of that they would say:   
Are you interested in returning to the community?   
>> Recording stopped.   
Recording in progress.   
>> If they said yes, we're interested in returning to the community, that person would then tell the social worker, + Smith in Room 203 is interested in returning to the community. The problem with that system was that the social worker or discharge planner, had they been able to get the person back to the community, hopefully would have already done that. So the person said, yes, I'm interested. And from their perspective, nothing else happened.   
And the person who was providing the information was frustrated as well, because they knew they were sort of dropping this information into a A bis.   
So when RP came out, since independent living centers in New York were already doing transition, someone called us from a nursing home and said, help, get me out of the nursing home, we were already doing that. So this was really a funding opportunity for NY YA YAIL and the independent living centers in New York, a way to pay for full-time staff, we call them transition specialists, to actually do that work, to get individuals out of nursing homes.   
Now, MFP is different, I will say, in every state state. So the reason that New York was able to do it this way was because we have waivers set up. I know a lot of the 33 states set up their MFP programs more like a waiver, providing actual Home and Community-Based Services. Our MFP really is transition from nursing home to community. How we do that is that we contract with 24 of our independent living centers and they hire staff called transition specialists. Those transition specialists -- let me back up one second.   
One of the places that we get the majority of our referrals from is from section Q of the MDS. If are not already familiar, every person in a nursing home gets asked a question: Are you interested in receiving information about returning to the community?   
In New York State, if you answer yes to that question, the nursing home is required to send a referral to Open Doors, because Open Doors has been identified as the local contact agency. It's really a key point because we don't have to rely on nursing homes wanting to refer to us, right, because there's somewhat of a conflict. Do they want to send referrals to a place that's going to help people leave?   
So this really makes it a requirement, this Section Q and being the local contact agency. Once we get these referrals from nursing homes, and we also accept referrals from individuals, family members, social workers, we'll accept referrals from anywhere, but we can only meet with the individual. We do provide them with objective information about the supports and services available in the community. And if the person is interested, if they listen to what the services are and they say yes, I do want to return to the community, then we help them. Then we problem solve and try and get rid of whatever barriers. Now, the barriers, for those of you on the call who are working in other states, you know there are a lot of barriers to getting people out of nursing homes.   
Probably one of the biggest barriers that we face is housing. There's really a lack of affordable accessible housing in the community. We have a few different programs that we work with. New York State started something called the Olmstead housing subsidy program, where for people who are not able to get on a Section 8 voucher, because there's wait lists that are five, 10 years long, you essentially can have a voucher through the onset -- Olmstead housing subsidy and you get a housing specialist who will search for and identify appropriate housing and affordable housing for you.   
We also do things like we -- we had a new system implemented in New York for how to get personal care aids aids aids. I will say that the implementation of that system was challenging at best and really no one knew what to do so that became our role is to know how you can navigate that is system and to feedback information back to the Department of Health when things were not working as they should be.   
We also work with family members. Sometimes we find that family members have their loved one go to a nursing home because they have become overwhelmed. They were providing 100% of the care, not understanding that there were supports available. And family members would say, no, no no, my Mom can't live in her own apartment because this this this that bad thing happened, right?   
So we will work with family members to try and reassure them, again, to make sure that the supports are in place for them. We also have peers, peer advocates, across the state. So individuals living in the community with disabilities that have already tragedies out of institutional settings to really share their experience and to give real world, peer-to-peer information about what that looks like and what should somebody expect living in the community.   
So things like our paratransit system could be somewhat challenging to navigate. And I will say this as kind of an overarching thing. New York State is very generous in terms of the number of different programs that are available. That being said, understanding which program you're eligible for and which program has the supports that you would want or need is really the biggest challenge. And one of the things that we found is that the staff who work in nursing homes are not well educated in what services and supports are available.   
I used to give an example about one social worker made the comment, oh, well, Mr. So and so can't live in the community, he's blind. For everyone on this call, you hear how that's just nails on the chalkboard. But it's actually gotten worse than that, if you can believe it. Now we have nursing home discharge planners who don't even understand the concept of long-term support, who think that, well, if I just sign somebody up for home health agency that's good enough and out the door they go, having no concept that someone might need support for more than a few weeks at a time.   
So that's the overarching description. We have Geri Lin caps on the line. She's one of our leads. We have 24 independent living centers doing this work, having the transition specialists and throughout the state there's 9 regional leads and they're our lynch pin organization. That's where referrals go directly to to, and then they assign transition specialists from those referrals that they get.   
>> Thank you, Suzanne.   
>> Go ahead.   
>> Thank you, Suzanne. And thank you all for having me. My name is Jeri Lin Capps Anderson, I'm a Black female, I have my hair natural and I have my favorite color, brown on, I have a brown jacket and wooden earrings, large ones. I'm going to talk about the open doors program within the western New York Independent Living Center. We refer to the family of agencies because we have three locations throughout the Western New York region. And this allows us to cover a wide area. We cover Buffalo, Niagara false and Batavia, Nork. As the regional lead for the Buffalo region of the open doors program, I am familiar with all the support services and systems within our region. And I have been doing this for the past seven years. So I kind of know the ins and outs of what systems to tap into regarding an individual and services in the community. I do assign new referrals to the appropriate area within the Buffalo region. I do hold weekly meetings with the transition specialists team as we go   
over new updates, barriers in our area, and we also case conference. This allows us to bounce ideas off of each other to break down barriers.   
When there's a new teammate within the open doors program, the whole TS team or transition specialist team is involved in getting that new staff familiar with the support systems by shadowing the teammates. So say like if I have a discharge plan meeting scheduled, the new transition specialists can come along and shadow me and see how that process goes regarding a discharge planning. And also if I've gotten a new referral, I had an intake to follow up on a referral, and that new TS can also see firsthand how we do a new intake regarding services that's available and the person's level of care. So all of that goes into transition services.   
So the Buffalo region transition specialist team, we work together in navigating through systems to tap into supports for the disabled community. We work with the Olmstead housing subsidy and the rapid transitional housing regarding housing barriers. We work with the local RRDC for waiver services. We also work with The Center for Medicaid Services regarding getting those assessments done for the community-based services or ML MLTC in the community.   
Open Doors has peer services who supports the participant through that transition process. So a peer is a person that has successfully transitioned out of the nursing home and is living safely in the community and is willing to talk to people that's in that transition process and let them know, you know, how long it takes or that process, maybe follow-up on, like Suzanne talked about, the paratransit application and that process, or they can just talk about the weather or football. They're a support for that resident, again again, throughout that transition process.   
Now, while we're helping families, we do identify those barriers, whether it be social barriers or language barriers, housing barriers, home care service barriers, even the nursing home turnover barriers. So we are working together to break those barriers down and, like in a nutshell, that's how it works here at Western New York Independent Living regarding Open Doors. Thank you. Thank you so much, Jer Lin, and thank you so much, Suzanne.   
I don't know if we have any questions yet, but we can hold them til the end, I would say.   
>> There was one question in the Q&A. Do you want me to answer that?   
It actually was a good question, I think.   
>> Yeah, absolutely.   
>> The question was asking if we had access to the NDS data. And so again, when you answer your Section Q saying yes, I'm interested in getting information from the about returning to the community, so we actually get lists from the New York State Department of Health. They will send us a list of all the people who should have been referred. We compare that to our database to see if there's anybody who should have been referred but wasn't. If we find those I think of them as misses, we accept as referral, we go out and meet with that person. In 2018, because those lists, to be frank, quite long, in 2018 the Department of Health funded an extra position for us, we call them an education and outreach specialist. And their job is to go out to the nursing homes and educate them about Section Q because it's a CMS requirement. They are supposed to refer to the local contact agency.   
So these education outreach specialists go out at least once every other year to each nursing home and to do a presentation and they go every time there's turnover in nursing home staff, which is quite frequently. Since 2018 those lists have gotten much, much smaller. The nursing homes are much better about sending those referrals. I thought that was a good question.   
>> Yeah. What at one time used to be this piecemeal, one person needs help, they call an Independent Living Center, they get some support; now it's really become this much bigger, intentional program. And we've pulled in a lot of those lessons learned through independent living, peer advocacy, just that statewide resource sharing. A lot of these practices that centers have used for decades are now like being brought into this one dedicated program designed to help people get back into the community. The other piece here, too, that hasn't been brought up is an additional part of this is something Suzanne has named a good neighbor program, where literal neighbors in neighborhoods across the state will dedicate some time each month to just check in on people, make sure they're doing well within their new community setting.   
And so I think there's lots of little supports that we've incorporated in Nork into our Open Doors program. I think it all ties together really well and we've seen some great successes with nursing home transitions through it.   
Suzanne, ger Jeri Lin, thank you thank you. Do either of you have anything else you want to add?   
>> Sorry. I was slow on the unmute. Sorry.   
>> No worries.   
>> The next question is, have there been instances where nursing homes deny or impede your access to residents?   
We thought that would happen more than it does. It really doesn't happen that often. But again, being that local contact agency means that we are -- that they're required to send that referral. If they are not not, then they can get cited. We had New York State changed the regulations for nursing homes to require that they post information about the local contact agency. We took that as an opportunity to create a poster for Open Doors. We hand that at the nursing homes and say go ahead and put up the poster. That was another thing we do. Another person is asking if we get referrals from Q5 hundred and the answer is yes. We get Q 500 referrals so anybody who answers yes is who we get the referral from. The only people we don't get referrals from are from people who either, A, don't want information, or B, already have an active discharge plan. If they're headed home in a couple of weeks and they don't have other supports or services they need help getting access to, then we don't get a   
referral.   
Sorry, Aaron.   
>> No, no problem. Thank you.   
All right.   
Jer Lin, anything else you want to add?   
I think it's great to see and hear how this process looks on the ground actually being implemented in these communities. Real quick, any success stories that you would like to share?   
>> Sure, sure. Thank you, Aaron.   
I would love to share a success story. I was working with a gentleman that suffered from severe anxiety. He was in a car accident, which led him in a wheelchair. He was new to the chair. Because of his anxiety, it would present outward like in movements. So that, again, allowed him a long battle with PT regarding mobility. So he did have a whole new transition, too. He was in the nursing home I guess for at least 8 or 9 months, way past the long-term stay point where you're transferred, not physically transferred but through the data and information you're moved to the long-term stay portion of the nursing home stay. So he was in long-term stay. I worked with The Center for Medicaid services, NYAIL, the assessor line, where we do contact for assessment. He was assessed and shortly granted aides service hours through one of the provider services. So he did have a safe plan of discharge back home. He had his mom and relatives as supports in the community. And again, he had a whole new   
transition too. Win-win win, right?   
He did transition home and had the supports in the community. I would follow-up with him periodically and also I did home visit with him, as we do follow-up after a person has transitioned out just to assure their safety in the community.   
As I would follow-up with him, he'll tell me about how he's progressing and getting closer to his normal activities. He started to use the walker more. One day I called him to follow up with him and he said his chair's been in the closet, that he hasn't used it for over a week and it was up in the closet.   
As we progressed in communication, he uses a cane periodically. Sometimes, most of the time he doesn't. He's back driving and he's lowered down his aides services as he said he doesn't need as much help now. That's my success story.   
>> Thank you so much.   
All right. If there are further questions for Suzanne or ger Lin, please, feel free to post them in the Q&A box. But I'm going to now turn it over to Kimberly Meck who is my counterpart in region 10.   
>> Thank you so much, Aaron, I appreciate it. Trying to figure out how to move the camera at the same time as looking at my screen. My name is Kimberly Meck. I am a white female. I'm either middle-aged or old, depending on what you consider based on age. I have my hair tied back in a bun and sunglasses on my head and I'm wearing a blue and white striped shirt and behind me is my office. I am the region 10 representative, which is Oregon, Washington, Idaho and Alaska. In our region we have a bunch of good programs that are going on and our centers are doing incredible work, but for this showcase I wanted to focus on a program that we have in Washington State which is called the Coalition on Inclusive Emergency Planning, we abbreviate it to CI CIEP and it was instrumental in working with Washington State and partners on the COVID crisis, but they don't just do pandemic emergency planning. They also do emergency planning for a variety of other emergencies such as wildfires, severe heat,   
cold, you name it. They present for the inclusion of people with disabilities on the planning aspect of it. So I've invited to do Holloway from The Center for Independence to tell you more about the CIEP program.   
>> Thanks so much, Kimberly. Hi everybody. Good afternoon. My name is Todd Holloway, I use he/him pronouns. I'm a white male with Grag brown hair. I'm wearing a blue shirt with a collar and buttons on it and I have a blurred background. Kimberly was very accurate in describing what it is that we do with the coalition. A little broader, I think the direction that we came at this was based in inclusive emergency planning, but we, from the inception, had public health perspective and angle, if you will, due to the fact that the position that was ultimately filled by Jim House was being funded by grant funds through the Department of Health.   
So I'll explain a little bit more about that. Jim House is currently at National Conference in St. Louis with another icon in the d/Deaf/Hard-of-Hearing community, Donna Platte. And they're working on and presenting on public alerts and warnings. And that is something that Jim has an enormous background in and is a huge asset for us. Jim and I have been working together for quite a while. The coalition really came about, and I use this as a benchmark, on the 21st of March in 2014 we were at a conference together with our state independent living council director and director from the Washington Department of Health. They had a side conversation that talked about emergency plans, because that's what the conference was about to begin with, but there was an understanding that everyone was in agreement that we needed to start to do something from the independent living model that would engage with inclusion emergency managers. And there is an emergency management division within   
Department of Health and, of course, we have the Washington emergency management division.   
So we were working with all of those folks and had some great leadership from outside the state that was working with us, June case, Marcy Roth, Sherri Badger was our local person who really pushed to get things started. The reason I say it was a kind of a time mark or benchmark for me was that on the 22nd of March of 2014 a large landslide occurred inosa, Washington, up near the snow home ash County line and that ended up taking the lives of 43 Washingtonttonians and blocked off an entire region of community that had basically the road that brought people in and took people out of the communities there was completely obliterated.   
So this coming 2024 will be our 10-year anniversary. So we started by looking at what we were doing and having success with in the county from the county Department of Emergency management. And that was the people that we brought to the table so that we were engaging with the right folks. This is where Sherri Badger was brilliant. She knew what the model needed to look like, so we built it and then, as we started to work through the urban area security initiative region, which is the entire county of Pierce, King and snow home ash, including the City of Seattle and the City of Bellevue, we realized that we really needed to do this statewide.   
So we went out into the community to more rural locations that weren't in that urban area security initiative hub, and forgive me, sign language interpreters, I hate the acronyms too, but. We went to mason County, Skagit county and over to central Washington to Tri-Cities and Yakama and did some work out in Spokane, the far Eastern part of the state, but we culminated with a summit in Yakama. After that it was very clear that we were going to have a position that we needed to have funded. We wanted to have a coalition formed. We have been doing that ever since.   
So our accomplishments in more recent times, along with three years of our friend COVID-19, we did a lot of other things that were on the agenda prior to the pandemic. And that was looking at the gap we had at the state level. So Washington EMD did not have a position that looked at disability or access of functional needs. And we knew we had to do something about that, so we started writing to the Governor. We did position papers. We had outside support from our partners around the country as well as throughout the region 10 area. And lo and behold, we got lucky and we got a line item in the budget and we just hired and filled that position the end of last year, right around fall, I should say. Tracy sing pool has been in that position. I just left her at another conference just recently.   
This is a huge step in the right direction for independent living, because that liaison now to our coalition will be enormous. We're talking to Alaska, who's also part of region 10, about doing the same thing. Down in region 9, California has Vance Taylor, he dissimilar work with the state. Colorado has Martina Martina, forgive me, I'm blanking on her name and forgive me I talk to -- Sady martin. The fact is their Department of Homeland Security has that and they're doing just incredible work. We're following in that foot step. No two states are the same, we all know that that. No two CILCs are the same, we all know that as well. What we're doing is using each other's promising practices to turnout around and do something in the State of Washington. We also recognize that what we used to have with the FEMA L197 which is disability and functional access and needs training for partners we work with in the departments of health and of course departments of emergency management, that   
training to help them understand the gaps that they normally would not because we weren't at the planning table. This brings us into the planning table.   
They discontinued that with FEMA a couple years back, but California and Colorado picked it up themselves. California had already had theirs in place. What we're doing now in the State of Washington is creating a G197 program, disability and access of functional needs here, so that we can continue that training. To even go a step further, our support from our regional disability integration specialist, Danielle Bailey, is looking at making the modules flexible to be able to expand this training footprint so that we can allow Alaska to modify it and use it in Alaska, Idaho and Oregon, so that all of region 10 can quickly get into that groove so that we're all kind of on the same page.   
With all that sip of water from a fire hose, I will tell you that I will be around to answer questions whenever that part of the meeting comes up. I encourage everyone to pay very close attention to what's happening in your region and your state. This is something that cannot be overlooked. I think everybody everybody's recognized that the climate is changing and we just had a global pandemic. Add-on top of that the fact that people with disabilities are usually the first to suffer the consequences. So I think that IL needs a very, very large footprint in making sure that there's inclusion in that. With that, I'll turn it back over to you, Kimberly.   
>> Thanks, Todd. So the CF position is housed within our CIL and it's funded through a grant from the Washington State Department of Health, correct?   
Todd?   
>> Yes, it is, indeed. We have a unique relationship with the Department of Health, Kimberly. And that has led to a disability and access of functional needs coalition -- I shouldn't say coalition coalition. It's a workgroup, could be called a subcommittee, but it's within the Office of Equity and Social Justice within Department of Health and that is a new formed group due to the pandemic. We realized that not only were people with disabilities not faring as well as the whole community, but we had people in the BIPOC community, LGBTQ, all of that has been represented in this new disability access and functional needs workgroup. I have to tell you, it's beautiful. It's people that we should have -- we need to bring into the IL movement anyway, and this is giving us a vehicle to being able to do that because I'm happy to announce to everyone here that I think I'm the only white person in that group and it is a wonderful feeling to kill two birds with one stone. We wanted to have more   
diversity. This subcommittee is going to do multiple different things to help us not only be able to get that reach but also to address those issues about inequities in our public health and emergency management.   
>> Thanks, Todd. And all of the centers for independent living in Washington work with CF also and work on the initiatives that they handle. Can you talk about some of the other partners that are part of the coalition?   
>> Oh, absolutely. That's really the beauty of the coalition is having those partners that are some peers and some not. We live by nothing about us without us. We have a bill in Olympia called nothing about us without us. We want subject matter experts and people with lived experience to be at all tables. So when we do that, what we have done and we're getting ready to do this again with the coalition that Jim is running, the CIEP coalition, and that is to sit down and look at who is missing at our table, because we need to pay attention to that. Sherry Badger, who put this together 15 years ago, at Pierce County, recognized that right away. Now we're starting to see where are the LGBTQ representation?   
Where is the BIPOC, the tribal, where is the people with limited English proficiency and people with limited income?   
All of that is what access and functional needs is. We need to have that at the table so we are going to reassess the folks that are part of the advisory group, but we're also wanting to strengthen and expand the overall coalition itself.   
So to your question, very quickly, we have public health, we have transportation, we have commerce department, the commerce department is doing amazing things. I can't even begin to tell you. That's a whole other subject. We have Department of Emergency management. We have local emergency managers, we have social workers from every aspect of government, and we have community-based partners. I think all of that is important. Anytime you are working and you find some gap, you gotta fill it. That's what we've all asked to do with disability. Nothing about us without us.   
>> Thanks, Todd. I appreciate it. And if you are interested in wanting any more information regarding CI CIEP, you can reach out to Todd Holloway at Center for Independence or Jim House. I will actually ask Todd to please put the CIEP website as well as Jim's email address in chat. And then it's back to either Steve or Jenny. Although Steve you are welcome to join me.   
If you want to. I put this into the chat. Feel free to submit questions about what you just heard to our panelists. If we do not get all the questions right now or there are other questions that maybe would be better answered over email, we will send you all emails with those answers.   
So go ahead and submit questions. We do have one question here about pertaining to guardianships or supporting alternative models. I'm not sure that our panelists can necessarily speak to that, but panelists, if any of you can speak to CILs or SI ILC ILC, -- and guardianship and supporting alternative models, feel free to kind of pop in. And if not, I would be happy to send an email about it. And actually, we have our advocacy director on the line who can speak to it, but I want to see if any of the panelists want to say anything to it first. If we get no more questions, I'll have you pop into chat about it it.   
So actually, while we're waiting for some questions, Jessica, do you want to pop on?   
Had.   
>> Sure. Hi everyone. So great to see so many of you on today's call. I'm Jessica, I'm the Director of Advocacy here at NCIL, this is a topic that's come up over the last couple of months with Senator Casey's bill. There are a number of CILs that do have programs on this. The number one thing that we've heard from folks is that often the programs that they do on this have very limited funding so they are not able to to do as much work on this as they would like to. With that, several have gotten smaller pockets of money that are able to do one-offs and stuff like that. We are working here at NCIL to gather more of those stories so if your CIL has programs on this or have encountered any financial barriers while working on this issue, I would really love to hear from you. Those are all things we can take to ACL, et cetera, up on the Hill. Please let me know. I'll try and share more information on that as we're diving into it. We are actively working on this right now here at NCIL.   
>> Okay.   
>> Jenny, this is Todd. I did have the link to the real emergency access for aging and disability inclusion. The link is in the chat. I believe that's one of the pieces that Senator Casey is working on with us. Great!   
Thank you, Todd. Steve, did you want to chime in on anything?   
>> I was just jumping in to be here at the end to say the thank yous and all that fun stuff.   
>> I love it. We will email, if you can actually send -- I'm going to put Jessica's email in the chat. If you have any questions on what she just discussed about guardianship or what other SILCs are doing, you can shoot her an email on that and she can answer that on email because we are running out of time here a little bit. I'm sorry, I'm just putting this -- there we go. Okay. So I think we're getting close. Steve, do you have any final words here?   
I don't see any other questions in there.   
>> No. I just really wanted to say a quick thank you to our region reps Aaron and Kimberly, and also to Suzanne to ger Lin and to Todd for being on our call today. We really appreciate this. It's really exciting just for us to be able to hear from peers around the country. We are excited about doing these showcases. So pay attention. Another email will come out soon, I'm guessing we'll be doing at least another one between now and the NCIL conference. And also just want to thank Jenny, because she's the wizard in the background background. She presses all the right buttons, sends all the right emails and gets us all together to make sure that we stay on track with doing events like this. We couldn't do it without your support so thanks for all you do at the office, Jenny, in keeping us up to date on this stuff. With that, we appreciate all of you for joining us today. If you have any questions, feel free to reach out to Jenny, reach out to myself or any of the presenters you've seen.   
Everybody's email address have been put there. We just thank you so much for being with us and look forward to seeing you soon. Thanks, all!   
Have a great day!

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