

# **Member Orientation**

## **Module One**

### **Independent Living Basics**

The following module is to be reviewed by new members of the State Independent Living Council, as part of their orientation activities. The information is designed to give an overview of the Independent Living Philosophy, the Rehabilitation Act, and the structure of Oregon's Independent Living Program. Since this is self-paced, you may go through the materials as quickly or as slowly as needed. The orientation is designed to be read or listened to using Adobe Reader or any other screen reader program. For that reason, the Roman numeral "one" is spelled out for better identification by electronic readers. The materials can also be made available in alternate formats, upon request.

To utilize Adobe's Reader:

1. Go to *View>Read Out Loud* and make sure "Activate Read Out Loud" has been selected.
2. Then return to *View>Read Out Loud* and select either of the following options, or use the short cut keys noted:
  - a. *Read This Page Only* (Shortcut keys = Shift+Ctrl+V)
  - b. *Read To End of Document* (Shortcut keys = Shift+Ctrl+B)
3. You may return to *View>Read Out Loud* to select *Pause* or *Stop* at any time.

Additional self-paced learning modules are being developed for those who wish to learn more about specific issues regarding the Independent Living movement; the legislative background of Independent Living services; and the current policies, procedures and budgets for the State's Independent Living Program. These modules will be released as they are completed.

## **Let's begin by looking at how the Independent Living philosophy evolved and expanded.**

The Independent Living philosophy, which is a way of thinking about disability, developed as a result of many events and personal struggles that affected society's attitudes.

- **Advances in Medical Science** caused more people to survive otherwise fatal injuries or diseases. More people began to live with their disabilities, yet the challenges of entering or reentering the workforce and society in general, still existed for people with disabilities.
- **Social and Economic Crises**, such as wars, the Great Depression, and the Polio Epidemic increased the numbers of people living with disabilities, and enhanced the needs for employment. Greater numbers of veterans, injured in war, wanted to continue being productive members of their families and communities.
- **Civil Rights Movements** caused people with disabilities to consider the lack of equality that they experienced, and resulted in a demand for their legal rights to be restored. These demands were communicated through political activism, and resulted in new government policies and public attitudes.
- **Consumerism**, a concept advanced by individuals, such as Ralph Nader, brought a change in the level of information and accountability that people expect from those who provide them with goods and services. This gave the public, including people with disabilities, the power to make informed choices.

**Following are some important examples of the struggles that helped form the Independent Living Philosophy and advance the Independent Living Movement**

### **World War II Veteran Jack Fisher**

- Jack Fisher joined the Army nine months before graduating from Harvard with a law degree.
- After returning from World War II as a disabled Veteran, he found that, despite existing laws, people with disabilities were discriminated against in the job market.
- Even though Jack was viewed by the general public as unable to work, he was offered a job with an organization for disabled American veterans, processing claims.
- He returned to Harvard Law School and completed his law degree.
- Even after graduating from law school, he encountered employment discrimination, and eventually started his own law practice, serving fellow veterans and their families.
- In Kalamazoo, Michigan, Jack was involved in the first government program to cut curbs on city streets, providing people with disabilities greater access to their communities.

### **Disability Rights in the 1950's**

- As more life-sustaining techniques developed in the medical field, the numbers of people living with disabilities grew.
- Awareness also grew that many people with disabilities were being warehoused in institutional settings, against their wishes.
- Issues of dignity and personal choice surfaced as people began to realize that the basic right of equal access to everyday community life was being withheld from many people with disabilities.
- As the nation realized that institutional settings are not the best option, the need for in-home services grew.

### **Civil Rights Movement**

- The Civil Rights Movement of the 1950's, 60's, & 70's ignited a passion in many under-represented groups across the nation for equal rights.
- Inspired by the political activity of other civil rights groups, people with disabilities began to demand equal access to the public services available to the general public.
- The Civil Rights Movement helped shine a light on the restrictions often encountered by people with disabilities.

### **Ed Roberts and Centers for Independent Living**

- In his goal to achieve an education, Ed Roberts struggled against institutional biases toward people with disabilities.
- After becoming disabled in his teen years, during the polio epidemic, Roberts fought for access to a college education at the University of California, at Berkeley in 1962. The fact that Ed utilized an iron lung for a portion of each day became a major obstacle in this battle.
- Ed was deemed unemployable and was therefore viewed as lacking any need for an education.
- His ongoing battle against the public education system finally resulted in admission to the University, but to accommodate his iron lung, which exceeded the structural weight limits of the dormitory, he was required to live in the infirmary, where sick or injured students were treated. Ed used the iron lung for several hours each day.
- Other students with disabilities were then allowed to enroll in the University, and were housed in the infirmary. Along with some of these individuals, Ed eventually helped to establish one of the first Centers for Independent Living (CIL's), which provided peer support and advocacy to people with disabilities in their community.
- Later in his career, Ed was asked to head California's rehabilitation program – the same program that once labeled him unemployable.

### **Wade Blank and De-institutionalization**

- Wade Blank emerged in 1971 as a civil rights activist for people with disabilities, after he was fired as a nursing home recreation director for trying to help younger, developmentally disabled residents gain their independence.
- His job loss spurred Wade to start the Atlantis Community, in Denver, Colorado, which provided personal assistance services to people with disabilities.
- The Atlantis Community was an example to the nation of successful community-based independent living for people with disabilities.
- Wade's example helped bring about a shift in preference from institutionalized services to community-based, independent living services.

## **Let's look more closely at some foundations of what might be called the Independent Living (IL) Doctrine.**

### **Consumerism**

- Consumerism was highly publicized in the 1960's, and was aimed at protecting consumers from fraud and unsafe products.
- People began to advocate for release of product information needed to make informed choices.
- Consumerism also challenged the power of professionals to control the decisions about a person's life.
- Accountability was demanded of private businesses, professionals, and governments that provided goods and services to the public.

### **Independent Living (IL) Paradigm (or model)**

- Gerben DeJong, MPA, MSA published a paper titled, "Independent Living: From Social Movement to Analytic Paradigm" in 1979.
- This paper suggested replacing the current medical model with the IL model.
- The medical model views individuals as "patients" incapable of making decisions about their own treatment or care.
- The IL model views individuals as "consumers" of services, capable of making choices and directing the services and treatments they receive, and entitled to information needed to make those choices.
- Under this pattern, it was emphasized that personal care providers do not "take care" of an individual. Instead, they are providing a service, directed by the individual.
- Responsibility for care management was placed with the consumer, or their representative.

### **Normalization**

- People often speak of people with disabilities as not being "normal".
- The idea of "normalization" promotes the fact that disability is a "normal" human experience, rather than a unique experience that only affects a minority group.
- By promoting disability as a "normal" experience, the tendency of viewing people with disabilities as "inferior" began to change. More people began to realize that most human beings will experience some form of disability, at some point in their life.

- The concept of normalization also helped improve the way people with disabilities viewed themselves. They could see themselves as part of their community, the same way a person who is a talented accountant, who may not find it easy to do some other types of jobs, is considered a normal participant in the community.
- People began to challenge all forms of media to make sure images showing people doing normal life activities, such as parenting, recreation, or work, also portrayed people with disabilities in these activities.

## **What was the political response to disability rights activism? To answer that question, we'll review the history of the Rehabilitation Act.**

### **The Rehabilitation Act**

- In response to public demand, a new version of existing disability rights legislation was drafted, guaranteeing access to services paid for with federal funds.
- Considered a civil rights law, the Rehabilitation Act contains seven titles (or divisions) addressing various disability rights issues, ranging from vocational rehabilitation to research.
- Originally approved by Congress in 1972, the bill was vetoed by President Nixon, due to concerns about the financial and administrative burdens that were expected as a result of the Rehabilitation Act.
- Nixon's rejection of the Act inspired the nation to take political action. As a result, Judy Heumann emerged as a disability rights activist in New York.

### **Activist Judy Heumann**

- Judy Heumann was denied employment as a teacher, in New York City, when her wheelchair was deemed a safety hazard.
- Frustrated by her disability being perceived as a barrier to employment, she staged a protest of Nixon's veto of the Rehabilitation Act. 80 people participated in the protest, which took

place in a busy area of New York City, gaining national media attention.

- As a result of demonstrations and national attention, Nixon signed a modified version of the legislative bill, naming it the Rehabilitation Act of 1973.
- Although programs for independent living services and advocacy were left out, Section 504 of the Act remained intact, ensuring inclusion of people with disabilities in federally funded programs.

### **Rehabilitation Act of 1973 Enforcement Delays**

- Despite the signing of the Rehabilitation Act, regulations about how to enforce the new law had not been written. This delayed the law from going into effect.
- By 1977, this delay would no longer be accepted by disability rights activists and protests were staged in ten major cities across the nation to draw support for completing the regulations and implementing the Act.
- A demonstration held in San Francisco, California, lasted nearly a month, with protestors remaining until regulations for enforcing the Act were drafted, reviewed by protestors, and signed into law.

### **Secrets of Successful Protest**

Community support made the demonstration in San Francisco a success, enabling protestors to wait out the completion of regulatory processes. Support included:

- Food provided by local grocers
- Respect of law enforcement personnel for protestors' right to assemble
- Personal service needs for 150 protestors was provided by community members

Cohesiveness and persistence won in spite of administrative barriers.

## **The Rehabilitation Act and Independent Living Services From Past to Present**

Activists continued to press for specific Independent Living service provisions to be added to the Rehabilitation Act. Services were to be based on the following issues:

- Informed choice and self-determination;
- The belief that those with disabilities are best suited to determine their own needs and direct how those needs will be met;
- Freedom to make mistakes and turn them into learning experiences;
- Removal of barriers to independence through individual and systems advocacy;
- Empowering people with disabilities to achieve personal and professional goals;
- Focus on barriers in the environment and in society as the problem that prevents the independence of people with disabilities, rather than viewing the disability as the problem.

### **Through the years, these significant amendments were made to the Rehabilitation Act**

- 1978 – Federal funding was provided for IL services, including grants for Centers for Independent Living.
- 1986 – “Community inclusion” and “consumer choice” were added to the language of the Act.
- 1992 – State Independent Living Councils were required to be funded.
- 1998 – The Rehabilitation Act became Title IV of the Workforce Investment Act.

**Following are some things you might want to know  
about the Rehabilitation Act’s structure, should you  
ever try to look up any of its sections.**

## **The Rehabilitation Act of 1973 is within the Workforce Investment Act (WIA)**

- The Rehabilitation Act was originally a separate document, but in 1998, it became part of the Workforce Investment Act (WIA).
- WIA was authorized in 1998 to improve programs for people with disabilities, which included bringing together and coordinating employment, training, literacy, and vocational rehabilitation programs.
- The Rehabilitation Act of 1973 was amended and then reauthorized as part of WIA.

## **These are the seven titles of the Rehabilitation Act**

- Title I: Vocational Rehabilitation
- Title II: Research and Training
- Title III: Professional Development
- Title IV: National Council on Disability
- Title V: Rights and Advocacy
- Title VI: Employment Opportunities
- Title VII: Independent Living Services

## **Let's take a closer look at Title VII of the Act, and the Independent Living Services Program**

- Although the whole Rehabilitation Act focuses on improving opportunities for people with disabilities, Title VII focuses on Independent Living Services, designed to increase their quality of life and personal freedom.
- Title VII requires that a State Independent Living Council (SILC) be formed in each state to assess the independent living service needs in the State, develop a plan for meeting those needs, and monitor the plan's progress.
- A Designated State Unit (DSU) must be identified to receive, account for and distribute the Federal independent living service funds provided to support the State's Title VII program.
- Title VII requires that a State Plan for Independent Living (SPIL), for the provision of independent living services, be jointly developed and signed by the SILC and the DSU.
- The SPIL describes how funds will be used to coordinate and expand independent living services within the state.

**The significant parts of Title VII include:**

Part A: General Provisions

Section 704—The State Plan for Independent Living (SPIL)

Section 705—The State Independent Living Council (SILC)

Part B: Independent Living Services

Section 711—Funding Allotments

Section 712—Payments to States from Allotments

Part C: Centers for Independent Living (CILs)

Section 725—Standards and Assurances for Centers for Independent Living

**Section 704 of Title VII indicates the following things about the State Plan for Independent Living (SPIL):**

- It is to be jointly developed by the State Independent Living Council (SILC) and the Designated State Units (DSUs), then signed by the SILC Chairperson and the DSU Administrators before it is submitted to the Rehabilitation Services Administration (RSA) for approval.
- The State Plan is to be revised and resubmitted at least once every three years, but if major changes are needed at any time, it can be amended through the same process.
- An assessment of needs in the State and input from the public, including at least one public hearing, should be part of the SPIL development process.
- A Section 704 Report form is used to evaluate the progress of the State in implementing the SPIL. This report is submitted annually to the Rehabilitation Services Administration.

**Elements of the State Plan for Independent Living include:**

- A description of the goals, objectives and activities planned
- A description of the scope, extent and arrangement of services
- A description of the design of the Statewide Network of CILs
- Information about how the DSU(s) will administrate the funding
- Information about the SILC's structure and operation
- Information about the legal requirements for service providers
- A description of how the SPIL's progress and effectiveness will be evaluated

Information about any requirements of the State that are not required by the Federal government.

## **How is the Independent Living Services Program Regulated?**

- Federal legislation in the Rehabilitation Act governs the Independent Living program.
- The Code of Federal Regulations (CFRs) contains the rules needed to enforce the Rehabilitation Act law related to the Independent Living program.
- Title 34 of the Code of Federal Regulations is where regulations for the Department of Education are listed. The Independent Living Program is organized within the Department of Education's Office of Special Education and Rehabilitation Services (OSERS), and is monitored for compliance by the Rehabilitation Services Administration.
- Certain "parts" of the Code of Federal Regulations are combined into a separate document known as the Education Department General Administration Regulations (EDGAR). Parts 74-77, 79-82, 84-86 and 97-99 are included in EDGAR, and give information on regulations that apply to all Department of Education programs.
- "Part 364" of Title 34 is specifically where the regulations for the Independent Living Program are located.
- Financial compliance for Federal programs is enforced through specific Circulars from the Federal Office of Management and Budget (OMB). Circular A-87 applies to the Oregon SILC, since it is a government entity, while Circular A-122 applies to CILs, which are private, non-profit corporations. (Please be aware that in some states, their laws allow their SILCs to be private, non-profits, so SILCs can be different in each state.)
- In summary, the SILC and other Independent Living program partners must make sure they are following many different laws and regulations that govern them, including:
  - The Federal Rehabilitation Act
  - The Code of Federal Regulations (Title 34, part 364 and all the parts contained in EDGAR)
  - The Federal Office of Management and Budget circulars that apply to government and non-profit entities
  - State laws for government and non-profit entities

**The goals and objectives in the SPIL guide the work done through the program over a three year period. Following are the goals and objectives identified in Oregon's 2010-2013 SPIL**

**Goals:**

- **People with disabilities can access housing**
- **People with disabilities can access healthcare**
- **People with disabilities can access transportation**
- **People with disabilities have the necessary skills and are empowered to communicate their needs effectively**

**Primary Objective - Information & Resources**

People with disabilities and systems have access to needed information and resources, especially regarding access to housing, healthcare & transportation, as demonstrated by survey results showing:

1. a 10% increase in the number of people with disabilities and service providers who report adequate access to the following types of information needed to maintain or improve the independence of people with disabilities: housing, healthcare and transportation.
2. a 20% increase in the number of people with disabilities and service providers/systems staff who report accessing two new resources during a one year survey period, with regard to either housing, healthcare or transportation.

**Intermediate Objective 1 - Peer Support & Training**

People with disabilities & systems have access to peer supports and training, as demonstrated by survey results showing:

1. a 50% increase of people with disabilities who indicate they have received information and support from a peer with a disability in the past six months, which they can utilize when attempting to achieve access to housing, healthcare &/or transportation.
2. a 50% increase in service provider/systems staff who report receiving specific cross-training &/or service information from another service organization/program in the past year, which will

allow them to give more effective information to individuals with disabilities needing access to housing, healthcare or transportation.

### **Intermediate Objective 2 - Collaboration**

People with disabilities & service providers are collaborating to create more effective means for people with disabilities to access resources related to housing, healthcare and transportation, as demonstrated by survey results showing:

1. an 18% increase in people with disabilities who report that they have either participated in one (1) new collaborative activity with other people with disabilities or have acted as an advisor to a service organization, which is likely to improve the ability of people with disabilities to gain access to resources related to housing, healthcare or transportation.
2. three (3) new service provider collaborations that include IL participants, started at the state level, related to the housing, healthcare or transportation needs of people with disabilities.

### **These are the funding sources utilized in the State Plan:**

Three main funding sources:

1. Federal Title One Funds support the SILC's Title VII duties. This is known as the SILC Resource Plan.
2. There are two types of Federal Title VII Funds:
  - Chapter 1,
    - Part B funds support CIL services, and the DSU's costs to administrate the Title VII program.
    - Part C funds are provided directly by the Federal Rehabilitation Services Administration to CILs for IL services.
  - Chapter 2 funds are provide by the Rehabilitation Services to the Oregon Commission for the Blind, for their services to older individuals who are blind.
3. State General Funds are a combination of:
  - Funds to meet federal matching requirements to received Federal funds,

- Additional direct State funding for provision of IL services, some of which may be allocated to the SILC for funding activities that benefit IL services, but which are beyond the SILC's Title VII, Section 705 duties in the Rehab Act.

**Now that you are aware of the structure laid out in the Rehabilitation Act and the regulatory documents that guide the Independent Living program, let's look more closely at how the Independent Living Program is operated in Oregon.**

In States where there is a separate entity providing vocational rehabilitation services to individuals who are blind, there may be two Designated State Units, each receiving a portion of the Title VII funding available to the State. In Oregon, both the Office of Vocational Rehabilitation Services (OVR) and the Oregon Commission for the Blind (OCB) serve as the DSUs.

**The Rehabilitation Act, Section 704, outlines requirements for the Designated State Unit (DSU)**

The designated State unit(s) will:

- Receive, account for, and disburse funds received by the State, based on the plan;
- Provide administrative support services for the program under part B (If the State provides more funding to the Independent Living program than the Rehabilitation Services Administrations, the State will also provide support services for the program under part C). (see Section 723 of Title VII)
- Keep records necessary for the program, and provide the Rehabilitation Services Administration with access to those records, as needed.
- Submit information or provide assurances that the Rehabilitation Service Administration Commissioner may require with respect to the Independent Living program.

## **The Rehabilitation Act, Section 705, outlines requirements for the State Independent Living Council (SILC)**

### **Following are the Section 705 requirements regarding Council Members:**

- Members of the Council are appointed by the Governor.
- The Council shall select a chairperson from among the voting members.
- Each member shall serve for a term of 3 years.
- No member may serve more than 2 consecutive terms. This includes ex-officio members.
- The council may reimburse members for reasonable and necessary expenses of attending Council meetings and performing Council duties (including personal assistance services).

### **According to Section 705, these are the requirements for the make up of the SILC:**

- At least one director of a center for independent living. (Oregon has positions for three CIL Directors on the SILC.)
- Ex officio non-voting members from the DSU and other state agencies serving people with disabilities. (Oregon's ex-officio members include only the DSUs – OVRS & OCB.)
- Members from private businesses.
- Advocates of people with disabilities.
- Representatives of organizations that provide services for people with disabilities.
- Individuals with a broad range of disabilities.
- Individuals from diverse backgrounds.
- Members must represent the State's demographics.

### **The SILC's duties are:**

- Develop and sign the state plan, along with OVRS and OCB;
- Monitor, review, and evaluate implementation of the State Plan;
- Coordinate activities with councils and commissions within the State that address the needs of specific disability populations;
- Make public announcements of council meetings and provide appropriate advanced notice;

- Hold hearings and forums as necessary to carry out the duties of the Council;
- Manage the SILC Resource Plan budget to conduct the business of the Council;
- Play a central role in pulling together Independent Living partners, assessing the IL needs of the State, and promoting the expansion of programs to fill service gaps, and facilitate the development of the IL Network.

### **How is the SILC Funded?**

To conduct the business of the Council, the SILC has an operating budget that is reviewed and approved annually, and is updated as needed.

This budget includes what is known as the SILC's Resource Plan, which pays only for activities connected with duties outlined in Section 705 of the Rehabilitation Act. The Resource Plan, for Oregon's SILC, is funded by OVRs, using Innovation and Expansion funds from the Title I federal resources of the Vocational Rehabilitation program. The DSU is required to provide at least some funds from this resource to support the function of the SILC, however Title VII, Part B funds for the Independent Living program are also acceptable funds to support SILCs. Additional funds may be included in the SILC's budget, but are used only for purposes and projects outside of the Section 705 duties. These additional funds are often State General Funds, or funds from special contracts with other organizations, and may change from year to year.

### **Information about the Operation of Oregon's SILC**

The SILC holds public meetings quarterly, for a full day, generally on the first Friday of March, June, September and December. However, in September, the meeting is scheduled to avoid the Labor Day weekend, and is often on the second Friday of September. The September meeting generally has a one day "retreat" for SILC members, before or after the meeting day. This is a time to focus on activities such as training, or discussions regarding philosophy or ways the Council can improve the way it functions. Besides time spent at these meetings

and traveling to the meetings, members contribute time for attending monthly 1-2 hour conference calls for committee work, and may have committee assignments that take 1-4 hours per month. At times, members also volunteer to attend events or trainings for the SILC.

Quarterly meetings are generally held in the Salem area, with June meetings scheduled in an area of the State where a Center for Independent Living exists.

The Council is operated according to its bylaws, policies, and procedures, all of which must be consistent with Federal and State laws. One such law requires that the SILC may not be "part of" another government agency. While the SILC can be "housed" in the same building as another agency, the SILC remains separate. In Oregon, the SILC is "housed" in the same building as the Department of Human Services (DHS), along side our IL program partner, OVRs. A written agreement with DHS outlines the separateness of the SILC, and the financial arrangements for the SILC's office space, etc.

- The SILC's bylaws address the general operation of the Council, and require 30-day notice and Council approval to change.
- Policies address more specific issues of Council operation than are in the bylaws. To change policies, Council approval is still required, however 30-day notification is not required.
- Procedures are used to identify how each policy will be carried out. Procedures only need the approval of the Executive Committee to be changed.

**These are Oregon's SILC Policies, according to topic:**

- Policy I) Membership
- Policy II) Committees
- Policy III) Expense Reimbursement
- Policy IV) Communications
- Policy V) Training
- Policy VI) Conflict of Interest
- Policy VII) Accessibility Requirements
- Policy VIII) SILC Service Recognition

\*The first three policies will be briefly addressed below, though members should also become familiar with the remaining SILC policies and procedures that will be provided in the Member Handbook.

## **Policy I Membership**

After the initial orientation, the Membership Development Committee (MDC) will request that new members periodically fill out a self-evaluation to identify areas where the member would like additional training.

New members should:

- Complete all orientation tasks identified by the Membership Development Committee in the orientation checklist that will be provided.

New members are encouraged to:

- Notify the Chairperson for the Membership Development Committee if there are any questions about member duties, SILC operations, or how the IL program functions.
- Take advantage of ongoing training opportunities mentioned by the SILC's staff or the Membership Development Committee. Forms to request reimbursement for costs to attend training at conferences, etc. are available from SILC staff.

## **Policy II Oregon SILC Committees**

- Committees are structured to meet the needs of the current SPIL or other SILC responsibilities.
- Council members are appointed to committees by the SILC Chairperson. The Chairperson will consider both the member's preference and the need of current committees when making appointments.
- Committee meetings are usually held monthly via teleconference, according to a predetermined schedule, but may be rescheduled as the need arises.
- The SILC Chairperson also designates a chairperson for each committee. Chairpersons do not vote, except to break a tie.

- The committee's chairperson is responsible for arranging, directing, and facilitating meetings of their committee.
- Each committee is responsible for the accomplishment of certain goals and for developing a work plan to achieve those goals.

### **Current Oregon SILC Committees**

#### Collaboration Committee (CC):

- This committee has two basic purposes:
  1. To educate other groups and organizations about Independent Living philosophy, and encourage them to utilize that philosophy in the way they interact with and serve people with disabilities.
  2. To bring organizations that serve people with disabilities together with Centers for Independent Living, in order to enhance the services each provides, and to prevent duplication of services through better service coordination.

#### Executive Committee (EC):

- This committee is elected by the SILC members, and is mainly responsible to address time-sensitive issues for the SILC between the quarterly meetings.

#### Membership Development Committee (MDC):

- This committee is responsible for interviewing and recommending new members, making sure members are sufficiently trained, and conducting a review of all policies and procedures every two years.

#### SILC Committee (SC):

- This committee is responsible to usher the State Plan for Independent Living through the development process, and to direct the SILC's activities related to monitoring and evaluating the progress of the State Plan.

### **Policy III**

#### **SILC Member Travel Reimbursement**

- The Council will reimburse members for travel expenses related to performing council duties, such as;
  - Mileage or ground transportation
  - Lodging
  - Meals

- Personal Attendant Services not paid by another program
- To receive reimbursement, members submit a Travel Expense Claim Form and appropriate documentation to staff for processing.
- Reimbursement rates are determined by the State rules, and are listed in the State Travel Matrix, available from SILC staff.

## **Now, on to the services provided to consumers – the whole purpose of everything you have read so far.**

The actual services provided to consumers are provided by a network of local Centers for Independent Living. Not all areas of Oregon are served by a Center for Independent Living. This is usually due to the lack of sufficient funding or the lack of a local group of people with disabilities organized to provide support services to their peers. Let's review how CILs are organized and what they are required to do.

### **The Rehabilitation Act, Title VII, Chapter One, Part C says:**

“The term ‘center for independent living’ means a consumer-controlled, community-based, cross-disability, non-residential, private nonprofit agency that:

- (A) Is designed and operated within a local community by individuals with disabilities;
- (B) Provides an array of independent living services.”

### **Section 725 of Title VII requires CILs to make the following assurances in order to receive Federal funds:**

- Legal standards from the Rehabilitation Act and Code of Federal Regulations must be met;
- Goals and priorities must be established and maintained;
- The center must be governed by a board of directors with a majority of their members being people with disabilities;
- There must be sound business management;
- The majority of employees must be people with disabilities;
- Fiscal reports must be submitted annually.

**The “four core services” that a Center for Independent Living must provide are:**

- Individual and Systems Advocacy
- Peer Support/Peer Counseling
- Independent Living Skill Development
- Information and Referral

**How are CILs funded?**

CILs may be funded by one or a combination of the following:

- Private funds from individuals
- Private organization grants or contracts
- Grants from the State, consisting of either State General Funds, Title VII, Part B program funds, or a combination of the two
- Federal Title VII, Part C grants awarded directly from the Rehabilitation Services Administration
- Income earned through other service organizations who purchase services for their consumers

**And now for a quick review and wrap up!**

- Independent Philosophy has evolved through the interaction of personal need, society’s values, and political activism, providing for the freedom of choice and full inclusion of people with disabilities.
- Most historical disability rights leaders emerged while fighting for their own rights to the civil liberties guaranteed for all Americans.
- The civil rights movement helped publicize the issues facing many populations in American society, which were restricted from full participation.
- Political activism has ensured that individual needs are addressed by society so that equal participation of people with disabilities is protected.
- The Federal government responded to the demands of people with disabilities for equal participation in society by authorizing the Rehabilitation Act and enforcing regulations that support and protect the independence and full inclusion of people with disabilities in society.
- State programs then were federally mandated through the Rehabilitation Act.

- Of the seven titles of the Rehabilitation Act, Title VII provides for and clarifies the statewide independent living services program; for instance:
  - Section 704 requires a State Plan for Independent Living (SPIL), which outlines the State’s objectives for promoting independent living within the state, coordinating of IL services within the state, and development of resources to fund the SPIL.
  - Section 705 mandates the formation of the State Independent Living Council (SILC), which is responsible for assessing the unique needs of the state, developing the SPIL, monitoring and evaluating its implementation, and bringing programs and organizations together to improve service coordination.
  - Section 725 outlines the structure and operational requirements of the Centers for Independent Living (CILs) where consumers receive peer support, IL skills training, advocacy, and information and referral services.
  - CIL’s are run by people with disabilities, in order to serve their communities. Consumers receive services at no cost.
- As a result of the Independent Living Movement, Oregon currently has seven CILs in the Network of Centers.
  - Central Oregon Resources for Independent Living (CORIL) – Bend
  - Eastern Oregon Center for Independent Living (EOCIL) – Ontario with a branch office in Pendleton
  - HASL Independent Abilities Center – Grants Pass
  - Independent Living Resources (ILR) – Portland
  - Lane Independent Living Alliance (LILA) – Eugene
  - SPOKES Unlimited - Klamath Falls
  - Umpqua Valley disAbilities Network (UVDN) - Roseburg

**Congratulations!  
You Now Know The  
Independent Living Basics**

**Your next step will be to review the Independent Living  
Acronym List.**

**For an interesting review of Disability Rights History, you can  
view the Smithsonian’s virtual exhibit at  
<http://americanhistory.si.edu/disabilityrights/welcome.html>**