Funding and Delivering Youth Transition Programs: One CIL’s Experience with Sexuality Education

Presented by Alie Kriofske on September 10, 2014

JEFF SHEEN: Welcome to the funding and delivering youth transition programs: One CIL's experience with sexuality education webinar presented by Alie Kriofske. Today's webinar is being offered by the New Community Opportunities Center at ILRU and national training and technical assistance project of ILRU, the Independent Living Research Utilization program in Houston, Texas.   
This presentation is being funded by the US Department of Education's Rehabilitation Services Administration, and no official endorsement of the department should be inferred.   
We are recording today's presentation as we always do, and you will be able to access the presentation within 48 hours under the on demand trainings tab on the ILRU website. So you can review it later or share it with your colleagues. On the website, you will be able to access the PowerPoint slides, listen to the audio, and read the captioning, whatever works best for you.   
We will break several times during today's presentation to take your questions. If you are on the phone, you can press star pound to ask a question, and if you are on the computer, you can type your questions in the chat box and hit enter or click on the thought bubble icon to the right of the text entry box. We will wait until the Q&A break to address submitted questions in the order in which they are received.   
If you are using the captioning today, you can ask questions in the stream text using the link in the bottom left-hand box. Staff will then post those questions in the public chat on the webinar platform. Our presenter will try to get to as many questions as we have time for, but keep in mind that we also need to cover the material in the presentation in a timely manner.   
Any questions that we're not able to address on the webinar today will be responded to offline in a written format that will be sent out to participants.   
You will remind you of all of these instructions, especially the telephone instruction, star pound, when we come to each question and answer section of the presentation. The material for today's presentation, including the PowerPoint slides and the link to the evaluation form were sent to you in the confirmation email you received shortly before the webinar. And, of course, if you are joining us by computer, the PowerPoint slides will be displayed automatically. You don't have to do anything. If you are on the telephone only or reading the full-screen CART captioning, you may want to have the PowerPoint slides printed out or at least open on your computer.   
That will make today's presentation a lot easier to follow along with. If you didn't realize you needed the slides, you can get them again in the confirmation email attachment.   
Also fill out the evaluation form that was in your participant guide, and will appear. It's important to get your feedback regarding this presentation. We want to know what you think about this presentation today, so please do fill that out.   
Finally, before I introduce today's presenter, I would like to give you a brief overview of how this webinar fits into the big picture of the New Community Opportunities project. This presentation is part of a series of trainings and other activities provided to the IL field by the New Community Opportunities Center at ILRU. The project's purpose is to assist CILs in developing self-sustaining programs that support community alternatives to institutionalization for individuals of any age and youth transition from school to postsecondary education, employment, and community living. ILRU's partners and collaborators on the project include Utah State University's center for persons with disabilities, the National Youth Leadership Network, the National Council On Independent Living, Suzanne Crisp, a national community alternatives expert, Michele Martin, social media consultant and the Association of Programs for Rural Independent Living.   
Now without further delay, I would like to welcome and introduce our presenter, Ms. Alie Kriofske. Alie has been working as a support person, mentor, and educator. She came to IndependenceFirst as a Marquette University graduate school intern, while she obtained her master's degree in public service, focusing on disability rights and the disability movement.   
After graduation, she found she did not want to leave the agency. So she proposed a new youth-focused position to the executive director who accepted it. Alie now continues her work at IndependenceFirst as the youth leadership specialist, working with young persons with disabilities in transition, self-advocacy and independent living skills training.   
During the paragraph few years she's been teaching sexuality education and healthy relationships to youth with disability and currently working on her certification as a sexuality educator.   
We will now begin the presentation and I will turn it over to you, Alie.   
>> ALIE KRIOFSKE: Thank you, Jeff. Hello, everybody. It's nice to see -- well, not see so many people. I'm glad that so many people could join us today.   
So as Jeff said, I'm Alie. I'm the youth leadership specialist at IndependenceFirst, and IndependenceFirst, for those people who haven't heard of it is a Center for Independent Living in Milwaukee, Wisconsin. And we serve the four most heavily populated counties of the southeastern region of Wisconsin and part of a network of eight other Independent Living Centers in Wisconsin.   
So we do what other Independent Living Centers do, and I feel very privileged and fortunate to work for IndependenceFirst and to have the opportunity to talk to you today about youth programs and sexuality education.   
So we'll go -- we'll talk about the learning objectives today and the learning objectives are to come up with some ideas and tools and resources that you can use as a Center for Independent Living to bring sexuality education and relationship education to your consumers as a skill in independent living.   
We'll talk about IndependenceFirst's best practices and the population of consumers that we serve, that have been proven most effective and sustainable for our center and that hopefully could be some ideas that would be useful for yours. And to describe the value of empowering youth, adolescents and adults with disabilities to negotiate their way through all of the different aspects of life that have to do with relationships and sexuality.   
And then finally, to look at opportunities for funding and sometimes those opportunities for funding come better with collaboration with other organizations. So I will talk to you about how we have done it, at least, to make our program possible.   
I am aware that many of you are from centers of independent living and so telling you what Independent Living Centers do is something you already know; however, I imagine perhaps some people on the call are new to independent living or aren't from an Independent Living Center.   
So just a brief review, Centers for Independent Living, our job is to really operate under the IL philosophy, independent living philosophy, which is that all people have the right to be fully included in their communities. People with disabilities, people without disabilities, all people have the right, right?   
So we teach skills that help people with disabilities do that, and those skills include living where they choose to live, working in a meaningful career or job, having different opportunities to participate in their communities, whether it's through recreation, whether it's through employment or relationships. That's what centers do, right?   
And so I want to just talk about what centers don't teach and that's the next slide. So Centers for Independent Living teach all of these wonderful skills for independent living and we know, as human beings, we are social creatures and relationships and sexuality are an integral part of being a human being, yet centers for independent living generally don't teach relationships or sexuality as a rule. It's generally not found in our curriculum.   
So we teach IL Skills and we talk about how to live independently, but we often don't talk about sexuality. So the next slide, please.   
So this is how IndependenceFirst started teaching sex ed. We received federal funding to provide independent living skills training as one of our four core services, and so as a part of that, we have a curriculum that was developed by a number of our staff and director teams called "Everything You Wanted to Know About Being an Adult But Were Afraid to Ask."   
And that curriculum has been taught to high school students and I have brought it into the middle school as well to talk to younger students. We also have a curriculum that's a general IL curriculum for adults with much of the same material and that curriculum includes things such as self-advocacy, understanding your disability, knowing the laws that protect you as a person with a disability, and then other subjects such as conflict resolution, time management, money management.   
So one session in that curriculum is called, "Go Ahead, Make My Day. Boundaries and Personal Space."   
So that session is just about boundaries and personal space and I began teaching that session. What it covered in the generally one hour that the Tom allotted was boundaries and personal space, which included talking about distance and space and really measuring kind of personal bubbles and how we shouldn't stand too close to people, and touch and that kind of thing.   
It covered healthy versus unhealthy relationships, and it covered community safety. All of that in one hour. And so that's what that one session covered. Next slide, please.   
So what happened is it became clearer in the end of these sessions, when I would teach this class, that the kids had a lot of questions and the teachers would say, we need more on this.   
So I came up with a five-week class, which I pulled from our own IL curriculum, I pulled from other curricula that I could find on healthy relationships and boundaries and I made a five-week class that I called "Safe Relationships, Safe Places." So first week of that class, we covered boundaries and personal space. Then we got to really flesh out, like, what does it mean to have boundaries, both in terms of space and in terms of how much of yourself you are willing to share with another person, and who are the appropriate people to share certain things with, right?   
The second session is healthy versus unhealthy relationships. So we would take time to really talk about some qualities you would see in a healthy relationship, qualities you would see in an unhealthy relationship, what that looks like, and what you can do if your relationship is unhealthy.   
The third session was dating and romance. So a lot of fun. Everybody gets to talk about stuff they see on TV and whether it's a myth or a fact about relationships, what is the difference between a crush and real love and all of that kind of stuff.   
And the fourth session, we talked about sexual harassment and abuse prevention. So really kind of relationship safety, what to do if you are doing abused what is abuse and harassment look like? And then what to do if it's happening to you or someone you know? And then finally the last session, we spent on community safety and talked a lot about, you know, just being out in the community, how to be safe, how to keep yourselves protected at home when you are home alone, or when you are out in the community alone. So that's -- that was what we were doing for a long time.   
Next slide. Oh, look at that.   
Yeah, that's right. So funding, we were already receiving at this point little pieces of funding from small foundations for our youth program and our youth program was fairly new when this started. And so we had been receiving a large grant from the Department of Health and Family Services for programs serving people with disabilities who were victims of abuse, and we had two staff that were doing that work full time, really helping people who were in abusive situations, who were not able to access shelters who were not able to access programs, who were dependent on a caregiver who was abusing them and therefore felt they couldn't leave. So there were so many different issues facing victims of abuse who also have disabilities and so we had a big program serving in that capacity.   
So during that time, the staff member who was really starting to do that very full-time asked me if I would take over all of the healthy relationship classes at IndependenceFirst, and so at that point, we applied for a three-year cycle of this same DHFS, Department of Health and Family Services grant, and we got it.   
So that funding covered our youth program, specifically the abuse and the relationships stuff, from 2009 to 2012. And it covered my salary. It covered the salary of our other full-time staff who is dedicated to working in the abuse area and she was part of who is responsible for creating the Disability Abuse Response Team, also known as DART. Many of you on the call may be familiar with DART. And so she was funded and we had another staff who was also helping who was funded under this grant.   
What are we included in terms of our youth program was the safe relationship, safe places classes. We also run GirlsFirst support groups. So these are support groups that are for girls with disabilities. I was trained by Access Living in Chicago. I don't know if anyone is on the line from Chicago. I haven't had a chance to peek at the participants, but if there is, Access Living in Chicago has a fantastic youth program and they had a training for people who wanted to run a girls support program. So I received their training and started running GirlsFirst support groups which also we included in this funding.   
The one-time boundaries and personal space sessions that were already a part of our IL curriculum and then finally, in the summertime, we run a camp called the Youth Leadership Summit and it's a week-long camp that we run twice for two groups of 25 youth with disabilities. And the third day of the five days we dedicate to healthy relationships, sexual assault prevention, dating and romance, and so that day of the youth summit was also covered under those -- under that funding.   
So as we taught this safe relationships class, what happened -- kind of how the sex ed program started at IndependenceFirst, I was teaching the safe relationships class, talking about dating and romance and sexuality comes up, because it's an integral part for people of dating and romance. And so we were talking about sex, and it was pretty clear that the students -- many of the students in the class did not know how a pregnancy occurs. And the teacher said, Alie, tell them. Tell them how babies are made. And so it really put me on the spot, but it was a really wonderful feeling to be able to tell a group of students something they had never heard from anyone else. These are high school students, many of them 18. And they were learning something that is such an important part of being a human being that they had never heard before and it was really exciting for them to talk about it.   
So we started to talk more deeply about sexuality in those classes where it was allowed, where teachers were supportive, and then I put together a three-part workshop on sex ed. And later on, I will share lots of resources for all of you, but that particular resource that I drew from at this point was created by Planned Parenthood in New England, and it is specifically a workshop that is designed for adults with developmental disabilities.   
So I pulled from that workshop and developed a three-part sex ed class and that was immediately popular. People wanted me to come teach that class.   
And so I decided that though I really love doing it, it would probably be smart for me to get educated and so I began the process of becoming a certified sexuality educator, and I'm still working on that process now. And I'm doing that through the American association of sexuality educators, counselors and therapists, also called AASECT.   
So at this point we are receiving the DHFS grant, again still from 2008 to 2011. We received a small grant, usually about $10,000 a year from the Jane Bradley Petit Foundation. It's a local foundation in Milwaukee. And we received that from 2007 to 2011. And then we were left under funded for one year, 2012, we lost our Department of Health funding. They sort of took their funding in another direction, and so we didn't receive the grant in 2012. We only were receiving a few small items from other foundations and funders, and so what happened, I guess, what I think is a wonderful thing about Independent Living Centers is that we're consumer controlled and driven, right?   
So we drive our services by what our consumers want and I feel very fortunate to be working at a center that not only has a healthy budget and is able to sort of make risky decisions but also a very supportive board and director who though my program wasn't really fully funded, just let me keep going and trusted that we would find more funding.   
And so, following my -- sort of my interests, being consumer controlled in that way. So allowing a staff member who has an interest to keep running with it. So in 2013, some new funding became available through United Way. In Milwaukee, the program is called The Healthy Girls Initiative. It was a grant to teach sexuality education. And so we applied for that grant in 2013 and received $40,000 to start teaching sexuality education on a more full-time basis. And then again we received the same grant this year, but this time $48,000 to continue teaching sexuality education.   
So I will talk a little bit more about that and about sexuality education specifically, but I'm going to break for questions at this point.   
>> JEFF SHEEN: Great. Thanks, Alie. We are at our first question and answer break. If you have a question and you are on the phone, press star pound and that will put you in a queue, but let's go ahead and start with some of the questions in the chat box. And if you have other questions, participants, please go ahead and enter them there.   
Alie, first question: Can others get a copy of your, everything you wanted to know about being an adult curriculum?   
>> ALIE KRIOFSKE: Yes. We do -- IndependenceFirst does share that curriculum. So I can email that.   
>> JEFF SHEEN: Great. Thank you. And then a question about the funding that you got from DHFS, was that specifically to fund material development and programs for people with disabilities or was it geared towards just a general population and you happened to use it with your population?   
>> ALIE KRIOFSKE: Yeah, so the funding was given to many, many different agencies working on abuse prevention and the population is pretty general, and we just specifically used it for people with disabilities.   
>> JEFF SHEEN: Great. Thanks.   
And then a question when you teach these classes, where do you typically teach them at?   
>> ALIE KRIOFSKE: The safe relationship classes and the sexual education classes, I teach in high school or middle schools. Occasionally, especially if a school district is strict about having those kind of topics in the school, I have offered it as a summer class or as a two-day winter break workshop or in the evening at our center.   
>> JEFF SHEEN: And do you get any kind of -- is there a parent permission form if these youth are under 18, or how do you handle that piece of it?   
>> ALIE KRIOFSKE: Yes. So Milwaukee public schools, under Wisconsin law, and Milwaukee public school policy, we do not need parent permission to teach sex ed. The parents have to know that it's going to happen and they have to -- they can opt out. So their child cannot come. So we send a letter home that tells parents what we are doing, letting them know that they are opt out of the sexuality education class.   
If -- otherwise, then we also give a survey at the end of class and because of the rules, we have to have parent permission for them to take the survey. So we do require parent permission for -- and it's really less about the content of the survey than it is about serving students during the working school day. So that's for the sexuality education. And then for the relationships class, because we really don't go crazy about sexuality during that class, we have a letter that goes home that I wrote that goes to parents so that they know that it's happening, and then again, we have had parents opt out of even that class, just as an agreement with the teacher, but most of the time, parents just -- they just get the information that it's happening.   
And we do do the traditional Independent Living Center intake with all of the students who take one of my classes as long as it's more than three sessions, and so they -- we do get lots of parent permission in that capacity, you know, signing off on the -- you know, consent to serve and receiving our packet and all of that kind of stuff.   
>> JEFF SHEEN: Great. Thank you for that. It doesn't look like we have any questions from the phone at this time and we don't have any further questions in chat box. Let's go ahead and continue on with the presentation.   
>> ALIE KRIOFSKE: All right.   
So thinking about sexuality education and people with disabilities. So first of all, one of the things, I think, that is the most important thing is that we are socialized in America, especially, we are socialized sort of see sex as bad. Sex is bad. And we -- it's a very taboo subject. One of my favorite examples of this is when children are little babies, we very often don't call their private body parts by their names. We call them by cute little names that aren't really the anatomically correct names. The child learns that they have an elbow and an eye or when it comes to a vagina or a penis, they get these cute little names.   
So children -- not just children with disabilities, but children in general -- are getting a message right away that there's something shameful about their body parts, that we can't even call them by their names.   
So the other thing is that sexuality is often mistaken for just the act of having intercourse, right? And so sexuality is not just about having sex. It's about so many other things, which I will go into in a little while, about what that kind of encompasses, but it's a natural part of life. Right, without sex, none of us would be here. So it's a natural thing that occurs. There are so many issues of morality that surround acts of sex, sexuality, and so all of those issues make sexuality education difficult in general. It's a controversial topic. If you look at the laws throughout the country, there's so many states that have laws that are abstinence only. You are not allowed to talk about sex. So sexuality education in general is a really difficult topic.   
So then on top of that, you look at people with disabilities. So a lot of times, people with disabilities, as I'm sure many of you on the call are well aware, are either seen as not interested in sex at all, or asexual, or over sexed. And because of these two opposite ends of the spectrum, narrow views, people with disabilities, are often denied access to sexuality education, information about their bodies, or honest answers to their questions and that's what happens with sex ed and people with disabilities, not all the time, but it's a definite, common issue and that's kind of what makes me passionate about doing this work and about when I first started to do it, how clear it became to me, that this was happening to people, that they were just systemically denied access to information.   
Next slide, please.   
So thinking about sexuality, sexuality, like I said, is so many things beyond the act of having sex. It's understanding privacy. It's having access to privacy, and knowing what private behavior and public behaviors are, knowing what private acts and public acts are. That's part of sexuality. The body in general is part of sexuality. Just the -- the benefits of being touched, from tiny babies all the way to adults really get and feel the benefits of being touched, understanding your body, knowing what your body's functions are and what it does.   
Exploitation prevention is a huge part of sexuality and learning how to keep yourself safe and keep yourself from being touched when you don't want to be touched and have your boundaries respected.   
Social skills and relationships. So all of these bubbles are huge parts of what sexuality is, and, again, like I said, I will share some resources later, but this sort of list of topics that go into sexuality were really highlighted by an author that I think is really wonderful, who wrote a book called "Teaching Children with Down's Syndrome About Their Bodies, Boundaries, and Sexuality."   
And Her Name Is Terry Covenhoven. Her name is in the resource list. I will talk about this book and those issues and when they come into play.   
When you think about sexuality and disability, when it comes to all of those five topics, the first one is the body and the privacy. And so thinking about what special or different issues might come into play when you think about teaching sexuality education to someone with a disability, some of the topics include caring for the body, learning how to care for your body and sometimes the person has someone else caring for their body. Someone has a personal attendant or a personal care worker, it really changes the way they understand caring for the body, right?   
And so when someone has someone who has access to their body, to help them clean, to help them bathe, to help them eat, boundaries becomes a different conversation. And people with disabilities are going to need to learn how to protect their boundaries even when someone else is taking care of their body and helping them take care of their body.   
Body changes that happen during puberty, again because a lot of times parents of kids with disabilities might be just really afraid to broach the subject of sexuality, they also don't talk about puberty or what changes are going to occur, and parents of kids without disabilities too, might also not want to talk to their kids about puberty because they don't know the answers to questions and so they aren't sure what to say.   
Body image. Body image is an issue for everyone, but if a person who has a physical disability or feels that they look differently than other people, body image might feel like a whole different kind of thing. They might need a different way of talking about or focusing on.   
Again, societal rules for bodies, right, we learn as children what kinds of behavior are public and private, but sometimes if there are people who have a disability, maybe a sensory disability or a disability that people aren't teaching them how to -- what are the proper ways to touch your body, be using your body in public, then they might not get this information.   
Personal care and the body. If you have a personal care worker, it might be a different thing and you might not get the boundaries respected that you want to. We talked about how personal care workers might not say, hey, is it okay if I wash you there or whatever. So just having conversation and learning how to have those boundaries still.   
Access to privacy. People who live in institutional settings don't have access to privacy, and if they do, it's very little access to privacy. Names and anatomy for private parts, like I said earlier, learning about the functions of your body parts, including the private body parts and then body changes. Either in puberty or disability related changes, based on how their body works now.   
So that's a lot of stuff that comes into sexuality and disability when it comes to the body and privacy.   
So in terms of exploitation prevention, there's, again, more. And one thing that we know, based on a lot of research and there's still -- there's still very new research topic and there's not tons done on it yet, but people with disabilities are far more likely to be sexually assaulted. Children with disabilities experience sexual abuse, something like 30% more than children without. So sexuality and disability -- sexuality education, exploitation prevention is really important. That's why Independent Living Centers are already teaching boundaries and personal space. That's great. That's what we need to be teaching people to begin with, is about space, about boundaries.   
And then relationships and body rights. So when you have relationships with people, what kind of rights do they have to your body? What rights do you have to say you don't want your body touched? You don't want to be hugged, you don't want to be cleaned at that moment?   
One of the examples is that a lot of times in the community of people with cognitive or developmental disabilities, there's sort of a culture of touch and hugging and if you have ever been to the end of a special Olympics race or event, there are hugs that are given out at the end. So people finish their race or they finish their game and they get a hug. And certainly, somebody could say no to the hug if they wanted to, but the culture is already sort of that's what is expected and I think that it's often built into classrooms of kids with cognitive or developmental disabilities, and programming, day programming. So that there's this expectation that I can touch you, because of whatever it is, people with cognitive disabilities sore cute, whatever kind of notion that they have, that they often aren't given the opportunity to say, no, I don't want to be touched.   
And in general, what we sometimes do is we expect our children to hug someone or touch someone who maybe they don't want to. Like, hug your grandpa. You know? Give your grandma a hug. In a lot of work I have done, I'm learning that we have to allow our children to have their boundaries.   
If they don't want to give grandma, a hug, that's okay. This is her boundary, and we have to respect it. She doesn't want to be touched right now. That helps children learn that they can say no to touch.   
Again, people with disables are denied access to this basic information about sexual health and relationships and this can lead to being abused and it also can lead to them perpetrating abuse without even realizing that it's happening because nobody ever taught them how long it's okay to stare at someone or how many times it's okay to call someone.   
And then the dependency on other people for long-term care can make it difficult to prevent exploitation or to have people taking care of someone, and being aware of the exploitation, social isolation that can occur and then those attitudes I mentioned earlier, where people think that people with disabilities are somehow over sexed or not sexual or don't care, that stuff makes people more vulnerable to abuse.   
So in exploitation prevention, I saw this wonderful chart and I saw it on the national conference on sexuality and disability.   
So basically people with disabilities, especially those who have to live in institutional settings or who are taken care of or who are unable to be independent or live independently end up in a situation that's called the prison of protection. So they are protected from society, whether it's living in an institution or a group home, living with parents long into adulthood who maybe are, you know, fearful for their child to get hurt or go out into the community. So protection from society. And this can lead towards protection from decision making, right?   
So not allowed to make decisions or because people have guardians, we decide that they, you know -- they have appointed guardians and so they can't make decisions and then we start protecting them from all kinds of decisions, like you have $5 and I'm not going to let you spend it all on candy because you just don't know enough to know that that's not healthy, right?   
But how many of us have blown $5 on candy or bags of chips or things that aren't good for us? So they are protected from decision making.   
Often protected from relationships. Those of you who do work with youth, I know in my experience, sometimes I go to schools and there are so many kids this who all of their relationships are people who are paid to be with them. So they have staff that work with them. They have, you know, people who come into their home to help them. They have their family, and they don't get the opportunity to feel what it's like to just have a naturally forming relationship. And so being protected from relationships.   
And, you know, in other instances, parents just being afraid to let their kids go out on their own, and then the kids aren't able to form relationships that way.   
And then finally, protections from sexual information. So I don't want to tell this little boy about his body and masturbation because what if he starts doing it all the time or what if he goes and tries to have sex with someone? So I'm just not going to tell him. So all of that protection leads to vulnerability and I think study, upon study, shows that lack of information does not lead to lack of behavior. So all of this protection leads to vulnerability.   
Next slide. This slide, it's a ring of safety. So the ring of safety is a place where we give people information, and we give them all the information that they need to be healthy, and so we give the person the information to understand their personal rights so that they understand what their rights are. Their rights are, in terms of being touched or not being touched. Their rights are in terms of what their relationships are like. So understanding your personal rights, learning about healthy relationships, learning about what does it mean to have a healthy relationship, what does it look like when you don't have a healthy relationship? And giving that kind of information.   
The ability to non-comply. So my example for that one is thinking about a group home situation or a day center, right? And so the staff will say to one of the people who live there, hey, we're all going to the zoo today. Do you want to come?   
So they have asked this person if they want to join them, but really the person doesn't have an option, because everyone is going and they can't be left home alone. They have been asked a question, and whether they say yes or no, they still have to go, and that happens a lot, particularly to people who go to day center or day programs who have cognitive disabilities, that we are asking them questions but they don't really get to non-comply. So kind of informing staff who are working with these individuals that we should ask questions that they can say yes or no to.   
Not we are going to the zoo today, do you want to come? We are going to the zoo today, do you want to take the power chair or the manual chair, for example? We are going to the zoo today, do you want to ride with me or other staff? So being able to have questions. And I guess there I would say at the end of the Special Olympics race, like have a place where they can go if they want a hug and a place they can go if they don't, so there's an ability to non-comply.   
Schools obviously have a tough job, educating children, it's hard, if you have kids with behavior issues or disabilities, there's and expectation of compliance but I feel there's a different way so it's not a cultural of compliance but that people are allowed to have their boundaries while still being safely part of the classroom.   
And then privacy, having access to privacy. Understanding what privacy is and it means. Having access to sexuality education, particularly having honest answers to their questions. Anyone who is on this webinar, who has children of their own has undoubtedly been asked a difficult question and so when we answer those questions honestly, we are arming our children and we are arming our consumers with the tools to be safe.   
And then finally options for healthy sexuality and all of that goes to self-confidence. So that's the ring of the safety, and I think it's kind of a wonderful way to think about answering questions, providing information and giving education so that people with disabilities are safe and have the information.   
And then the other two topics were relationships and social skills. And so in thinking about that, just thinking about types of relationships and boundaries and the various different relationships. One of the things that we really focus on in that first session of the safe relationships safe places classes is talking about a stranger versus an acquaintance, versus a friend, versus someone who you are intimate with, and what kinds of touch and information are appropriate to share with all of those various different people that you have different relationships with.   
Teaching assertiveness is a big skill that we do, that's part of relationships and social skills, being able to say no in a direct way or ask a question if you don't understand why you have to do something. Learning about, identifying and expressing emotions, and at IndependenceFirst, we run an autism and Ashburger's support group. So gating and atrashion to others.   
Again, if you are not getting information about how to flirt, for example, or how to deal with having a crush on someone, then you really don't know how to do it, and so we talk about things like how long can you stare at someone?   
How do you react if you flirt with someone and they don't like it? How do you know if they don't like it? And that kind of stuff.   
Self-esteem is really huge in the beginning of our safe relationships class. We do talk a lot about self-esteem, because self-esteem, feeling good about yourself is really kind of key ingredients in having good relationships with other people. So those are all kinds of pieces of the relationships and social skills that you need when it comes to talking about these topics.   
And then finally, the opportunities to seek, obtain, and keep relationships. So a lot of times we work -- I do stuff with parents and just talk about, like, letting your child make their own phone calls to organize something with a friend. Or, you know, allowing them to have some sort of social opportunity without parents hovering close by. And maybe they need to be there but maybe they can give them some privacy, so just those opportunities to have relationships.   
So that sort of covers the different topics and all the different aspects of teaching sex ed. And what I have been looking at a lot is because sexuality education isn't generally taught to kids with disabilities, and because sexuality education is already a hot button topic in schools to begin with, I started looking at some of the policies that are written about sexuality education and the policies that are written about special education and the Individuals with Disabilities Education Act, and I noticed something.   
First of all, if you look at sex ed policy throughout the states, it's different everybody where. Some states have abstinence-only policies where nothing at all can be talked about, but don't have sex. And some states have mandated comprehensive medically accurate sexuality education. So it varies from state to state.   
But when sex ed is either mandated or it's allowed to be taught, the topics that are included in the policy for the curricula are puberty, reproduction, pregnancy prevention, STDs and STD prevention, HIV/AIDS awareness and healthy relationships. So those are the topics that we see. There were some people who created national sexuality education standards that were kind of coupled with, if you have not heard of the common core, it's the new laws governing what we teach and how we teach it in public schools.   
So the policy for getting sex ed includes all of those things. Now, if you look at the policy regarding individuals with disabilities and education, there's not really anything written about access to sex ed. So what we see is -- and this is a confusing statistic. I had to go to our accountants to understand the numbers, and I still don't. Basically less than half of students with emotional or cognitive disabilities are included in regular education 80% of the time.   
So now, maybe you are better at math than me and can figure that out, but what I see is that means that if sex ed is happening, kids with disabilities may not even be in the room. And from my conversations with teachers, what I see is that they are not, that teachers are like, well, if I'm going to take them out of the room for something, this is going to be it, because, oh, these kids with disabilities shouldn't hear this stuff or they don't know the stuff or they don't get it or they will be inappropriate, whatever. So they are not in the room, and that is troubling.   
So that's the law stuff or the policy stuff.   
Now, the other question that comes up a lot is guardianship issue. So I did some research, and it's very murky, but just having a guardian, just having a court-appointed or a legal guardian does not mean that a person cannot consent to sex. Just that, that does not mean that they cannot consent to sex. If they are deemed incapable of sex for sexual contact or they are considered at a high risk of abuse, then what happens within their relationships is decided on a case-by-case basis. And in that situation, you have to really hope that the person's guardian is also their advocate and wants to make sure that they are able to have the kind of relationships that they want.   
But if you look at a court guardianship order, there is no place there that deals with this. And when there is, it's because the guardian decided that this is important, and we need to talk about it.   
And then the person who has capacity to consent, they have a constitutionally protected right to consent to engage in knowing and voluntary sexual behavior. There's not a test, but they ask questions. The questions they ask is: Does the person know that there is a special sort of way of being with someone that's sexual? And if so, does the person understand that that carries with it risks, risks like pregnancies or risks like STDs and risks like knowing what the law is in terms of consent and age?   
So that's sort of how that works. And then -- but in the end, sexual contact with someone who lacks consent or lacks the capacity to consent is abuse. So it's really murky. It's not a clear cut answer, but for me, the most important point is not having -- just having a guardian doesn't mean that a person can't have sex or can't consent to sex. So people who are working in guardianship need to know that this is important and it should be part of what goes on when you talk about guardianship in a legal way.   
And then finally, in this portion, just talking about sex ed, is addressing fears. And there are a lot of fears about teaching sex ed. People have fears about teaching sex ed in general. People are afraid of saying the wrong thing. They are afraid they won't be able to answer a question. They are afraid people are going to get mad at them for saying certain words or having pictures. So people are really afraid of sex ed.   
In terms of people with disabilities, people get more afraid, because what if they don't know how to make it accessible, or what if, you know, again, the person just goes out and does it because we are talking about it. So a couple of things in terms of fears. The first one is that parents are the best sexuality educators for their children. This is something that we know. This is part of the United Way funding that we get, that they really stress that parents should be their kids sexuality educators.   
One thing I do is teach a class that's five weeks long and it's for parents, and how to be their kids sexuality educators. We at the Centers for Independent Living, we can bring it up. Have you talked to your kid about this, if we are working with a transitioning youth or a younger youth. And that's one of the fears that parents can talk about it and should talk about it with their kids and, in fact, in surveys kids say overwhelmingly that they want their parents to talk about it with them. That's something we can share with parents as centers.   
The second is the big fear that we shouldn't talk about this stuff and, like, if we talk about, it then they will have all of these ideas. But the thing is -- and I think we all know this, information about sex and sexuality is everywhere. No matter where you go, you will see billboards, television, music, it's everywhere. So kids are kind of inundated with this dual issue of sexthing. So if they are not getting sex ed through their church or their parents or their centers or schools, they are getting it.   
They are just getting it from their friends and we all know that their friends are not giving them the right information, right? So those of us who might have gotten some key information from our friends can probably remember that they didn't necessarily give us accurate information. So they are getting it from their friends. They are getting it from the media. So as adults, as centers, as parents, it's important that we are also having a message.   
And then finally, the biggest fear I always hear people saying is if we talk about it, it's going to happen. The thing is, talking about sex does not increase the likelihood that it will happen. If you look at the studies and states where sex ed is mandated, people who are getting comprehensive sexuality education are way more likely to delay their sexual experiences.   
If you look at states that have abstinence only, they have higher rates of sexual interactions than those where they are teaching sex ed. It is a powerful piece of information to address fears about sex ed.   
So here we are at the next questions period.   
>> JEFF SHEEN: Thanks, Alie. I've got a question for you from the chat box, do you teach this class in a co-ed environment or do you separate the sexes? And a follow-up, do you have LGBTQ curricula as a part of the class?   
>> ALIE KRIOFSKE: I teach the classes most often in a co-ed environment. The curriculum I use have videos and the videos are about, really, typically -- it's a very hetero-biased curriculum. So -- but anyway, I do teach it to co-ed classes and I do teach it also to groups of only girls. We have a male staff here who did address a school who wanted only boys, but most often, I teach a co-ed.   
In terms of the LGBTQ population, my curriculum is not the best in terms of that, but I bring it in role plays in, pictures. I have pictures of same-sex couples in various states of embrace and we talk about, like is this a friend or more than a friend? We make sure that our classes and our environments are welcoming and safe for all people, and I bring the LGBTQ population into all of our different role plays and things like that.   
And then just as an aside, our youth summit during the day that we focus on healthy relationships, we have the LGBTQ community center of Milwaukee come and talk to the kids as well. So we try to make sure that they are very accessible to everyone, including people from the LGBTQ population and generally, yes, the classes are co-ed.   
>> JEFF SHEEN: Great, thanks, Alie. While we are taking questions from the chat box. If you are on the phone and you have a question and you want to join the conversation, you are welcome to do so. We ask that you hit star pound and you will be placed in a queue and our operator will help us make sure we answer your questions as well.   
I have got a question, is there any way to purchase the videos?   
>> ALIE KRIOFSKE: So the curriculum is called "Making Proud Choices." And if you look it up, it's put out by a company called Select Media, and their website is selectmedia.org. That's where I purchased the curriculum and that's where the videos are. So it's a really awesome curriculum. It's not -- it's designed nor the general population. And actually that particular curriculum is designed largely for African-American use, and so most of the kids in the videos are African-American youth without disabilities. So when I teach it, sometimes to adults, sometimes to more racially mixed groups, sometimes the kids with disabilities -- always to kids with disabilities, I give a disclaimer about the sort of limited scope of characters, but the content themselves is fantastic!   
So it's selectmedia and the curriculum again is "Making Proud Choices."   
>> JEFF SHEEN: Great, thanks, Alie. It looks like we do have a question from someone on the phone. So Marcus, I will let you queue them in.   
>> PARTICIPANT: My name is Nathan Shane. I'm from Las Vegas. And my question is I heard you talking about teaching boundaries. And I heard you talk about teaching boundaries that are black and white. Yes, you can wash me. No, you can't wash me there. So my question is specifically, how do you teach, especially with intellectual or cognitive disabilities, how do you teach nuance? Like nuanced boundaries?   
>> ALIE KRIOFSKE: That is a fantastic question! And so what we try to do, and, like, you know, light you said nuanced boundaries, it's a difficult skill to learn and to teach, though we try to do and try to do in my classes some role plays. So -- I haven't found role plays that are around, but we use, like, situational role plays. So we talk about social skills in general. So maybe the role play would be this person is irritated and they have to show you that they are irritated and you have to react to it. And so allowing the person to sort of go with it, so, like, they are coming to ask them if they want to do something and the person has to act irritated. So we try to do it through role play.   
Talking about people's, like, specific situations. A lot of times, particularly with people who have cognitive disabilities, they might have -- I might have been called in by their case worker who will tell me, like, specific stuff that's going on. They will say this is what's happening and these are the issues. Then I can create role play and focus those things. It's called "Teaching People with Cognitive Disabilities About Sexuality." That one has really good, very specific talking points. It deals with some of that nuanced stuff.   
>> JEFF SHEEN: Great. Thanks, Alie. We will have one more question and answer period at the end of presentation but I would like to get us back to the content for the remaining third of the presentation.   
Go ahead, Alie.   
>> ALIE KRIOFSKE: All right. So thanks for those questions. The -- so now I'm going to talk a little bit about what's going on now at IndependenceFirst with our sex ed program. So right now, at this moment, we have funding from the United Way Healthy Girls Initiative, and that initiative's goal is to reduce teen pregnancy and STDs in Milwaukee over the next few years. And if you look up the healthy girls initiative and United Way, other states are also -- other United Ways and other cities and states are also doing this program. So their funding sort of requires us to use only a specific -- there's only a limited number of curricula. "Making Proud Choices" is the one I use. There's a Spanish version of "Making Proud Choices," and so that one -- it's the same curriculum but in Spanish.   
And then I use a free online sex ed curriculum called FLASH. And it's fantastic! It is, like, several, several, several, several weeks long and it covers everything from boundaries, to privacy, to anatomy, to sex. And it's free and they have curricula for each grade level, as well as a special education curriculum. And so I use those two, "Making Proud Choices" and FLASH. And like I said earlier on, we received $40,000 in 2013 and then this time around, we received $49,000 to provide this service.   
We also got other United Way funding to teach Parents Matter and that was the class I was telling you about that has -- it's a five-week and it's how to talk about sex with your kids, basically. It's a class for parents about positive parenting and talking to your child about sexuality, and I taught it -- again, this is another curriculum that was created for the general population, but I taught it four times to groups of parents of kids with disabilities. And we received funding to do that in summer 2012 and then in the winter/spring of 2012 and 2013.   
And so the funding covers all the sex ed classes. We teach where a school won't let you in to do sex ed. We teach safe relationship classes. So that's a shorter amount of time, "Making Proud Choices" is eight weeks to ten weeks and then safe choices, that's eight weeks.   
And then we have the Youth Leadership Summit which covers my salary and the youth leadership specialist.   
I, as a person trying to get a certification as a sexual educator, I attend the national sexuality conference every year, and there's another conference that the association of sexuality educators and therapists puts on every year. And other different conferences that I can learn about what's going on with sexuality education in general, and bring it back to sexuality education for kids with disabilities.   
So demographics. Who are we teaching? So in to the 13 grant proposal, we claimed we would teach five classes to 100 students and I was like, oh, my God, that's going to be so hard. But it turned out in to the 13 grant period, which ended in June of 2014, I taught 210 students. It was definitely wanted and needed and popular.   
In 2013, I taught four Parents Matter classes to a total of 32 adults, parents of youth with disabilities. And then the Safe Relationship classes, I taught four classes in that grant period for 65 students.   
So I will tell you about who those students are. So I taught the -- so the question was asked earlier and I'm glad we have come back to this, because I meant to answer. So mostly, like I said in schools in the laugh grant cycle, I taught "Making Proud Choices" At nine different schools, and then three community-based organizations and those were Goodwill and Curativ. Those are all organizations that serve adults with developmental disabilities.   
And, you know, where I taught those classes, I'm using the same curriculum and being mindful that though this curriculum is written for teenagers, the information in it is pertinent, even to adults. I made sure to tell people that I was aware that they were not teenagers but that this is a great curriculum and people seemed very happy to have it anyway.   
In terms of numbers, 988 of the group of people were 11 to 14-year-olds. So they were middle school kids. The curriculum is for 11 and up. And I know that the United Way wants to get people the 11 to 14-year-olds because that's when they are beginning to become sexually active or think about it or going through puberty. 88 of the units I taught were in the age bracket of 11 to 14. 74 of those units were 15 to 18-year-olds who were in high school. And then 48 of them were adults. So 18 or older. Many of them in 18 to 21-year-old transition programs within their high schools. So it's still in high schools, but they were in 18 to 21 programs.   
And then the people who were at the community-based organizations were 22 and up. So they finished with school and they were now attending some sort of a day program.   
So if you break the numbers down by who had which disabilities people had, so 48 adults -- all of the adults I taught, 18 and up were people with cognitive disabilities and that includes people with autism. I think for the following grant period, I will take that number out, because, you know, many of the people I work with who have autism, it -- we did some classes that were just people with autism or who were mixed in. So that might be a number I would take out, but that's the group of people who were adults.   
31 high school students with cognitive disabilities. 20 high school students with emotional or behavioral disabilities. 26 of the high school students had learning disabilities. And, again, some of those students who had learning disabilities were included in the individuals with autism as well. So some of the classes were all kids with cognitive disabilities who were segregated in their schools and some of them had autism. Sometimes the schools would hand pick students with disabilities but most of them had learning disabilities and some of them would have been kids who were on the autism spectrum.   
In terms of the mental health disabilities, 13 of those kids that I taught last year had mental health disabilities. 52 had cognitive disabilities and 20 had learning disabilities and kids with autism, again, were kind of spread out throughout. So that's sort of the breakdown of who or what disabilities kids with disabilities came to the program.   
So a lot of times people want to know about outreach. So in order to get the classes, I mean, because we have a youth program that's been running for nine years, we do have relationships already with schools, but we try to continue to develop relationships with schools. So if they like something we do, and we keep in contact with the teacher and continue to let them know what we are offering, also developing relationships with community service providers.   
And when there's been a lack or there's been a lag and I'm not sure if I want to -- or if I'm not sure I will want to have enough classes to, you know, meet the goal that I set for myself, or if I'm bored, I will call, which isn't that often. I will cold call transition specialists. I will go to a school website and find the transition specialist or the special ed corrector and call and say, my name is Alie. I work at this center and here's what we have to offer. I have gotten classes that way too.   
Another thing that helps is to attend meetings of school social workers, meetings of special ed teachers or if your school has a transition advisory council or a transition advisory board. Those are places you can go.   
And then finally reaching out to other nonprofits who might have disabilities, kids with disabilities involved. So I taught one of the classes at a homeless shelter. There were a lot of kids with mental health disabilities who might not have necessarily been reached through the school because they wouldn't have had an IEP, an individual education plan, or been in special education.   
In terms of looking for funding, you know, funders can't resist youth programs. And I couldn't resist for saying youth programs are sexy. Look for big funders like United Way or the Department of Health or the Department of Education. Lots of different disability-specific educations or councils, they have calls for proposals. Search for groups who are looking to grants. We have a grant writer here at IndependenceFirst. If you don't, you can do some looking and Googling and see.   
And then collaboration. So the next slide, if you collaborate with others, you are always more likely to get funded. Funders love collaboration because they want to make sure that you can sustain your program by working with someone else. Look for disability organizations. We work with Wisconsin FACETS. That's a parent center. And so they are -- at least in Wisconsin statewide, I'm sure there are parent centers all over the country. It's much like the National Council for Independent Living, Goodwill and then other organizations that are dedicated to other things like healthy relationships or antiviolence. So youth organizations, school districts, family violence centers, homeless shelters, you can call and say, I work with people with disables, I would like to make your program accessible. I would like to offer my program, and those type of collaboration opportunities can help.   
Next slide. Thank you. And then the other topics we have are puberty, hygiene, assertiveness, conflict resolution, anger management, boundaries, like I have said before, dating, internet safety. I haven't mentioned that yet, but that's a big part of it. People have relationships on the Internet now, and bullying. So all of those different topics are important, that you would include.   
And then resources, we have the resources that we use, again, "Making Proud Choices" and "Parents Matter." Sexuality education for adults with developmental disabilities. That has to be purchased as well. SAFE, safety awareness for empowerment, that was put out by the Wiseman Center at the University of Wisconsin Madison. They have a curriculum. Many different local places will have similar curricula.   
Teaching children with Down's Syndrome. That was the one I talked about earlier. Getting to the heart of intimacy. That was put out by Oregon's health department and then the next three, the ultimate guide to sex and disability -- oh, excuse me, that's a book. It's a really good book. It's a good read.   
And then the two, making sense of sex and the rules of sex were written by someone named Nora Baladarian and she focuses on sex and disability as well. Circles which is an old-fashioned curriculum, but has useful information and then FLASH, which is the one that's free. If you Google FLASH you will find it.   
We always have to have captioning in our videos and have large print or braille options. When I teach sex ed, I teach kids how to put a condom on and I have have hot clued suction cups on the bottom of the wooden models that I use so that they are accessible to people who have a mobility issue. Remembering that latex allergies are common among certain disabilities and so having ability of non-latex condoms. I don't give out condoms because that's not my position, but I tell kids where they can get them, but I have them because we learn how to put condoms on.   
This is really important. Aside from repeating and using pictures, giving biologically and age-appropriate information in a cognitively appropriate way. Obviously, we might -- people say stuff about people, particularly with cognitive disabilities like, oh, he's functioning at this age but he's really 36. Forget that. This guy is 36. He's got a 36-year-old body. He's got a 36-year-old psyche, and he's got 36-year-old biology. He needs to know about his body in an appropriate way and you can tell him in a way that he will understand. So that's important to me, biologically and age appropriate information.   
And then AT, there's a lot of AT that you can use. Again, making sure that your stuff is latex and scent-free. The first round of condom models I purchased were made out of latex and scented which broke two of the policies we have at our center. So I had to get rid of them and buy wooden ones. That's why I put the suction cups on the bottom make them more accessible.   
Videos and role play are helpful. I made some aprons which I wish I could show you, that have a uterus on one and the internal male organs, the penis and testicles on the inside on another, so that the students could see where on their body these parts are positioned and what they are all called.   
Sometimes putting stuff -- like freezing a condom or information like the menstrual cycle on many pieces of big paper so students can see it and have a more visual understanding. I always do a session where the kids can use all the slang words they know for body parts, for sex and condoms so we can get it out of our system and know that we are on the same page.   
And then using pictures. Pictures are really helpful, showing pictures of public and private places, showing pictures of the way people touch each other in certain relationships and here's where you put in same-sex couples or transgender couples so that people get the opportunity to talk about those kinds of relationships too. And then social skills cues. So, like, looking at someone's face to understand what they might be feeling at that momentSo finally, people with disabilities are sexual. So people might have seen there's a wonderful website called disability is natural. A lot of people talk about disability is natural. Sexuality is natural too. So people with disabilities are sexual beings. Sexuality is a natural part of being human. It's all encompassing. It covers all of those areas that we talked about, the body, privacy, social skills, relationships and exploitation prevention. Teaching people with disabilities sexual health and healthy relationships can help people with independent living skills in general.   
Healthy relationships are so important and understanding all of that stuff is really important to independent living and even if you don't teach classes, you can be an approachable coordinator. You can be an approachable parent. You can be approachable peer support person, being an askable person is a great step with this topic.   
So that's where I will end. I have -- I think we have time for some more questions if people have them.   
>> JEFF SHEEN: We do, thanks, Alie. Please go ahead and type your questions into the chat box or do star pound on the phone. While we are waiting for some questions to come in, I want to remind everyone that Alie will actually be doing another webinar for us on September 30th, and using multiple funding sources.   
Okay so here's a question, Alie that has just come in. Do you have plans to change your curricula further to will you even more LGBTQ stuff? So do you have plans that way? And talk about what you have done so far?   
>> ALIE KRIOFSKE: Yes, I'm on the hunt. Because of the funding, we are required to use certain curricula, and I have been having conversations with our funders about how -- how, like I said, heterocenterric those curricula are. And there are other curricula are used specifically for the LGBTQ population, but I think it works best when we are all sort of included together.   
So I am working now with our funder. They are having me help them make their curriculum more accessible to people with disabilities but part of that conversation is also making it accessible or open for youth of, you know -- youth who identify in all sorts of ways.   
>> JEFF SHEEN: Thanks, Alie. If a student doesn't want to participate in any of the classes, how do you handle that type of a situation?   
>> ALIE KRIOFSKE: Most often, the students want to and the parents don't. In that case, there's no choice. But sometimes there will be a student who either says, I already know this stuff. I don't want to talk about it, or we have had a student who did one of the winter break workshops an he just didn't come the second day. He was so uncomfortable with it.   
But in that case, especially if it's a student who says, I know this stuff, and I don't want to do this. We will say, hey, I won't ask you to answer anything. We create group agreements just like in support group, when the class starts and that includes things like -- you know, you have a right to pass in this class at all times. I will not ask you any questions. If you want to pass, you pass and no one will ask you to answer something or say something you don't want to say.   
For the most part, the kids just, you know, really love getting to talk about this, but, you know, the very few that we have had -- you know, one of them, he just sat on the floor and didn't participate, but then on the last day we played a game and he, like, got every question right. So it was clear he was listening or he did already know all of that stuff. So that's great. So hopefully that answers that question.   
>> JEFF SHEEN: Great. Thanks, we have two more chat box questions I want to ask and then we'll go to the phones where we have got someone.   
Someone is asking, what advice do you have for a center that is located in a more conservative sort of environment, where talking about sex in the community is really not happening at all?   
>> ALIE KRIOFSKE: Yeah, and so I think, you know, one way to start is just talking about relationships, and people usually are all right with relationships. Sometimes -- I have had conservative -- more conservative areas, like schools be like I need to see everything you are going to say before you can come to my school. And so I will give them the curriculum and, you know, I will do my best to be as transparent as possible. I think a lot of times just talking about relationships to begin with is helpful because that's an important topic too, and even if people don't feel comfortable having you talk about sex or sexuality, you know, relationships are good.   
And the other thing is that I was asked to present about sex and disability at a really conservative neighborhood and I was, like, so nervous. I expected people to run me out, and the parents were surprisingly open and interested. So you never know. I mean, you may already know, so -- I -- you know, I don't know, but if -- you may be surprised or talking about relationships.   
>> JEFF SHEEN: Right. Alie, you mentioned hygiene and somebody asked if you are aware of a free hygiene curriculum.   
>> ALIE KRIOFSKE: Yes. If you go on that FLASH website, like I told you, there's a whole -- I think there's a couple of sessions on hygiene and that's what I use. It's great. I put together, based on its suggestions, a hygiene kit. So I come to school with toilet paper and tooth brushes and everything hygiene related and ask, what is this? I know it's silly, but you ask, what is this? A tooth brush. When should you wear deodorant, yes, go to FLASH, they consider some good hygiene stuff on their special ed.   
>> JEFF SHEEN: Excellent. Do you suggest co-facilitation for these classes or one person facilitation?   
>> ALIE KRIOFSKE: It's recommended that these classes are co-facilitated, particularly if there's been a history of -- if somebody knows already that someone has had a sexual assault in their past, that it might be triggered because then one of you can teach and the other person can deal with that issue. But, you know, we don't have the funding for two people to do it at the same time and so I do it and a lot of times, I've had a lot of volunteers, like, from public health who want to come or people who have taught it before, you can kind of work around, things like that. I don't know how many people are familiar with the public allies program, but we have a public allies starting in a couple of weeks and he will be joining me at some of these. He was a youth facilitator of this curriculum. But, you know, you have to do what you have to do with your funding issues. And so sometimes having a teacher -- if you do it at a school, having the teacher there, so that they can help you out if somebody is triggered or needs to talk privately.   
>> JEFF SHEEN: Great. Now let's go to the phone, Marcus. We have a person with a question there?   
>> PARTICIPANT: So I had a question about -- you talked about the schools and you mentioned sometimes when you go to the schools, you just do cold calling but I'm curious, for some of the grants that you have written where the school is already included in the grant, if so, how did you approach them and how is the buy-in factor for them? How did you persuade them to do that?   
>> ALIE KRIOFSKE: So last year, they -- it was just the grant and no schools were -- I said some schools I thought I would go to, based on history, but then ended up having schools call me.   
This time, we actually did have to say some schools that we would be in, and so I did call schools ahead of time and ask if they were interested in the curriculum. The thing that's lucky is that the Milwaukee Public School System revamped their whole sex ed stuff and so their schools are really keyed into right now. I have gone to schools that I have gone to over and over again with IL and they are like, no, you can't teach sex ed here, or you can, but you can't teach the condom or the pregnancy and then it's no longer sex ed. And then when that happens I do the safe relationships class instead.   
So you know, it's a tough one but so far at least being one person, I've had more than I can handle because schools do want it and Milwaukee Public Schools really are keyed in, but when you are in a rural area, it -- it's bound to be more difficult, because there's less schools in a wider area.   
>> PARTICIPANT: Yeah. Thank you.   
>> JEFF SHEEN: Great. It doesn't look like there's been any more questions that have come in through the chat or on the phone. So I just want to take the opportunity to thank Alie for what I think has been an excellent presentation. I would, again, ask our audience members to please complete the evaluation form that's provided in the information packet that was emailed to you are or go ahead and click on the link on the website. Again, Alie will be doing another presentation, webinar on September 30th on dealing with multiple funding sources as part of her youth transition program, and we would encourage you to participate in that as well.   
This webinar is going to be archived. It was recorded. It will be available within the next 48 hours at ILRU.org, and you can see that posted in the chatroom.   
Alie has listed some tremendous resources that are available. So we would encourage you to go and look at those. And with that, I just want to thank everyone for joining today and thank you again Alie for a fantastic presentation.   
>> ALIE KRIOFSKE: Thank you.   
>> JEFF SHEEN: That will conclude the webinar.   
(End of session)