IL-NET National Training and Technical Assistance Center for Independent Living presents…

Systems and Statewide Coordination During the COVID‑19 Pandemic:

A Q&A Sessions for CILs and SILCs

May 5, 2020

>> TIM FUCHS: Okay.

Hey, everyone.

Thanks for joining today's webinar.

I'm Tim Fuchs with the National Council On Independent Living.

I will be your host today.

I want to welcome you all to our latest IL NET teleconference and webinar, statewide and systemic responses to COVID‑19 and other emergencies: a Q&A session for CILs and SILCs.

Before we start today I just wanted to go through some housekeeping and accessibility items.

I'm going to go ahead to slide 3 to walk through that.

There's a number of things I want to mention today.

First and foremost is the captioning, of course, is available as you're used to.

You can start that captioning on Zoom by selecting show subtitle either from your closed caption options or from your More options just in case you're ‑‑ depending on how your Zoom menu bar is set up about that I am going to pause my video for a minute.

I got a note my internet is a little slow.

I don't want you to lose my audio.

We are recording today's call.

We're currently in presentation mode.

But we do have, of course, plenty of time for questions today.

There's a few ways you all can ask questions and I just wanted to go through those quickly.

If you're able to use it, we would prefer that you all use the Q&A tab in Zoom.

For those of you that have joined the webinar and see the Q&A tab at the bottom of your screen, that really is a great way to submit your questions.

It comes right to us.

They're in chronological order.

We can even write back and send you all messages in response to your question.

However, there are some other options for folks that cannot access that Q&A tab during today's call.

First of all, you're welcome to email me.

My email is just tim@ncil.org.

Say you're only on the phone today and you're not watching the webinar, that's a good way to submit questions.

Some of you are joined by Streamtext.

Again, there is captioning in Zoom but you may join Streamtext to be able to adjust the captioning to very large font or use the chat box there.

I am logged into the chat box at Streamtext and you're welcome to submit questions there.

That Streamtext link was included in the confirmation email that was sent to you.

We did have to adjust it from the version you see on the slide.

It's this link but there's a dash ‑‑ it was the Streamtext link in the confirmation email.

You also, if you're only on the phone today, you can raise your hand.

I want to ask a favor that we save that as an accommodation for folks that can't access the other features, like the Q&A tab.

The reason is that with such a large audience I literally have to scroll down and find folks on the phone that have raised their hand.

So it can be a lot with an audience of this size.

But if you do need that as an accommodation, you can do.

You can do on the phone by pressing \*9.

You press \*9 to raise your hand and \*9 to lower your hand if your question is answered or you no longer want to ask it.

Finally we do, of course, have an evaluation link today as always.

That evaluation link was also in that confirmation email.

But we do have it loaded in Zoom.

If you are on the webinar today, when you leave the webinar, or when I close the webinar room, that evaluation will pop up on your screen.

For those of you that do IL NET webinars frequently, you know what that looks like.

Please fill that out.

We would love to know if you have any suggestions for us for anything we can do better.

Okay.

With that I'm going to go ahead to slide 4 and I am going to introduce myself.

I'm Tim Fuchs.

We also have my co‑moderator today is none other than Richard Petty.

Richard, of course, is codirector of ILRU and director of the IL NET project and here on slide 5 I have our presenters.

I really want to thank our presenters, our panelists for today.

They have put together some great discussion points in not a lot of time.

I know everyone is so slammed, and I really appreciate you all making time to share your expertise with us today.

Kathy Cooper is Executive Director of the Kansas Statewide Independent Living Council.

Todd Holloway is the IL educator at the Center for Independence in Lakewood, Washington, also chair of NCIL's emergency preparedness subcommittee.

Patrice Strahan is the core member of the Disability Justice Culture Club, a collective led by centering disabled and neurodivergent queer, trans, black, indigenous people of color located in East Oakland, California.

Yomi Wrong is former Executive Director of the Berkeley CIL and has been actively engaged in COVID‑19 emergency response at work and on the grass roots level as a collaborator and advisor to disability justice organizers.

So we have done a number of webinars in this series, and a lot of them have been about kind of urgent maintenance of CIL and SILC operations.

A lot of stuff on direct service.

A lot of stuff on technology and keeping organizations running and reaching out to folks and finding consumers where they are and supporting them and we wanted to do today's webinar, and I'm excited for today's webinar, as an opportunity to talk about some of the larger systems that systemic advocacy and statewide efforts we can take part in.

With that I am going to turn to slide 6 and turn this over to Richard to start the conversation.

Richard?

>> RICHARD PETTY: Tim, thank you.

Everyone, I am Richard Petty and I'm here in my role as director of ILRU's IL NET Training and Technical Assistance Center for Independent Living.

Kathy, Todd, Patrice and Yomi, again, welcome to this webinar.

This is a great opportunity for Tim and for me and for all of those in our audience to hear important information from you, great leaders in Independent Living.

That is going to be a very important webinar, and we're really pleased that you're here.

I'll begin with questions for Todd.

Todd, I have three, but let me break them into ‑‑ break the first two together and then come back for the third.

Todd, the first part of the question is, we're in the middle of a pandemic.

What good is doing work in emergency preparedness now?

What value is there in that?

And then the second question is, if a Center or a SILC hasn't already been heavily involved in emergency preparedness work, what can they do now?

What are the steps that they can begin taking now?

Todd.

>> TODD HOLLOWAY: Richard, thank you so much for having me and thanks for the question, and I want to thank the ILRU and IL NET and NCIL for doing this.

I think this is an unprecedented time to be dealing with the things that we're being confronted with, and this is a great opportunity to be able to answer some of those questions.

To start with, looking at the question of how can emergency preparedness work help during a pandemic, a pandemic is really a worldwide public health disaster.

So the work that we have been doing for years now with the Partnership in Inclusive Disaster Strategies, NCIL and literally every other disability‑related organization in our country and around the world is very much prepared us to at least have the bedrock for what we need to do during a pandemic.

Now, as much as we are inventing policy on the fly, policy and procedures on the fly now, you can only imagine how it would have been if we had zero planning in place going into this completely from the dark.

But when you ask what should CILs and SILCs be doing, I would say at this point one of the things that we like to say in inclusive emergency planning and in emergency management in general is during a disaster is no time to be handing out business cards.

But under the current situation, we kind of have no choice.

There's a lot of people who are meeting each other for the first time.

Other than that, I would say relationships, relationships, relationships, building those relationships is a key part of how we locally and at the state level are able to work together to be able to address issues like a pandemic or any other disaster as a team so that going forward the civil rights and liberties of people with disabilities are taken into consideration and put at the forefront of all the processes that will be ‑‑ that IL centers will be confronted with as well as the people we serve.

>> RICHARD PETTY: And, Todd, thank you.

You know, we as people with disabilities often are at greater risk for illness, and when we are ill, we experience disparate impacts.

The effects of that often because of the barriers that we experience can be greater for us.

What kinds of lifesaving activities should we be involved in now?

>> TODD HOLLOWAY: Thank you, Richard.

Right now, as Governor Cuomo in New York mentioned today, we're asked the question how much is a life worth?

They're asking those questions that are from a broader perspective of reopening society within states and communities, but from the perspective that you just mentioned, I think that when we're talking about people with disabilities and some with access and functional needs, a term we often use to include other folks that are disproportionately affected during disasters, I think we need to take into consideration that some of the language being used right now does not do as much justice, in my opinion, to people with disabilities.

There's a lot of discussion about aging populations and folks who are senior citizens, and that is very ‑‑ that is very just, it's very obvious that that is a high‑risk area, but that is also a group of folks we consider as part of disability in access and functional needs.

The reality is if you live long enough you will have a disability.

With that being said, I would say that the life preserving activities we need to be involved with are limited because of our exposure to the facilities that are ground zero right now for the types of emergent need for COVID‑19 protections.

So what one of our ‑‑ all of our core services are involved.

If a Center for Independent Living or the state Independent Living Council have continuity of operation plans, and ‑‑ in those plans there should be plans for and preparation for how you deal with disasters, and in this circumstance we would have the proper policies and procedures we'd have in place for working remotely, and that would include how do we advocate for people in skilled nursing facilities and other locations like that.

So advocating at this point for people when it comes to being involved with life preserving activities, I think our connections with the disability rights in networks, our connections with the Partnership in Inclusive Disaster Strategies, your connections to be involved with the Partnership and with the NCIL emergency planning subcommittee, these are the areas where we talk about these types of issues 365 days a year, and when there is a disaster, we're talking about these issues together, usually on big Zoom calls and other subcommittee work groups seven days a week.

So right now that is going on.

So how ‑‑ what we can do in the life preserving end of things is very critical and important, but it's not something that should be done on your own.

You have a great network out there.

Get involved with that network.

>> RICHARD PETTY: Todd, thank you.

I know Tim is watching the clock for us, and, Tim, I'll beg a moment or two for us.

Todd, what about people who use in‑home services and the risks that they experience because of those people who provide the services to them may have been exposed with others to whom they provide services and ‑‑ so that puts people in their homes at greater risk and people who are providing those services at risk also.

Are there things that states can be doing and centers can be doing to address those issues?

>> TODD HOLLOWAY: Absolutely.

Excellent question, Richard.

Thank you so much.

The Home & Community Based Services we normally would have access to and struggle with on a regular basis are dealing with some catastrophic failures at this point, and what I mean by that is that we do not have a really robust plan or resiliency ‑‑ for resiliency when it comes to how we provide for and access the type of care in workers in the home while we're living in the community.

Some communities are doing a better job at that than others, but in my opinion, the vast perspective, when we're looking at from a national perspective there's too many gaps.

Even during a non‑pandemic time we have problems with that.

So when we are looking at the issues you just mentioned where caregivers and other chore service providers, people coming into the home during normal circumstances is difficult, a pandemic just exacerbates that.

This is our work.

This is what we do.

This is what IL is about, is making sure that those protections are in place.

I think the pandemic has shined a spotlight on the fact that this system needs to be repaired, it needs to be fixed and made more he robust and resilient.

>> RICHARD PETTY: Maybe now with a lot of protective equipment and a lot of testing.

>> TODD HOLLOWAY: Exactly.

And that is something that, frankly, in some of the state plans that I see is missing.

I don't hear ‑‑ there's housing issues as well and other issues that cross into our State Plans for Independent Living and our core services but you're absolutely right, there are basic things we should have had in place like testing and others are definitely a glaring example.

>> TIM FUCHS: Thanks, you all.

I'm going to go ahead to slide 7 here.

My next question is for Patrice.

Patrice, I know you and the disability justice culture club have been on the frontlines of the fight with PGE, the wildfire response in California, and I know your advocacy is much larger than that, but I'm curious how you think that that frontline urgent emergency response work has correlated to the current pandemic and what CILs and SILCs around the country can learn from the work you all have done.

>> PATRICE STRAHAN: Okay.

The work of [inaudible] during the response to PG&E's power shut offs during last year's wildfires are deeply rooted in community connection and from disabled friends over the years had a practice of just checking in with each other and then checking in with their disabled and senior friends just to make sure that everybody's needs were met during those times.

So during last year's fires, they decided to just formalize their network and invite others, both as recipients of support and as volunteers willing to help.

So Disability Justice Culture Club formed after that as a collective of folks at very different levels of experiences and backgrounds from formerly undocumented folks to formerly chronically homeless folks and we worked together in ways that enabled us to be our full selves and support each other while engage gauging to connect and support our community.

In response to COVID, weeks before the original Bay Area shelter in place was instituted, DDJC had already begun to switch to Zoom for a lot of the regular gatherings we hosted, and we created new lists of requestors and volunteers and creating COVID care kits which we distributed to organizations for unhoused individuals and seniors.

As conferences events were canceled we were able to help redistribute the meals since they had already purchased catering.

In the Friday before the shelter in place we moved to create a mutual aid network similar to the one from the fires.

So as of today we've been able to help over 100 seniors and disabled folks and have had over 400 individuals and groups support the network either by signing up to be volunteers or by donating funds or supplies.

So the way it works is that a core group of disabled and neurodivergent organizers field the requests and connect the volunteers to the requestors and the support provided can range from purchasing and delivering groceries and medications to help with lighthouse work to offering regular check‑in wellness calls to providing small mini‑grants to help offset some of the financial burdens exacerbated by the crisis.

We've also created some online events to be able to hire disabled artists and ‑‑ [inaudible]

>> TIM FUCHS: Patrice, I've lost your audio.

>> PATRICE STRAHAN: [inaudible]

>> TIM FUCHS: Patrice, if you can hear me, could you try to pause your video to help restore some of your bandwidth to see if we can hear you?

>> PATRICE STRAHAN: [inaudible]

>> TIM FUCHS: Patrice, can you hear me?

We've lost Patrice.

Sorry about that, folks.

That was good information.

I will come back to Patrice when she's able to reconnect.

We're all dealing with the ‑‑ oh, there you are.

Oh, good.

Thanks for rejoining so quickly.

>> PATRICE STRAHAN: Is it working yet?

>> TIM FUCHS: Yes.

One of the tips wee found is let's leave your camera off for now and hopefully that will keep some bandwidth for audio.

We lost you about a minute ago.

I hate to ask you to go back but if you could share those last tips.

>> PATRICE STRAHAN: Sorry.

Can you still hear me?

>> TIM FUCHS: Yes.

Are you there, Patrice?

>> PATRICE STRAHAN: Can you still hear me?

Hello?

>> TIM FUCHS: I can hear you.

You can go ahead.

>> PATRICE STRAHAN: I was just saying how groups like community ready corps we work with, they've helped us with distributing kits and also providing us volunteers for the network.

We've also been able to redirect resources that we get to groups that work directly with encampments like east Oakland collective and poor magazine.

So our focus has been to try to think holistically about the ways in which our community needs to be supported while also trying to think of ways to strengthen connections and systems that could continue beyond the current crisis.

And so just to try to wrap, when considering how this sort of work we do connects to CILs and what recommendations we might have, the main things that came up for some of us were intersectionality, community outreach and partnerships and the balance between direct service and system change.

So with intersectionality, you are recognizing disability justice is connected to racial justice, it's connected to economic justice and gender justice and so many other movements.

So our actions need to be informed and responsive to all of it and considering how agile we can be in this response so we're able to support constituents in as complete a way as possible.

So ‑‑ and then with community outreach and partnerships, those are essential as well considering how have we contacted constituents to connect and understand the scope of their needs and the spectrum of their need.

How have we reached out to mutual aid groups or other direct service organizations to see how they can be supported with resources or connections or what have you.

Finally, with the balance between direct services and systemic change, how does our unique positioning inform our response to each of those issues.

And one analogy that came to mind with that was [inaudible]

>> TIM FUCHS: Patrice, I'm sorry, I'm afraid we lost your audio again.

Just want to give Patrice 10 seconds or so just to see if her audio will reconnect before I move on.

Okay.

Let's jump to the Q&A break, which is where we were going to go next and then hopefully we'll get Patrice's audio restored in the meantime.

So I want to remind you all just quickly the audience of ways you can ask questions.

Several of you have found the Q&A tab.

That's great.

And then some alternatives if the Q&A tab is not accessible to you, you can email me at tim@ncil.org or if you're on the Streamtext link today you can submit your questions in the chat there.

I'm logged in there as Tim Fuchs.

You're welcome to type your questions and I will be happy to voice them for you.

I see a number of questions for Patrice so I want to give her a minute to reconnect.

Todd, I have a question for you from door a.

Dora is wondering with our new SPIL, State Plan for Independent Living, we wanted to come up with an individual emergency preparedness plan, something we can offer statewide where people with disabilities request plan for such disasters, all disasters.

Is there a tool we can look at, perhaps adapt?

If so, where can we find it?

Todd, is there something you're aware of folks might be able to borrow from and adapt for their SPILs?

>> TODD HOLLOWAY: Absolutely.

Thank you, Tim, for the question.

Thank you, Dora for the question.

Yes, I want who is listening to please do reach out to myself.

Tim and Richard can make my contact information available.

The National Council On Independent Living emergency planning subcommittee, we all have access to that.

And we have access to the Partnership for Inclusive Disaster Strategies.

Two things, one, the SPIL absolutely there are some ‑‑ don't need to reinvent the wheel.

There are plenty of examples out there and we have folks from SILCs from across the country, including Kathy, who is connected with a lot of the work that is being done on SPILs from coast to coast when it comes to inclusive emergency planning.

The other thing I would say, getting more granular, there is some great work that's been done out of the independence Center in Colorado Springs, Colorado, that actually really drills down into individual's plans.

So it looks at an individual's way they plan for themselves.

But as far as SPILs go, don't do it alone.

Don't reinvent the wheel.

We're here to help and are glad to do it.

>> TIM FUCHS: Okay.

Great, thanks, Todd.

Just one secretary.

Patrice, let's see if we can hear you.

Patrice, I sent you a phone number in case we have any other issues with your internet connection.

But for now we can retry this.

Are you there?

>> PATRICE STRAHAN: I am.

Yes.

Did you want me to just keep going ‑‑ I was pretty close to the end.

>> TIM FUCHS: Why don't you.

We ‑‑ you were about to make an analogy and it cut out right then.

>> PATRICE STRAHAN: I was just talking about how this morning how that my farm job, and I knocked into a pipe and I had to quickly repair it before I did too much damage with the spraying water and thinking about ‑‑ we were talking about how in movement work sometimes it feels like working on a broken pipe might be like some people need to be at the site of the break addressing the damage directly, some need to go and get the supplies to help fix it, and then someone needs to go to the source and shut off the water.

So with these crises, it feels important to find ways to be focused on the directed service part to the most impacted groups while also finding ways to work on systemic shifts and changes that are essential to long term uplift and strengthening of our communities.

>> TIM FUCHS: Absolutely.

>> PATRICE STRAHAN: Sorry for the tech issues.

>> TIM FUCHS: No problem, we're all dealing with it as we try to make residential internet what we all expect of commercial internet, right?

It's been a challenge with these webinars.

I do ‑‑ there have been ‑‑ I'm just so impressed with what you all have been able to do in such a relatively short amount of time.

Especially from community‑based ‑‑ a group that started out as a group of friends.

It's impressive.

We have a number of questions from folks that are curious about things you have done.

Maria was wondering if you have a web presence, a way people can follow what you all are doing and she also asked about contact information.

Do you all have a website or Facebook page or any way people can follow the disability justice culture club.

>> Our most active one is our Facebook page and also our Instagram.

We're trying to work on more of this because it's such an important way to connect, especially during these times and even in general.

But those are our main social media presents right now, Facebook and Instagram.

>> TIM FUCHS: Patrick was wondering how you have managed the work internally.

So social media, email, a phone tree or a web phone tree.

How do you all coordinate amongst each other?

>> PATRICE STRAHAN: It's not the smoothest.

We work a lot at it.

It's because we aren't ‑‑ we all just are trying to sort of build the plane and fly the plane at the same time, right, while flying through the storm.

So it's been a little tricky.

We started off early on like in January just by thinking about things and trying to divide up tasks as best as we could with each grouping of tasks assigned to at least two people, but I think one thing that immediately jumps to mind for me is ‑‑ and one of the things that ‑‑ [inaudible] we all have ‑‑ we all come to it with different levels of abilities in different ways.

Like maybe I have mobility privilege in a certain sense but there are other things that are definitely not my strengths.

We always try to work out the task so that everybody is able to ‑‑ work at what they're best at and support each other in other ways.

So we all just kind of dovetail our abilities together in that way.

It has been tricky because we're all just trying to figure it out.

We're not pros at this at all but I think the main thing is just the teamwork and understanding of each other and our shortcomings and just like the zero pressure atmosphere.

We've definitely had situations already where some folks have been feeling a little overwhelmed and having to step back and then they can come back later.

It's all about that kind of mutual support and making sure that we all work together on things as much as possible and rely on support from volunteers as well.

>> TIM FUCHS: That's great.

Sarah was wondering, you mentioned the kits you all distributed.

That was great to hear.

Sarah was wondering, what was included in those?

>> PATRICE STRAHAN: They varied.

So for the most part, like a standard thing to include, some hand sanitizer with sort of like the aloe vera‑alcohol recipes that we have been seeing.

Different types of masks ‑‑ because of the fires, we had already had a number of N95s just because we were ‑‑ we had gotten a lot during the fires and we'd wanted to make sure we had them for this fire season.

So when it first started up, even before discussions of homemade and surgical and all this kind of stuff, so we would include the masks we had in preparation for fire season.

So now we have different types of masks because we have had so much donated.

It's been beautiful but also disheartening because it's always ‑‑ it's really cool to see a big group of Boy Scouts want to send a bunch of masks, but just the idea we were so dependent on this kind of sort of like ‑‑ it's a little disheartening.

We get different types of masks, gloves, cleaning supplies, vitamin C boosters and things like that, vitamins.

It depends.

That's one thing about the netted work that I feel is really valuable.

We try to have these requests forms that are that are really detailed.

So when people ask for things, they can say, oh, can I ‑‑ we feel like we need like more of this an that, and we have that flexibility to a certain extent to try to meet the need as directly as possible.

>> TIM FUCHS: That's great.

Finally, before we move on, and we will have another Q&A break at the end of the call, but Teresa was wondering about funding.

Are you funding this yourselves?

Have you been able to access funding?

And she wondered if there was a playbook for getting this started.

That's a little more complex.

That's start with the funding question.

Have you been able to find funding from sponsors and groups?

>> Yes, we have grant funding.

So we have some grants that we had applied for that we had gotten some grant funding, but there's also a significant portion of it just direct donations from the mutual aid network we started ‑‑ started right before the shelter in place.

So we literally ‑‑ we just created two forms.

Like one of the form was a form you filled out if you were requesting support.

And then one of the forms was a form you filled out if you were offering support.

And then a significant amount of folks who were on the side of offering support just literally just, like, individual donations.

Those could range from, like, just a ‑‑ like 20 bucks here or there and like yesterday someone gave us 500.

A lot would come from individual donations from people who had seen the form and seen that we were doing this.

But we also at the same time have a couple folks in the core team who are dedicated to find grants to apply for.

And also applying to grants with other organizations, which is ‑‑ like I was mentioning before, something we feel is really important, not to work in a vacuum but trying to connect with other orgs as much as possible and working together as much as possible.

So I think that's the main thing for funding.

>> TIM FUCHS: That's great.

That's encouraging.

There are a couple questions we didn't have time for but again we will have another Q&A break at the end.

I will also give instructions to those who don't have time to ask your question on the live call, but thank you so much, Patrice and Todd for that part.

I'm going to go next to Yomi.

I know you also have been really very and closely involved in the work in California in response to the wildfires and you've remained engaged in COVID‑19 advocacy.

I was wondering at the systemic level, from your perspective, what are some of the systems advocacy efforts that CILs and SILCs should get involved in during the pandemic?

>> YOMI WRONG: Hi, everybody.

Can you hear me okay?

>> TIM FUCHS: Yes.

>> YOMI WRONG: Great.

The good news/bad news is the gravity of the moment kind of dictates there are so many issues to address.

No one group can hold it all.

When I think about the systems change network there is so much power inherent in the IL community just through the advocates, and I would just ‑‑ if you're a systems change advocate and you're working as a group, like through your state, or in your catchment area, I think look around at what has happened in this pandemic and ask yourself two questions: What are the systems that need to change?

I think we can easily point to a lot of systems that have just broken down or that we knew were just kind of being held together with, like, bubble Gump have completely disintegrated.

And what are the systems that need to be supported and built up?

I had would definitely say that mutual aid networks, grass roots organizing ‑‑ not even community, but neighborhood emergency readiness and response, that these are systems that we really need to be building up, and then like on a state level, and I'm sure this is already happening, that the systems change advocates are looking at what's going to come out of this pandemic?

What bills, what proposals are being put forward?

Where can ‑‑ where should the IL focus be in terms of influencing change on a state level or on a county level.

But the main thing is just this is, I think, a really good time to sharpen your organizing skills and looking for ways to do that using digital media, Zoom events, webinars, disability justice culture club is ‑‑ as we are responding to this moment, the club is also producing amazing training for the community, webinars, brunch chats on all kinds of topics.

A few weeks ago DJCC produced a webinar on legal documents, how to prepare emergency legal documents, so powers of attorneys, wills, trusts, durable powers of attorney, that sort of thing.

Living wills.

This is all like the urgent things we should be doing, and I think the systems change network could get involved around just putting some of this together but also building up the army.

Because I think a lot of people ‑‑ maybe people who weren't previously engaged in the IL Network or didn't really understand the value of the IL programs in their community might start to see that benefit now and why it's so needed.

And so it's a great opportunity to do more outreach, to do more training, and for the systems advocates themselves to really start being ‑‑ sharpening their organizing skills and look around the community around the country who is doing interesting, nuanced, exciting work and just sort of learn at their feet.

Observe, learn, become educated on processes and communities that you might not have a lot of information about but who you should be doing some coalition building with.

I won't go on because I know we're almost at time, and I think there are a lot more questions, perhaps, for Patrice and DJCC and maybe for Kathy, and so I want to yield to those folks.

>> TIM FUCHS: Thank you, Yomi.

We're doing well on time but I know there will be questions for you as well during the Q&A break.

So thank you for your tips and expertise.

Okay.

I'm going to click ahead to slide 10 and, Kathy, I wanted to ask you at the state level, being at a SILC, some of the experiences that you've had during the pandemic in Kansas and how other SILCs can best support the CIL‑NET works in their state panned people with disabilities right now.

>> KATHY COOPER: Thank you, Tim.

You know, in Kansas some of the things we've been doing ‑‑ you know, we've done the normal, we've sent out the information, disseminated what we've gotten from the state and other organizations and making sure all the centers have it.

We have done some network meetings in Kansas.

We do these on a normal basis, but I think this is where it helps if you have that system already set up in your state where you have good rapport between the SILCs and CILs and everybody can come together.

We have done that to see what the needs are of the centers and how the SILC can best support them and help them in that.

One of the things that came out of that was in Kansas we have ten Centers for Independent Living and six of them receive the Part C funding, which means four of them are Part B and state‑funded centers only so they didn't receive any of the C.A.R.E.S. Act, yet they're still serving several counties and big communities and lots of people, and so we tried to figure out a way that we could help them to do that since they weren't getting any additional funding.

One of the things that the SILC did to help was go to the DSE and just kind of have that discussion and say, "Look, there are centers who aren't receiving this C.A.R.E.S. Act money and need a little help."

So we're kind of in the midst of trying to see if there is any additional funding that the state can provide, even if it is a small amount, it would help them by ‑‑ you know, the masks, the gloves, sanitizers, food, stuff like that for the people that they're working with.

We did put some language in our SPIL ‑‑ this is an interesting thing.

We're Kansas.

We don't have hurricanes.

We have some fires, but nothing near what California has or the West Coast has.

We do have tornadoes and we've had some big ones and they have caused some state emergencies, but we didn't have anything as far as emergency planning or disaster planning in our state plans.

So we really had to kind of scramble and say we need this and what do we put in it.

I did look at the disaster policy that ACL has out and kind of looked at that.

I'm going to take a look at what Todd was taking about as well.

We did put some language in there.

It's kind of general.

It's not super specific like what Colorado has, but it does help us in the future for different types of disaster‑related stuff.

So that's kind of one of the things we've done in Kansas.

Now, as I was preparing for this and kind of wanted to get what other SILCs were doing across the nation, I did reach out to our regional reps for the national association of Statewide Independent Living Councils and I got a lot of good stuff they're doing that I wanted to share.

Again, a lot of SILCs are disseminating information to their centers and to organizations, and they're making sure it's in an accessible format.

They are the disability voice to emergency management organizations and other stakeholder groups.

They're connecting people and organizations to Centers for Independent Living and state agencies.

They're helping to develop 508 compliant PSAs.

They're helping to develop acceptable guidance for testing sites.

They're ‑‑ a lot of SILCs are making COVID‑19 resource pages to share with centers and organizations and people.

Some SILCs have developed critical needs surveys.

I'm skipping over because I wrote down what Kansas did, too, but I've told you that.

Some SILCs have developed healthcare rights to share with people.

And then a lot of SILCs are sharing their technology and their remote services.

That's one of the things we do in Kansas, is we share our conference calling lines.

We would be opening to share our Zoom that we have now as well.

But that's another big thing.

And then I'll take it back one more time to Kansas.

Another specific thing we had to do for our SILC, for our organization alone, I'm the only staff that works for the SILC.

So that creates a lot of issues just on its own without a pandemic, but when you have to be transparent and accountable, one of the things we learned was that I rely on the board members a lot, especially for fiscal matters, signing checks, things like that.

So we had to develop within our own SILC some emergency and some disaster‑related policies because I haven't been able to get to my board members to sign checks, but bills still need to be paid.

So that's another thing we've had to kind of scramble and do here in Kansas again.

We didn't have the best emergency services ‑‑ or emergency preparedness type of policies and procedures.

So we definitely ‑‑ you know, kind of revamped that aspect.

>> TIM FUCHS: Great.

Thanks, Kathy.

We're going to use the balance of our time, we have about 12 minutes, for questions from you all.

So, again, you can use the Q&A tab.

You're welcome to email your questions to tim@ncil.org.

You can submit them at Streamtext Dot net, or if none of those options are available to you or only on the phone you're welcome to raise your hand on the telephone by pressing \*9 and I will unmute your line.

We do have a question.

I'm not sure who may know the answer to this.

I am afraid I don't have a solution.

Mary was wondering if anyone had creative solutions to transporting to drive‑through testing sites.

Is that something you all have found solutions for have ideas about?

>> PATRICE STRAHAN: It's an interesting problem that it's something that is regularly requested, is rides, and we talk a lot about how to do that safely.

We went a long time, and up to ‑‑ that's something we don't allow volunteers to do.

It's like when folks request something like a ride with just ‑‑ we just cover the cost of them using a Lyft or something like that, which obviously also makes us cringe because there's problems with that system, too.

Like instead of having it be in one person's car, which is a volunteer we know, now we're sending them to a car of a person that is not in our network that has had dozens of people in the back of that seat.

So honestly I think it's something we haven't quite worked out yet but as of this point, what we usually do when we get those requests in terms of getting a ride is just ‑‑ we're able to cover the cost of Lyft.

That's a good question.

>> RICHARD PETTY: This is Richard.

I have a solution.

In Houston, the city ‑‑ the Mayor's office for people with disabilities has instituted a plan by which any person who needs testing who is showing symptoms and believes they need to be tested, the city will send someone to their home to test them there, and that was done at the initiation of the Houston commission on disabilities with support of the Mayor's office, and it has been done, and it does seem to be working.

>> TIM FUCHS: Excellent.

Todd, do you have anything to adhere?

>> TODD HOLLOWAY: Thanks, Tim.

Yeah, and I would really ‑‑ I'm happy to hear that, Richard.

The Mayor's office is doing wonderful work since the hurricanes.

Keep up the good work down there.

Some of the things I would say about the transportation, a lot of you may not know that I actually volunteered at drive‑up testing in Tacoma at the Tacoma dome here, and that was one of the first questions that we had, was what do we do about disability accommodations and such.

Fortunately because of the way they set this up through the federal government, there was not a lot of people that accommodations couldn't be met.

But what we were hoping for was to see more localized in‑community testing opportunities and then, f, that would lead to what about the transportation issues.

And they're being addressed, I think, on a basis ‑‑ or a site‑by‑site basis around the country locally.

Some of the bigger issues I think that we're dealing with, one was dealt with very nicely by the northwest ADA.

They put out a position paper after we worked on that for about maybe two days that gave some instruction for drive‑up testing, but there's some common sense issues that I think need to be taken into consideration when that you're talking about getting a ride to testing, making sure that accommodations are met is something that IL centers absolutely need to keep on their radar.

And holding transportation authorities accountable for making sure they follow through with the ADA.

One of the first calls I just recently had on transportation from the Virgin Islands had to do with the refusal to pick up people who needed accessible transportation, and basically it was just a blatant violation of civil rights, civil liberties of people's ADA rights.

So there's a lot going on out there around transportation and getting to testing and I'm happy to work with folks offline to fine tune it for your community.

>> TIM FUCHS: Excellent.

Thank you so much, Todd.

Thanks to those of you that shared solutions and ideas in the chat and Q&A as well.

Annette said that in the state of Hawaii their department of health has outreach home testing.

It was very difficult to find out about, though, but that's good to know.

Also, Denise my lawyer shared in Idaho they have pushing their Medicaid broker to help with transit options, and so that sounds really promising as well.

All right.

We have plenty of time for further questions.

You're welcome to submit questions in the Q&A tab at Streamtext, you can email me at tim@ncil.org or if you're only on the phone you can press \*9 to raise your hand.

>> TODD HOLLOWAY: Tim, if I could, while we're waiting for a question, I would like to make a comment that Richard and I had been talking about prior to the pandemic and just recently waiting for our call to start, and that is not all the news is bad out there.

We're being confronted with a tsunami of, forgive me for the term, but we're getting a lot of information coming at us that is not all that good, but the reality is that a lot of great things are happening around IL worldwide when it comes to inclusion and disaster planning.

So I don't want people to have a give up attitude on this.

There are a lot of great things happening and we're headed it in right direction.

It's just really unfortunate that we had to be confronted by something as large as a worldwide pandemic to ‑‑ at this time to really put some of these things to the test.

>> TIM FUCHS: Right.

Part of the good news that's out there is the work that you all are doing.

So I really want to thank you all for the work that you all have done, both on larger systemic emergency prep work for years and years, so that we do have a foundation and some systems to support us in times like this, and that urgent direct frontline work that some of you all have been doing that's just outstanding to hear about, and I know that's not easy to do.

So ‑‑ oh, here ‑‑ see, I moved into that closing, and everyone thought, ooh, I better submit my question now.

So, Todd, Marie is wondering how she can get more information on the worldwide planning that you mentioned.

>> TODD HOLLOWAY: Absolutely.

This is Todd.

A lot of the worldwide planning that we're doing through the World Institute on Disability and the world IL Network, as well as the, you know, disaster recovery resilience ‑‑ I'm going to screw that up.

Nay way, Marcie Roth can tell you all about it from the World Institute on Disability, and the Partnership in Inclusive Disaster Strategies that focuses mainly on the United States but there are several of us working with international partners to help them not only create inclusive disaster strategies but also to create IL NET works where there are none.

So happy to do that.

>> TIM FUCHS: We have a similar question from David and Patrick.

This is a great segue to our closing today.

David gave Yomi credit for his question which was what happens next time.

And Patrick asked a similar question, what's the end game here?

So, Todd, what are the policies we should be pressing for now in post‑pandemic so we can formalize that preparedness so we're not in this same position next time, especially in regards to people with disabilities.

>> TODD HOLLOWAY: Thank you for that question.

One of the things we can do right now, we have legislation in Congress right now, the REAADI and DRMA act.

DRMA stand stands for Disaster Recovery Medicaid Act.

And REAADI is basically looking ‑‑ forgive me for not trying to read out the entire thing ‑‑ but in a nutshell what it does is gives us a national platform for which to have all of the nuts and bolts, all the pieces that we have been doing throughout the years but also the funding in place to be able to prepare all IL centers and all people with disabilities so that our rights are being respected and that we're covered in all those different ways that need to be.

To be involved with any of that or to learn more about it, please do get ahold of us at the NCIL EP subcommittee and the Partnership in Inclusive Disaster Strategies.

The REAADI and DRMA act are available on their website and we can ‑‑ we work all year long with many of those different things, including SILCs and CILs plans at building up resiliency in a lot of these different ways.

So happy to help.

>> TIM FUCHS: Great.

In the Q&A tab, Kim was sharing Washington state they have a coalition on inclusive emergency preparedness.

They have been having weekly statewide phone calls with a whole host of partners, including department of health, FEMA, Red Cross and so on.

They've been collecting data on the gaps and needs, the best practices to share with those who create policies for the states.

And I've got a hand raised up from a caller from Arizona.

We only have a moment left but I'm going to come to you and see if we can squeeze in this question.

>> Thanks.

This is Susie Malloy.

I want to remind people that when we're encouraging everyone, all the institutions and our colleagues and everyone, to buy hand sanitizers and spray sanitizing products for cleaning purposes and so forth, please, when there's the option, use fragrance free products.

A lot of us with chemical sensitivities are finding we're more ‑‑ we're kept out of buildings and facilities even more than usual now because sometimes we're sprayed when we get to a ‑‑ we are sprayed when we get to a supermarket door and places like that.

We could sure use some help.

Thank you.

>> TIM FUCHS: Absolutely.

Thank you, Susie.

Important to keep in mind.

All right.

I'm going to close with a final comment from Stephanie.

Stephanie shares, this is really an opportunity to improve things for when there isn't a pandemic.

So, for example, the technology and telehealth capacity building and so on that can help rural communities, people with and without disabilities, some universal design base baked into the advocacy and response we have here.

I agree.

With that, we're at the top of the hour.

We're going to go ahead and close, but I want to thank all of our speakers, Kathy, Todd, Patrice and Yomi, thank you so much again on short notice for being with us and for putting together this great Q&A.

I want to thank all of you.

We had over 200 folks join the call today.

I know you all are busy and I appreciate you all continuing to join these webinars.

If you have any follow‑up questions, I'm going to go ahead to the next slide, and you're welcome to submit them to ILRU at ILRU.org and we'll get you a response.

And don't forget we have been recording today's webinar and it will be posted on ILRU's website along with the video and transcript within 48 hours.

We'll get it up sooner if we can.

So, I hope you all have a wonderful afternoon.

I have enjoyed being with you, and I hope you take care.

All right.

Bye‑bye.

>> RICHARD PETTY: Thank you all.