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Building Capacity for Full Community Participation. Presenters – Researchers: Glen White, PhD, Jerry Schultz, PhD, and Christina Holt, MA. Participant in the research project: Adam Burnett. Scientific and Consumer Advisory Panel Member: Catherine Graham.

Glen White: You've heard today, repeatedly, about the notion of PAR, participatory action research, and so we need to form partnerships with stakeholders to help interpret the meaningfulness of change and to work towards knowledge translation of this work.

I'd like to share a little bit of – this is a chart of some of the data that we've had. And I want to explain here, on the X axis, we really have months along each of these hash-marks, over a 44-month period. And on the Y-axis, we're really talking about cumulative count of activities. In this case, activities in the blue represents community changes. The red represents community actions.

So the idea is there's more actions; sometimes they are not always corresponding. If you get one action, it might not result in one community change. It might make several actions to make a community change.

Community changes are defined as new programs, policies or practices within a community or a system. And examples of that might be starting a new transition training program, or maybe a new policy for Medicaid coverage, or maybe it might, it might be an example of somebody, a group of citizens in the community, needs transportation -- figuring out how to advocate for an extension of hours in a paratransit system, which normally might of worked from 8-5. 'How do we extend evenings or weekends?'

Community actions, they're efforts directly as a result of these, that push forward to make these changes. So, community action might be contacting a local official or a school district about implementing a new program.

So, and then on this particular chart, you'll see there's these key of dots that occurred. And again these are for – remember, we are looking at nine participating independent living centers across two different regions -- region six and region seven. So this is, again, a 50 thousand foot review. So things like Medicaid privatization. Some the CILs, we had, come in three different cohorts of training, curriculum training.

WIOA was passed. So there's some of these big-term events that occurred, and looking at, well, what point, some of these event might have increased the rate of actions or

community changes. Some might of flattened that out. So this gives you kind of an overall view.

So, as we looked at that over 44 months, we saw that there was a lot of other things, it wasn't just about the data. But if you did the data just in the vacuum, you might see something quite different. But if you look over nine states, 44 months, there's a lot of contextual things that are going on, right.

So, staff and leadership changes. And we're going to hear a little bit more about this from Adam and his view of his center. Medicaid expansion, the workforce innovation and opportunity act was implemented and then funding changes.

Some centers have decreased funding. Some have more increase in their funding. And then there were new initiatives in expanding the service areas. Here's a couple quotes from the centers.

"There's frustration with serving consumers while at the same time trying to build a long term focus. It is really difficult with limited resources," that's a statement we heard over and over again.

"It's hard to get out and do new stuff when you are trying to hang on to what you got." That was really a frustration for a lot of centers that we talked to.

On this chart, it's a pie chart of community changes of all the 9 participating CILs, and N is 197. It's color coded by different areas of activity. If you look at the 1:00 position, these are the larger, accounting for the larger goals that were set, with sub-stating these smaller goals.

For example, access to service at 15 percent. Advocacy at 11 percent. Transportation, 10 percent. IL skills, nine percent. Going back down lower, you'll see healthcare at three percent. Nursing home emancipation, two percent. There's another area called other goal areas, and that included things like emergency response, teaching people for volunteering, those kinds of things. Things that not might have fit with a discreet goal as easily.

Now some centers that we work with, while they work with us, have very key areas they were focusing on. For example, Austin, Texas they really had a great focus on transportation. So that was an area they were really heavily invested in. Springfield, Missouri on the other hand had a big investment as far as looking at housing. How could they enhance housing for the citizens in that community?

The point here is data is what we're trying to teach CIL partners. Data was an important thing they to have. Many of us had discussions about the 704 reporting. And a lot of us know, the 704 is very invested in output. How many consumers did you serve, how many of this, how many of that? For some centers, they were really very frustrated because they wonder, what's the true value of this. What we're trying to get to is moving from really output to really outcomes.

And so what's the value of using the data? So we asked consumer partners about that, to respond to that. One staff member said, “There is a need to bridge the gap between qualitative and quantitative data so that the difference the CIL is making can be made explicit. You must be able to describe what you are doing to funders and why it is working better than the person in line behind you who also wants funds.” That makes sense doesn't it?

We use the site, the Community Check Box, and this is one of the tools we gave them for documenting the information and helping to create action plans and community change plans. To become more familiar with what has to be accomplished in the past, which can provide guidance for what to do in the future.

So the data itself can help the CILs to not only see – they have to see where they’ve been to know where they are going. We believe that there's some opportunity for linking that with CIL statewide independent living plans. There's a lot of other opportunities, which we haven’t really fully explored.

What is the impact on programs, practices and policies? One of the things is we looked at the pre-training versus post training. The centers reported that it increased by 27 percent of the impactful policies that were having at centers. That was significant at the .03 level.

So I’ll give you some examples. In September 2013 CIL advocacy led to the change in a state law to allow communities better options for financing their transportation services. So that was an example of modifying policies that could actually be detected and had evidence to show them.

October 2014, CILs met with community assessors to assure accessible voting sites. Also the people at this place could exercise the right to bring in other people into the voting booth that needed assistance. That was an example of modifying access and barriers. Finally, in April 2015, new parking tags were issued to signify van parking due to CIL efforts. A lot of cases, they have designated van parking spaces, anybody can park there. So in this case some CILs made an effort to have specialized more stringent parking laws.

So project implementation lessons learned. Continuous formal and informal contacts help keep CIL partners involved. Over a 44-month period we worked very hard to maintain contact with our partners. We met on a monthly basis with technical assistance calls. We arranged other calls, too, just to work with them and help them thinking about making changes or update their action plans for their community. So we created an ongoing dialogue, if you will, a learning community. Not just us talking to all these centers, but really all the centers working together and learning from each other. ‘What were some of the strategies, things you've done to make your community more active and involved? So, lessons learned.

One of the things we found was that payment to CILs was necessary but not sufficient. In other words, oftentimes, we do a little bit of a subcontract to the CIL to do some work for us. Part of that would be doing documentation of the activities they were doing, but we found that oftentimes, that maybe went to more of a general revenue fund, and it was just layered on to somebody else's workload. So that instructive incentive for that individual to really have buy-in on it, was not as involved. So I think if we were going to do a "do-over" on that, I think we would do a direct subcontract to the CIL to pay for part of an FTE, a person to be responsible for that. That would be part of their evaluation as well.

And then the other one is really ensuring that those entering data report all relevant activities related to community action and change. You might have somebody that's very involved in housing and transportation -- we want to make sure they were not just reporting those activities they did in housing and transportation, but how does this really fully represent all the activities that the CILs do?

And so we would do check backs and talk to other community staff to see, checking for completeness. 'Well does this represent everything you've done in the past?' It was a nice way for us to kind of have a check back, if you will, on what was going on.

Promising CIL practices. One of these was really the importance of using needs assessments to focus on community change implementation. So part of that is getting direction about next step – 'Where should we be going?' And then reviewing action plans regularly for relevance and renewal. We found that sometimes, if you have an action plan, and you haven't looked at it for a long time, it can be status quo, and kind of still. So sometimes going back and reviewing that is really important.

Building relationships stakeholders in various areas such as healthcare, housing transportation. Being able to work and develop those partnerships is really important to building community capacity.

And develop and nurture learning communities. That was one of the things we really felt, what was the value added when we met together, instead of just KU talking to our partners. What did they exchange?

And develop and empower advocacy groups to amplify staff capacity. What does that mean? Adam is going to have a chance to talk about that. There's less and less staff work, CILs doing more and more. How do we work with consumers to help them to be able to do some of that work as well?

Provide partner organizations with advice and support to implement disability related programs, practices and policies. We feel that is important. We think that's really the heart of a lot of change in the community, by changing programs, practices and policies. So by giving CIL those skills to be able to do that is critical.

I was thinking, I came back to Craig's comment earlier, about how much effort consumers have to be able to really participate, I think it's kind of the same thing within

CILS. If you have a center staff member and they are so busy trying to put out fires for consumers that are losing funding, or whatever things are going on, they don't have much time, or effort, to really try and build community capacity. So it's really hard.

Recommendations. Overall, to build CIL staff competencies for community change. We feel that's real important.

Develop and support collaborative partnerships and implement plans for community and action. Kind of a little bit of a reiteration of what I said. One to think about is really funding CIL staff not only to do the activities but really to implement and document that change. 'What is the evidence of what they've done?' They don't really have time to do that or the money to be able to have staff to do that. But it's an important part, I think, is we're really counting more accountability. That light is being shined on everybody, so, but you need to have staff to be able to do that.

And then provide additional CIL funding to offer seed resources to stimulate community action and change. So there's a lot of great opportunities and activities to be had, but sometimes they need a bit of stimulation to be able to do that financially.

I'm going to close with a quote. Many of you are familiar with Malcom Gladwell, I'm sure? Very thoughtful author, and one of the quotes I really like by him, it says, "If you want to bring a fundamental change in people's belief and behavior…you need to create a community around them, where those new beliefs can be practiced, expressed and nurtured."

I think, in a way, this is very compatible with the NIDILRR mission statement. That the idea of really, in harmony, thinking about expanding society's capacity, to provide full communities and accommodations for citizens with disabilities. So what I'd like to do now is turn the podium over to Adam Burnett. He's the co-director of the research center for independent living in Osage City, Kansas.

Adam Burnett: Well, thank you. I want to thank you for letting us participate. It is always good to participate in projects with the RTC and it takes me back to my undergrad days when I was a NIDILRR scholar with Glen's center -- so, it's great to reconnect.

And it's always good to be able to participate in a project that helps form, not only the information that will support independent living services in the future, but also help shape of the future of the IL services so we're glad to participate.

Just real quickly, a little intro, or a little more information about our CIL. This is a shot here of our core service counties. I've been in RCIL now for about fourteen years. I'm not the co-director, I'll make a quick correction in case she's watching, I'm actually the director of the core services department, so, I have no interest just yet in being a co-director, but thank you.

Tomorrow, actually, RCIL will celebrate our 32nd year as an independent living center. So, that's pretty cool anniversary for us. I'll hate to miss the party back home.

But we're one of 11 CILs in Kansas. Our core service area consists of those 15 counties that you see highlighted in blue with the crimson stars. You like that don't you? Those are our satellite offices and our home office there in Osage City.

But our core counties consist mainly there in southeast and east central Kansas and rural areas, very small towns which can have its pros and cons as it is.

But it's about 12 thousand square miles and we serve out of those four offices. And as the slide says, the percent of the adult population with independent living difficulty is between three and 10 percent for each of those counts. That's been steadily increasing in the 2012 to 2014 period.

Much like other CILs, our goals in terms of this project is to increase community change through advocacy. Addressing either statewide or local issues, physical or architectural barriers, voting rights and responsibilities, access to medical or other services as well as just plain old disability awareness.

In our approach, is, as he said, sometimes with less staff you are doing more with less. And we decided to incorporate as a CIL who is, by nature, a grassroots agency, to really get consumers involved. And as you'll see, we have friends groups with just a small staff. It's myself and we have four independent living specialists that are full time and we have three-part time peer specialists that provide the core services. We have other stuff which I'll talk about later, but those are the boots on the ground that provide those direct core services.

So, we decided that there was no way we could take that on with our additional duties. We decided to incorporate these community change actions with our, what we call, friends groups or our peer support groups, that we have in those seven communities of El Dorado, Emporia, Eureka, Fort Scott, Iola, Paola, and where I'm at in Osage City.

So we utilized those groups to extend our capacity and the area of our responsibility. And most of those groups held voter registration booths, as something as simple as that. Distributed applications and get people aware, advanced ballot voting information.

And other groups back home also tackled other accessibility or usability issues within their local communities. One of the things that I would mention is that our staff did help facilitate those meetings; they met once a month. They really used kind of an ILP creation process with those groups to help them identify what their goal is; in some of those action steps that they were going to take to reach that goal.

We used the Community Tool Box, as mentioned earlier, to help build advocacy skills for some group members who maybe weren't comfortable or weren't familiar with getting out there and providing some advocacy on their own.

One of the things that I mention also, you can see some of the examples there of awareness events that those groups have taken on or just the advocacy and accessibility issues that could be something they would advocate for – the accessibility of their city hall, local library.

One of the more unique projects one of those groups took on was to challenge every restaurant and cafe in their community to have an alternate format menu, of both or either large print or braille. So that was a unique project.

Others were a little bit more sophisticated, in that our employer group really went above and beyond with their local cross walk timer down at their main intersection in town. None of them could get across the street before it started flashing, scaring them into not trying to go across. So they decided that was going to be their topic, they were going to try to get the timers extended. And it was interesting, unprompted, they decided they were going to do some research, which I think is pretty interesting, considering the group we're talking to today. But they said let's get some information about how long do we need to really cross the street. And so they would time each other getting to and from across the street. That way they had the information to take to the local officials to make those decisions.

Then locals said, well, that's a State highway, so we have to bring in the Kansas Department of Transportation. They did an investigation of a lot more than just that one crosswalk and they ended up finding that, oh, those are a little shorter than what State laws and accessibilities are, and so they had to extend those, and will continue to address them across the community.

So, that was one project that really turned out quite well. Other projects that we've done, on the next slide, our groups have also helped us build awareness by connecting with their community contacts.

We celebrate the ADA every July, the history of the ADA.Those are public events everyone is invited to. We try to have them out in the municipal locations such as a park. Our staff has also helped contact new populations through the elementary schools with disability awareness presentations or other awareness events throughout the community.

We've also started new support groups, trainings and classes and other programs offering services to consumers, whether it's a blind support group, even staff trainings, or iPad trainings through system technology programs.

The next slide, as Glen pointed out earlier, that was data across all nine CILs. This is the graph for our CIL, our Resource Center for Independent Living, where I'm at. It shows the changes in programs, practices and policies that we had logged over this period.

And as he mentioned the horizontal axis is the study period of years and months, while the vertical axis is the number of community changes. One of the things that you'll

probably notice, there's flat spots. While we really hope that this graph would be exponential and the number of changes that it made, unfortunately it doesn't turn out that way.

A lot of the changes we were looking at, as we started this project at a very unique time, I think in, in the history of Kansas independent living, in that the State had just reorganized the way that the core grant RFPs were done.

They had also steps in -- the train was on the tracks -- as far as privatization of Medicaid. What that meant for us was a loss of targeted case managers. They changed the way that our payroll staff, or our center was reimbursed for providing payroll services for HCBS, those home and community base services. All of which meant less and less and less for our CIL.

Some other things there. You'll notice there are spots on the graph where it does grow more rapidly, interesting enough about that is those tend to be in the fall and probably center around, in hindsight, in October, where some Disability Awareness annual activities happen each year, whether it's employment and disability mentoring day or other annual activities we have during October.

And you know, we were able to finally -- I have a whole slide on challenges that I'll talk about in just a minute. But slowly, I think overall, we're just happy to see that it is increasing. And we've been able to add new staff slowly. But, it's really been a struggle to work through that.

Things like the passage of WIOA have been something that we can look at and the training also that they provided us with, the project has certainly helped increase the knowledge and direction on this project.

But also they help, and WIOA as well, build some excitement and encouragement, among the troops, so to speak, as we look ahead to the future of IL services.

The chart on the left is our pre-curriculum training chart. The chart on the lower right is our post training chart. These are community changes by goal areas. And you'll see that before the training, we were very focused on a few different things.

But then after the training that expanded. I think this shows a couple other things as well. It shows the momentum that those friends group members and consumers, the momentum and the confidence they gained as they started to do advocacy, and they got more comfortable with that and had success, they tend to go on to the next project and tackle something else.

So that capacity really started to grow within them. Not only that, but the community contacts that they had at that point also really helped. And we did have extra staff also throughout this time period on the lower right.

Now the challenges on the next slide. The loss of the targeted case managers to manage care. We had a lot of consumers, who, that was really their only contact with

our CIL. Unfortunately, when the case managers left, they thought the consumers thought our CIL closed. They didn't even know. So we spent a long time, a good portion of the year to just try to get them to know we were still available and open for business. But, that being said, we're trying to let them know we're still there. That just increased our caseloads as independent living specialists. We're helping consumers put out fires and manage and navigate the new system that was in place. It was a lot of confusion.

Our grant funding, you know, something about the funding is that whether it's a cut or not, if there's not an increase in funding, that really is a cut. Because the cost of living expenses continue to rise.

Our designated state entity has recently said, in our next strategic plan, which we started last week, we need to focus on new and diversified funding, which is something always in our mind. But when they make it a directive, you can only imagine what maybe lies ahead.

Even new funds that you are able to come up with always have additional duties or strings attached, which is really hard to absorb with such a small staff.

Last, there's our changes in leadership. We did have, at least it was a planned transition with our executive director, as he exited, and we had someone promoted from within.

Despite all those challenges, we did have positive outcomes. One thing, before I go on to that, I just want to -- the scope of those cuts -- we went from having nearly 70 staff members down to about 30 staff members at our center. And slowly as I said, we built up, we are really close to 40. You know, it takes two full tables at staffing now, which is great. So we're rebuilding but it's been a long, slow process.

Despite all those challenges, the positive outcome, we have increased community changes, and the variety of areas has increased as well. The Community Tool Box, which I mentioned earlier, has been instrumental in helping those consumers with capacity to make those changes.

And actually, the government organizations, especially local ones, are actually coming to us now for assistance with making the community more accessible, so it's been great participating. I know I'm out of my time, but I want to thank everybody again for helping us learn the process and allowing us to participate.

Glen: Thank you, Adam. On the phone -- Catherine we have your picture on the screen, here. Catherine Graham. So Catherine, we'll hand it over to you.

Catherine Graham: So, this is an exciting topic and an exciting progress that can be seen. It can be done. That correlation between the research versus the, what I call the service-delivery side, and oftentimes, those two groups didn't really meet. And I've been on both sides of that world.

I think that a couple of points that I see on this one…Some of the challenges, the community check box, which is an online forum, I know that sometimes that's not

available to all of the ILCs, it depends on how much technology they have. But what they learn -- once they learn how to use that community check box, it can be a very great benefit.

I think what everyone has touched on so far today in this is giving those meaningful outcomes. One of the quotes suggested that everybody's going to a source for the same amount of money, and if we can't go to that source and show some data, something to show that we have looked at our strategic plan, what we're doing and the outcomes involved, then we're no -- we're not ahead of anybody else in the line. But that but that makes you makes a difference.

All of the funding sources have moved in that direction, over the past decade. And while a lot of people have issues with it because it requires a change of thought sometimes, it does require staff training, it requires staff time in order to do the documentation, there is a cost associated with it. What it means for all of us in the U.S., is that if we can prove which programs, training, interventions work and work better, we can use our funds better. That, I think, is the whole goal of the federal government as well as state dollars.

But we do need those measures for evidence, and even coming from the independent living side, Gwen mentioned, it is a paradigm shift to go back to that evidence base instead of just anecdotal, but the two can live together somewhere if we have both of them.

One of the things that Adam brought up was that ILC staff is very swamped. Even if you don't have staff changes. They're swamped all the time, their case loads are generally really, really high. They're having to put out fires. And that's something that in and of itself is a tough thing for ILC to deal with.

So any time we look at doing an intervention such as a training, I think Jamie mentioned this when she was talking about the HAIL project, she was saying, "What's the plan for sustainability?" Could this continue to happen, whether it's the HAIL project or this project, what is it going to take, as far as ILC staff? And there is going to have to be some level of funding that goes with personnel for the ILC to be able to make this change into documentation so that they can showcase what were their community actions, what were their community policy changes.

I do think we have to look toward future collaboration with the ADRCs and the offices on aging. Their demographic can be different from the ILC, so I think that's one avenue that, you know, we can bridge into and see if there's a big enough difference to where the intervention needs to change or maybe it will showcase it's robust as it needs to be.

One of the things that Adam mentioned on his graph too, there were flat spots in how the numbers went up on community changes. But I think the important part that you pointed out was, even though there are flat spots that graph still continues to go up. And I think that's the important part, we have to continue moving that one forward but

showcasing, from the evidence, the number of activities and changes that brought that graph going up.

All of the strategic planning, the long-range planning that goes into a program, whether it's a program at the ILC level or at a research university level, it's critical so that you can break it down and see there's short-term, immediate and long term goals.

When people are looking at overall strategic plans, sometimes it can be way too overwhelming. But if you can you showcase those short term goals, it also showcases to staff and people that we have flexibility within our strategic plans. So if we lose a staff member, if our executive director changes, then, if we have a strategic plan, it's a little easier for new staff to come into because they see the overall goal structure of that organization if it's the ILC.

And it often comes with accountability, so if short term goals are not met, outcomes are not met, we need to go back and revamp it, sooner, let's say within the first year, than waiting for the five-year period, saying, 'No we're not meeting our goals and we wasted too much time to revamp.'

The last thing I want to mention was on one of the pie charts that Adam had in in his presentation. I thought it was very telling; it showcased the activity before and after the training, and I think that as a whole, we had maybe four or five general categories that activities would fall into. And I think it did make it harder to get specific and create short term goals.

If you look at the pie chart after the training, it got very specific. And maybe it got specific because that's what the community members wanted, they were better able to voice, 'These are the issues that relate to me.'

It also means that Adam as well as the other ILCs have a better time on documenting the changes that came about with each one of those specific barriers. And that way they can go back and change those depending on staff and time.

The final comment I would like to make is that, clearly I think that all of this does come with additional funding. It's going to be needed, this is not something from a service-delivery standpoint. It is not an easy thing to make the change over into the documentation and evidence base outcomes. I think once it happens, and it becomes more commonplace within that ILC service-delivery area, it'll be fine, but it's going to take some extra funding to make that shift happen.

Christina Holt: Well, I'd like to thank Adam and his center for their great work and also to acknowledge that there were eight other centers that we had the privilege of working with through this project, that have really partnered with different sectors in their community to bring about important changes in the environment towards the goal of fuller accessibility for all. So, this has been a little bit of a different project for Jerry and myself. We -- our center – I also work with the Work Group on Community Health and

Development at the University of Kansas. And it's been really a pleasure to work with them.

Glen: I'm going to pass this to Jerry, I just have to say one thing. Adam, a lot of communities you worked with in Kansas are, you'd say, pretty conservative? A fair statement?

So when you go on and say, "Hey I want to make some changes, this is going to cost some money," they are not going to be running right up to say "Hey, let me know what to do!" Right? So you have to think about environment that these changes are being made in. It's hard, hard work.

Jerry Schultz: Just very quickly, this project had a population health promotion flavor to it. If you look at the framework initially, it would be nice to have had population level indicators of some sort added to this, which I know lots of folks are kind of thinking about working on in terms of 'How do we know, how much participation really increased?' Where we got to was, the environment's changed in a way that's going to promote that. And we have some markers for that, so I think that's important. But it would be lovely to add another layer on top of that, to see what the ultimate impact on participation is.

Glen: I'm thinking about -- we have 11 projects in here. And each, where do the projects come from? We look at what the priorities were -- written how they were written. They were asking for projects on looking at data analysis of secondary data. Then also interventions. And when you get 11 projects that cost a certain amount of money, you're not going to be able to dig very deep. Compared to, I think, I don't know if there's a new sheriff in town or what, but the last competition – they were looking at, I believe it said "a complex multifaceted intervention" with one, maybe two projects. So that's going to change the whole complexion for our next center, as John said this morning, we're looking at it completely different. So we're looking at it really in RCT and we're going to be digging very deep. Not as broad, but deeper.

Craig Ravesloot (off camera): I think I have two questions, kind of, maybe sort of related. The first one is, on the very first cumulative graph, you showed the line of actions and then outcomes and that line of outcomes flattening out, and do you think that that's kind of an effect, kind of low hanging fruit that had been picked earlier on in the project and how we're getting to more complex and didfficult things, or is it just maybe, kind of, you know, a long project and some of the CILs having trouble just maintaining their engagement with the project over that duration of the time? So, that's one question.

Jerry: Something called fatigue might be in play there, although it's hard to determine exactly what's leading to that. I mean, you know the, we asked representatives from the CILs to comment on what might be leading to that –fatigue wasn't one of those – but, I would say it's not clear.

Craig: Alright, and then my other question, is I think, just fairly simple, but my understanding that from your first diagram, that you see these actions as CILs helping to build social capital for their consumers in the community. Do I have that right?

Glen: On the interdependence, right? That was really linked to a notion that really, Al Condeluci had, talking about the idea of having more involvement. So, I think that was an area that we're thinking about.

Craig: But it's framing advocacy as building social capital.

Glen: Say it again?

Craig: It's framing advocacy in the community as building social capital.

Glen: I think it's one of those elements. They're not mutually exclusive, but I certainly think that it's one of those elements – social capital.

Gwen Gillenwater (off camera): I just want to say, and Craig knows, I think it is great when the CILs do get involved, especially in the community engaged, aspect and all. But when Montana, the CIL I had in South Carolina, we did a Living Well program with them that made a big difference in a very small rural community that got very few services. And I would say the same thing, we had an ongoing relationship here in South Carolina with the medical university at South Carolina, and one of my partners who was a research person with that, that went on for years, and not only did I benefit personally, but so many of the young leaders I was training. This was a wonderful opportunity for them to learn from that and develop more community engagement. I mean I encourage them to be on boards and this that and the other throughout the community. And that's really important, I think, when we are talking about developing leaders. Don't look at it just 'cause most of our employees or consumers as well, you know, we need to look at how that extends beyond that.

Glen: I think the peer counseling certainly has a role to play there, too. For some people who don't know the ropes, being able to have that peer counseling, that certainly should not be under estimated.

Ron Garcia (off camera initially): So I would say that the soft skills that often we work with students and high schools with, we actually are finding that it's anybody who has lived in isolation. And so those are very important. Living Well with a Disability is one of the curriculum – curricula, that we use. And we find that curriculum-based outreach is effective because support groups attract just a certain culturally defined individual.

But everybody went to school, usually, or most everybody goes to school. So a curriculum-based approach, kind of, they're comfortable. I find and my staff find that people are more comfortable with that approach. But the soft skills, I don't think we realize how early we really need to start. And we're beginning to look at, you know, grade school and being more effective in that.

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