RICHARD PETTY: Good morning, everyone.

Good morning.

RICHARD PETTY: I hope everyone had good flights in and has found the hotel as nice as many of you have told us that you've found it.

So I hope this is a good comfortable place for training for everyone.

Good morning again.

I am Richard Petty, and I'm program director at ILRU and director of the IL‑NET and other projects at ILRU and I bring greetings from all of the team at ILRU, and also from all of our training team here.

And the nice thing about being able to be at ILRU is that we get to work with really wonderful partners like Tim Fuchs, who is here in the room from NCIL and Kelly Buckland who isn't here with us today, and APRIL, Association of Programs for Rural Independent Living, many of our own team at ILRU who are here.

Tim will do more introductions later.

But over to my left, your right, are Darrell Jones and Paula McElwee from ILRU.

And we're all very excited about being able to do this training with you today.

I thought maybe if we could just do a little bit of context before we start out, it might give a little more meaning to what we're about today.

I think many of you know, probably all of you know in some level or another, that independent living was a very visceral reaction to systems and programs that were utterly failing to meet the needs of people with disabilities.

And our reaction was that we were going to do things for ourselves and programs—they were called programs then and not centers for independent living—in programs that were run by people with disabilities.

We weren't going to leave that to the people who would institutionalize us, warehouse us, and would make us grateful for an existence that we were already uncomfortable with, that certainly wouldn't bring advocacy into a mix of services and supports and that would not have the value, the support, the mutual support that we would be able to give one another.

So for many very good reasons, for injustices and inadequacies and utter failures of systems that were in place, we took out, the leaders, not me personally, but leaders in the community then, including Darrell Jones and Paula McElwee and Lex Frieden and Ed Roberts, Max Starkloff, Marca Bristo, others around this country, took out on our own and created a new model.

And that is all well and good and it has served us immensely well.

But we also lost something in that process, and we lost what we could have taken in workable service models and workable practices that might have helped us in helping people to achieve their goals.

That's a lot of what we're about in this training, is to try to integrate both that strong and important wonderful IL model of self‑direction, consumer control, peer support and advocacy, including systems advocacy, because none of those systems would have ever even considered systems advocacy as anything that needed to be addressed.

It was all about fixing us.

We were the problem.

It wasn't the environment that was the problem.

So we can marry that and combine it with good practices day‑in and day‑out in helping people, in doing things that help people move forward, in documenting what we do well, because that's going to be important for just good practice, for being able to look back and tell what someone has achieved, how we have been able to help, what's worked well for us, what's been effective.

It's also good documentation for the funding sources that we have.

And as we look at new opportunities like managed care, being able to do good and effective and professional case practice, consumer service, it is going to be more and more important and it's time for us to get on that band wagon and bring that consumer direction and peer support model into a new arena.

No one else is going to do it.

We are the ones who will do it.

And if we don't do it, there probably will be less and less of a consumer voice in the service systems in our country.

So for all these reasons, for all these reasons, what we're talking about today and tomorrow and Thursday is so crucial, and we've been able to gather an exceptional group of trainers, and Tim will introduce them in a minute.

We at ILRU have worked with them individually and in small teams on different trainings and different projects, and each one of them brings a uniqueness and is truly important to this training, and I believe you will learn much.

But if I could say one more thing before we get started, because it is a piece that we do that I don't think anyone else does, at least I don't think they do it as well as we do, and it's a piece we don't want to lose.

That's taking individual problems that people identify with us and to be able to track those issues that they experience and identify where there is a systems issue and then begin to attack that systems issue, and that's something that we'll be talking about, we'll be weaving that into our discussions, because if we just fix individual problems, just help individuals over and over and over and we don't look at that larger picture, we don't combine that larger picture to see that there is a problem that needs to be addressed.

The example that I have about that is my wife Karen comes from independent living.

She now works for the Veterans Administration.

In her area, she works with older blind veterans.

A lot of these guys are people who are losing their vision.

And they were going in Houston to the Houston transit system and applying for the door‑to‑door transit service, and they were meeting people who didn't understand anything about their disability, who weren't qualified, and they were getting rejected for the service over and over, with statements like: Well, he looked like he got around okay.

He looked just fine to me.

And of course, these gentlemen who were experiencing a loss of vision were desperate to be able to say I'm doing okay and didn't want to carry a cane and didn't want to really acknowledge some of the issues.

So they began to attack that issue in a couple ways.

One is they started encouraging people to identify more clearly as having a disability, and they began to deal with it in terms of systems issues of veterans going to public meetings at the metro system and saying, you know, you guys are denying us for reasons that aren't right.

And it began to be not ‑‑ it actually began to be not just this little office, it's not a little office, but it began not to be this office of people who were providing services, it became the blinded veterans that were going down and really advocating for themselves.

I believe that's a perfect IL model, it's a perfect model of how we make the transition from individual issues to identifying a group issue, and then, in fact, dealing with it as a systems issue, and it's people taking power.

So we'll be talking about that, but it's just an important piece that we want to make sure that stays into all the things that we do as we are documenting better, as we are being more goal‑oriented in the work that we do, we're setting outcomes and helping people really set good outcomes, and then we're helping them realize those outcomes in a very systematic way.

So there's a lot of opportunity to do that, and this group that is here I believe is uniquely and especially qualified to be able to help us walk through that over the next two and a half days.

So as I said, I'm just incredibly excited to have them here and to be able to work with them and to be able to learn from them, and I hope you guys will feel that same way when we are done.

So once again, welcome from ILRU, if I might say welcome from NCIL, from our partners at APRIL, from our IT teams, and our partner at Utah State University, Judith Holt is here.

Dr.

Holt is our evaluator, and she is helping us to be outcome oriented in everything that we're doing, and we're measuring, and you will be helping us by completing those forms that Tim has been passing out to you.

You're helping us to be outcome oriented, to know what we do works and where and how we can improve.

So it's important to us too.

All right, Tim, I'll just turn things over to you.

But again, welcome everyone.

Thank you.