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Rural Independent Living: Model Outreach Strategies

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Rural Independent Living: Model Outreach Strategies

In earlier research (*Centers for Independent Living: Rural and Urban Distribution of Centers for Independent Living*, 1999), we reported on five major models of Center for Independent Living (CIL) service provision, including “standard CILs,” “satellites,” “branch offices,” “outreach offices,” and others. These “other” approaches reflect a variety of the strategies CILs use to provide services and supports in rural and remote areas. How to provide rural IL services is an important question, since about 40 percent of U.S. counties – mostly rural – lack access to CILs. Further, the goal of achieving universal access is still elusive, despite the efforts of organizations such as the National Council on Independent Living (NCIL) and the Association of Programs for Rural Independent Living (APRIL) to increase funding and the number of centers.

“Rural outreach” fills a demand for community disability services and supports. Identifying needs and building local support are the first steps. Accordingly, the various models are likely to start with community education and move toward developing permanent programs or offices later. Usually, outreach efforts start with broad public education and discussions with any other local service providers to identify individuals interested in and potentially needing IL supports. After identification, meetings are arranged with interested individuals.

In planning rural outreach models, CILs should consider their goals: Do they want to provide individual services, to promote community and systems change, or to accomplish both?

We have identified fifteen rural outreach models for providing IL services and supports, and have listed them in the following table which briefly describes each model. Other resources related to rural outreach models are listed on page four.

RTC: Rural is committed to making useful information readily available to service providers and consumers. *Rural Practice Guides* summarize research findings and the consensus of leaders in the field about the best approaches to various issues. Readers are cautioned to contact RTC: Rural staff or other listed resources for details about the brief descriptions provided here.

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Written by Tom Seekins © 2001, RTC: Rural

Rural IL Model	Brief Description:
Standard Center for Independent Living (CIL)	Community-based, non-profit, non-residential, consumer-directed program providing four core services, including: (1) Information and referral, (2) Individual and systems advocacy, (3) Skills training, and (4) Peer counseling. RTC: Rural identified 88 CILs located in non-metropolitan counties, but other CILs located in metro counties also serve surrounding rural areas.
CIL Satellite or “Mentored” Center	Shares an established CIL’s board of directors, but meets all CIL criteria and has a goal of becoming an independent CIL.
CIL Branch Office	Fiscally and administratively part of a main CIL, with at least a half-time staff person in the community branch office.
CIL Outreach Office	Fiscally and administratively part of a main CIL, with a less than half-time staff person in the community outreach office.
Out-stationing	Red Rock Center for Independence in St. George, Utah, hires staff in outlying communities to serve their immediate areas of residence. Using a portable computer, a cell phone, and an internet connection, each out-stationed worker schedules services in surrounding communities on a rotating basis and meets monthly at the central office.
CIL Circuit Rider	Similar to staff in outreach programs and out-stationing, circuit riders work from the central office but lack permanent local offices. They travel a circuit between the main office and consumers’ communities and homes. Other local agencies (e.g., hospitals, churches, etc.) may provide circuit riders with office space for some functions.
HUD Housing IL Program	Pioneered by Bill Malleris at the South Eastern Minnesota CIL in Rochester. SEMCIL secured funding to build accessible housing and then used the associated management contract to provide key IL services and supports.
Community Volunteer Contacts and Support Groups	A rural northern Michigan program recruited and trained local volunteers from among active consumers. The volunteers provided information, referred individuals to IL services, organized support groups, and provided peer counseling. The program provided on-going support and linked the volunteer leaders .
Surrogate Providers	Lawrence Marrs created “surrogate providers” by identifying and training an interested local agency to provide information and referral services to people with disabilities. RTC: Rural modified this approach by placing disability/IL materials in rural libraries and advertising their availability.

Rural IL Model	Brief Description:
Scheduled Program Services	Similar to a circuit rider approach, but focused on organizing and providing ongoing workshops or programs. For example, North Central Independent Living in Black Eagle, Montana, secured Medicaid reimbursement to conduct the <i>Living Well</i> health promotion program and was then able to provide the workshop in several very small and remote communities.
Virtual CIL	Consultant Bob Michaels, Independent Living Research Utilization, and the Arizona State Independent Living Council developed a “virtual” internet CIL to provide information and referral, chat rooms, and other IL supports. While people with disabilities lag behind in access to and use of the internet, this model is a glimpse of the future and fills an important gap in the patchwork quilt of rural IL support models.
Community Development	By using the Concerns Report Method to survey communities and conduct community planning, Summit Inc. of Missoula, Montana, was able to create a branch office in each of three rural Montana counties. The American Indian Disability and Technical Assistance Center (AIDTAC) uses the culturally-appropriate Tribal Disability Actualization Process (TDAP) to help tribes identify and build tribal infrastructure to address critical disability issues. With other human service agencies, LINK of Hayes, Kansas, created a coordinated rural transportation system that improved services for the entire community. Many examples suggest that community development may be the rural way to advocate—by cooperating to improve the community rather than forcing change with conflict.
Interagency Linkages	Several rural communities or an entire region of a state may organize interagency linkages that extend the availability of IL services to all communities. Though typically limited to basic information and referral, services may include instrumental supports. Partnerships with statewide programs such as AgrAbility can also build resources.
Cooperatives	The USDA recognizes three forms of this traditionally rural approach, including “producer cooperatives,” “buyer cooperatives,” and “worker cooperatives.” (See RTC: <i>Rural Research Progress Report #9.</i>) Groups of Michigan consumers formed Personal Assistance cooperatives to combine available resources more efficiently and let more people benefit from them.
Community Education and Awareness	Utilizes media coverage, public presentations and appearances, and meetings with local providers and government agencies to discuss important disability issues and to identify individuals who might benefit from IL services and supports. May solicit individual consumers to discuss their needs and opinions on important community disability issues. Discussions can set parameters for a CIL’s early community involvement.

This list organizes some ways to reach and support rural people with disabilities. It is by no means an exhaustive list of rural outreach strategies, nor are these models limited to CIL use. Other human service agencies, such as Vocational Rehabilitation, might explore using them to structure and distribute services.

Sometimes the lack of rural resources can be an advantage in that it rewards creative programs that diverge from traditional practices. The RTC: Rural constantly seeks new strategies and **encourages you to contribute your models**. To share your strategies or to ask questions about rural service planning, please contact:

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References

Innes, W., Enders, A., Seekins, T., Merritt, D., Kirshenbaum, A., & Arnold, N. (2000). Assessing the geographic distribution of centers for independent living across urban and rural areas: Toward a policy of universal access. *Journal of Disability Policy Studies*, 10, 2, 207-224.

Marrs, L. (1989.) Community networking can facilitate independent living. In G. Foss (Ed.) *Meeting the Needs of Rural Americans: Papers from the First National Conference of the Research and Training Center on Rural Rehabilitation Services*, 7-11. Missoula: The University of Montana Rural Institute.

Seekins, T., Enders, A., & Innes, W. (1999). (Factsheet). *Centers for independent living: Rural and urban distribution*. Missoula, MT: The University of Montana, Montana University Affiliated Rural Institute on Disabilities.

Sperry, C., Brusin, J. H. & Seekins, T. (2001). *Rural economic development: Worker cooperatives and employment of people with disabilities, part one*; Research progress report #9. Missoula, MT: The University of Montana Rural Institute.

Resources:

American Indian Disability Technical Assistance Center: <http://www.aidtac.org>

Association of Programs for Rural Independent Living: <http://april.umt.edu>

Barrier Breakers: <http://www.barrierbreakers.com>

Breaking New Ground Resource Center/AgrAbility:
<http://pasture.ecn.purdue.edu/ABE/Extension/BNG/>

Community Tool Box: <http://ctb.lsi.ukans.edu/>

Living Well with a Disability:
<http://www.livingwellweb.com>

Independent Living Research Utilization:
<http://www.ilru.org/>

National Council on Independent Living:
<http://www.ncil.org>



