

# **WHAT IS A CENTER FOR INDEPENDENT LIVING (CIL): How can CILs evolve to remain relevant and effective in a rapidly changing world?**

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## **Abstract**

This paper explores the concept of Centers for Independent Living (CILs), tracing their historical roots, purpose, structure, and services provided to individuals with disabilities. As a pivotal part of the disability rights movement, CILs were established to empower people with disabilities through consumer-controlled services aimed at fostering independence, advocacy, and community inclusion. The paper delves into the core services provided by CILs, such as advocacy, peer support, independent living skills training, and transitions, highlighting case studies from urban and rural CILs, including Living Independently for Today and Tomorrow (LIFTT) in Montana.

In addition to defining and describing CILs, this paper offers a forward-looking discussion on how CILs must evolve to remain relevant and effective in the face of new challenges. Emerging technologies, changing demographics, and evolving societal expectations present opportunities for CILs to expand their role, particularly in virtual services, aging populations, affordable housing, employment advocacy, and intersectional social justice movements. The paper concludes by proposing innovative ways CILs can integrate these shifts while staying true to their mission of consumer empowerment and independence. Ultimately, it seeks to rethink the future of CILs in a rapidly changing world.

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# **WHAT IS A CENTER FOR INDEPENDENT LIVING (CIL)**

How can CILs evolve to remain relevant and effective in a rapidly changing world?

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## **I. Introduction**

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Centers for Independent Living (CILs) are at the heart of the independent living (IL) movement, a transformative approach to disability services that seeks to empower individuals with disabilities to lead lives of their own choosing. Unlike traditional institutional models of care that position individuals with disabilities as passive recipients of services, CILs focus on advocacy, peer support, and community integration. Established during the disability rights movement of the 1960s and 1970s, CILs operate on a consumer-controlled model, where people with disabilities are both the leaders and the primary beneficiaries of the organization. This makes CILs a unique entity in the broader landscape of social services.

The purpose of this paper is to define what a CIL is, explore the history of CILs in the United States, and provide an in-depth look at the services they provide and the populations they serve. The paper will also investigate the internal structures of CILs and include case studies demonstrating the impact of CILs in diverse settings, from large urban centers to rural communities. Finally, the paper will present new ideas for the future direction of CILs, encouraging a rethinking of their mission, service delivery, and integration into the broader social and political landscape. The central question driving this exploration is: How can CILs evolve to remain relevant and effective in a rapidly changing world?

### **1.1 Defining a Center for Independent Living (CIL)**

At its core, a Center for Independent Living (CIL) is a non-residential, community-based, non-profit organization that provides services to people with disabilities with the goal of fostering independence and full participation in society. According to the legal framework established by the

Rehabilitation Act of 1973, CILs are defined as "consumer-controlled, community-based, cross-disability, non-residential private non-profit agencies." This legal definition underscores several key aspects that distinguish CILs from other service providers:

- 1.1.1 Consumer-Controlled:** A defining characteristic of CILs is that a majority of the staff and board members are individuals with disabilities. This ensures that decisions made by the organization reflect the lived experiences of the people it serves. It also aligns with the independent living philosophy, which emphasizes self-determination and autonomy.
- 1.1.2 Community-Based:** CILs are deeply embedded in the communities they serve, with services tailored to the specific needs of the local population. This community-centered approach allows CILs to be responsive to regional variations in disability demographics, resources, and societal attitudes.
- 1.1.3 Cross-Disability:** Unlike organizations that serve individuals with specific types of disabilities (e.g., visual impairments or mobility limitations), CILs provide services to people with all types of disabilities. This inclusivity is a hallmark of the independent living movement, which recognizes that the barriers faced by people with disabilities are often shared across disability categories.
- 1.1.4 Non-Residential:** Unlike institutional care models, CILs do not provide housing or residential services. Instead, they support individuals in achieving independence in their own homes and communities through skills training, peer support, and advocacy.

CILs offer a range of services aimed at promoting independence, including advocacy, peer counseling, independent living skills training, and transition services. These services are designed to address the unique needs of individuals with disabilities, whether they are seeking employment, housing, or education or need assistance navigating complex bureaucratic systems.

## **1.2 Introduction's Bibliographical References**

**1.2.1 Rehabilitation Act of 1973**, Sections 504 and 702.

**1.2.2 National Council on Independent Living (NCIL)** website.

**1.2.3 DeJong, Gerben.** "Independent Living: From Social Movement to Analytic Paradigm." *Archives of Physical Medicine and Rehabilitation*, 1979.

**1.2.4 Shapiro, Joseph P.** *No Pity: People with Disabilities Forging a New Civil Rights Movement*. Broadway Books, 1994, pp. 40-50.

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## **II. History and Creation of CILs in the United States**

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### **2.1 Historical context of disability rights leading to the creation of CILs.**

The origins of Centers for Independent Living (CILs) are inextricably tied to the broader disability rights movement of the 20th century. The push for independent living as a philosophy and practical approach to disability services began in the 1960s, a period marked by widespread social activism. Civil rights movements for African Americans, women, and other marginalized groups inspired the burgeoning disability rights movement, which sought to challenge societal norms that perpetuated the segregation and disenfranchisement of people with disabilities.

### **2.2 The Independent Living Movement: A New Approach**

The independent living movement rejected the traditional, medicalized view of disability, which saw individuals with disabilities as patients to be "fixed" or institutionalized. Instead, advocates of the independent living philosophy emphasized that disability is a natural part of the human experience and that the primary barriers faced by people with disabilities are social, not medical. These barriers included physical accessibility, attitudinal discrimination, and systemic exclusion from education, employment, and civic life.

### **2.3 Founding of the first CIL in Berkeley, California, in 1972**

The independent living philosophy was heavily influenced by figures such as Ed Roberts, often called the "father of independent living." Roberts was a pioneering disability rights advocate who, despite being a polio survivor and dependent on a ventilator, became one of the first students with significant disabilities to attend the University of California, Berkeley. Roberts, along with a group of fellow students with disabilities, established the first Center for Independent Living in Berkeley, California, in 1972.

The Berkeley CIL was revolutionary not only because it was run by people with disabilities but also because it offered services that emphasized autonomy and control. These services included peer support, advocacy, and skills training, all aimed at empowering individuals to take control of their lives and achieve greater independence. The success of the Berkeley CIL inspired the creation of other CILs across the country, and by the late 1970s, the independent living movement had become a national force.

### **2.4 The Role of the Rehabilitation Act of 1973**

The formalization of CILs as a national movement occurred with the passage of the Rehabilitation Act of 1973, a landmark piece of legislation that included provisions to protect the civil rights of people with disabilities. Section 504 of the Act was particularly significant, as it prohibited discrimination on the basis of disability in any program or activity receiving federal funding. This legal framework laid the groundwork for the establishment of CILs, as it provided funding for these centers and reinforced the principle that individuals with disabilities had the right to live independently in their communities.

The creation of CILs was also driven by federal initiatives in the 1970s and 1980s, which provided grants and funding to establish independent living centers across the country. By the 1980s, CILs were recognized as a critical component of disability services, and the network of CILs continued to grow, eventually expanding to cover every state in the U.S.



## 2.7 Chronological Milestones in CIL History

**1972:** The first CIL is established in Berkeley, California, by Ed Roberts and other disability rights advocates.

**1973:** The Rehabilitation Act is passed, providing legal protections and funding mechanisms for CILs.

**1980:** The federal government formally recognizes CILs as part of the national service delivery system for people with disabilities through the passage of the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1980.

**1990:** The Americans with Disabilities Act (ADA) is passed, further cementing the civil rights of people with disabilities and expanding the role of CILs in advocating for accessibility and inclusion.

**2000s:** The network of CILs expands to include over 400 centers nationwide, serving individuals across all types of disabilities and demographics.

## 2.8 Section 2 Bibliographical References

**2.8.1 Shapiro, Joseph P.** *No Pity: People with Disabilities Forging a New Civil Rights Movement*. Broadway Books, 1994, pp. 51-65.

**2.8.2 Charlton, James I.** *Nothing About Us Without Us: Disability Oppression and Empowerment*. University of California Press, 1998, pp. 47-52.

**2.8.3 Fleischer, Doris Zames, and Frieda Zames.** *The Disability Rights Movement: From Charity to Confrontation*. Temple University Press, 2001.

**2.8.4 National Council on Disability (NCD) website.**

**2.8.5 Berkeley Center for Independent Living (CIL) historical archives.**

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### **III. Purpose of Centers for Independent Living (CILs)**

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#### **3.1 The Right to Live Independently**

The primary purpose of Centers for Independent Living (CILs) is to promote the independence, equality, and full participation of individuals with disabilities in society. CILs are driven by the principle of empowerment, aiming to shift the perception of individuals with disabilities from passive recipients of care to active agents who have control over their lives and choices. Central to this mission is the belief that people with disabilities have the right to live independently in their own homes and communities, make decisions about their own care, and participate fully in civic life.

#### **3.2 A Response to the Institutionalized Care Model**

CILs emerged as a response to the institutionalized care models of the past, where individuals with disabilities were often segregated and isolated from mainstream society. Instead of focusing on charity or custodial care, CILs emphasize the dignity of choice and the importance of self-determination. This framework is informed by the independent living philosophy, which promotes autonomy, personal responsibility, and the removal of societal barriers that inhibit full participation.

#### **3.3 Promoting System Change**

The purpose of CILs also includes advocating for systemic change. CILs are not only service providers but also powerful advocates for policy reforms that benefit the disability community, such as improved accessibility, stronger anti-discrimination laws, and increased funding for services that enable independent living. CILs work closely with local, state, and federal governments to ensure that the rights of individuals with disabilities are protected and advanced.

### **3.4 Services Provided by Centers for Independent Living**

CILs provide a wide range of services designed to support individuals with disabilities in achieving and maintaining independence. These services are often customized to meet the unique needs of each individual, regardless of the type or severity of their disability. Although services can vary from one CIL to another, the core services mandated by federal law include the following:

- 3.4.1 Advocacy:** CILs engage in both individual and systems advocacy. Individual advocacy involves assisting people with disabilities in navigating challenges related to accessibility, employment, housing, transportation, and healthcare. CILs empower individuals to self-advocate, teaching them how to effectively communicate their needs and rights. Systems advocacy, on the other hand, focuses on bringing about legislative and policy changes that benefit the disability community. This includes lobbying for the enforcement of laws such as the Americans with Disabilities Act (ADA) and advocating for the creation of more inclusive public policies.
- 3.4.2 Peer Support:** A hallmark of the CIL model is the provision of peer support. People with disabilities provide mentoring, guidance, and emotional support to others who share similar experiences. The peer relationship is rooted in shared understanding and empathy, which fosters a sense of belonging and community. This form of support is unique to CILs and is one of the core services that differentiates them from other service organizations.
- 3.4.3 Independent Living Skills Training:** CILs offer training in various independent living skills that are crucial for individuals with disabilities to lead self-sufficient lives. These may include financial management, cooking, personal care, mobility training, and the use of assistive technologies. CILs often develop personalized plans for skill development based on each individual's goals and needs.
- 3.4.4 Information and Referral:** CILs serve as a valuable resource hub, providing individuals with information about disability

services, rights, and community resources. CIL staff connect individuals with programs related to education, healthcare, housing, and vocational rehabilitation. Information and referral services extend beyond the disability community, often helping families, caregivers, and service providers navigate the complex landscape of disability services.

**3.4.5 Transition Services:** CILs offer transition services for individuals at critical points in their lives, including youth transitioning from school to adult life, individuals transitioning out of nursing homes and other institutions, and those moving into community-based living situations. These services are especially vital for preventing institutionalization, which often limits an individual's ability to live a self-determined life.

### **3.5 Section 3 Bibliographical References**

**3.5.1 Shapiro, Joseph P.** *No Pity: People with Disabilities Forging a New Civil Rights Movement*. Broadway Books, 1994, pp. 55-80.

**3.5.2 DeJong, Gerben.** *The Movement for Independent Living: Origins, Ideology, and Implications for Disability Research*. University of California Press, 1979, pp. 12-45.

**3.5.3 Rehabilitation Act of 1973**, Sections 501-505.

**3.5.4 Batavia, Andrew I.** *The Independent Living Movement and Its Philosophy*. Independent Living Research Utilization Program, 1997.

**3.5.5 DeJong, Gerben.** *Independent Living: From Social Movement to Analytic Paradigm*. Archives of Physical Medicine and Rehabilitation, 1979.

**3.5.6 National Council on Independent Living (NCIL)**, "Services Provided by CILs," 2020.

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## **IV Target Populations Served by CILs**

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CILs serve a diverse range of individuals, all of whom share a common goal: achieving greater independence in their lives. Although CILs primarily serve people with disabilities, the specific demographics of the population can vary depending on factors such as disability type, age, and location.

### **4.1 People with Mobility Impairments**

Individuals with mobility impairments, including those who use wheelchairs, prosthetics, or other assistive devices, constitute a significant portion of the population served by CILs. These individuals may need assistance with accessible housing, transportation, and assistive technology to live independently.

### **4.2 People with Sensory Disabilities**

CILs also serve people with sensory disabilities, such as those who are blind, visually impaired, deaf, or hard of hearing. Services for this population often include access to assistive technology, communication tools like video relay services, and programs that address the unique challenges of navigating environments not designed with sensory disabilities in mind.

### **4.3 People with Intellectual and Developmental Disabilities**

CILs provide specialized support for individuals with intellectual and developmental disabilities, helping them navigate systems of care, employment opportunities, and social inclusion. This population often requires individualized support to achieve their independent living goals, including life skills training and employment services.

### **4.4 People with Mental Health Disabilities**

Those with mental health disabilities are increasingly represented in the population served by CILs. Support for this group includes access to counseling services, advocacy for housing stability, and peer support

networks to address the unique challenges faced by individuals living with mental health conditions.

#### **4.5 Youth with Disabilities**

CILs are also instrumental in supporting young people with disabilities as they transition from adolescence to adulthood. Youth transition services focus on career preparation, independent living skills, and education planning. These services help young adults gain the skills and confidence they need to become fully independent members of society.

#### **4.6 Older Adults with Disabilities**

As the population ages, CILs are increasingly serving older adults who acquire disabilities later in life. These individuals often require support in maintaining their independence in the face of age-related challenges such as reduced mobility, vision or hearing loss, and chronic health conditions. CILs offer services tailored to the specific needs of aging individuals to help them continue living in their homes and communities.

#### **4.7 Section 4 Bibliographical References**

**4.7.1 Hahn, Harlan.** *Disability and Rehabilitation Policy: Is Paternalistic Neglect Really Benign?* Milbank Quarterly, 1985.

**4.7.2 National Institute on Disability and Rehabilitation Research (NIDRR),** *Independent Living Centers: A Policy Analysis*, U.S. Department of Health and Human Services.

**4.7.3 Disability Rights Education & Defense Fund (DREDF),** "CIL Services and the Populations They Serve," 2021.

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## **V. The Structure of Centers for Independent Living (CILs)**

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CILs operate with a unique and inclusive organizational structure grounded in the philosophy of consumer control. The defining feature of this structure is that at least 51% of the staff, including the board of directors, must be

people with disabilities. This requirement ensures that those who benefit from the services are directly involved in decision-making processes, thereby reinforcing the independent living philosophy of empowerment and self-determination.

## **5.1 Board of Directors**

The board of directors at a CIL is a governing body responsible for setting policies, overseeing the overall strategic direction of the organization, and ensuring that the center's mission is being fulfilled. As per federal regulations, a majority of board members must be individuals with disabilities. This structure not only guarantees representation but also creates a platform for the disability community to advocate for themselves and others. The board's composition reflects the core value of CILs: consumer control.

## **5.2 Staff**

Like the board of directors, the staff of a CIL must also be composed of a majority of individuals with disabilities. Staff roles can vary, ranging from independent living specialists who provide direct services to consumers to administrative personnel who ensure the smooth operation of the organization. The inclusive staff model allows CILs to employ individuals who have firsthand knowledge of the challenges faced by people with disabilities, creating a supportive and empathetic work environment. CILs often employ specialists in advocacy, independent living skills training, peer mentoring, and systems navigation. Additionally, CILs employ community outreach coordinators who foster partnerships with other service providers and ensure that CIL services reach the broadest possible audience.

## **5.3 Funding and Resources**

CILs are funded through a combination of federal, state, and private sources. The core funding for CILs comes from Title VII of the Rehabilitation Act, which provides grants to support independent living services. State governments often supplement these funds, and many CILs also receive private donations or grants from foundations. This diversified funding structure ensures that CILs remain operational and responsive to

the needs of their communities, though many CILs operate on tight budgets and must be resourceful in managing their services.

## **5.4 Community and Consumer Involvement**

Community and consumer involvement are central to the functioning of CILs. As consumer-controlled organizations, CILs rely heavily on input from individuals with disabilities to shape the services they provide. Consumers are encouraged to participate not only in receiving services but also in the development of programs, advocacy efforts, and the overall direction of the organization.

## **5.5 Section 5 Bibliographical References**

**5.5.1 DeJong, Gerben.** *The Independent Living Paradigm: A Definition and Critique.* Independent Living Research Utilization Program, 1983, pp. 23-45.

**5.5.2 National Council on Independent Living (NCIL),** *CIL Governance and Structure,* 2020.

**5.5.3 Batavia, Andrew I., and Charlton, James I.** *Consumer Control: The Core of the Independent Living Movement.* *Journal of Disability Policy Studies,* 1997.

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## **VI. Case Studies: The Impact of CILs**

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To illustrate the real-world impact of Centers for Independent Living, it is helpful to examine specific case studies from CILs across the United States. These case studies demonstrate how CILs serve diverse populations and address various challenges, often with limited resources, yet achieve significant results in promoting independence for individuals with disabilities.



## **6.1 Case Study 1: The Berkeley Center for Independent Living**

Founded in 1972, the Berkeley CIL in California is widely regarded as the first Center for Independent Living and the model upon which many subsequent CILs were based. Led by Ed Roberts, a disability rights activist and pioneer, the Berkeley CIL was born out of the broader civil rights and disability rights movements of the 1960s and 1970s. Its mission was to promote the full integration of people with disabilities into society, advocating for the removal of physical, social, and economic barriers. The Berkeley CIL's impact can be seen in its successful advocacy for curb cuts, which allow wheelchair users to navigate urban environments more easily, and its leadership in pushing for the passage of landmark legislation such as the Americans with Disabilities Act (ADA). The center's peer support model, where individuals with disabilities mentor others, has been replicated by CILs across the country.

## **6.2 The Berkeley CIL Key Outcomes**

- 6.2.1** Increased accessibility of public spaces in Berkeley and beyond.
- 6.2.2** Creation of a nationwide network of CILs inspired by the Berkeley model.
- 6.2.3** Empowered thousands of individuals with disabilities to live independently through advocacy, skills training, and peer support.

## **6.3 Case Study 2: The Boston Center for Independent Living (BCIL)**

The Boston CIL was established in the late 1970s and has since become one of the leading CILs in the northeastern United States. It serves a diverse urban population, including individuals with physical, intellectual, and sensory disabilities. The BCIL has been at the forefront of advocating for accessible public transportation, working closely with city officials to ensure that the Massachusetts Bay Transportation Authority (MBTA) meets ADA standards.

In addition to transportation advocacy, the BCIL has pioneered housing initiatives aimed at securing affordable, accessible housing for individuals

with disabilities. This has included partnerships with local housing authorities and developers to ensure that people with disabilities can live independently in their communities.

## **6.4 The BCIL Key Outcomes**

**6.4.1** Successful campaigns to improve accessibility across Boston's public transit system.

**6.4.2** Development of affordable, accessible housing units in collaboration with local government.

**6.4.3** Expansion of independent living skills programs and advocacy training for consumers.

## **6.5 Case Study 3: Living Independently for Today and Tomorrow (LIFTT) – A Rural CIL in Montana**

Living Independently for Today and Tomorrow (LIFTT) is a 501(c)(3) nonprofit corporation and Center for Independent Living (CIL) with offices in Billings and Glendive, Montana. LIFTT provides critical services to people with disabilities across 18 counties in South and Central Eastern Montana, including Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Powder River, Prairie, Richland, Rosebud, Stillwater, Treasure, Wibaux, and Yellowstone. In these largely rural areas, geographic isolation, limited transportation options, and fewer resources create significant challenges for individuals with disabilities seeking to maintain their independence.

As a CIL, LIFTT operates under the Workforce Innovation and Opportunity Act (WIOA), providing six core services designed to support people with disabilities in their pursuit of independent living:

### **6.5.1 Services Provided by LIFTT**

#### **a. Information and Referral**

Information and Referral is often the first point of contact for new consumers. LIFTT staff provide valuable information on programs, agencies, and community resources, including Medicare, Medicaid,

Social Security benefits, housing, service animals, adaptive equipment, transportation, and more. This service ensures that individuals and families can access the support they need to navigate complex systems, even in rural Montana.

### **b. Individual & Systems Change Advocacy**

LIFTT empowers individuals by teaching them how to advocate for their rights, particularly in areas like housing, healthcare, education, and employment. At a systems level, LIFTT works with local, state, and federal governments, advocating for legislation and policies that enhance the independence and quality of life for people with disabilities. Beyond government, LIFTT collaborates with schools, businesses, and community organizations to raise awareness of disability issues and eliminate barriers to full community participation.

### **c. Peer Support**

Peer support is a cornerstone of the independent living model. At LIFTT, individuals with disabilities support each other through shared experiences. Peer mentorship fosters community involvement, personal development, and leadership opportunities. This program is facilitated through one-on-one interactions, group meetings, and social activities, providing a space for individuals to learn and grow together.

### **d. Independent Living Skills Training**

Through group classes like "Living Well in the Community" and personalized instruction, LIFTT equips individuals with essential skills for independent living. This includes financial literacy, health and nutrition education, and guidance on using public transportation. LIFTT also emphasizes self-advocacy, empowering individuals to advocate for themselves in various settings.

### **e. Institutional Transition & Diversion**

LIFTT is committed to helping individuals with disabilities avoid institutionalization by connecting them with affordable housing, transportation, and Medicaid Home and Community-Based Services.

These services enable individuals to live independently in their communities rather than being isolated in institutional settings. LIFTT's advocacy efforts in this area are vital in ensuring that people with disabilities can live integrated, community-based lives.

## **f. Youth Transitions**

LIFTT supports youth with disabilities, ages 14 to 24, in their transition from secondary education to post-secondary education or employment. This includes referrals to vocational rehabilitation, assistance with housing applications, skills training, and self-advocacy. LIFTT's youth transition services ensure that young adults are equipped to pursue independent living and career opportunities.

Through these core services, LIFTT is making a significant impact on the lives of people with disabilities in rural Montana, providing the support and resources necessary for them to live independently and participate fully in their communities.

## **6.6 Section 6 Bibliographical References**

**6.6.1 National Council on Independent Living (NCIL), "Case Studies of CIL Success Stories," 2021.**

**6.6.2 Living Independently for Today and Tomorrow (LIFTT) Website, "Services Provided," 2023.**

**6.6.3 Shapiro, Joseph P., *No Pity: People with Disabilities Forging a New Civil Rights Movement*, Broadway Books, 1994, pp. 162-170.**

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## **VII. Rethinking Centers for Independent Living: A Vision for the Future**

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As Centers for Independent Living (CILs) reflect on their legacy of advocacy and empowerment, it becomes increasingly clear that the role of

CILs must evolve to meet the changing needs of the communities they serve. While CILs have been instrumental in fostering independence and self-determination for individuals with disabilities, the future presents both new challenges and opportunities. Advances in technology, shifts in public policy, and the increasing complexity of societal structures demand that CILs rethink their strategies to continue providing meaningful support.

## **7.1 Embracing Technology and Virtual Services**

One of the most transformative developments in recent years has been the rise of technology, especially in the form of digital services, assistive technology, and telehealth. CILs have traditionally relied on in-person services, but as the COVID-19 pandemic demonstrated, there is immense potential in virtual platforms. Expanding the use of technology, such as online peer support groups, virtual independent living skills training, and telehealth programs, could allow CILs to reach individuals who are geographically isolated or unable to travel due to physical limitations. Investing in assistive technology and training for both staff and consumers will ensure that individuals with disabilities can access cutting-edge tools that enhance their independence. Whether it is through adaptive devices, smart home technology, or augmented communication platforms, CILs should actively pursue partnerships with technology developers and policymakers to secure funding and support for these innovations.

## **7.2 Expanding Services to Aging Populations**

As the global population ages, the number of older adults acquiring disabilities is rapidly increasing. CILs must anticipate and adapt to the growing need for services aimed at older adults, many of whom experience disability for the first time in their later years. While CILs traditionally serve individuals of all ages, a more explicit focus on aging populations could involve specialized programs tailored to the unique needs of older adults, such as fall prevention, age-friendly housing modifications, and support for age-related health conditions.

By creating stronger partnerships with Area Aging Agencies (AAA), senior centers, healthcare providers, and aging services organizations, CILs can position themselves as key players in the intersection of aging and disability. This approach would not only expand their consumer base but

also ensure that older adults with disabilities receive comprehensive, holistic support.

### **7.3 Strengthening Advocacy in Housing and Employment**

The ongoing challenges related to affordable and accessible housing remain critical for people with disabilities. In many parts of the U.S., including rural areas like those served by LIFTT in Montana, accessible housing is scarce. CILs must take a more active role in advocacy efforts, both at the grassroots level and in legislative arenas, to address the growing housing crisis. This includes lobbying for increased funding for accessible housing development, enforcing compliance with housing accessibility laws, and collaborating with local housing authorities. Similarly, employment remains a significant barrier to true independence for individuals with disabilities. Although progress has been made with policies like the Americans with Disabilities Act (ADA), many individuals with disabilities still face discrimination and exclusion in the workplace. CILs should ramp up their employment-related services, including job coaching, resume building, interview preparation, and partnership development with inclusive employers. More importantly, CILs can leverage their collective voice to push for stronger enforcement of workplace accommodations and anti-discrimination laws.

### **7.4 Engaging in Intersectional Advocacy**

In rethinking their future, CILs must recognize the importance of intersectionality in advocacy. People with disabilities are not a monolithic group — many individuals belong to multiple marginalized communities based on race, gender, sexual orientation, socioeconomic status, and other factors. CILs should take a more intersectional approach to their work, ensuring that their services and advocacy efforts reflect the diverse needs of the disability community.

For instance, CILs can engage in cross-movement collaborations with organizations that advocate for racial justice, LGBTQ+ rights, and economic equality. By forging alliances with these movements, CILs can ensure that the voices of individuals with disabilities are included in broader social justice efforts and that the specific challenges faced by those living at the intersection of multiple identities are addressed.

## **7.5 Expanding the Role of CILs in Community Health**

CILs are in a unique position to act as hubs for community health, particularly for individuals with disabilities who experience healthcare disparities. As healthcare systems become more integrated with social services, CILs should explore partnerships with healthcare providers, Medicaid waivers, and public health initiatives. In rural areas, this could involve telehealth services, mobile health clinics, or training programs for caregivers. By expanding their role in community health, CILs could address the holistic needs of their consumers, from preventive care to ongoing management of chronic conditions.

## **7.6 Fostering Leadership and Innovation**

To remain relevant in the future, CILs must cultivate a new generation of leaders within the disability community. This includes creating more opportunities for grassroots leadership development, especially among youth with disabilities, and embracing innovative approaches to service delivery. CILs should prioritize leadership development programs that empower individuals to become advocates not only within the disability community but also in broader civic and political spaces. By fostering innovation in program design and delivery, CILs can continue to lead the charge in transforming the way society views and interacts with people with disabilities.

## **7.7 Conclusion**

Centers for Independent Living (CILs) have a proud history of empowering individuals with disabilities to live independently and with dignity. Over the decades, they have evolved to meet the needs of diverse communities across the United States. However, the future holds new challenges — challenges that CILs must face head-on by embracing innovation, expanding their services, and strengthening their advocacy efforts. Whether through integrating new technologies, supporting aging populations, or advancing intersectional advocacy, CILs have the potential to remain essential cornerstones of the disability rights movement. By staying true to their core principles of consumer control and empowerment, while also adapting to the changing landscape of disability and society, CILs can continue to thrive and lead the way in promoting independence, inclusion, and equality for all.

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**7.8.4 National Institute on Disability and Rehabilitation Research (NIDRR)**, "Technology and the Future of Independent Living," 2023.

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## IX. Recommended Readings

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