TIM FUCHS: I know there's probably still a few people out in the hall.

I thought it would help to make an announcement.

We're going to start and Michelle will kick us off.

MICHELLE CRAIN: This set of slides, they are not in your book, but they will be made available on ILRU after the training.

That's my bad.

I messed up, had a boo boo, and didn't turn them in on time.

But they will be available.

So it's reporting diversion versus transition.

Regardless of the data collection program or the funding source, it is essential for CILs to capture and report outcomes for diversion and transition.

That's something we've been talking about for the past day and a half here, almost two days.

Through these efforts alone CILs can demonstrate that they are one, responsive to the needs of individuals with disabilities, two, reliable community resources and we are, responsible stewards of public and private funds.

I say that because of the return on investment to the state and to the federal government to be quite honest with you.

Thank you.

And four, effective and efficient in our collective and individual missions of having individuals remain integrated into the community.

How many of you all are responsible for completing your 704 or your PPR?

And how many of you all think that's a fun thing to do?

I will talk you to later, because I think you might have problems.

But the truth of the matter is if we're going to report as CILs, we need to brag about what we do.

Because we don't do it enough.

We always hear centers are the best kept secret.

Well, to me, I mean, it is meant to be a compliment, but in some ways, it can be an insult.

Because it means that we're not reaching the individuals we need to reach because we're so busy with the day-to-day running of our centers that we don't get a chance to brag and talk about our value to our individual communities, and we need to do that more.

And not just in the PPR either.

We need to do that in other places and through other forums.

Is it going?

No?

Thank you.

There we go.

Utilizing the CILs data collection program is the most obvious place to demonstrate the assertions that I just talked about in putting that information in our annual reports.

We have already established that the same services provided for diversion outcome mirror those services in achieving a transition outcome.

These include housing, transportation, information and referral, benefits planning, in home services, et cetera.

So I think that we know where to, we know that we have to report on this, but sometimes, depending on the data collection programs that we use, it's sort of like how do we do that?

And how do we make sure that that right there is part of the diversion piece.

Some centers may assist individuals in I & R phase to remain in the community or transition, and we talked about this this morning, without opening a CSR or consumer service record, other services and goals may be missed.

Now, you figure out how to count the I & R, but what you won't be able to do is capture all those goals and the success that goes along with accomplishing those goals.

So if at all, if you can, open up a consumer service record in order to count those goals and those services.

Transition is more definitive with a specific outcome among the significant life areas, and we did talk about the significant life areas and we'll talk about that a little bit later on as well on the CIL PPR.

Diversion outcome can be reported and we talked about this this morning as well, can be reported under community based living, but so can a lot of other things.

Or the CIL can establish a diversion goal under other.

And in the significant life areas on the CIL PPR.

I don't want to be a mouth piece for our data collection program, but how many in here use CIL Suite?

Okay.

Well, then, I don't mind being a mouth piece.

Because it sounds like we are all pretty much using CIL Suite.

How many use My CIL?

And C File?

Okay.

Are there others that I left out?

Are there any others?

Yes, sir.

No, I didn't.

CILs First, okay.

What other?

AUDIENCE MEMBER: It's called CIL Manager.

MICHELLE CRAIN: CIL Manager.

TIM FUCHS: CIL MGR.

MICHELLE CRAIN: It sounds like though that CIL Suite is pretty much the most prominent one that's used out there.

Basically, and the reason why I bring that up is because we talked earlier about establishing the goal for diversion and the fact that you already have the community, the transition from nursing homes to community already under the significant life areas.

Under CIL Suite, you all can designate what we call custom fields.

Under that custom fields, you can put a piece in for diversion.

You can put a custom field in for transition.

That way you can go in and run reports a lot quicker.

I would imagine that with the data, the other data collection programs you can do the same thing.

I'm just not familiar with those.

But in the course of assisting consumers to remain in the community or transition to the community, multiple goals may be set and achieved in several significant areas, and these significant areas are self-advocacy, self-empowerment, communication, mobility and transportation, community based living, educational, vocational, self-care, information access and technology, personal resource, management, and relocation from nursing homes or institution to community based living, community social participation, and there is that infamous other.

It would be nice if we could have other, other, other.

Because I think once you designated and I know under our data collection system, that's it.

I don't think you can put more than one.

Oh we're going to take ours and use diversion.

The CIL PPR prompts CILs to use share both qualitative and quantitative information.

So include your consumer success stories.

I know Darrel, he's great at this.

He told you about all the success stories about several of the success stories in his presentation.

And you can put these in your CIL PPR and not only that, you can put it under your other annual reports that you submit.

So include the results of your consumer satisfaction surveys.

Throughout the year, we always hear about our disgruntled consumers, and some of your staff feel like they're getting beat up on a lot of the time, they're going, I just can't do anything right, even though we know that we are invested in this process.

But at the end of the year, I love tallying up our consumer satisfaction surveys, because there are far more consumers satisfied with our services than those that are not.

This right here is something I like to share with my staff.

Look here.

We're making a difference.

Do not, however, neglect to follow up with the disgruntled consumers, by not doing so, you could cost them their freedom in the community.

So make sure that you're following up on that.

Just because they are complainers don't mean that you can't take them seriously, because you must take them seriously.

Do not limit the quantitative and qualitative information collected to just the CIL PPR.

Information that demonstrates that the CILs are responsive to the needs of individuals with disabilities can be reported to your legislators.

To potential funding sources, and on your annual report that can be posted to your websites, shared with other community partners instrumental to assisting consumers in achieving their transition and diversion goals.

So think outside the box.

I was just talking to Paula.

I know with my first RSA visit, I was terrified.

I was just terrified.

I can remember the lead monitor saying, you guys do a lot here.

You need to brag more.

So this is our opportunity to pat ourselves on the back.

And I think we need to do that.

More often, and every chance that we get.

Though CILs may be apprehensive to solicit information from other community resource agencies about the CIL services, this information can be invaluable to the CILs quality assurance program.

Meaning that the entities you work with, you could probably improve your information and referral process.

So get that feedback from the individuals that are instrumental in helping you divert or even transition your consumers into the community.

User Survey Monkey, encouraged the feedback from managed care organization, housing providers, transportation providers, nursing home, social worker, et cetera, about your services and process.

And I told you that I am the form queen, if you need something along those lines.

I have a survey for that as well.

You name it, I have a form for it.

Again, this information can be incorporated in your CIL PPR.

If your state or CIL has not established a way of calculating a return on investment or value for diversion and transition services, now is as good a time as any.

Because we are entering a very scary phase with this budgeting and losing Part B funding possibly.

You know, the state, they hold the purse strings and you want to make sure that we're not left out of that process at all.

I do know, this is a sample calculation that we use.

I mean, I don't know your state might have something like this.

This is just the sample calculation that we use.

And it is the estimated total institutional cost for like X number of at risk consumers minus the total CIL services cost for X number of at risk consumers who remain in the community, plus additional community supports equals taxpayer savings.

Basically, it is the, if you want to just narrow it down in a nutshell, it's half or almost, you know a little more than half of what it costs to stay in a nursing home or to live in a nursing home.

I will say that some of you probably already figured out what your CIL services are worth.

I know that sounds a little, for lack of a better word, just kind of self-serving, but the truth of the matter is that we do need to put a price on our services.

Again, you're talking about legislators.

And when you're talking about legislators and politicians, you're talking about numbers.

We have to learn how to speak in numbers.

We know the qualitative is the most important, but when it comes to funding, it is the numbers.

Also, there's a sample calculation for transition, and that too is the estimated total institutional cost for X consumers minus the total CIL services cost plus community based services cost for X amount of consumers equals taxpayer savings.

It's easier to see this when you can see examples, and we do have examples.

I can share that with you guys later if you want to do that one on one.

But it's kind of interesting.

This is just a very simple calculation.

I have seen some that are a little bit more complicated than that, but I say keep it simple.

Just keep it simple.

When it comes to those calculations, even the complicated ones opposed to the ones that are simple, you will probably end up with the same outcome.

Pretty similar figures.

Although the qualitative information that CILs report to legislators is effective at times during systems advocacy, there's no denying that we're speaking their language when we speak in numbers.

Though all CILs are community based and therefore responsive to the needs and desires of their local consumers, collectively all CILs share a common vision of empowering individuals with disabilities to live as independently as they can in their own communities.

In the outcomes and return on investment report I told you we were doing in Texas, CILs agreed that the ultimate impact that we can make on a network is that persons with disabilities are integrated and engaged in their communities, and that's what it's all about.

So that's the end of that.

Do you all have any questions or anything you guys would like to share with us?

Yes, sir.

AUDIENCE MEMBER: As far as obviously it's not fun for me, the 704 stuff, and with all these new changes coming, it's still not definite and we don't know, which is still confusing.

But you mentioned in your PowerPoint about transitioning services and diversion.

I notice you got relocation from a nursing home.

My understanding, from my understanding and my director's understanding is that we were no longer to be able to use it and have to say transitioning from a nursing home.

Not relocation, because it meant something else.

MICHELLE CRAIN: You know, that might be.

AUDIENCE MEMBER: Even though the head of ACL hasn't decided yet on what they want to call it, that leaves us in limbo.

I mean, how do we actually track this stuff goal wise.

If you got to track it, it got to be, you got to keep CSR, it got to be a goal.

So we don't like really like calling anything other.

Because "other" doesn't explain nothing when you're talking to agencies.

They want to see this.

What you talking about?

This is not here?

Other doesn't explain anything.

Others as a consumer doesn't explain who you're serving.

So to be honest, we don't like "other" and we told them at ACL that they needed to take that off of there and get rid of that, because whatever you're doing should go to whatever service is supposed to be provided.

So my question is: as far as transitioning with those goals, how do you track the diversion?

Do we have to put a goal in there that says diversion?

Or how is it going to look on the report?

What the report is going to look like?

My understanding is that what the report look like has to match what's going to be in our CIL.

Our CIL has to match what's going to be, what the report is going to look like.

I mean, if it don't, then something ain't going to come out right.

And how do we track all that.

MICHELLE CRAIN: That's what I was talking about.

Like under "other" that's all we're going to use it for is diversion.

It's not going to be used for anything else.

That's what we're going to use it for.

There are also what we call custom fields how you would be able to count diversion.

So you can have a diversion custom field, and anyone who you have designated having a diversion goal or having a diversion outcome, you can count through that custom field.

And like I said, depending on what your data collection program does, I would imagine that it has something to where you can capture that.

If not, I would say get with your data collection program and see if they could customize it for you.

I know that CIL Suite is very good at you make a recommendation and they follow up on those recommendations and chances are if it's something you need, it's something that some other CIL is needing as well.

PAULA McELWEE: And these data collection companies are very aware of this change.

So the software companies are already beginning to figure out how they're going to do it.

You can maybe prompt that or be engaged with them in that conversation, but they're aware of this new core service and they know we're going to need to track it.

MICHELLE CRAIN: Any other questions?

AUDIENCE MEMBER: This is more of a comment.

I haven't seen any mention or anything of, in the last few days as part of your planning process to implement a social history barrier screen that will tell you where you're going to run into problems in transition.

If you have somebody that, for example, has convictions for felonies, you're going to have housing issues.

If you have somebody that has a history of late or nonpayment of rent, you're going to run into housing issues.

If you have people that have had late and nonpayment of utilities, you'll have hookup problems.

You need to look at mental health status and history to make sure once this person is out there's a plan in place so they maintain treatment to be able to stay outside.

There's another thing, several things if you're talking about employment, you're going to have to look at employment history, have they abandoned jobs.

Have they been fired?

All of this is part of the process as you go through this that.

I haven't heard any attention to that.

MICHELLE CRAIN: Right.

We haven't gone into details about that.

That's all a part of transition, but once again, that's also a part of diversion.

These are individuals we're working out in the community as well.

So no, we haven't gone into any detail, but that is an important part of transition.

I think it was the ABCs of transition that you mentioned earlier.

Great, great training module.

You could go to ILRU and look that up.

It outlines all the details and some of the processes that you could use if you have a transition program.

I think it also addresses some of the problems that you're going to run into and possibly how you can communicate with your consumer to resolve those.

Okay.

PAULA McELWEE: Okay.

A little bit more about the, I'm going to move around here.

A little bit more about the record keeping.

When a surveyor comes to your center, one of the things that happens is that they say, show me your records.

They want to see it every year when you do your 704 report, of course, but when they come on site, they want to make sure it all matches.

So that comment that you made about the CIL has to agree with what your record keeping says, yeah, there should be consistency across the board.

Wherever you're working, whatever you're doing, you should have a way to keep track of that.

It is more than just what you put in the consumer service record and in that consumer database.

For example, does your most recent grant request tell what you're going to do?

Did you set goals?

Sure you did.

You have grant goals, right.

Where are you tracking your progress on the grant goals?

If you're not?

Why not?

Because that's an area where you said you were going to do something.

Then you ought to be able to show that you did what you said you would do.

Sometimes we forget these very basic pieces.

We get so into the data collection of those specific individual records that we forget that, hey, we've made other promises about what we're going to accomplish.

So how can we look at those promises and see whether or not we met them?

So your grant goals would be one of those.

If you have a strategic plan and if you look at the requirements in the regulations, you'll see that you are supposed to have a strategic plan.

If you have a strategic plan, does it reflect goals?

Do those include building a transition program?

Building a diversion program?

Or certain results from those programs?

Those should be things you're looking at and thinking about.

Holistically what is my center doing?

It's not only the individual record.

It's also the big scope things.

If you can't see both at the same time, you've only got part of the picture.

So you want to make sure you're doing that.

You go from that broad, your grant results, your strategic plan to what about the individual goals?

What about those consumer goals and have you put them in a class so you can capture what you want to capture related to the specific information that you've promised.

Because you've promised your consumers, you've promised your board, you've promised your grantors that you're going to do certain things in order to help people be independent in your community.

So you need to be tracking your performance in that.

Are you keeping track of the consumer goals set and met?

That's part of what is required right now in the 704 report.

You need to make sure you're looking at that related to transition and avoiding institution.

So transition and diversion.

You need to run sample reports right now and see can you pull that stuff.

Sometimes if you're entering it or your staff are entering it sporadically or if they are not entering it all the same way, your report is not going to be what you want it to be.

I bet all of you have had that experience on December 20th when you're working on your 704 report, hoping to have it done before Christmas, right?

And you're sitting there and trying to pull a report and it doesn't look right.

And it is probably because your data entry isn't right.

What are you going to do about that?

One of the things that do you about that is check it before December 20th.

So a lot of centers will run a quarterly report for their board.

That's the same information that you're going to draw later for your 704 report or your PPR eventually.

If you draw that same information and you give a quarterly report to your board, you are looking at those figures sooner than later, and it's going to be just make you have a much nicer holiday season if you've done that.

So keep that in mind.

Also besides pulling that information and sampling it, you need to look at all kinds of areas related to your partnerships in the community.

We've mentioned partnerships, we've mentioned relationships, we've mentioned all those things, but you know what?

You're also required to do that as part of your grant from Part B or Part C or both, whichever you receive.

Your grant requires that you're having an impact in the community.

So you need to be tracking that somehow.

And if you're not doing narrative portions for your report or if you're not adding ways that you collect this information about partnerships and about what's happening in the community, then you're selling yourself short.

Because the more we can leverage those partnerships in the community, the more that we're going to be able to accomplish some really neat things and really exceptional things.

I have to tell one story.

I was telling Michelle I'm a volunteer with my dog.

He's a therapy dog.

And my dog and I go into nursing homes.

Not a lot.

I don't have a lot of extra time, but we have one rehab place we're going into now.

Do you know that every time I walk in that door, they give me a list of the names of every single person in that nursing home rehab unit and their room number?

Because they want to record that they provided the therapy service from the dog.

So I walk in, they hand me a report, I make marks on it all the way through and they put it in their computer and take credit for it.

If you have something you're doing that they can take credit for, they will tell you more, because now you're a part of their team that's doing something.

If you're helping a person with a specific life skill or advocacy issue, make sure that you give them a chance to take credit for what you're doing, and then they will tell you more.

So just a hint.

It's funny how privacy just goes out the window when you're a partner giving them something.

Kind of scary, but that's the way it is.

What is your role in identifying and working with those partners in the community?

And what do you do in order to help the person maintain their living now or to transition if it's time for them to transition and they don't want to continue where they are?

How do you report challenges?

This is not an easy thing to capture on a regular basis unless you are reporting on it on a regular basis.

If you're not giving a monthly or quarterly report to your board, how can you gather the narrative information that's going to go in your 704 report.

There is one thing scary about that.

The first PPR that they've given us to look at truncated all the information to so many characters.

I think probably some of you know we have been really good at telling our stories in that narrative report.

What do you mean you're going to truncate that?

There's been feedback to them about that.

We hope that will change.

Right now the way the first draft rolled out, there is a limit to how much you can write.

Well, you know when there's a limit to how much you can write, you need to be really good at telling the best story succinctly.

And one of the ways you can do that is pick out as you go through the year, the best stories and provide them to your board.

If you're doing that, the result of that is going to be that you have already collected the information and you have time to condense it down.

If you wait until December 20th, and you try remember by looking through a list of your consumers, you will miss some of the best stories as that are most effectively told.

Find ways to think about how can I report the challenges and the successes as I go along.

Because unless you do it as you go along, it is not going to be as effective.

What systems advocacy was needed in order to improve the rate of transition back into the community?

How are you capturing that?

Because systems advocacy is one of the things you're reporting on.

Make sure you're thinking about the holistic view of what you're doing in the community to make transition and diversion possible.

Both of them are so important, but without systems advocacy it's probably not going to happen.

And how will you find people who want to stay in the community who are at risk of institutionalization and you've been given some really great examples of that today.

Keep that in mind, take that back home, figure out how you are going to implement that in your home setting.

Because finding the people who want to stay in the community who are at risk is sometimes part of our outreach.

A natural part of our outreach, right?

Outreach is one of the things you're reporting on anyway when you're reporting on your 704 report or your PPR.

Keep that in mind.

How will the new program performance report be addressed?

We've already told you that the draft information is out, the preliminary report right now lists three new categories of transition, it lists them all as new core services.

So the youth transition and the two pieces we've been talking about here, the diversion and transition from nursing homes.

Right now that's how it's on the current draft.

Even though we've talked about the fact that some of these are more, especially the diversion, or the transition, it's more of an outcome than it is a service, we do all the same core services to achieve that outcome.

Right now it looks like they're going to be having us report it as service.

We need to be aware of that, begin to look at your record keeping and make sure your record keeping indicates the things you need to know about these services.

So if it's not, and this is something that Michelle said very well, if it's not currently in the categories on your data collection, find a way to put it in there.

Find a way to add a class, find a way to add another.

Define it for yourself so you can capture that information.

They will eventually catch up to this report, because they're listening for what the final request is going to be from ACL, from ILA.

Keep that in mind.

Your record keeping needs to tell how many requested the service, how many received the service and of those who received the service, the number that had a significant disability.

That's the way it's laid out now in the draft report.

I find that interesting, because we're required to serve only people with significant disabilities, isn't that an interesting piece to kind of consider?

That we're going to have to say it again there.

But that's part of it.

There's a section titled achievements and it lists goals set, met, or progress in those significant life areas.

One of those is community based living.

As Michelle said, one of them is other, and both of those could reflect, there's one for transition, right?

Yeah.

Those could be reflected.

The glossary includes at-risk and diversion related to transition.

So it's not a bad thing to look at that definition and make sure that you're in keeping with that.

Yeah.

Got a mic?

AUDIENCE MEMBER: In regard to the disability that the previous page was saying, it says, the number with a significant disability.

What is a significant disability, because we serve all disabilities, are the disabilities the thing that is significant?

PAULA McELWEE: Actually no.

The law says that centers for independent living, both Part B and Part C money is to be spent for people who identify their disability as significant.

There's a definition for it.

It means that your disability affects major life functions.

This is a really interesting thing for to say deal with as a community.

I think as a community we haven't really dealt with it as well as I'd like.

Because the reality is, if we're a community of people with disabilities, we're not going to say how much of a disability are you?

That's just kind of counterproductive, at least.

But it is true that the law actually requires that these monies, Part B and Part C monies are spent for people with significant disabilities.

So when they say in your reviews or when they send you a letter and ask how do you determine who is eligible you have to say, we ask them if they have a significant disability, if they say yes, they're eligible.

So I know that's a little different than what we sometimes talk about, but it is technically the way the law is written.

I find myself, like I said, going in when people are found by their review to be out of compliance and this has been a compliance issue in a number of centers.

None of, no centers have been reviewed by ACL.

Those were all RSA reviews, we don't know how different the ACL reviews will be, but they are coming.

And then we'll find out and keep everybody informed as we learn.

MICHELLE CRAIN: I got a form for that.

PAULA McELWEE: I bet you have an intake form that says, do you have a significant disability, doesn't it?

PAULA McELWEE: That whole issue of outcomes versus services is, we've already kind of beat that to death, but it is one of those things that I'm not sure that we have the right thing, but the law calls them a service, therefore we have to include them in that list of services.

There isn't a lot of leeway when the law says it right in the Rehab Act, the regulations can't change that part of it.

So no matter how much we would like to see maybe looking at that slightly differently, that will be for the next time there's an amendment to the Rehab Act.

How do you measure progress?

Sometimes you do that by comparing last year to this year.

Last year we had 30, this year we had 35, whatever it is that you're measuring.

Sometimes that's a way to show progress.

Certainly whatever your work plan is for the coming year, that's a way to show progress.

How those work plan goals, objectives and action plans are consistent with the current SPIL?

I know that sounds like, oh no, that's the SILC's job.

Well really the IL network is working together to accomplish the goals of the SPIL.

And so one of things you might want to look at is what is your center's role in those goals.

You signed off on that plan, you hopefully had input into the development of that plan.

So what are you doing related to that.

It's another area where it can report out as you go along with your board so they know what you're doing and to the SILC itself if you have some responsibilities over there.

Can you collect all this information right now?

Are you keeping track of those components right now?

I think we talked about that enough to kind of give you tips on how, but here is the next part.

Does your staff know how to do it consistently?

As you're deciding what you're going to do, where to put it and how you are going to do it.

You do need to double check, run those reports and see if the staff understands it.

Because if the staff is putting it in a wrong category or doesn't understand what diversion is, then you've set them up to not be able to give you the information you need when you need it.

So do the staff training and do the check back to make sure that you know for sure that the staff understands the distinctions and are entering the information correctly.

I'm not going to go back through.

These others are in your packet.

They are the definitions, a repeat of some of the definitions we've already gone through.

What is an institutional transition?

I' am just going read it cause we don't want to lose focus.

Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community based residences with the requisite supports and services.

That's what it actually says we are to do.

Notice facilitate.

Notice requisite supports and services.

Much of what we've been talking about today with implementation had to do with do people have the supports needed to make it work.

Can you help to facilitate that as they're making that transition?

So I'm going to skip over to diversion.

Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community.

That's the definition, all the things we've been talking about today are ways to implement that.

You may have your own creative ways to implement that.

You want to make sure that as you have done that, you've made your report make sense so you can tell people what you've done, brag about it a little and use it to work in the community for future improvements.

Because if you roll out what you're actually doing it will help you to continue to improve.

One word about satisfaction surveys, they are required.

And I see centers that never do a satisfaction survey, and if not, you are out of compliance.

So if you don't know how to do a satisfaction survey at your center, you need to contact somebody and we can help you with samples, we can give you ideas for what works and what doesn't.

But you are required to do satisfaction surveys.

Sometimes a center will say to me, I don't get any results if I do a satisfaction survey.

Well, then, do something different.

So let me ask you this, when you last drove through Taco bell, and you picked up your taco meal or whatever, they gave you something that on the bottom of the sheet said, call this number and tell us what you thought of our service.

And we will put you in a drawing for $5,000.

Now, probably your center doesn't have a drawing for $5,000.

But you may have some things that might be desirable that you could put into a drawing and you could say to your consumers, every time they come in the door, hand them one of those cards.

Have a self-addressed stamped envelope, or return postage on it, drop it in a box at the front if they want to.

Every time they come in your door, you need to know what their satisfaction is.

How are you going to collect the information?

They won't answer your survey.

Then it might be too long.

Maybe you only want three questions on that survey and not 14.

Because they run out of patience.

Have you ever run out of patience before you get through one of those surveys?

I have.

They say are you willing after this call to do a survey and I say yes, and about question three, I say okay, any more of this and I'm done.

MICHELLE CRAIN: One thing that we've done, we have an electronic sign in system when they come in.

It is called ZAPIN and they put their information in and they are sent an automatic message saying your IL coordinator will meet you up here in a couple minutes, have a seat.

After they leave I have it set up to check out everyone at the end of the day.

After they leave, they also get a link to a short survey of Survey Monkey.

PAULA McELWEE: That is brilliant.

MICHELLE CRAIN: After every visit, you can get that feedback.

PAULA McELWEE: I have been thinking paper.

But that is brilliant.

MICHELLE CRAIN: I don't have a form that.

I have an electronic one for that.

PAULA McELWEE: You got electronic system for that, all right.

We're done with this section except for more questions and answers and then we have a little bit of small group work.

We have a question here and here.

AUDIENCE MEMBER: I just need a little bit of context on the work plan.

I'm wondering if the work plan is going to continue to be part of ACL as opposed to 704?

Do we know?

PAULA McELWEE: As opposed to 704, what we understand is they're going to do the PPR.

But they will still have as a part your grant renewal some kind of goal set.

We don't know what they are going to look like, but some kind of goal set for the center, which is what a work plan has been.

AUDIENCE MEMBER: I understand about the strategic plan, but the work plan is more staff centered.

So I'm just wondering is there going to be, we have the strategic plan and we have had the center's work plan.

I just kind of wondered.

I know we have to do it for the last year and this year and next year and all that other.

PAULA McELWEE: Here is what I would like to encourage everybody to do.

That is, NCIL has a committee, and when this PPR rolled out and everybody said, wait a miniute, we've got a committee aren't you listening to our 704 committee's recommendations?

Because they weren't in there.

Part of the reason they held things up and said, wait a minute we're going to go back to the drawing board, is because we insisted on input from the field.

And as we insist upon input from the field and continue, we should absolutely continue to insist on input into our processes.

I think that's feedback you can give to that committee as you go along, because it's really important that all of us think about how is it really going to be effective?

And that we give that feedback back.

I don't know who chairs that committee.

TIM FUCHS: None other than Dan Kessler.

PAULA McELWEE: Of course.

There you go.

TIM FUCHS: And Pat Pucket.

NCIL has invested over 10 years and 10s of thousands of dollars in that work, so we were a: frustrated the recommendations were not put into the first draft and b: we're not just going to drop it either.

So if you are interested, you can contact us to learn how to get involved with the task force.

AUDIENCE MEMBER: I kind of hate to ask this, because I don't want y'all to think I'm stupid, but for the life of me, I do not understand the part in here, says how will you report achievements.

Do individual independent living plans or goals if the individual waived a plan include consumer goals and objectives related to transition or diversion.

PAULA McELWEE: What number was that on so I can look at the language?

AUDIENCE MEMBER: 84.

My question is how can you give services if you waive the ILP?

You can't do a service without a goal.

PAULA McELWEE: Goals and ILPs are not the same thing.

She said 66?

Four.

PAULA McELWEE: The first thing we need to realize is this was one of those compromises in language.

When we rolled out independent living and VR, think in terms of IWRPs and all those written plans said you must have an independent living plan.

And we said, no, not necessarily.

Sometimes a plan makes sense, sometimes it doesn't.

They said, okay, we'll say that you can have a plan or waive the plan, but you still have to have written goals.

So if you don't have a plan, it doesn't mean anything, because you still have to have written goals.

And that is the status of how plans are supposed to be.

So you're supposed to have a written plan from the consumer, or written goals from the consumer who waived the plan.

Either way, you are still writing down the goals that they say in their own words.

You're still recording that and then you know whether those goals were set and met as part of your reporting process.

Does that make sense?

It doesn't make sense.

AUDIENCE MEMBER: I think it's a trick question.

PAULA McELWEE: It is a trick question.

MICHELLE CRAIN: Why have waivers?

PAULA McELWEE: Yeah, why have waivers.

Maybe at some point we can have that conversation, we have other things in the fire, so we got other irons in the fire.

That one seems like maybe the least urgent at the moment.

You're right, it doesn't make sense.

AUDIENCE MEMBER: I have a guy 57, had a stroke, long-term care, his goal get me out of here, he didn't have a cooking goal, ride the bus goal, pick his nose goal, his goal was to get out of here.

That's all I want to do.

That's his goal.

I had to write all these goals for he'll ride the bus, he'll do this, he'll do that, he says, I'm not signing that.

Don't have to.

But diversion, I did diversion by accident.

20 plus with the ARC.

We had 35 people with ID in the community.

I spent three years with diversion, Bruce is gone, with the police, emergency rooms, and more police and more prostitutes and more drug people and gang people.

And you diverted for every day with some crisis.

So if I do diversion now in my transition position, am I just doing diverting all the time or transitioning part-time?

Cause diversion is case management.

PAULA McELWEE: That depends on your job description.

You might be only doing one of those within your location, but both of those things must be done by your center.

But it doesn't necessarily have to be you.

AUDIENCE MEMBER: Diversion is not that hard once you get into the flow like a case manager is diverting.

PAULA McELWEE: You need to take that up at home and see about your job description.

Related to do you do both or one or the other.

I don't know the answer there.

Yeah so you got that, go from there.

MICHELLE CRAIN: You're doing it already.

It just a matter of being able to measure it and capture it somewhere.

I would imagine we're doing it already.

PAULA McELWEE: One case at a time, one person at a time as they come to us with their story.

As each story comes our way, we sit down, think it through and figure out what we're going to do with that.

MICHELLE CRAIN: Tim, I think you need to get some shirts made up.

We're doing it already.

PAULA McELWEE: That would have been a good outcome for this week.

Maybe a heavy sweat shirt to wear in the meeting room.

Other questions about this part of record keeping?

Anything that we didn't hit that you've been wondering about related to record keeping?

AUDIENCE MEMBER: This is just a thought.

I haven't work it through yet.

But since people who have a waiver have to have goals, wouldn't there, I never know what happens to those goals after we write them down, because we're not supposed to have a record.

PAULA McELWEE: Oh yea, you can have a record.

It should be in the CSR, it just isn't a signed plan, it's just the goals, and most of the time your CIL NET or other data collection has you write in the goals.

AUDIENCE MEMBER: I don't know that I've seen it captured on an I & R.

PAULA McELWEE: That's the only service that right now doesn't require a goal.

I think we can make arguments some day and maybe someday we will make these arguments.

I think we could make an argument that things like systems advocacy don't necessarily lend themselves well to individual goals.

I think we could make an argument that peer support, unless it's a very formal program, like Darrel's program which has a lot of volunteers that are trained and do that.

If it's more activities that happen around the place and everybody comes in and they spend time with each other, it's really hard to write goals for that.

I think we could make arguments that some of the others might not always need goals, but right now, like I said, it's not the most important iron in the fire.

Right now what we're told is only I & Rs are exempt from writing a goal.

Every other service you count must have a written goal.

It doesn't have to have a written plan, you can waive the plan.

But either way the goal has to be written down.

AUDIENCE MEMBER: I am thinking that may be one way I can help myself.

Because if I don't have to do the ILP and I can just do the waiver, then I don't feel like I got this 30 page consumer service record that I have to process for everybody that I try to do diversion with.

PAULA McELWEE: Well, all I am saying is if you're doing it all as I & R, then they won't count it as diversion, because every other service must have a goal.

So they'll only count it as diversion if it's a written goal.

They'll only count it as transition if it's a written goal.

Everything except I & R has to have a written goal.

That's the current status.

AUDIENCE MEMBER: Can't have a written goal, is that what you are telling me?

PAULA McELWEE: I & R doesn't need a written goal.

Sometimes people transfer, transition, I don't want to use that word, they go from an I & R into more services and so it develops a consumer service record.

But a consumer service record must be recreated and goals written for everything else, but not for I & R.

AUDIENCE MEMBER: If you wanted to put a goal in for somebody who is on I & R, can you do it?

PAULA McELWEE: I don't know, I haven't thought about it.

Can you do it?

MICHELLE CRAIN: Ummm, I would say yes, it depends on I guess your system and how you set it up.

As long as you're consistent about the way you capture it, say for instance, one your surveyors or monitors come in maybe you can make that case.

But I would just say if you are going to do something like that, it's kind of out of the ordinary way of doing things.

Just make sure you're consistent and that you can get that point across when you're being monitored or something.

AUDIENCE MEMBER: It just occurred to me.

I don't know if it will work or not.

PAULA McELWEE: I think not.

The reason I think not is because I & R will, may morph into other services, and you want to keep that line kind of clear.

Is it only information and referral, then I don't need a record.

I don't need a goal.

As soon as they begin to ask for any of the other service areas, it becomes a need to have a consumer service record and to have a goal.

One or more goals.

You want a line there between I & R and the other systems I think.

We can continue to talk about that.

It's kind of a new thought to brain storm.

AUDIENCE MEMBER: This is really for my own clarity.

Bouncing off what was said.

We have folks calling that may just want information and resources about housing.

And sometimes I will follow up, particularly if they are in a risk, high risk category, you know, I'm going to be homeless in four days, I'm losing my residence, I'm being evicted or I'm living in a bus, you know.

I usually follow up on those, but they don't always become consumers, because they've gotten the information which they were seeking.

Sometimes they may become consumers if they have other goals.

That's not to say that anyone seeking housing does not become a consumer.

That's not what I'm saying.

I'm saying there are times when they remain an I & R, but if I'm calling them and checking in or following up, that becomes a service.

PAULA McELWEE: Not necessarily.

It can be just a follow up.

That's exactly what you're doing is a follow up on an I & R.

And outreach to see if they need any further services.

AUDIENCE MEMBER: I shouldn't be documenting it as service?

PAULA McELWEE: That depends on your own documentation system.

Your system is going to specify for you what you call a service and what you call an I & R, and you're going to have those internal definitions about that that you ought to talk to your data person about.

Typically, until you write a goal, it's I & R or outreach.

As soon as you write a goal, then it becomes a service.

If you're inquiring but not resulting in a service, it is not a service, it's just a follow up of the I & R.

Because you haven't actually given them anything else, they haven't set a goal for something else.

AUDIENCE MEMBER: I see what you are saying.

But if I was supplying them with additional information?

PAULA McELWEE: It's another I & R.

I actually saw this in a review.

Like I said all the reviews were under RSA, I don't know how ACL/ILA will treat this.

But the review actually said you're counting as a service things that are only information, no goals set.

You cannot call that housing, you can only call it I & R.

Because you didn't do that next step of a goal, and assisting them, facilitating getting housing.

So I've actually seen that in review documents so that is how it is written.

So if you're writing that down as a housing service, you probably need to look at your internal definitions and work out so that you're doing that consistently in your center.

MICHELLE CRAIN: Actually on the 704 it asks you are you following up on those I & Rs.

It's always been a dilemma with the centers at what point does an I & R become a CSR.

That depends on just how often that person is contacting you, and what the nature of those contacts are.

If you have that person contacting you every week, I need housing, I need utilities, I need this, I need that.

You might want to have them come in and open up a CSR.

You can count those services and those goals.

PAULA McELWEE: Other questions?

AUDIENCE MEMBER: We get people who call in from all over the United States.

For us, when they call in, just ask basic information, we do provide the basic information and then we have people who need more in depth help.

So we kind of guide them to maybe a CIL in their area to help them.

But we do try to help them and get them as much as they need.

We do count them.

Although we can't service people in different states, we do try to help them so they can still get the help they need.

PAULA McELWEE: That's absolutely appropriate.

Just a hint to all of you if you haven't looked lately we have a directory of centers on the ILRU.org website.

You should look at your entry and you should make sure it's accurate.

If it's not, you moved to a different building, you have a different director, the phone numbers changed.

Please tell Dawn, she's waving, she is the mic person over here.

She will make sure your entry gets corrected.

I have a challenge for all of you to double check your entry before you leave here.

So we can at least have all of yours right.

A lot of people use that directory for just what you described.

One or two more questions?

Over here, Tim.

AUDIENCE MEMBER: How about capturing I & R under the center's goal under community based activities?

If you are speaking with just a voice out in a community whether it's is an agency or an individual and you provide diversion through I & R.

Goals, centers have their own goals they have to also follow, why not capture it there as a diversion under a center goal?

PAULA McELWEE: You can certainly do a center goal for diversion and have a description of what you're going to accomplish.

But that is not counted as a service if they come in and look at your 704 report or PPR, they want to see a correlation between a goal and a CSR.

And that number.

AUDIENCE MEMBER: I agree with that.

I'm looking more for internal tracking.

PAULA McELWEE: Absolutely.

I would like to see some cohesiveness in internal tracking, you have center goals on your 704 report.

You have center goals on your grant.

You have center goals on your report to your county.

You have things that the board has asked you to do.

Why don't you kind of collect all of that into your center goals.

AUDIENCE MEMBER: I'm looking at staff development that's the reason why I'm saying we can capture the data to create some kind of a training program that may come up because we're seeing a deficit or gap.

PAULA McELWEE: That's an excellent way to identify gaps by seeing how your goals are going.

And then to move them into center objectives makes good sense.

MICHELLE CRAIN: You're also talking about your service to community too, that you can capture.

AUDIENCE MEMBER: Exactly, that is why I am saying If you capture it down through that venue you're not looking at it as a service, although it can be a service, it's not being tracked as a service, you can still get data that you can use for in services or other staff development.

PAULA McELWEE: That is a really good point.

I think that sometimes we let our information get fractured and we forget each piece connects to the next, connects to the next, the next.

So you are absolutely right, these services you're doing in the community, engaging other community partners and that kind of thing, those services are very important for the transition to work, for the diversion to work.

You have to have those relationships as was said many times today.

Since that's the case, there is some cohesiveness between all the different things you're collecting and you ought to be able to see that whole big picture.

Any other questions before we do one more thing?

That's fair.

AUDIENCE MEMBER: I just have to say that.

I don't want to take all the credit for stupidity.

Sorry.

Okay.

So we're a little confused on divergence from the standpoint of is it only divergence if we are assisting them to whatever, not go into an institution?

Say you've got a homeless person and we just want to find them a home and look for housing, is that considered divergence?

Because they're not necessarily going to go into an institution.

PAULA McELWEE: Now there's a lot of freedom in how you define that with each person.

We mentioned some of the tools that you might utilize to do that.

We mentioned that the first is to ask the person: do you feel like you're at risk.

The second would be to do an at-risk survey with them of some sort so you can determine for yourselves are they at risk?

You need to have some way that you identify risk so that you know who is diversion.

If you don't have any way to identify risk, it's.

AUDIENCE MEMBER: It just housing.

PAULA McELWEE: Yeah.

That's a little bit questionable.

If you had a review, they would probably say wait a minute, how did you determine this person is at risk.

If you can't answer that question, it's problematic.

But there are many possible answers to the question.

As long as you can explain your process, it's going to be okay for you to do that.

The worst that would happen then is they would say, I don't like your process, but they can't say you didn't have one.

And they can't say you didn't address people at risk.

So that's what you want to do is figure out for yourself from some of the tools we've shared how are you going to determine the risk.

Does that make sense?

AUDIENCE MEMBER: It does.

It was really that hospitalization question.

PAULA McELWEE: Hospitalization question, that is a very big at risk piece.

Right?

You certainly have evidence of that and you can figure out who you feel is at risk.

But your own policies and procedures will flow from this conversation into something that fits for your organization.

That's what you want to do, take these examples, we give you our contact information, if you have questions about them later, we want you to come back and ask those questions.

Because we want to make sure that you get something implemented back home.

We are going to work a little more specifically on that tomorrow, but on both the funding and how to implement it at home.

But we really want it to be something you can use.

We've tried to give you tools that we think are usable and then some information that might help you make good decisions about how you want to do it when you get back home.

Tim, what do you think?

TIM FUCHS: We don't really have time to do it.

PAULA McELWEE: We don't have time to finish it.

I will turn it over to you.

TIM FUCHS: Sounds good.

Does anybody know what the heck we're talking about?

Probably not.

We're referring to the little bit further in your booklet those case studies.

And we were going to walk through these.

At the same time it's quite similar to the activity that Michelle had you do earlier, and we wanted to leave time for the discussion we just had and get through some of those questions that were lingering.

So you might just look through these on your own.

Look at the studies, at the case studies and there are questions that are posed at the bottom of the case studies.

Think about how you might answer those.

And if you're still perplexed by any of those, maybe we can talk about them in the morning.

Does that sound fair?

Okay.

Thanks.

I remember the first time I ever met Bruce was in Sacramento in a meeting room the day before our transition training as we reconfigured all of the case studies that we had written to create all of these perplexing situations that the attendees were going to have to get themselves out of over the next few days, it was a full on role play.

We had people who were cut throat nursing home staff telling people you will not leave this institution.

It was kind of intense and a little fun all at the same time.

Whenever I see a case study, that's what I think of.

All right.

So it's 10 after four.

What other issues from all day today, what other questions do you all have?

Anything that you, tomorrow morning we have funding and expansion.

We've got your action plan, putting some real concrete next steps for when you get back and you're talking to your staff, your board, yourself about implementing some of this.

So what questions do you have or what boxes are still unchecked here at the end of day two?

So we've done everything perfectly?

AUDIENCE MEMBER: Michelle, you said you had people electronically checking in and getting a survey.

If I gave you my card, could you kind give me.

MICHELLE CRAIN: I know where you live.

AUDIENCE MEMBER: Can you walk me through how to set something like that up?

MICHELLE CRAIN: You can Google it.

It's called zapping.

Zapping two.

Basically, it's just a little iPad you have on a handle or what have you, they sign in.

If they can't sign in, it flips over and the receptionist can sign them in.

So it's a really neat program.

You can run reports on how many walk-ins you've had.

It keeps a set of reports separate from even your data collection system.

AUDIENCE MEMBER: I will check it out.

Thank you.

MICHELLE CRAIN: ZAPIN and I think the new version is called two.

ZAPIN two.

AUDIENCE MEMBER: Okay.

I just wanted a little clarification.

So if I'm kind of thinking through this.

When we have, in order to track an active consumer service record with this consumer and we are doing transition or diversion or whatever the case might be, but we're also, and they want to develop, so we're doing those services, but in order to track it for the 704, we must also have a goal that specifically relates to what we're doing.

So if we're helping them with housing, and we're also doing diversion, we would have two goals.

PAULA McELWEE: Right.

Right.

And it is not just that you have to track it.

It is that if you don't track it, it's considered that you don't have it.

So that's where it gets important with your funders.

When they come in, when they look at your year-end report or when they come in to do a review, if it's not written down as a goal, you can't measure it as goal set, goal met.

They'll say you didn't provide that service.

So if you don't have anybody with a transition goal, you don't have anybody with a diversion goal, then they would question whether or not you were providing all the core services.

AUDIENCE MEMBER: Thank you.

PAULA McELWEE: Way over here, Tim.

AUDIENCE MEMBER: I can probably talk loud enough.

PAULA McELWEE: No.

We need you on the record.

AUDIENCE MEMBER: If I can remember what I was going to ask now.

Okay.

I thought I had this clear in my mind, but all the sudden it's not.

So housing, if you're getting someone housing, that is the diversion goal.

PAULA McELWEE: It may be.

AUDIENCE MEMBER: I'm having a hard time.

It's like being redundant.

Instead of calling it housing, diversion.

To me, it's all one goal.

PAULA McELWEE: That's why we've asked the question is it really a core service, or do the core services layer in.

But like I said, we can't get caught up in that.

Because it is written that way in the law as a core service.

And so if you're going to do it, it is more that their goal is diversion, and the methodology includes housing.

The overall goal is diversion.

And then the elements that you put in place are all stuff, as we said that you're doing already to keep them out of the institution.

So that might be housing.

It might be money management.

It might be attendant services.

But those things are listed as tools to accomplish the goal of diversion.

AUDIENCE MEMBER: The words transition and/or diversion must be written within the goal to count as transition or diversion?

PAULA McELWEE: No.

Actually, you have to track them with a category called that.

And actually, diversion is our made up word.

That's not what it's actually in the law.

So I suppose that could change.

But transition from an institution is one element.

And then preventing institutionalization is the second element, which we've been calling diversion just for convenience.

MICHELLE CRAIN: Right now I guess ACL or ILA are not calling it diversion a goal for the most part.

It's an outcome.

We're saying it's part of a goal, because a goal is an outcome, you get an outcome on a goal.

Right now they don't have a place where you can record it.

I say make your own place to record it.

AUDIENCE MEMBER: Back to me.

This kind of clouded up my mind here.

Would diversion be the main goal or would that be considered a sub goal?

As for tracking.

PAULA McELWEE: You get to decide.

AUDIENCE MEMBER: If we're doing housing, we already have a goal for housing, to call it diversion, how will you track diversion and housing.

PAULA McELWEE: Here is the reality.

There's not one way to do it.

So you need to choose a way and understand it and do it for your organization.

Because the database doesn't do it yet.

We haven't got any idea yet on what the PPR is going to look like.

We don't know yet what the review process is going to be from ACL.

So we have got to do our best to put something together, and I don't think anybody will criticize it if yours is a little different from mine, because the point is to do it, to somehow track it.

There is not one magic answer, we've given several different options here and you pick and choose, make sure you're recording it so you can pull it back out in a report format so that you can show, yes, we did diversion.

But you can pick which goal is higher than the other and which one is objectives and how you pull reports.

That's all up to you and sometimes with your database provider.

So whoever your software provider is should also be looking at these issues and might have some suggestions regarding them.