**Get to the Core of It: Information & Referral**

**December 11, 2013**

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>> TIM FUCHS: Good afternoon. I'm Tim Fuchs with the National Council On Independent Living. I want to welcome you all to get to the core of it: Information & Referral. This presentation is brought to you today by the IL NET Training and Technical Assistance Project for CILs and SILCs. The IL NET is operated through a partnership through ILRU, NCIL and APRIL with support provided by RSA at the U.S. Department of Education. Today's call is being recorded so that we can archive it on ILRU's website. That will be available within 48 hours. We will be breaking several times during today's call to take your questions. For those of you on the webinar, you can type your questions at any time during the presentation in the chat screen. That's the text box under the list of participants. And then hit Enter when you're done typing your question. We will address those questions during the Q&A break but you can type them at any time. For those of you on the telephone today you can press star pound to indicate you have a question, and we'll take those questions also during the Q&A break. I'll remind you of those instructions when we take each break. I also want to mention that in the confirmation email that was sent to each of you there was a link to an evaluation form, and I want to ask you that when today's call ends to please take a few minutes, that's all it will take, to fill that out. It's very short and your opinions are really important to us. We want to know what you think. I know several of you are participating in small groups. That's great. We encourage it. But do fill out that evaluation on your own. We want to know what each individual thinks.

Okay, also, if you're on the webinar, the PowerPoint is going to display automatically for you. But fur listening on the phone ‑‑ if you are listening on the phone or the CART screen, full‑page CART screen, you'll want to have the PowerPoint in front of you, and, again, that document was sent to you in the confirmation email. So you'll want to open that up, either print it out or open it up to have in front of you during the presentation. It will make the presentation a lot easier to follow along with. If you don't have that for any reason you can email me at tim@ncil.org. I'll tend ‑‑ I'll send you that PowerPoint.

Please do remember to fill out that evaluation form. Those are all the introductory remarks I wanted to make aside from introducing our presenters. This is the third time we have done this I&R call and I'm so glad we have a big audience again today. Clearly the word has gotten out that is a good presentation. With us today we have Roger Howard, the Executive Director of LINC, the Center for Independent Living in Boise, Idaho, and Darrel Christenson. Darrel is director of community integration at the Arizona bridge to independent living, the Center for Independent Living in the Phoenix area and Darrel and Roger have done this a number of times, in addition to the three webinars they have presented this at a workshop at the NCIL conference. They also presented as part of our on‑site training in Tempe last year on best practices in the four core services. It's always fantastic working with them. This is a really outstanding presentation. They bring a lot of life and passion to the I&R issue. They've enabled me to see it in a different light and I hope it will be instructive for you all today. I'm actually going to begin today by turning it over to Roger who is going to get us started. Roger?

>> ROGER HOWARD: Hi. Very good. Thank you, Tim. Welcome, everybody. Really grateful to see the number of participants and we're going to do our best to try and make this really worth your while.

So to begin with why is Information & Referral a core service? Well, we believe that I&R is a primary means for promoting consumer empowerment. It sounds often trite, but it's also true that knowledge is power, and when we can give folks the informational tools and referral resources that they need, they become empowered. When they get accurate information and meaningful referrals that they can act on, it's going to really promote their ability to live independently.

Secondly, we believe that I&R supports an individual's capacity for self‑reliance and self‑determination. When Centers for Independent Living get Information & Referral calls, we're assuming competence and ability right from the get‑go and really trying to support the person's capacity for self‑reliance and self‑determination by supporting that with the Information & Referral that they need.

The alliance for information and referral systems, known as AIRS, has a quote here that I&R is education, affirmation, collaborative planning and problem solving. And so this is a really key point where a caller and the information referral specialist or staff person that they're working with become equal partners and are working toward meeting the person's goal and doing that, again, by affirming that they have the capacity to act in their own best interest.

Finally, Information & Referral as a core service because it provides a roadmap for navigating complex and confusing systems. Now, I know that all of you understand exactly what I'm saying where you've got one service system for adults with disabilities, with physical disability, and an entirely separate system for adults or children with intellectual or developmental disabilities. And entirely different service system for people with mental health needs. As we also know, there's a lot of contradictory information out there. What may be true for one person in one service system isn't necessarily true for another person in another service system. So by using our expertise we can save people a lot of heartache and a lot of wasted time. So with that, I'm going to turn it over to Darrel who is going to talk about the customer service end of providing I&R services. Go ahead, Darrel.

>> DARREL CHRISTENSON: All right, thanks, Roger. Again, like Roger said, thanks to everybody for taking the time out of your busy days. It's amazing and humbling to see over 90 participants across the country here, and hopefully we can give you information that's going to be helpful no matter what size center you're working for.

So with that, the I&R core service, the human approach, the first point of entry ‑‑ the way I look at it, folks, is that the I&R program is like the gateway arch in St. Louis... it's the entrance to your agency and it's the gateway to your agency and the other services that you provide, no matter if you're a small one that provides just the four core or if you have ancillary programs as well. It doesn't matter if you're in Wisconsin or Rochester, Minnesota, Phoenix, Arizona or L.A. The size doesn't matter. But this is your first point of entry. And consumers, when they call in, they're going to talk to hopefully, first, your I&R specialist. Now, your secretary is going to point them in the right direction, but make sure that you're not handing people off two or three times within a single call. You've been on those phone calls, I'm sure, where you've been bounced around from staff to staff if you're calling your insurance company or your State Farm or whoever and you say ‑‑ you get bounced around. Try not to do that. But your programs and services offered by the center are going to be at least your four core services that the I&R specialist is going to refer you over to those, to the IL skills program, the advocacy program or the peer support, and so that's really going to be key as being your first point of entry there.

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So you're going to also have that I&R specialist referring ‑‑ the resources offered within the community, and we've listed out four of them here that I think are fairly common, again, no matter your size of your center, size of your community, but housing, employment, financial assistance, and healthcare are going to probably be your primary four, and I would even throw in there transportation as a fifth, that you're going to not only refer folks to other services within your agency but also to have knowledge about those resources out in your community from other agencies and hopefully there's been some good collaborations and communications with folks throughout your community so that your I&R person knows who they can refer. Again, I think everybody on this phone call has had experiences ‑‑ have had experiences where you get referred to somebody and they say they can't help you but they'll refer you over to somebody else, and then they refer you over to somebody else and refer over to someone else, and we really, really work hard toward not doing that, that you are able to make that referral directly to the person or the agency that can best meet your caller's needs. But housing, employment, financial assistance, and healthcare are by and large going to be the bulk of your content topic areas that you're going to receive. calls for.

Customer service, extremely important. For an I&R specialist to succeed in providing relevant information they really need to possess not only the knowledge but customer service skills, and when hiring for this position I would almost look at the customer service piece and their qualifications being more important than the knowledge of the resources in the community. If someone is new to your community and applying for this job but they have great customer service skills and can really meet their needs, that, I think, would override the knowledge piece compared to someone who is well familiar with your community but does not ‑‑ but who does not have the customer service skills.

You know, you want to have a cheerful voice, an upbeat, positive attitude, someone who is sincere in their voice, who can really impress upon folks that you do care, you want to help meet their needs, and you're there for the caller. As far as customer service also you want to knee what you can and cannot do for your consumer. Ford people who are managers, executive directors on the call, please understand that it's okay and probably well advised to allow your staff to know what they can and cannot do. We as Centers for Independent Living can't do everything for everybody. We can't. We're not everything to everybody. And that's okay. You know your boundaries and know your parameters. It's okay. Now, that's not an excuse for being lazy or uninformed, but just to know that you don't want to make false promises of information and services that you can't deliver on. I would much rather have as a caller ‑‑ as a caller I would much rather have someone who says, "We don't have that service here, but I do know someone in the community who can help you," rather than to fake it and say, "We can provide the service," and you don't deliver. And hopefully everybody on the line will be nodding their heads at that. I would much rather have someone say I can't provide it but I know where you can go rather than making false promises by saying you can and don't deliver. And when you have to say you don't have that service right there at your agency, let them down easy. There's way to do that, and that's with a caring, understanding voice ‑‑ and that's with a caring, understanding voice. You know, 70 to 90% of all communication is nonverbal. A small fraction is only involving the words we use, but the rest of it is tone and volume and the way we say it. So customer service is paramount in being that gateway to the agency. If someone has a good first impression, that goes a long ways towards having a favorable impression of your agency. Like you've heard it said so many times before, you only have one shot at becoming ‑‑ at getting a first impression. You get one chance at it. So as a customer service tip for your I&R person, make sure they're being that good, positive role model and cheerful voice.

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Listening skills... extremely important here. Listen and understand the consumers issues. There's been so many times where I've been on the phone, someone calls and says that they need housing. Well, as they just gave me a short synopsis of their situation, it wasn't that they needed housing. They were looking for some issues regarding domestic abuse and having a safe place to live, and it was dealing with the abuse issues or it was about financial management. They're not managing their money well enough. They have enough income that they should be able to afford decent housing, but the housing isn't the primary, but it turns out that it's money management and being able to spend wisely. So really listen. Listen and understand what they're saying. And let the person speak without interrupting them. Particularly for folks with speech impairments, it's too easy to want to jump in there and finish the other person's sentence or you know what they're going to say and it's painful or laborious to hear them talk because of a speech impairment, perhaps, yet you want to jump in and finish their sentence for them so you can speed the conversation along. Don't do it. Let them speak. Give them the respect and dignity that they deserve and let them finish their thoughts and don't interrupt them.

Now, I can also say, don't let them go into a dissertation about their life that on the third day of their 4th grade school year they did this, and on the 7th day that day and in 7th grade this did this. Don't let them go into that. You need to keep them focused, keep them online, and you can do that in a polite manner so that you can keep the call moving along, because for us here in Phoenix my staff person who does just the I&R program, she gets nearly 300 calls per month, and if she were to allow everyone 45 minutes to explain their whole life story she would really fall behind in her calls and really not provide good customer service with that.

Also here it says to be non‑biased in your suggestions. Do not ‑‑ please do not get trapped by the question, "Well, if you were me in my situation, what would you do?" Do not answer that question. What I would suggest instead is to say, "It really doesn't matter what you would do as a staff member but rather help them to problem solve what they feel is best given their values, moral judgments, their beliefs, because what happens is that if, for instance, I gave someone my advice and said, I think you need to do ‑‑ if I were you I would do this, folks, if it did not go well, they can come back and blame me and saying that Darrel is such an idiot, he didn't know what he was talking about, and take all responsibility off their shoulders and place it onto me because it was my suggestion what they should do.

Conversely, if I gave them a suggestion and it went well, then they could come back and say, well, it really wasn't ‑‑ it was Darrel's idea. It was all Darrel's idea and that's why it went so well. Again, it takes the responsibility off their shoulders and puts it on someone else, and it doesn't give them the credit that they deserve for having achieved their goals, and it's their goals that you want to be looking at in assisting but not doing for. That's the independent living philosophy. Do it with them and help them along but don't do for. So be unbiased in your suggestions. Again, you can run into issues if there's some political or religious beliefs that may be different from yours, but make sure that your comments are more objective, middle of the road and being respectful of their views and their values.

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Communication skills... relay the information clearly and concisely to consumers over the phone. As I say, allow them to tell their life story and help you get a sense for their issues and their situation, but also keep them focused so they're not giving you a dissertation of their life story. Be clear. Be concise. And keep them focused. Have good written skills for consumers who choose to communicate by email or TTY. I have a gentleman I'm communicating with now who is paralyzed by fear, not of a physical nature, but by fear of communicating over the phone, or even having someone in his home to come visit. And so he is able to communicate with me basically by email only, and so that presents its own set of challenges, but with clear and ‑‑ clear written skills, then I can hopefully communicate eloquently in my emails and make my points, because so often you don't have ‑‑ well, in the written word you don't have the nonverbals going about your body language or about your tone of voice over the email. It's just a written word, obviously. So you lose a lot of that nonverbal. You just have the written word. So that makes it a little bit more challenging and therefore you need to have good written skills.

When you're face to face with a consumer, if they come into the office either on a drop‑in or if they have an appointment with you, show the proper body language that's consistent with the matter at hand. Don't ‑‑ tell them that you're very interested and concerned for their well‑being and want to help them along when you're looking at your watch or checking your phone for your last text message or looking over their shoulder at the clock out in the other room. You need to give them the respect that they deserve, and that body language tells volumes. If you have a disagreement, if the body language says one thing but your words say another, the body language is the one that people interpret as being the most important message. So if you're crossing your arms in a defensive posture, if you're looking away and don't make eye contact, that's going to be much more important to your message than the words saying "I care and I want to help." So communication skills. And, again, managers of a staff person who is doing an I&R, this is very important to impress upon folks that they really need to stay focused and listen to what they have to say and communicate that clearly.

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De‑escalation and crisis management... it's going to happen. You can't avoid it. It's going to happen. So no matter how wonderful your staff person is or you are as an I&R coordinator, it's going to happen. You're going to face some type of situation where you have to did he escalate a consumer ‑‑ deescalate a consumer. First of all, I would say don't take the matters personally. It's probably not you directly. If they come into the office and they're expressing frustration about the system, you're a part of the system, but they just came to you for the first time. They may be so frustrated because they have had a runaround and stopped off at five other agencies before they came to your center, they're frustrated, and they are just ‑‑ sometimes they're angry and just don't take it personally. It's just for your own safety and for your own well‑being that ‑‑ it's challenging at times to have a lot of folks who are in need crying out for help and the hardest part, I think, in that position is where you really don't have a viable answer. Someone who is homeless and you don't know of housing that's available or affordable for them. There's waiting lists one to four years long. You don't have something that's subsidized. You don't have something that's accessible available. You have a waiting list. Boy, I tell you, that's so frustrating when you don't have a viable answer, but don't take it personally. So do what you can with what you have available, know your resources, but don't take it personally. And let the consumer vent without interruption. Again, sometimes they just need to ‑‑ I've heard of this time and time again with my staff. Sometimes they just need to vent. They need to get it off their chest and just yell and scream and pound their fists on the desk and say they're mad as heck and they're just frustrated about the whole situation. And then they know that you were the one that gave them the time, you listened and you cared, and that you really took the time to listen, even though you didn't have a good answer, many times I've heard it said that, you'll say ‑‑ they'll say nobody else listened to me before, nobody else has taken the time to listen to what I had to say, and you finally did. You were the first person to listen and really hear me as to what my frustrations were. Let them get that out, and that can be certainly beneficial for that individual.

Make sure that the consumer knows that you're there to help. Don't just give it lip service, but make sure that it's true.

Utilize other resources around you. It may not be you that has an answer, but check in with your housing coordinator in the center. Check in with another staff person who might be able to be brought into the conversation to help out, other resources in the community. That's certainly important, too. But I think for an I&R person you need to have some sense of crisis management and knowledge how to deal with someone who maybe is even suicidal. How do you get someone on the phone from 911 while you're still on the call? Know how to do that. You may need to make hand gestures to another co‑worker and say, hey, help me out here and get 911 on the call. I've got somebody here that's talking suicide. Know your resources around you and how you can tap into them during that call. And then offer to follow up at a later date and follow through, people. Follow through. Again, don't tell me that you can do something and don't come through with it. If you say you're going to follow up within the next 24 hours with some information, then follow up within 24 hours with some information. Even if it's not the best answer that they want to hear, you know, like those waiting lists, or ‑‑ for services or whatnot, even if it's not the great answer, at least if you say you're going to get back to them in 24 hours, then do so. Again, I'd much rather have someone say that I can't do it, but if you say you can do it, then follow through and provide it. That's just so critical in this whole de‑escalation/crisis management piece. Follow up.

I also want to throw in here, too, people, I've heard it said so many times when calling somebody back, oh, my gosh, you actually called me back. You're the first agency that's called me back. I'm like, really? You know, you call an agency, leave your name and number and ask them to call you back and they don't, and you're surprised that I did? I mean, that's just bottom‑line basic foundation service. Customer service. They leave a message with their phone number, their name, you call them back. Of course, it's a no brainer, isn't it? But that in itself can be so important in being a good resource in the community for folks. So I just wanted to throw that in there as well.

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Time management and prioritizing responses. Here I've talked a little bit already about the time management piece but establish routines and stick to them searches possible. I'm sure some people on the line are laughing and snickering and saying, yeah, right. You get in at 8:00 in the morning, and by 8:15 your whole schedule has gotten thrown off because of a caller from 8:10. Yeah, it's going to happen. You're going to have to be flexible. You're going to need to be adjusting on the fly. But also try to establish some type of routine. For example, maybe the first day or two of each month you set aside a certain number of hours to do your monthly reports, and we all know that we love to do those monthly reports with the statistics and whatnot, but it has to be done. Those monthly reports, it's like I tell my staff, too, if you don't document it, it didn't happen. And during this time of December when your executive directors and your management team are doing the 704 federal reports, you know, if you didn't mark down that you received 50 calls last month, then they didn't happen, and over the course of the year those 600 calls that you actually took didn't happen because you didn't document. Well, give yourself the credit that you deserve each day for every call, every consumer you helped with every piece of information you shared. Give yourself the credit as staff for what you've done. I think too often we humble ourselves and say, well, it's not a big deal, it just took five minutes, or they just asked for the number for the Social Security office. It was no big deal. Tip of my tongue anyway, so it took five minutes to give them that number. No big deal. I don't have to document it. No, give yourself the credit that you deserve for all the services that you're providing, and come 704 time, like now, then that's going to pay off for you and the center. So establish a routine, then, that maybe the first day or two of the month you're going to do your monthly reports. Still returning phone calls in a timely manner, but work that piece in. Get in the habit of setting time limits. There again, keep people focused, direct them to their point and set some time limits without being rude or not sounding as if you don't care. Utilize a day planner or Outlook Calendar to schedule events or follow‑up calls if there are staff meetings, planning meetings, unit meetings. The community brown bag lunch I&R happens on the third Thursday from noon to 1:00, then put that in your Outlook Calendar and plan for it. That way time doesn't get away from you and you missed that meeting, because in working with a small center back in my home state of Minnesota, there were brown bag lunches, and that personal one‑on‑one connection I had with other agencies and other staff really enhanced my abilities to give good information along. Not only did I have a business card with somebody's name and number on it, but now I had a face to place to it, and I got to know them that ‑‑ you know, that their interests were such and such and they had a couple kids in soccer. Then I knew I felt comfortable with them so when I made that referral to them I knew that caller or consumer was in good hands because I knew the person to whom I was referring. And keep those resources close at hand so you don't waste time searching. Our staff person has a handy list right at her fingertips, and so she has that right there. She doesn't have to go online and search each and every website, but she has a good resource list right there at hand so that you can give that information in a timely manner.

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Prioritizing your responses... consider the consumer's needs. Again, what they may be calling for may not be the real topic at hand. There may be some other issues, and you can delve into those and really consider prioritizing what comes first. Look at their deadlines. What are their deadlines? Maybe they need to be out by the ‑‑ this weekend, December 15th, out of their apartment. Maybe they have a 30‑day notice and they have to be moving out by New Year's Eve. Look at their deadlines and what their goals are and what their objectives are. What resources are available at the moment? Again, if you have ‑‑ if you know of waiting lists, be honest about it. Tell them. You know, the apartments you're looking at in town have a six‑month waiting list. So I'd encourage you to get on the waiting list now and, you know, look for some alternatives ‑‑ we'll help you find some alternatives until July 1st.

Is there another team member that can assist? Don't be afraid to ask for help. It's not a sign of weakness. It's a sign of strength. And if you say, well, my director is going to look down on me because I couldn't answer their questions, I needed help from a co‑worker, no, if you have a good manager, they're going to look at you and say thank goodness you knew where to go to get the answers and that you were a good researcher of information and get the resources passed along accordingly. And they'll look favorably if they're a good manager or Executive Director.

Keep your Day Planner and calendar close by to avoid overlapping of tasks. You know, seems like when it rains it pours. You know, when you have one meeting, another one comes on top of it. Or you have nothing at all. So make sure that you have a calendar, no matter if it's electronic, if it's on your phone, if it's Outlook on your computer, if it's, like me, I'm still back in the pen and pencil calendar mode. Whatever works for you, just use those calendars so that you don't overlap your tasks or meeting. And don't forget your other consumers. The squeaky wheel gets greased. I get that. You get phone calls from someone three times a day, I get that. But you also can't let your other callers fall by the wayside and not address their needs. Their needs are just as important as everybody else's.

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Follow up and consumer relations... timely follow‑up and call backs are simple ways to show that you care and value them as a consumer. If it wasn't for the consumers, we wouldn't be open for business. If it wasn't for customer service, we wouldn't get the funding to keep our doors open. So timely follow‑up, call backs, as they say, many people are so surprised that we even call them back after leaving their name and number. Well, of course you do, people, of course you call back, and really show that you care, because, again, you're the gateway to the agency, and if you do evaluations of customer service, you want to make sure that people are evaluating your center in a favorable way, that there's so often we hear that if someone is unhappy they're going to talk to at least five people. But if they're satisfied, they may talk to one. Word travels fast. Don't go near this Center for Independent Living because they can't help you, or they won't return phone calls, or they're just like the rest of them. You don't want that. Follow‑up can earn you an additional open consumers, which means additional agency revenue. So many times I've seen where a person starts off as an I&R caller, we refer them over to another program, such as independent living skills, they get opened up with a consumer service record, a CSR. Those consumer service records get fed into the system and we can show that we're serving "X" number of people with the federal monies and it can help to at least maintain if not increase your revenue to the agency. But, again, if you don't document it, it didn't happen. So that follow‑up can earn you additional consumers, which help you, your position, consumers, and the agency. Last here, how do you feel when a business you solicited from follows up with you? If you have someone like what we have is a part‑time staff person who is actually ‑‑ we're fortunate we're able to pay someone, but I have been at other centers where they use the volunteers or peer mentors, and follow up and say, did you get all of your questions answered? Have you received all the information that you were looking for? Is there more that we can help you with you? Boy, I tell you that goes a long ways, that someone cared enough to follow up. And that's ‑‑ wow, thanks for following up. That's great. I was missing this inform of information. Or I appreciate it. I'm taken care of. You were most helpful. Thank you. Wow, this agency cares about me. That's great follow‑up. So if you're a small center, you don't have the budgets to pay people, use your volunteers or peer mentors that are familiar with your agency that can make those calls for you, all the I&R calls that you received that month. So that's a little bit on the follow‑up.

And next slide, I believe, is our questions and answers. So, Tim, take it away.

>> TIM FUCHS: That's right. Thanks, so much Darrel. Really great guidance. We're going to open up our first Q&A break, and to ask a question over the phone you can press star pound. And we'll be monitoring that queue. If any of you have a question, we'll take those questions in the order they were received. And for those of you on the webinar, of course, you can type your question in the chat, that's the text box underneath the list of participants and just click Enter to display when it you're done typing your question. I'll give everybody a moment. I don't believe we have anybody in the telephone cue yet but again those instructions are star pound or you can type your question in the webinar chat. I'll take a few minutes to let you all do that.

It looks like we have a question on the phone that came in first. So we'll go ahead and take that question first. Go ahead.

>> CALLER: Hey, I'm calling from CIL of Washington D.C. Can you hear me?

>> TIM FUCHS: Yes, we can. Go ahead.

>> CALLER: Based on my experience based on my experience, they don't leave a phone contact, phone number.

>> CALLER: They're homeless sometimes and they don't leave information to follow up.

>> DARREL CHRISTENSON: So they're not giving you the information on a voice message for you to follow up you're saying?

>> CALLER: Yes.

>> DARREL CHRISTENSON: You can only do with what you have available. If they don't give you a phone number or their game, you know ‑‑ I mean, you know, if you don't have a phone number you can't call, and hopefully they'll call back, but sometimes we get a phone call with maybe one digit short on the phone number, and it's hard to guess what number is missing on that. So you do the best you can with that.

>> TIM FUCHS: Okay. Thanks. We have a few questions rolling in on the web now. First of all, Teresa asks if participants will get a copy of the training to reference? And I do want to remind everyone that this webinar, as well as all of our presentations, are archived on ILRU's website. So as part of the IL NET training project ILRU archives all trainings on their on demand training page so you can go to ilru.org and go to Webinars and you'll see the index of on‑demand trainings. So within 48 hours you'll be able to access this training as it occurred so you can pull up the webinar, you can read through the captioning, listen to the audio, view the PowerPoints, anything you would need to do. You're also welcome to share this with your colleagues. As you talk to others about this training, if there are other staff or co‑workers that you want ‑‑ volunteers you want to go through this with, you're welcome to do that with them. We encourage it. So you can do that again on ILRU's website.

Okay. Cynthia has a question about references for good crisis management or peer mentor training. Darrel, I'll let you answer on the crisis management first, and then I might be able to add onto the peer mentor resources. Do you have anything there?

>> DARREL CHRISTENSON: That's a good question. I think probably like your ‑‑ wouldn't it be like your local ‑‑ what would it be ‑‑ I wonder if your police department might have some trainings or the crisis management hotline folks, if they have some trainings that are available locally. I don't know of anything nationally. Tim, do you have anything there that you can ‑‑

>> TIM FUCHS: Not on crisis management.

>> DARREL CHRISTENSON: Okay. Yeah, I would almost say something like your crisis hotline folks locally should probably have some type of a community crisis management or crisis hotline type of training that you can tap into.

>> TIM FUCHS: I imagine that some in our audience are probably aware of some, Darrel. So if anyone wants to enter that in the chat as a comment, that would be helpful. As far as peer mentor training, none other than some of Darrel's colleagues at ABIL have done some outstanding peer mentor training out of ABIL in Arizona. Those resources are also online. Now, they've done that both as on‑site trainings and in webinars. But not surprisingly that was part of our web series on core services a few years ago. So you could actually access those peer mentor trainings that on the same site I just mentioned. I believe the last time we did it was in 2012. You can find the peer mentor training that was done by Amina Crock and April Reed from ABIL. It was on September 4th, 2012. Outstanding training, great resources, a lot of handouts and because that part of an on-site training, we do, we have extensive handouts and resources there. If you all don't find that quickly, just let me know and I'll point you in the right direction.

Okay. We have some more questions coming in through the web. That's great. So, Darrel, Jerry Gamble asks how long should we keep contact information for people only needing I&R?

>> DARREL CHRISTENSON: Contact information? Let me see. You know, I think ‑‑ we keep it for a year. We just ‑‑ we have our Information & Referral person keep track on an Excel spreadsheet of all the callers she receives throughout the month and on a monthly basis tallies those for the program report, which then gets submitted for ‑‑ annually for the federal 704 report. So I would say a good year‑plus would be good to keep those on hand.

>> TIM FUCHS: Thanks, Darrel.

Okay. A similar sort of question from Mary. Mary asks, Darrel: Are you recommending you literally call back consumers from every I&R request even if you've helped solve that issue and you're done, so to speak. So if you help them immediately on the phone, do you check back in?

>> DARREL CHRISTENSON: We do. We have our person call back on every caller of the 300, and that way we can rest assured that things didn't come up after we gave them the information and that they don't need additional services or maybe even to be opened up as a consumer, and so we do follow up 100%, yes.

>> TIM FUCHS: Thanks. Beverly asks if we can provide a quality assurance form or a format and process that you all utilize. I know in a few moments we're going to go through some of LINC's forms. Darrel, do you ever anything that you would like to ‑‑

>> DARREL CHRISTENSON: No, I think I would defer that one to Roger for the second half.

>> TIM FUCHS: We do. We have some resources coming up. If that's not what you're looking for, let us know in the final Q&A break and we'll try and help you out.

Okay. Final question on the web from ‑‑ for now from Jim Alford Jim asks if you think the receptionist should have be a I&R icon on her desktop. Our receptionist does not have one on her computer. Feel like she's losing some of the short I&R calls. What would you recommend for us?

>> DARREL CHRISTENSON: Definitely. Definitely have the icon on the receptionists December. I think you if it's a simple question that would just be a phone number to the Social Security office or voc. rehab, she can clean those calls up very easily, very quickly and a lot of the similar types of calls come through regular ‑‑ regularly asking for those types of numbers. So those would be easily handled right there. The rest, then, can go over to your I&R person.

I also want to say, Tim, too, that it doesn't matter ‑‑ well, there's two ways of looking at this and I think Roger might get into it, too, about the type of staffing that each center has for the I&R position or program. Some centers such as ours, we're fortunate. We have a full‑time staff member doing nothing but I&R, and that can be a very, very positive thing to be that gateway person to answer the I&R calls. Smaller centers are going to have a staff person who does I&R as a piece of their total job, and I would stress to the executive directors and people in management, do not look at your I&R staff person as just sort of an afterthought, because sometimes it can be like, well, get the intern to answer the I&R calls. It's just I&R. Or they can do that as an adjunct onto their other jobs. The I&R piece is so critical, folks that you really need to take and look at them as being important pieces, an important program. It's one of the four cores. And whether you have one person or maybe you have multiple people taking I&R calls, have it be such that the atmosphere and the climate in your center is that I&R is extremely, extremely important. No matter if it's one or multiple people doing the job or the program.

>> TIM FUCHS: Great. That's great advice, Darrel.

Okay. I just want to remind everybody one last time we're coming to the end of this Q&A break, but if you do have a final question, for those of you on the phone, you can press star pound to indicate you have a question and we'll open up your line. I'm going to give just one second to see if anything comes in while I read the final comment. I mentioned earlier the peer support training. And Sharon Finney from the IL net team has been kind enough to post that in the chat. It's a link. Make sure you open it in a new window or it will take you out of the webinar. That is available so if you want to visit that after today's call.

Doesn't look like we have more pending questions. Thank you so much, you will. I am going to go to slide 13 and turn it over to Roger Howard so we can learn about his process at a different center in Boise, Idaho. Roger.

>> ROGER HOWARD: Thanks, Tim. Darrel, am I unmuted?

>> DARREL CHRISTENSON: We can hear you.

>> ROGER HOWARD: I am ‑‑

>> DARREL CHRISTENSON: You're on, Rog.

>> ROGER HOWARD: There we go. Okay.

Thank you, Tim, and thanks a lot, Darrel, for the first half of our presentation where you focused on the heart of the matter, the human approach, and the customer service issues that need to be addressed to provide effective information/referral services. This second section I'd like to call it the art and science of I&R, the art and science of connecting people and resources.

We're going to talk about components that you want to use to build your center's I&R infrastructure, and the nuts and bolts of inform I&R, the components to hold this whole service together include recordkeeping and data management, information resource management, policies and procedures, shared responsibility among staff versus dedicated staff positions ‑‑ I'll amplify on the discussion that just came up during the Q&A ‑‑ and then finally we'll talk about the importance of community collaborations.

Next slide.

We're going to start by talking about the importance of recordkeeping and data management. Before I go through and read the rest of the slide, some years ago our center got a grant from our state's council on developmental disabilities to analyze all of the information/referral services being offered in our state here in Idaho. And so to do that we had to find them first, and then ask a whole bunch of questions to try and find out how they worked, how they did their service, and one of the things that really stuck out was we asked questions, for instance, what are the most frequent types of calls you get? What's the issue, is it transportation, healthcare, housing? What are the most important ones that you can't seem to find adequate resources for? And we got all kinds of responses, but then later on when we asked how they kept track of that data, many of them said, well, we don't. And while that doesn't make that information that they gave us worthless, it does really detract from its power to be used for other purposes. For instance, good recordkeeping and management of your data, it helps assure accountability. That's both within your center and with your referral sources. We'll give some examples about these components on our next slide. And as Darrel has mentioned, you know, if you're not keeping track, then when your center is filling out 704 reports, for instance, you don't know how much ‑‑ how many calls you got for transportation and personal assistance services and so on, and you're really not putting your best foot forward if you're not ‑‑ and obviously we're all going to have some ‑‑ we're not ‑‑ we're going to miss some. Some are just not going to be recorded, but if you have a system to do it systematically, they're much more likely ‑‑ you're more likely to capture most of those. Good recordkeeping and data management can facilitate long‑term planning and resource allocation. When you're working with especially community collaborators who need to know where the money needs to be spent. It also is really important for identifying possible systems advocacy issues at your center ‑‑ that your center might want to address, and it also can provide verifiable data for funding requests, grant proposals and policy initiatives. You can go to policymakers and say, last year we had 369 calls on the lack of core service hours available, and you can back that up and either get some policy change or maybe convince the powers that be that additional financial resources need to be allocated in that direction.

Next slide.

So some of the examples of what I just talked about, and these are real‑world examples from our center, 23 referrals that we made to people who needed to apply for Energy Assistance, but only six people received assistance. I'm using this as an example of accountability. So what is the problem here? Is it our problem? Are we misunderstanding the eligibility process to get Energy Assistance and sending people on a wild goose chase to get something that they just don't qualify for. And if so, we need to be accountable. We need to figure out, okay, what are the eligibility requirements and make sure that we're not, you know, disappointing people who think they're going to have their house warmed or cooled only to find out that they're not eligible. On the other hand, it may be that we are convinced that we know exactly what the eligibility requirements for this program are but for some reason it's fallen apart over at the Energy Assistance office. Maybe they have a new staff person who doesn't understand the program well enough and he or she is turning people away, and if we can address that and make sure that people are ‑‑ that they're held accountable for their end of this issue. Another example, increased contacts for transportation resources after the only accessible taxi in town is gone. While we would use that as a planning and resource allocation, we would go to our city taxi commission and the taxi operators association and point out to them what the increase since the one taxi went kaput and to use that information to try and convince them to restore accessible taxi service.

Another example would be tracking ‑‑ you know, that you recently got 10 calls regarding the lack of efficient communication for medical appointment, people who use American Sign Language interpreters at the hospital are not ‑‑ not getting that provided for them for an effective communication, and it may be the only thing that is sufficient to ensure effective communication because of the importance and complexity of some medical issues. And so we would then use that as a basis to decide is this something for now or next year? Is this something we're going to start to address? And to use our data to back us up so that we can show that there's a problem.

Next slide.

Now, the next slide is a copy of the top half of the I&R form that we use here and I think that might go toward one of the questions that asked about a process in the Q&A, and we use this for both. What it is, it's just a very simple form that we've put together. It may look complex, but it's not. And it includes a place for us to record basic information, name, address, city, state, zip, the date the person called, what their phone number is, what their email is, and then the next section is the type of information that the person called about, and the columns that were evident that are labeled R, IP, C and CX, that ‑‑ we use the computer software CIL Suite and so we've organized our form because we found that a lot of times it's really more effective for some of our staff to just have paper forms rather than switch gears and open up CIL Suite to enter data while trying to talk. So basically they lets us know it was received, it's in progress, it was closed or it was canceled. Which are the kind of codes that are used in our CIL Suite system. We have several, although it's not apparent very much on the slide here, but what we've done is we have bold "assistance technology," "healthcare," and "pharmaceuticals," and "transportation," and we've done that because at the bottom of this entire section it says mandatory follow‑up on bold issues, and we want to be able to honestly say when we are filing our information on our 704 report that when we are asked, did you follow up on transportation, healthcare, pharmacy and transportation that we can honestly answer that yes. Unlike Darrel's center, we do not follow up on every call. If there's a perceived need or specific reason to, we always do, and if we've asked the person did they want us to follow up, if they say yes, we do. But otherwise if it's a very simple, straightforward information transaction or referral that we feel very strongly is going to work out, we just let those go off and we typically do not follow up on those. We always tell people that if they have any difficulties to please call us back. So that sometimes avoids our having to initiate the follow‑up call. We have another section on the form. The rest of the information I'm talking about is not visible on the slide, but this form is available, as we've said before, on the ILRU Wiki, and I remember it's in the section from the best practices on service coordination that was provided in Tempe, and, anyway, you can go to the ILRU website, find that, our friends from ILRU might be able to even find that and pop it up ‑‑

>> TIM FUCHS: Hey, Roger, I just want to remind everyone that it was also sent in a plain text accessible version in the confirmation email. So everyone should have gotten this in their email with the confirmation information.

>> ROGER HOWARD: Oh, that's very good. Thank you.

So some of the other sections of the form that are not shown on the slide, we have one box that is contact type and when it's a person with a disability, we simply use the same categories, if you will, that are in the 704 report... physical, hearing, vision, multiple disabilities and so on. We have a very active assistive technology reutilization program where we collect refurbish, sanitize and distribute all kinds of assistive technology, primarily mobility equipment, but because of that and the word is out, we do get a lot of calls. So we have a separate section for A.T. that is specific to us, and what we really want to know is if a piece of equipment has been requested and we don't have it, we want to make sure that that's noted so that then we can search and try to find that and make sure we have those on hand. We ask who they were referred by. We list who they were referred to. We always remember to ask, and it's on the form, so it prompts people, what do you need from us? We really want to make sure that they are getting that. We ask if they want to be included on our email list, email distribution list, and we primarily use those for our grass roots community organizing and systems advocacy stuff. It's really nice to have a big list of people who may be interested in a particular issue and may be willing to help us carry some water on that with policymakers.

We also have a place on the form that indicates, it says advocate referral, and that tells us the initial call was also referred to another person, internal staff. So that lets us follow up to make sure that that is followed up and that that ‑‑ whatever was supposed to happen happens. And then the client assistance program brochure, we ask if they want one, even on an I&R call, and if they ‑‑ and we explain what that is, and if they want one, we check this off and then we go ahead and mail that to them. Or if they're an email person, then we can get them to our protection and advocacies systems website so that they can locate that.

A form such as this might be overkill for some. It serves our purposes really well because we are really trying to use ‑‑ you know, we're not just trying to track how many calls, what the calls were about. We really want to ‑‑ we're trying to use the information, as I said, to work with policymakers if we need to, and so we ‑‑ you might say we go overboard. I don't think so. But other centers very successfully just use what you might call a tick sheet where they have columns marked out and folks can kind of just go through and initial and check off boxes, and that works for them, and that's great.

Let's move to the next slide.

We're moving on from data and record management to managing your information resources. To be efficient and effective, we need to make sure that we have the informational resources we need, that they're in a usable format, and that we can be efficient and effective in accessing that information. That would include the development and maintenance of accurate resource lists, a catalog of the documents, publications, DVD's that you may have on hand, a list of your web‑based resources ‑‑ obviously more and more people are finding the resources they need on the web ‑‑ and for our purposes, we have a resource library, and it literally is a library. When you go in there is books and periodicals and DVDs. I think we actually have still every copy of the disability rag that ever came out, which was a newspaper publication that was around for quite a while. But folks can come through and they can use that stuff. We also have a consumer desk ‑‑ a couple consumer desks with accessible workstations, accessible software formats, and assistance available if anybody needs some help in cruising the web. And, of course, it's really important that our information be in accessible formats. We can't expect anybody else to have information in accessible formats if we're not going to do it. We're the Centers for Independent Living, and we need to make sure that anybody, no matter what their disability is, has access to the full range of information resources that we have. Here at LINC we found it very handy to develop and maintain accurate resource lists, and we currently have 52 different resource lists, and they're all part of an excess spreadsheet that can be just an overall resource list where it's very easy for us to break down real specific resource lists to print off and hand out to people, and like I said, we have 52 different ones. The A's alone start with accessible vehicle sales and repair, ADA resources, agencies that employ personal care providers, aging and disability resource centers, amputee assistance/prosthetics, area agencies on aging, assistive technology. And, of course, every one every those resource lists, they range from two to 10 pages each in hard copy, but they all have all of the resources that we've been able to locate, and we pretty much rely on volunteers because a lot of this information can go out of date really fast, and so at least every six months we have volunteers come in and they get the resource lists and they make every call on that resource list. In particular, we have trouble ‑‑ well, not trouble, but there's a big turnover we have ‑‑ we have a resource list for contractors who are ‑‑ have experience and are willing to do accessibility modifications for homes or businesses, and within six months that entire resource list could be replaced because contractors kind of come and go. But we have resource lists on food, housing, emergency employment, parent information, mental health services. Everything from everything from accessible vans sales and repairs to Work Incentives Planning and Assistance. One thing we do try to do is we're careful to try and not overwhelm people with too many resources or to provide them with too few to allow them to make an informed choice. So sometimes in talking with folks we can ‑‑ if, for instance, they are looking for hotlines for crisis assistance, we can tailor those down to a list of the six or seven or two or three that are able to deal with that particular type of crisis, because it varies a lot. And so although many people actually do come in and get our entire resource list ‑‑ one of the funny things that happens is other agencies steal them, even our department of health and human services stole one of our emergency resource lists and put it on their letterhead and were distributing it, which is fine, we want the information out there. The problem was by the time we realized that this was happening, they'd been doing it for three years and the list they were giving was totally out of date. We called them and said you can do this but, get a hold of us every six months and get an updated list because we want it out there, but we don't want you giving out ‑‑ it's important to us that people be getting accurate and timely information.

Next slide.

When I talk about a catalog, I'm really talking about classification system, sometimes people refer to it as a taxonomy, and it's a way of classifying information. Probably the most well‑known one is the doe decimal system that is infinitely adaptable because of that one decimal point you can just keep adding numbers on the right side of that decimal point. But not to get that exacting I just wanted to give a couple of examples of how ‑‑ a couple formats that people might find useful in terms of how they're classifying their information. And so this first slide, this example, shows Title III of the Americans with Disabilities Act, ADA Title III, and then as a subcategory, because, of course, ADA Title III covers anything that has to do with public accommodations, but in particular the ADA Accessibility Guidelines. And then as a subarea under accessibility for ADA Title III, we have a publication we found to work really well, common problems in new construction, hotels, for example, that we can give out to contractors and developers so that they don't make the same mistakes that people have been making for the last hundred years. And for some people, this is a good way to classify information, that everything relating to ADA Title III, whether it's auxiliary aids and services or ADA Accessibility Guidelines, is all under their main heading of ADA Title III. And if you're going to catalog your information on computer databases, it's really ‑‑ if you're going to create one yourself, it's really important that you put a lot of forethought into the design of it to make sure that your databases are searchable alphabetically, by type of service, by geographic area, by eligibility so that ‑‑ oftentimes you're ‑‑ you may be pulling from four different resource lists based on geography, for instance. Then it's also really important if you can have things cross referenced, which actually I'll talk about more on the next slide, thanks.

So here's another way that for some people it really makes sense to categorize their information, and any way that works for you is a good way. Don't be bound by what others think. Our minds all work in different ways, and if one way works best for you and is most effective and efficient, then that's the best way. Another example that I'm using again with accessibility, with the main classification heading is accessibility, and under that is filed the ADA Accessibility Guidelines, the Fair Housing Act standards, information on visitability, information on the ANSI standards for access, information on building code information on access, information on universal design, and, again, for some people, it works better for them to have everything related to accessibility, whether it's the ADA or Fair Housing Act or visitability all in one place, if you will, whereas others prefer the previous example where all the ADA stuff is found under the ADA.

Next slide, please.

Oops, I'm ‑‑

>> TIM FUCHS: Should be up, Roger. Are you seeing it? Policies and procedures.

>> ROGER HOWARD: Thank you.

Some of the policies and procedures that you may find important to have to run your program effectively would be policies and procedures on information provision, referral provision, crisis intervention, cooperative relationships, promotion and outreach, follow‑up, and disaster preparedness. And just as an example, referral provision, you may want to have set up policies, some standards for your staff that says, "We will return every call within X ‑‑ 48 ours or 24 hours or same‑day service." For cooperative relationships, that might take the form of memorandums of agreement or understanding with other information and referral agencies or community service agencies. Disaster preparedness, policy, it may be that in case of a disaster folks are really going to be relying on your center, and so it might be important for your center to have some sort of survivability plan that in times of a disaster that your I&R service is still going to be available and providing people with effective and meaningful information.

Next.

And this this came up in the earlier half of the presentation, shared responsibility for providing information versus dedicated staff. Both work. Typically, as Darrel said, most larger centers do have an individual, all 7 have a staff ‑‑ some even have a staff dedicated to Information & Referral. Others, typically smaller centers, basically say that everyone who works here does I&R, everybody from the secretary to the janitor to the Executive Director. And the shared approach can work very well. It can be very flexible. It's not dependent on if one person is in the office or not. It empowers staff. Everybody learns more and has a broader view of what resources are out there in terms of information and referral resources. But it can lead to inconsistent service, customer service, where a person may not be familiar with a particular type of referral resource, and rather than touch base with a co‑worker, they might just give the dreaded, "We don't do that" or "I don't know" answer. Of course, the answer if it's "I don't know," it's "I will find out and I will get back to you." The individual approach can work very well. It allows people who provide the service to be much more specialized in their broad, general application of information and referral. Also allows those people that can free up and support other staff so that staff who aren't primarily required to do I&R can do their jobs and use the I&R service basically like anybody else to help support their efforts.

And this question comes up a lot: When is an I&R more than an I&R? And what we're talking about, of course, is when somebody calls, obviously sometimes it's very apparent that it's ‑‑ I hate to say it this way ‑‑ just an I&R, but it's an I&R‑only. The person gets the information they need. It's obvious that they have the personal resources and abilities to follow up with that. And off they go. But sometimes it's not apparent if it's just an I&R and that's typically when what is called about are complex issues, multiple issues, very specialized issues, issues that require a large amount of staff time to address, and so each center is going to have to kind of work out for itself when an I&R is more than an I&R and that the invitation, which could be made to everybody, the invitation is open to ‑‑ open to CSR, develop additional goals, and set up an action plan to achieve those goals.

I also want to mention that people perceive us, our centers, based on what they use it for, and a lot of times, for instance, we have a fairly large personal assistance services program, a self‑directed program, and some of the people who use that, I'm sure they think that's all we do, and I know that people who get wheelchairs and walkers and equipment from us, many of them think that's all we do. And so it can really help when you're providing I&R as that gateway service so that folks can understand the totality of what your center can do.

Next slide.

I think we're running out of time, aren't we?

>> TIM FUCHS: Go ahead and do the last slide, Roger, and then the next one after this is Q&A. So...

>> ROGER HOWARD: Okay. Community collaborations. 211 is ‑‑ can be a really important resource for us, and we can be an important resource for them. We recently did a promotional for fair housing month, fair housing awareness month, and we were able to use our local 211, our general I&R system, to track ‑‑ all the calls, if you had questions about fair housing, if you had concerns about fair housing, we directed everybody to 211, and then they made the appropriate referrals to the Idaho human rights commission or the intermountain fair housing council or whatever was the correct thing to do. But they tracked all that for us, and they were able to come back and give us ‑‑ you know, this is how many percentage points of an increase that this program, this campaign, had during the month of April, and it was really interesting to see how that worked, and it helped us develop a relationship with them. And when they came in to tell us the information, the 211 person took me aside and said, you need to know how valuable amber, Todd and Jen are who are members of my staff. She recognized them here at our Center for Independent Living as being the experts in disability‑related issues, and when you can develop that kind of a relationship with your local 211, everybody benefits.

More and more states are getting aging and disability resource centers, ADRCs, and they have as part of their menu of services to provide information and assistance on long‑term support options. They can be another important community collaborator.

And then other I&R providers, we have many small communities in Idaho where two or three people have gotten together and put together a community resource guide and we try as much as we can to support their efforts and make sure that they have the kind of resources they need to work with the people in their community.

Next.

>> TIM FUCHS: Okay. Thanks, Roger. All right. So if you have a question on the telephone, you can press star pound to indicate you have a question. Again, we'll monitor that. But we do have some questions pending on the webinar. So I'm going to begin there.

First we have a ‑‑ let's see, a question from Nathan, and Nathan asks: If folks use your web‑based resources in lieu of calling, how do you track that since it's still providing information to consumers? Either of you found a way to track online use of resources?

>> ROGER HOWARD: We have not, and most often once people find that online resource they almost always contact us with questions about it and so on and so on, and so that enabled us to contact them. But we've never developed any way where if somebody downloads something that we have the ability to track that.

>> TIM FUCHS: Okay. Cynthia asks you, Roger, if you would be willing to share part of your resource list as a sample or a resource for the participants?

>> ROGER HOWARD: Sure I would. Perhaps ‑‑ I'll let you folks at IL net and ILRU figure out the best way to do that, but I would be happy to provide two or three of our resources as examples that maybe could be incorporated into the Wiki.

>> TIM FUCHS: Yeah, if you can get it to us, Roger, then we can get it into accessible formats and email it out electronically. Be happy to do that.

>> ROGER HOWARD: I would be really happy to do that. I will caution everybody that, of course, almost all of the resources are going to be local. Most of our ours do have some national and state resources, but most of them are found close to home, and so the actual resources aren't going to be worth anything to you, but it might help you identify similar agencies or organizations in your community.

>> TIM FUCHS: Great. Great.

I've got some more questions pending on the webinar but I want to move to the phone. We have a question pending there. So we'll unmute your line and you can go ahead.

>> CALLER: Hi.

>> TIM FUCHS: Go ahead. We can hear you.

>> CALLER: This is Joe in Washington D.C. We talked about database collection. He said that collect ‑‑ [indiscernible] it just says information & referral. Does it matter class of I&R, whether it's I&R related to medical or [indiscernible] or ADA. It just says I&R.

>> CALLER: Did you get that?

>> ROGER HOWARD: I got some of it but not all of it.

>> CALLER: He's just saying the way we collect the I&Rs here are collected as a whole. It doesn't differentiate what the consumer was here for. For example, medical, transportation or others. It just is all collected in one system. That's how our data is set up.

>> ROGER HOWARD: Okay. Many do that. We've chosen to separate it all out purely for our own information and so that when we do our 704 report we can be a little more accurate and say this is how many people contacted us for these various services.

>> TIM FUCHS: Okay. Thanks, Roger.

Let's see. K.A. Hammond has a comment and a question. He asks if we've heard of AIRS, and I know, Roger, you mentioned that in one of your earlier slides. Any specific resources that you might point centers to that AIRS offers?

>> ROGER HOWARD: Yes, as a matter of fact, I believe the slide that follows this question and answer session shows some of the I&R resources that we've collected for folks, but certainly thank you very much for reminding me, the alliance for information and referral services is by far the most comprehensive and ‑‑ information resource, information referral that anybody could possibly use. And there's ‑‑ their website will come up. Primarily they do the standards for Information & Referral, and in those standards lies the basis for a lot of things, including your policies. If you're looking to do policies, you're going to find a really good basis for those with the alliance and information ‑‑ alliance of information referral systems. There's also the western New York independent living center at one point had one of the research and training centers on independent living management. That project is no longer active, but they have a compendium of information with forms, policies, procedures that you can still access, and that website address is also on the ‑‑ on the I&R resource one that will pop up after this Q&A session.

>> TIM FUCHS: Roger, I've actually already clicked over to that.

>> ROGER HOWARD: I'm kind of working off my paper copy.

>> TIM FUCHS: I also noticed we had a comment in the chat about problems opening up the western New York web page. We'll let them know that some people were having problems, but I'd encourage you all to reach out to them as well. I know that if they hear about that they'll want to get it taken care of ASAP.

>> ROGER HOWARD: Yeah.

And then, you know, your local and regional alliances for 211 can be enormously helpful. And, again, in terms of policies and helping you manage information, they might let you copy their database format, and what I found, no matter where I am, if I go on Google and I type in 211 I get hits for local 211 alliances and regional alliances that are specific, and I would really encourage folks to go that route.

>> TIM FUCHS: Good. Okay. Thanks, Roger.

I mentioned we had a couple comments. Let me read those now.

K.A. Hammond also offered they have a paperless system. So they figured out a way to enter data from their I&R calls directly in their data management system. That's a great tip for those of you interested in pursuing that.

Also Andy Wade responded ‑‑ excuse me, this is Jim Bradshaw from the northwest Georgia CIL that I presume works with Andy. Has offered some really great resources on training leads for crisis management and response for center staff. So he's offered that you might see if your county or state has a critical incident stress management team. Nationally he also mentions that you can visit www.iciss for information and training opportunities and also mentions that FEMA's website has some resources regarding their national incident management system that might be good. So, anyway, I want to thank Jim for getting us those.

And excuse me for rushing through these but I want to be fair to your schedules. I know we're a little past our time here.

We've had a number of people ask, Roger, if you'd be willing to share your policies and procedures as related to the seven items on slide 20, and, again, if you're able to share those, understand you may not be able to, if you could include that when you email me the other follow‑up resources, then I'll get those out to the audience.

>> ROGER HOWARD: All right. Thank you.

>> TIM FUCHS: Okay. And it looks like that's our final question from the phone. Cindy Nelson is asking what systems others are using, other database management systems. We don't have a way to poll folks that are on the telephone, Cindy, but there are a number of those systems listed out also on ILRU's website. They have a great resource related to all the different data management systems. You can look through them, and I don't have any information about how many centers use which systems, but you can see all the different systems that are out there and get some tips there.

Okay. Well, we're at 4:40 Eastern time, and I want to be fair to all of you. I want to get this wrapped up. As Roger said, I had clicked back to slide 20, but here on slide 24 are the additional resources. Speaking of resources, on slide 25 Darrel and Roger have been generous enough to provide their contact information so that you can reach out to them regarding today's webinar. Also please don't hesitate to email me, whether you have a question about our larger training program, the IL NET, or you just want to ask a follow‑up question, I'd be happy to forward it for you. My email is tim@ncil.org. So whether it be later today or in two months, please don't hesitate to reach out with follow‑up questions.

As I mentioned at the opening of today's calling, this is the link on slide 26 to the evaluation form. If you're on the webinar you can click on this. This is a live link. If you're on the telephone you can access the same link in the confirmation email that was sent to you. Again, I know a number of you are participating in groups. That's great, but please do fill this out individually so we know what each of you thinks.

I want to thank all of you for taking time today to be with us, I really do appreciate that. If you want to pursue some of the ideas that you've heard today, let us help you with that. We're always available to follow up for follow‑up questions and assist you as you do that. I especially want to thank Roger and Darrel. Another outstanding presentation. And bringing some excitement to I&R is always appreciated. It's so important. Thanks so much you all. Everyone, have a wonderful afternoon. We'll be in touch with some of those follow‑up resources. We'll talk to you soon. Bye‑bye.