DARREL CHRISTENSEN: Great questions, great questions during break, so let's wrap up my little portion here, and then I'll entertain some additional questions or turn it over to Roger.

Time management.

How timely is this thing? Time management.

Prioritizing responses.

We kind of talked about this.

Establish routines and stick to them as best as possible.

I know that if you can stick to your schedule and it's 8:15 and you're still on schedule, you've had a successful day.

(laughter)

Am I right?

Yes.

DARREL CHRISTENSEN: Absolutely.

If it's 8:10 and you're already off schedule, it may be a hectic day.

8:20, you've exceeded your expectations.

No, if you have certain meetings that you need to attend to, then, you know, certainly schedule those out, whether it's an Outlook calendar, whatever it might be, whatever system that you and your staff use to make sure that you're on board with your time.

Again I mentioned taking enough time to hear someone out where you know you're hearing them about their issues and their concerns but not so much time that it's wasting time.

And then keep resources close at hand so you don't waste time searching.

We've been very fortunate over the years.

We have what we call a Disability Survival Manual, and it's on our website, so we've taken a number of key agencies in the community and put together along with information on disability laws, disability rights, and just sort of an introduction to disability that we use up in the rehab centers.

But this also has a lot of community resources that are in the back section of the Disability Survival Manual, and that is what is kept next to the phone, along with a couple other housing numbers with our information and referral person.

So our ABIL website, www.ABIL.org.

So you'll see the Disability Survival Manual on there as a resource.

So that way, you know, you're going to have regular resources that you're going to use over time, so keep those close at hand so you're efficient with those answers on the phone.

Prioritizing responses.

Consider the consumers' needs.

We talked about that.

Look at their deadlines.

Again, if you were me, what would you do? Don't answer it, but help them problem solve.

What resources are available at the moment? What resources do they have available to them? Are they new to the area? Do they have family? Do they have any friends? What type of resources do they have that they can tap into? As well as what resources are available for us to pass along.

This is like Roger said at the outset, knowledge is power.

Is there another team member who can assist? Think outside the silo, think outside the team.

Gloria has the situation where she can tap into other co‑workers and problem solve with them.

Your day planner, your calendar, and don't forget your other consumers.

So be responsive and timely.

Those were the last few thoughts that I had on my portion.

Do we have a couple minutes for questions, or do you want to ‑‑

ROGER HOWARD: Yes.

DARREL CHRISTENSEN: Okay.

Questions? Any comments? Nobody? You were all awake, I saw that.

(laughter)

DARREL CHRISTENSEN: Mark has a question.

Yes, sir?

Hopefully it's not an ignorant question.

Do you collect any kind of demographic data in terms of like zip codes? Because as you were talking about services and being the frontline or the gateway, what came to my mind is that there's a real opportunity there to collect information about advocacy issues.

For example, if you noticed in one or a particular cluster of zip codes whereby housing was a real issue, that could then become a part of your organization system advocacy to try and address those unmet or uncertain needs.

DARREL CHRISTENSEN: Good point.

I mentioned the ticksheets we used to indicate those short calls, less than three minutes.

Yes, we certainly capture more information, name, address, phone number, disability and such on there, so that we can certainly do those types of things as you mentioned.

If we see trends in a certain part of the valley or certain area, that they can kind of rise to the top and say over a six‑month period of time we're noticing transportation being a real issue in Mesa, or wherever it might be, so that is captured with a name, address and phone number.

The other point that I didn't mention with that too is that ‑‑ I think, let me see, is this on the next slide? Yes, here we go.

The timely follow‑up and call‑backs are simple ways to show that you care and value them as a consumer.

We talked about we use the volunteer regularly to do our follow‑ups.

Also, follow‑up can earn you additional open consumers, which means additional agency revenue.

You are the gateway to the agency.

I & R is the gateway.

Now, I had a conversation during the break about someone who may or may not have the wherewithal to make those phone calls that were referring them to me.

I suggested that perhaps they do an independent living workshop to help folks be more empowered to make those calls, to know what questions to ask, so because the questions do determine the types of answers.

So that can get you in the door to the agency and say, you know what, since you're having problems with your housing, just as an aside, let me mention that we have a financial management workshop for independent living, and it's held quarterly, and we just happen to have one coming up on Thursday at 10:00 and at 1:00.

You might want to check into that.

That might help you to balance your budget, to make a budget, which will help you to be more affordable with your housing search.

Tie that together.

So that becomes an IL open consumer, because the more open consumers you have, the more you can justify funding.

Okay?

It may be that they have some issues that they can receive, peer mentor services, because they're talking about being lonely or isolated.

They're outside of Casper, 20 miles outside of town living in a mobile home by themselves.

They're feeling isolated out there.

Well, maybe we can tap into a peer mentor match.

Maybe that person can benefit from your home mod program.

So, you know, we have a community development block grant monies through the City of Casper, or who had the home mod program? You're from where?

Birmingham.

DARREL CHRISTENSEN: Birmingham.

Someone over here also have a home mod program? You're from where?

Yes, from Yuma.

DARREL CHRISTENSEN: That might be an entry to the home mod program, talking about housing, widening doorways, or build a ramp.

We have community development block grants to help pay for the construction of a ramp.

See how this opens the door to more services? And the more open consumers you have, the more you can go back to United Way, to your city, to the state, to the feds, and say, look, we have this huge demand.

Or maybe you don't have a program yet, but you're saying we've gotten 50 callers from your town asking for home modification services, and these 50 callers came from our I & R folks.

Just like you're saying, it opens an entry to the services.

So it is a gateway to other programs.

You had another comment?

Actually, you just alluded to it.

We get CDG funds through the City of Birmingham, and they extend to the city limits, and further, we have a five‑county service area, and we use United Way funds in one county, so we kept log of our I & R calls to document for the other four counties the number of calls that were coming in for those counties, and we've identified a two and a half year funding for building ramps are paying for the materials to build ramps and hiring staff to identify volunteer builders.

DARREL CHRISTENSEN: Great.

Great.

That's great.

And you know, one thing that we've been able to do in the last five years is to work with our Medicaid provider who we contract for attendant care.

Now we have a contract with them to provide home mod services.

Because we were getting a lot of callers who were on the Medicaid system who wanted home mods, but their process was so onerous that they were only doing about four projects per quarter.

In the last five years alone, we've had over 1,200 referrals and close to that number in completed projects, because we streamlined the process, and we're a great provider and provide great customer service, and we're bringing in revenue, which the president of ABIL loves.

See how it all ties together? Because we were getting calls from the Medicaid consumers who said I can't get a home mod from my case manager.

One other question, and let's turn it over to Roger.

No more questions and we'll turn it over to Roger.

(laughter)

DARREL CHRISTENSEN: Thanks so much.

(applause)

ROGER HOWARD: Thank you, sir.

Is the mic close enough to hear good? Okay.

Whenever I listen to Darrel do this part of the presentation, it always makes me think, and it makes me think of like the worst I & R that ever happened, you know? And looking at our background at our CIL, I've found that on our CIL we are very close, very tight, very allied with our client assistance program that gets RSA money to monitor people in vocational services and independent living and to help resolve issues.

And the only CAP complaints that we've had at our center is from I & R calls.

I would think it would usually be some very in depth, you know, where somebody has actually got a CSR open and things aren't working, but what's happened is kind of what Darrel alluded to, which was people were overpromised stuff.

One that comes to mind was someone came and they were looking for adaptive driver's ed classes for their teenage driver.

We have a program in Boise, but our staff said, oh, they stink, not very unbiased information, they said you need to go to Tacoma, Washington, instead and we'll help you get together the financial resources to help you get there, stay in the hotels, take the training and all that.

Well, it didn't happen.

We didn't follow through.

That was all in the CAP complaint.

And I don't blame the person, you know, because what they heard was we'll take care of you.

So you really want to keep that, be mindful about that and don't do that.

And another thing, when Darrel was talking about communicating with people, you know, there's the old golden rule, do unto others as you would have them do unto you, well, there's also the platinum rule, which is do unto others as they would have you do unto them.

And that can be very hard.

A lot of us have really highly empathic ways of thinking, which is why we do this work.

We're really in tune with other humans.

And for an empath, when they're listening to someone talk, finishing their sentences for them, to the listener, to the worker, they're trying to indicate to the person that they're so in tune with what you're saying and what you're thinking that they can ‑‑ you know, they're right in your mind, you know, and we don't realize that other folks, they don't like that, you know, finishing their sentences is not a good listening tactic, they actually think you're not listening.

And a final note on what Darrel has been talking about, when people call, they're in crisis or they've been bounced from referral to referral to referral until they finally find you, and they're already mad by the time they call you.

You know? Or they're upset about something.

And no doubt many of you have had this experience where they finally find your CIL and they get the information that they've been trying and trying to get, and they end up mad at you.

They're not mad at everybody else along the chain, they're mad at you, and what you'll hear is, how come I didn't know about you? You know, it's your fault that I didn't know about you, you know.

If you were doing a better job, I would have called you first and getting the word out.

So just a few observations to throw out there.

Darrel's first part of the presentation was about the human approach.

The second part is more the mechanical approach, the nuts and bolts of I & R, how to run an information and referral service effectively and efficiently.

What we'll be talking about are record keeping and data management, information resource management, policies and procedures, shared responsibility amongst staff versus a dedicated staff position.

Now, I should have just ‑‑ when I wrote that, I should have just had it say typical CIL staffing patterns for I & R.

But that's what it usually comes down to.

And then we'll talk about community collaborations because those are so important in providing good quality customer service information and referral.

Effective record keeping and data management helps assure accountability both within the center and outside of the center when you're making referrals.

And we'll talk about some examples about these things.

There it is.

Okay.

Please let me know if the slide doesn't answer correctly.

But anyway, effective record keeping and data management helps assure accountability both within the center and out in the community in general.

It can facilitate long‑term planning and resource development and allocation.

It can identify possible systems advocacy issues, as we've been talking about somewhat here, and it can provide verifiable data for funding requests, grant proposals and policy initiatives.

Now here are some examples of what I'm talking about.

I guess I need to point out, some examples, your center has made 23 referrals to energy assistance but only 6 of those received energy assistance.

Well, if you're keeping track of this stuff, you start, okay, so what's the problem here? Did they change the eligibility requirements and we're not aware of it and we're making bad referrals, or is there somebody new at the energy assistance office who is excluding people who actually are eligible, because we thought we knew the eligibility requirements, you know, which is basically you're at 133% of poverty or whatever it is with a three‑person family, that's 31,000, your three‑person family only has $20,000 of income, how come you're not getting energy assistance? You can only be accountable within your center to contact energy assistance and get up to speed and make sure you're on track with their system, or contact them and kind of ‑‑ I don't really want to say take them to task, but force them to be accountable in terms of the people that are maybe getting unnecessarily excluded from programs they're eligible for.

You may have a sudden increase in contacts for transportation resources when the only accessible taxi in a particular town folds, is gone.

Again, that can help with planning and resource allocation.

If you're actually tracking the data of calls, the types of calls and so on, then it gives you the ammunition you need to go back and say we've identified this funding need for housing modifications in this county, or, you know, we can show verifiable evidence of the need and try to work with policymakers and funding sources to address that from a systems level.

And then an example here on systems advocacy in particular, during the year that this slide was developed, our center did about 5,300 I & R calls that we tracked.

Of course, you know, there's always ones you don't get around to, you know, and it's better to underreport than overreport, obviously.

But that's something you're going to have to just accept.

I mean, we try to track everything as best we can.

But out of those 5,300‑and‑some‑odd calls, there are only 10 that year where people who were deaf or had hearing impairments were saying that they were not getting effective communication in medical services at a particular hospital.

Well, it comes out, that's like .07% of the calls we got that year.

That doesn't mean it's not important, you know, and the fact that we knew this, we could then engage in some systems advocacy at the hospital's level to say, you know, you need to have a system in place to ensure that if a communication in the emergency room and so on is as effective, equally effective as it is for anybody else, and make sure they understand that there could be some significant consequences for them liability-wise as well as the fact that the patients, in this term I'm using patients because it's medical, aren't getting the help they need.

In order to track things, in your packet there's a one‑page copy of the information and referral form that we use at my center.

We found that although we have this computerized, everybody on our staff can call this right up and enter the data from a keyboard if they want to.

But we've found that for most people, it's easier and more efficient to have a stack of these by their phone and just fill them out, and then at the end of the month we can use a peer volunteer, for instance, to come in and enter all that data for us, and then we can crunch the numbers as needed.

As you can see at the top of the form, it's got your contact information.

At the very top right‑hand corner we've got a little box that you can check that says repeat caller, and that, as we talk more, that's one of the things that might indicate to us of a significantly repeating caller, that this may be somebody that we would encourage to open a consumer service record and come in and meet with staff because maybe their needs aren't being met by I & R alone.

The section just below that may look pretty familiar to you.

It's the 23 or so different services that are authorized under the Rehabilitation Act to be funded through Title XII Part C, IL's, and it's also data you report on when you do your 704 Report.

Darrel had talked about ticksheets.

Well, this can just be a ticksheet where each form has, you know, okay, they called about transportation, housing and pharmaceutical stuff.

At the very bottom of that section, it says mandatory follow‑up on bold issues.

We decided at our center that it's mandatory follow‑up for assistive technology, healthcare, and pharmacy and transportation, which are the things that are asked about in the 704 Report.

Does your center do follow‑up calls, at least these three things, when you're doing I & R?

We have a reminder on there to make sure that anybody who is using this form and talking to the caller asks, you know, to make sure, did you get what you needed from us?

We have a section on who referred them to us and who we referred them to as a result.

We just keep track for our own purposes of who is making referrals to us because sometimes that can tell us, okay, you're sending them to the wrong place.

What you're sending them to our center for, we don't do.

Or we can say, you know, this is a great collaboration, you guys are really accurate, and we really want to partner with you to make this work better.

We always ask if somebody wants to be on our e‑mail distribution list, and we find this very helpful when we're doing consumer satisfaction surveys, needs assessments, it lets us forward important e‑mails in particular from NCIL, APRIL, ADAPT, you know, ILRU, anything that we think they might need to know or want to take action on.

We keep track of the materials that we sent, and we mainly do that kind of as an inventory control thing.

For instance, we only had so many of the new pool requirements for access to swimming pools, and we kind of needed to know when we're getting low on those because we're starting to get a lot of calls from the hotel industry on that.

And then for our purposes, we operate a very active and effective assistive technology reutilization program where we collect used equipment, clean it, refurbish it, repair it, and pass it back out to folks that need it.

And we get a lot of calls on that, so we have a specific section on our form, again, for our purposes.

So I throw this out as an example.

You know, use it, abuse it, lose it, whatever you want to do, you know, but just as a suggestion of how you might go about organizing how you track your data.

Oh, and one thing I will mention, because my staff told me to, is that you'll see by the type of information, there's columns R, IP, C and CX, down in the lower left‑hand corner, there's a legend, we use the CIL sweep program, this allows the folks entering the data into CIL sweep program, if it's opened, closed, those sorts of things.

What do you mean by that, as a CSR or just as a situation open and closed?

ROGER HOWARD: As a situation.

A lot of these ‑‑ I shouldn't say a lot.

It's not uncommon, as Darrel has mentioned, that I & R is the gateway to our center and may result in an open CSR with, you know, a goal set and all that sort of stuff, and this becomes part of their file.

I don't really use CIL Suite, but I guess it allows them to handle the data more efficiently.

So that's talking about tracking the calls.

This section is on actually managing your information resources.

Is this working?

ROGER HOWARD: There's a button at the bottom.

If the green light is on, it's on.

We have a lot of people calling in anonymously.

What are your thoughts? There's not a place to check, but that it's an anonymous call.

Do you encourage your staff to ask for a name if they don't get it, or what are your thoughts on that?

ROGER HOWARD: We really respect people's privacy.

We want to get their name, especially if it's something that we're going to follow up on, and oftentimes we can say, you know, we don't have the information you need, we're going to get it, you can call us back, but if you don't, we don't have any way of calling you because you're choosing to remain anonymous.

Sometimes that triggers the information, and we explain that this is confidential, you know, and all that sort of thing.

But when the person, for whatever reason, and it's their reason, we don't care, you know, chooses to remain anonymous, then I guess what my staff does when they input the stuff in the CIL Suite, it's like unknown 13, unknown 14, so we can show that the call actually happened and existed, but there's no identifying information.

I suppose if somebody really wanted to, they could sit down and make up a bunch of unknown ones to put in there and inflate their numbers, but you don't want to do that.

I'm just wondering, regarding the I & R tracking sheet, let's say you have an individual calling in wanting information on, let's say, communication services, transportation, and youth services.

Would you record that as three separate contacts or one contact requesting three different things?

ROGER HOWARD: We do one contact requesting three different sets of information.

I have participated in reviews of centers where their approach has been to record every incoming call as an I & R, and I just don't hold to that myself.

We have a large personal assistance services program, we get a lot of calls from personal assistants that have questions about their time sheets and all this kind of stuff, and yeah, we're providing them with information, but it's not really an I & R service, like a business call, you know, or if we get calls from radio stations wanting us to advertise and all that.

Some centers count every one.

And RSA has told me there's no real prohibition on that, but I think just out of personal integrity and ethics, you know, you really want to separate those out.

I worked for our Region 10 disability technical assistance center for a while, which is big‑time I & R when you work at a DBTAC, and we found that some regions would send out a box of, you know, way overpriced stuff, I guess is what I'm saying, and that just doesn't sit well with me.

I don't know about you, but I mean, I want our numbers to reflect what we're actually doing.

So in addition to, again, tracking and maintaining information on the calls, walk‑ins, e‑mails, for I & R, it's also important that you have some kind of system in place to actually manage your information and referral resources.

We develop and maintain accurate resource lists.

I know Darrel talked about their Consumer Survival Manual.

Well, we haven't taken it to that degree, but what we do is we have like 50 different resource lists.

One is on finding housing.

One is on adapting housing.

One is contractor referral list for referrals who are ‑‑ contractors, rather, who are willing to put in bids on 5 to $10,000 home accessibility modifications.

We have resource lists that list all the 65 different support groups outside of our own organization in our service area, people with Alzheimer's, people with multiple sclerosis, you know, because they're out there, and sometimes folks are better off getting their peer support from those than they are from us, in my opinion.

So keeping them accurate is a chore, and we'll talk about that in a little bit.

We maintain a resource library that people can actually come in and browse, just like a library.

It's pretty neat.

I mean, I'm sure some of you are old enough to remember the Disability Rag.

Yeah.

ROGER HOWARD: A really cool newsletter thing that came out for a number of years.

Well, we have like the entire collection of Disability Rags, and it can be really empowering for people to go back to a 1982 Disability Rag article saying the ADA isn't effectively being implemented and here is something you can do about it.

We keep a lot of resources around on disability, and in our little library we have web‑based resources, several consumer desks with accessible work stations, screen readers, everything we can provide, along with assistance for people that want to use those, and then we've gone through and over time selected a lot of favorites so that people don't have to do these real intensive Internet searches.

A lot of people are not as sophisticated with that stuff because they've never had an opportunity to own or really be on the Internet much, so they can go through the list of favorites and start clicking on housing resources, transportation resources, and our I & R specialist can come in and walk them through that.

And of course, it's really important that your information resources be provided in accessible formats.

And I'll say it, if we can't do it, how can we expect anybody else to?

So in terms of actually categorizing the information we have, and we'll talk a little bit later about the Alliance for Information and Referral Systems, but the 25‑cent word for categorizing information is a taxonomy, most people would recognize the Dewey Decimal System that's used in most libraries where they have categories and then within those categories there's subcategories, and they go as far as having the Dewey Decimal System which allows you to just keep adding decimal points as you increase your collection in certain subcategories.

I'm not advocating that you go that far, but we have to also remember to categorize information in the way that makes sense to us.

Our minds work in different ways, so I've given kind of two examples here.

Both use the architectural accessibility as the topic issue, and in this way of categorizing that, it would be the information would be found listed under ADA Title III which applies to public accommodations, and under Title III of the ADA is found the ADA accessibility guidelines which were developed specifically for Title III but are now applied to Title II entities as well, which are state and local governments.

Then underneath that, subcategories.

For instance, there's a publication out there called common problems in new construction, no s on the end, which is specifically for hotels.

So if a new consumer has a problem with a hotel, they can take this information to the hotel, or it can be sent to the hotel, if the hotel calls with questions.

We use that kind of information a lot.

If you're going to actually do a database to manage your information, you have lots of different options.

Typically spreadsheets or off‑the‑shelf database programs work well.

But it's important to put some thought into how you're going to set that up so that it can be accessed alphabetically, geographically, by type of service, and have it as cross‑referenced as you possibly can so that if you go to a category, anything that might possibly go in that category shows up.

Another way of organizing information about accessibility, depending on how you think, would be to list everything that has to do with accessibility, whether it has to do with the ADA or not.

So in this example, your category for labeling the information is accessibility, and it includes the ADA accessibility guidelines, the Fair Housing standards, information on visibility, ANSI standards, building codes, books you may have collected on universal design, all those things under the great broad heading of accessibility.

Like I said, for some people, this makes more sense.

They're going to want to find out about visibility, they want to go to an accessibility heading, whereas other people, accessibility is about visibility, housing, they have it categorized under housing.

It doesn't matter how you do it, but by putting a little bit of thought into how you categorize this information, it can really speed up the process of providing this service.

The Alliance for Information and Referral Systems, later on in this, at the end of this presentation, they're listed as a resource with their website.

It's a really, really good reference.

The problem is it ain't cheap.

You join to be a member, and I'm going to make a recommendation here based on just my own personal experience, if you think about joining AIRS, I would only join it if you've got a person on staff who is really designated to I & R and is going to be a lifer at your agency because just a one‑year membership, which I think it costs about 1,000 bucks, but if you could get a one‑year membership and have that person go to one AIRS training, they come back with access to all of the standards that have been developed nationwide for the provision of information and referral services.

Competencies for the person who is actually providing the service.

It can be a really, really good resource, and also they have model policies that are available to the members.

Frankly, that's what we did, we joined for two years in a row, and I decided it wasn't affordable, but the amount of information we got from that two‑year stint as a member of that organization really helped transform how we operate and formed a lot of stuff that I'm talking about today.

But some of the things you might want to think about are policies and procedures in terms of information provision.

What's your timeliness? Do you return calls in 24 hours? You know, those sorts of things.

Maybe some information to staff about the best way to handle calls.

It's not in the packet, but I believe it's on the wiki, there's a short two‑page thing from our center that we give to staff that was developed by staff that has a lot of the procedural stuff in there.

Like never tell anybody we don't do that or I don't know.

Our thing says, you tell them you called the right place, and we're going to work with you to get this resolved.

We may not be the final answer, but, you know, we don't do it as ‑‑ you know, in terms of I & R.

If they're actually asking you to build a skyscraper, it's okay to say we don't do that.

Unless you're ABIL.

(laughter)

Standards on referral information, how often do you update your referral list, how often do you use volunteers?

Spell ABIL.

ROGER HOWARD: A‑B‑I‑L.

It is in the packet.

ROGER HOWARD: Okay, good.

I saw it.

ROGER HOWARD: And also on the wiki, as you'll see over lunchtime when Tim goes through all that.

It's important to have policies on crisis intervention, you know, as you found and was mentioned in Darrel's presentation, somebody calls for housing.

And it turns out it's a Thursday and they need housing by tomorrow.

Well, you know that's impossible, right? You know.

But through letting the person explain their situation, you find out that, yeah, they really need another housing situation, but the reason is because they're in a domestic violence situation and they need out of that house now.

Well, that's a lot different than, you know, oh, you're looking for an apartment, I can't find you an apartment in two days.

A situation like that, you call in the troops.

And if you have policies on that that can inform your staff so that they don't have to go, oh, what do I do now? They can look in, and they have a procedure to follow with the person to try to address that situation.

A lot of I & R services have policies on their cooperative relationships with other organizations, you know, memorandums of understanding and those sorts of things.

It's usually the other organization that thinks it's important to have some kind of documentation like that.

Policies and procedures on promotion and outreach.

How are you going to get the word out? How are you going to prevent those calls that say you're bad because I didn't know about you, you didn't do enough to educate me about my access to your services? Information on policies or procedures at least on follow‑up.

Are you going to follow up on every call? Are you going to follow up at the end of every month? Are you just going to follow up on the three main things that RSA is interested in knowing that you do follow‑ups on?

And then disaster preparedness.

And of course, a lot of this stuff goes throughout the center, and that's part of what we're here about today because a lot of the stuff we do is so interconnected with everything else we do.

At the same time somebody is providing I & R, they can, in fact, be providing peer support to an individual.

But with disaster preparedness, it may be that in a disaster situation, for some people, your center is the lifeline that they need, and do you have any policies that address how your center is going to survive so that they still have access to what you do?

And resources for people with disabilities out in the community so that if there's a disaster, you can adequately inform them of what their options are.

Typically at centers, and it's usually kind of different for a center that has four staff and a center that has 40 staff, but not always.

In my experience, what I've found is that there's pretty much two ways that centers staff their I & R services.

One is the shared approach where they pretty much say everybody who works at our CIL provides I & R.

And that's okay.

Even with the individualized approach with a dedicated staff member, that's okay.

It can be way more flexible, it doesn't matter who is there, if they've been cross‑trained to a certain degree, they have the ability to at least do some initial work until somebody on staff who has more knowledge or more experience can take over the situation.

It empowers staff, everybody has a greater knowledge base about services and things that are available out there.

But it can lead to inconsistent service because, you know, frankly, some people are much better suited to providing I & R services than other folks are, so that can be a problem, but I just point out it's important for you to be aware of.

With the individual approach, and by that I mean where you've got a designated staff member who provides I & R, that person can be much more specialized.

You know, that's what they do, and that's what they're into.

And that person can free up and support other staff so that advocates, transition managers, things like that, have a resource to turn to.

They don't have to spend their time trying to go through the housing lists and all that.

They have a wingman who can really help them so that they're spending their time on getting people out of those places.

This next thing, when is an I & R more than an I & R? I'm not sure why I put it there in particular, but that's one of the things that centers are going to have to look at and decide on for themselves.

When is an I & R, when does it cross the line and go beyond being an I & R? And some of the things that we look at are the significance of the issue, the number of issues the person has, the complexity of the issues, the need for one‑on‑one assistance to walk them through the situation, and maybe it's significant and complex enough that there's a real need for planning if this person is going to have a chance to succeed.

So that's kind of at my center, those are the kind of things that we look at.

It's not a hard and fast rule, which we've tried this stuff, well, they called them more than four times, just we kind of deal with it on a case‑by‑case basis, and of course it's always the individual's right to open a CSR after an initial call because they may have been so impressed after talking with Darrel and realize there's a lot more resources with this outfit that will really help support me to live the life I want to lead.

I don't know how many of you know Bob Michaels, but he's been doing a lot of technical support and technical assistance for CILs for a long time, originally came from Arizona Bridge to Independent Living, and Bob and I have had this conversation many times where it seems very typical for CILs to have I & R staff positions as an entry‑level staff position, when in our conversations, I & R specialist should be something that people who work at the CIL aspire to once they get to a certain level of experience, knowledge, the light bulb in terms of how independent living has gone off in their head, they're not enablers, those sorts of things.

So I just throw that out as food for thought, that you might want to consider having the I & R specialist, if you have a dedicated one, be somebody that is really experienced and not a newbie.

I'm not saying a newbie can't do a good job, I'm not saying that, and I've seen a lot of people come in and, you know, take that horse by the bit and run with it.

But if that's going to happen, I would hope that you would let your more experienced staff mentor that new staff person so that they can really do a good job.

Time? Getting there?

Five minutes.

ROGER HOWARD: Okay.

Community collaborations can go a long way towards supporting your ability to provide effective and efficient information and referral services.

211 obviously provides general I & R versus specific I & R for disability issues.

But there's a lot of different ways you can use 211.

You can go to their ‑‑ if you Google 211, what's usually going to come up is the regional 211 or 211 affiliate in your geographic area, and you can go in there and look through their resources.

One thing you can do is check to make sure that your center is not misrepresented in their database, so that where you're listed and the kinds of things that the 211 operators are going to refer people to your center for are things that you're equipped to handle and want to do.

And in our experience, 211 really wants to be accurate, as much as we do, so calling them and saying, hey, I think you might want to move us to this category and add us to these other five categories so that it's cross‑referenced when people call, they're more than willing to do that.

One of the moments that really made me happy, I serve on the City of Boise's Fair Housing Task Force, and last year ‑‑ April is Fair Housing Month, and as the task force, we put together a really good public awareness campaign for fair housing, billboards, posters, radio ads, TV ads, and as part of our campaign, of course we wanted to evaluate its effectiveness.

How do we know that this campaign has an effect? So, on all our materials, for more information on the Fair Housing Act, call 211.

And 211 agreed to monitor those calls for us, where the calls are coming from, the geographic stuff.

Were they agencies? Were they individuals? And once the ‑‑ you know, they started monitoring two months before the campaign, so they could see is there a difference, and two months afterwards.

And when I went to the meeting where they were presenting their findings, we all introduced ourselves, and I said hi, I'm Roger Howard from LINC, and the person from 211 jumped out of her seat and said, oh, I've been wanting to meet you so bad.

I know Todd, Krista, Jen, Amber, in your office, because they have an effective collaboration with 211.

And 211 knows now almost exactly when they can send people to LINC or when it's more appropriate to send them elsewhere, and they're very happy with the results that people have reported back to them and they've done their follow‑up surveys.

There's of course the Aging and Disability Resource Centers through the now Administration on Community Living, where they're typically housed in Area Agencies on Aging, but oftentimes they have contracts with CILs to do part of their work, and one of the main things that ADRC's are involved in is information assistance on long‑term support options.

And that can be a funding opportunity for a CIL, it can also be a collaborative one where it may take some of the pressure off your center to maintain lots of information that's specific only to aging, because these guys already have it.

Or you can have a collaborative effort with them where you have shared access to your database.

So if they get a disability‑related call that's for a 19‑year‑old and these are new, many of the ADRC's are kind of like I'm not sure what I would do for a 19‑year‑old, you know, I know exactly what I would do for a 72‑year‑old.

But collaborating with them can really benefit both.

And then other I & R providers.

It's interesting, maybe you've noticed, but certain communities, oftentimes somebody has decided that navigating the community service system is so complex, that by gosh, they're going to put together a directory, you know.

And it oftentimes is a very, very good tool for that community, and you can share resources with them and it can be very effective.

Oh, you don't need that, you need a mic.

You want this one?

Okay.

Thank you.

(applause)

AMINA DONNA KRUCK: I just want to open it up for a couple minutes for questions or comments.

Remember to use the microphone.

Yeah, this is a question for Roger.

With the 211 and ADRC's, do you have written MOU's or memorandums of understanding, or is this just courtesy type of relationship?

ROGER HOWARD: Yes and funding relationships.

Not with 211.

We don't have a written MOU with 211, it's more like the kind of collaboration that we have with our State Council on Developmental Disabilities and our client assistance program and other organizations in our state that we're very closely aligned with for systems advocacy purposes.

But with the ADRC's, we're finally starting to see a trickle‑down effect where they've decided that we really are the experts at what we do, and it's more efficient for them to enter into a financial relationship with us to provide certain services than it is for them to re‑create the wheel.

DARREL CHRISTENSEN: Centers need to get involved with the ADRC's because that's where the whole trend is going, and if we don't do it and we're not involved, the train has already left the station.

They're going to do it without us.

And like Roger said, there's also some money involved, so make sure that your centers are involved with your local ADRC's.

AMINA DONNA KRUCK: Not only will they do it without us, they'll do a medical model without us.

ROGER HOWARD: Yes.

And I would like to suggest taking that a step further.

We are involved with taking the lead in many cases in communities to develop ADRC's because they now have the IL component, and really it's kind of a foregone conclusion that AAA's are the best position to develop ADRC's.

I would suggest that's not the truth.

Well, the centers can take the lead in pursuing the funding for ADRC's.

If you can convince them that your center is more positioned to do this work than the AAA's, and that's an uphill battle in a lot of places.

I've seen presentations on the ADRC stuff in Texas, I've been very impressed with how it's working, and it's one of the models for the country.

This is Judith, I'm from Utah.

AMINA DONNA KRUCK: Go ahead, you're on, just get close.

Okay.

Close.

In Utah, the ADRC's, we have six centers, three are AAA's, three are CILs, and we've all been at the table together, kicking and screaming on occasion, but it's a table together for this is going on our fourth year.

And there's been a tremendous amount of information that each group has found useful, although initially they were doubtful that they would learn anything from the other groups.

But what we also have found is what you said earlier, is sharing referrals is very powerful.

AAA's tend to have waiting lists.

CILs don't have waiting lists.

There's a lot of good things that can happen, and sometimes you have to kind of be a little bit aggressive to get at the table and stay there, but I think it can be a very powerful collaboration.

AMINA DONNA KRUCK: Yeah, we fought for years to get out of the aging community, and now we're fighting back in.

Any other questions or comments before we break for lunch? If not, then ‑‑