TIM FUCHS: All right.

So I'm just going to do a quick orientation to the action plan, which is with the day three materials.

You've probably already found it.

It's a matrix, a chart.

It says CIL next steps for creating or expanding services to support institutional transition and diversion.

It's a two page chart, front and back.

This is a template we use for a lot of our trainings.

I want to that in the first column it says, assets to build on.

Staff funding, services, collaborations, et cetera.

The second column next to that is planned actions with time frames such as next steps, board decisions, strategic planning, community partnerships, et cetera.

When you flip the page, barriers or areas for improvement.

Staff funding services, et cetera.

And then again, adjacent to that in the next column, the planned actions with time frames for those things that you jot down.

So next steps, board decisions, strategic planning.

On the first page you're really going to put down the things that you have going for you.

And the second pain are going to be your barriers.

I'd like to take about 20 to 25 minutes to let you all go through this and develop those plans and next steps for your center.

Obviously if you're here with a group from your CIL, you all can do that together.

If you're here alone, I hope that you'll talk at your tables and work through this with folks, share some of those ideas.

We really did, the intention was to get a lot of these ideas, these concepts, these solutions from you all during the week, and I think we heard on day one and yesterday morning that, hold on, we need to have some conversations first.

We need to go through this material first.

But you all are the expert on your own centers.

You all know how you're going to implement this.

So I know there will be still be some lingering questions, but I hope that you will use this opportunity to think through how you're going to implement when you get home and then share that in the report out.

We are going to come around the tables and talk about some of those key highlights, those barriers you're especially worried about and the solutions that you think you all have in your favor.

And so we'll take about 35 minutes for that after we do the work.

All right, so lets start over here.

Somebody want to volunteer?

Two mics.

So if you could just share some of the highlights, especially your next steps when you get back, so highlight the next steps for both the assets and the barriers.

AUDIENCE MEMBER: Our next steps are basically first of all, to make sure that this gets into our annual plan.

We have our annual staff planning retreat in just a couple of weeks for our next fiscal year.

So we're going to get all of this in there.

We're going to add into our CIL's First database system so we can track it better.

We're going to run practice reports for the data collection monthly to stay on top of things.

We're also going to give a staff training, trying to get their, make sure we have their buy in on it, because we think that's one of the biggest barriers with all this change and uncertainty, getting staff on board with all of this is going to be crucial.

Making sure that they have the training needed, not only for the documentation part, but trying to make that as simplistic and easy as possible.

So that they can see like we've said throughout the whole training, we're already doing this, it's just a way to track it better.

And we're also going to try to implement the at risk surveys or something similar to that into our intake process, and more outreach to the rehab facilities at our nursing homes and hospitals, just being able to better identify and capture the diversions that we are already doing.

TIM FUCHS: Okay, great.

Anything else that you all want to add?

How about back here?

Somebody want to volunteer to share?

AUDIENCE MEMBER: For our center, we're in a different circumstance.

We actually are going to do a lot more building for the transition and diversion.

So we have a plate full when we get back.

But finding certain skilled staff, collaborating with partners in our community, medical, home health care agencies.

Different avenues that we weren't previously taking.

Funding sources, board participation, training staff, transportation components is a huge barrier for us.

Using the at risk survey, that's definitely something that I want to implement.

Doing more staff planning and retreat and training as far as the diversions.

I think that's going to be, we already have some transition in our center, but the diversion is going to be something for us to go in teaching the staff in what to look for and what's going to be diversion, what's not.

But other than that, I think the training really helped build to what we need to know to move forward.

TIM FUCHS: That's great.

How many of you all, just a show of hands, how many of you all plan to use that at risk survey or modify something like it?

Great.

So about a third or half the room even.

Go Michelle.

Exactly.

You've been very modest about that, but that thing it's really crucial and a key piece of the materials that we brought to this.

So thank you for doing that.

How about over here?

AUDIENCE MEMBER: I'm alone, but thank you to Las Cruces, New Mexico working with me.

I focused, we focused on the assets that we have.

And one of them was that we obviously already have knowledge of the transition process, but what we need to do is we need to redirect our thinking to where instead of looking at it from the transition viewpoint to say, okay, we're going to take this fork and turn it into diversion.

So we really need to redirect our thought process, and that's a training opportunity.

We already have community collaboration as in a referral system.

So our planned actions would be basically to provide more education as to what our transition and diversion services are.

Because right now, they are primarily looking at us from a DME standpoint, what kind of equipment can we provide.

So it would be educating them and then building on our existing relationships through in service, meeting with the social workers, the patient care coordinators and their transition specialists.

The one thing that we have that's an asset is perseverance and that follow up.

So we're not letting things just go.

And part of that is actually scheduling those follow ups.

Because we all get so busy that it's not on our task list.

It is not on our calendar.

The other thing is, and we had a discussion about this one, the asset is money.

And I went, no, that's a barrier.

We have no money, it's a barrier.

There's no additional funding.

As you pointed out, there is money.

There's Money Follows the Person.

We specifically work with Care Chest quite a bit, and they have a lot of IL funding.

Social Security, you know, working with landlords, things like that.

Will they take a later payment?

And then there's always SNAP, Medicaid, and that type of thing.

We have a few other funding sources that are assets.

TIM FUCHS: Okay, great.

Anything you all want to add?

No.

How about over here?

That's fine.

You shouldn't have hesitated.

I like that look.

AUDIENCE MEMBER: At the last conference, I was so sharp.

But not this morning.

Well, we were talking about transportation.

Well actually about building up resources and finding ways through funding to provide services to consumers.

We were talking also about with students, like youth, and a change of thinking about a higher education, because there are times when the student is limited to just not to go further with education.

And I think that is one of the, we were talking about that.

Something else?

AUDIENCE MEMBER: Some of the assets to build on, one of the assets that we have in the CIL that I work in is strong and broadened community partnerships with folks outside of the independent living community that goes beyond the voc rehabs and community rehab providers and other disability related organizations in the community to enlighten groups like the ACLU and United Vision for Idaho and other organizations that would typically be in support of what we do.

But until we explain to them what we do, why transition is so important, why diversion is so important, wise use taxpayer groups is another one.

It is reasonable, the low hanging fruit of the disability organizations that we work so closely with, but to bring other people outside the independent living movement into the fold to create more grass roots style support is a strength of ours.

And that helps derive more funding, it kind of, it's much, a lot like other civil rights groups where you don't necessarily have to be of the population and people to believe in the viability and importance of the mission.

And so that's something that we've endeavored to do is to build a ground swell of support for people who don't, who were completely clueless about the independent living movement until we showed up, explained to them why they actually will benefit from it, why is it is important for them to support, and then one thing leads to another and before you know it, we have some group that can't even spell disability that has championed this cause because they feel it's a good use, it's a better use of taxpayer money.

So things like that.

Also my CIL has funding for deposits and application fees which is big for the people that we serve because if they by chance can find someone who can rent to them, having to come up with a 500 dollar deposit might as well be 5,000.

We have taken two steps forward and then we are ready to take a step back because we don't have all the funds we need in order to see the thing to fruition.

Another asset is a well trained and mission driven staff, who is well versed in why, whats and wheres of what we're doing, well developed programs and then planned actions for us would be proper identification and data collection in CIL.

How we can collect the good work that we're doing and make it so it's recognizable by the ACL in the end.

How do we properly collect, we're collecting the data, but how too we articulate it in CIL so that it's counted properly.

TIM FUCHS: Great, thanks.

How about here?

AUDIENCE MEMBER: Assets, I listed were a contract we have with a managed care organization, because I think the managed care organization is already identifying those referrals as at risk.

So that could be sort of an easy example of diversion, also a relationship with the local rehabilitation hospital.

But I think ultimately, funding and staffing are the barriers, you know, like we've all talked about, if we can help provide DME, if we can help with home modifications, the housing component, that's really where we are of value to the consumers and the referring partners.

So looking at action steps with our board and senior staff about how to solidify funding, get new funding to make that a more permanent funding stream will allow us to provide these services, and I think the database reporting is also a barrier, since we don't know exactly how ACL wants us to report on it.

But we definitely need to work on that.

TIM FUCHS: Okay, thanks.

How about up here?

AUDIENCE MEMBER: So the nice thing about going kind of the middle of the pack is everybody has put out really great ideas that we can pretend that we wrote down as well.

Nonetheless, we also came up with a couple additional things.

One of the areas that we felt like was an asset was knowledge of the process, even if it is a changing process.

At my CIL, we have a strong transition coordinator.

I know that Eva and Kathy, they do not have someone specific to that, but we agree that our staff members, our co-workers are the strength of our organization, and relationships with the community partners.

The planned actions, adding diversion transition goals to the strategic plan, which for me, my board is meeting this Saturday to finalize.

We've done all of it, and I tried to get out of the room so they could actually finish it.

I will send them an email to include this, so we'll see how that goes.

In addition to that, and incorporate risk assessment.

I think that is invaluable.

Thank you, Michelle, for including that in this training territory.

Identify funding sources, staff hiring and training, outreach and advocacy efforts, especially focusing on helping our consumers with systems advocacy.

And in a not shocking turn of events, one of the barriers we identified is housing.

I think all of us run into that problem, and we can yell and yell and yell and nobody is going to listen to us.

It has to be our consumers, the people we work with who have to be advocating, because first of all the continual nature of it.

Second of all, the first person stories, they have personal stories about how this affects them and we want to help them with those efforts.

For the funding aspects, we're going to try to ID and apply for grants and partnership opportunities with agencies and organizations, like managed care organizations, and put on fund raisers.

Working on hiring and training of staff within the year, and working with existing agencies and we're developing a voucher program in Savannah as well for transportation resources.

But again, that systems advocacy is not just housing.

It's also for any form of system that you need changed.

Which includes the reporting instruments, trying to weigh in on that, trying to weigh in on the requirements.

In Georgia, we have both MFP, which is ending at the end of December, and NHT, which is especially set aside governor's money.

The issue there is that it comes with mandated number of transitions.

Well that runs counter to IL.

So we're trying to balance those two things, but that's part of the systems advocacy efforts where we can help our consumers and we can personally go and alert them to where conflicts may exist.

TIM FUCHS: Great.

MFP is?

AUDIENCE MEMBER: So MFP is Money Follows the Person.

NHT is nursing home transition, it's a line item in Governor's Deihls budget where he set aside a certain block of money on an experimental basis last year and renewed it this year.

Where it is a flat fee, they give you, I think this year it will be $5,200 per transition.

It's more short term services.

It is supposed to get people over the initial barrier to get them back out into the communities, but the services that are offered under MFP are not going to be available under NHT.

It is more of a one off type thing, and there are fewer regulations, so a little bit more freedom on that.

TIM FUCHS: Great, Thanks.

How many of you all are going to put this training, these issues on your board agendas when you get back?

About a quarter of the room, you might want to think about that.

I'm sure you're already having conversations about the new core services, but letting them know why you came to the training.

Let them know what changes are going to happen at the center, getting their input, that could be valuable.

Same thing, staff meetings, if you have weekly or regular staff meetings, putting this on the agenda for that.

And that's, I don't want to say more important, but when you talk about the barriers you're going to have deal with staff push back on new forms, new processes, what to do, even if you're still defining it, starting those conversations now, letting them know what's upcoming, I think that can be valuable.

How about up here?

AUDIENCE MEMBER: The center in White Hall is fairly new, and very short staffed, but we do have good transition staff.

We listed Money Follows the Person as both an asset and a barrier.

An asset as far as funding, but a lot of barriers.

And so we're going to have a meeting with the MFP people to sort of get our philosophies to, an understanding, better understanding on both sides there.

We have good collaboration with housing for elderly, but the majority of our transition clients are below the age of 65.

And so it makes it more difficult to find accessible, affordable housing for them.

So we're going to write a housing grant for that.

And of course diversion, we already have our current services, IL skills, training and I & R, peer support.

And we're going to develop, our referral process for Money Follows the Person, it has to be through the ombudsman or the social worker.

So we're going to establish better relationships with the ombudsman and the social workers.

And the barriers is the referral process and, you know, right now we don't have, no one knows about diversion at our center yet.

What it looks like, how to report on it, and so we're going to use tools to train staff or develop the tools for the diversion process and how to report on it.

TIM FUCHS: Okay, good.

Thank you.

How about back here.

Thank you.

AUDIENCE MEMBER: We have a couple centers here.

For the center in Indiana, an asset, we have some creative staff and we have a really big base of consumers, one of the take a ways, listening to Darrel, the volunteer peer mentoring network, we do some groups primarily focused on one disability, because of historical sake.

But we want to start that peer mentoring network.

A couple assets we have: that consumer base we have, the fact we have done successful transitions and our volunteer coordinator is brand new, so she won't think it is something new added to her job description.

It will just be something new.

So we're going to do that.

And we also have a relationship with a clinic that is a managed care provider with one of our major hospital systems as well as with one of our public housing agencies.

So we're going to target maybe one of those if not three of those, to do a pilot program for this.

We already have CFAL up and running.

We have figured out, we are tracking diversions for the moment using some outcomes that we understand were developed in Michigan.

So thank you Michigan.

It may not be the right way, but it's the way we're doing it now until ACL tells us something different.

But I need to run practice reports on that.

Barriers, as always, staffing and funding, there's never enough.

Transportation for volunteers, if we do this, is trying to figure out how to get them where they need to go.

We have a couple ideas for that.

We have one volunteer we are identifying who has a van, and then talking to the bus system to see if we can snag bus passes for this pilot.

That's off the top.

TIM FUCHS: Great John.

The other thing too for those of you that were intrigued by the volunteer program that Darrel talked about is we've done, we have done one of these, a 2 and a half day on their volunteer program.

They've also, Amina Donna Kruck, who many of you probably know from Ability 360 and April Reed who is their volunteer coordinator there, have done webinars and these on site trainings on that program.

There's a ton of information on that volunteer program out of Ability360 online on ILRU's website.

So you can get literally the nuts and bolts of their training, funding, background checks.

All the transportation stuff, all those tips, if you want to look that up and let us know if we can fill in the blanks.

Okay, how about up here?

AUDIENCE MEMBER: We're from Birmingham, Alabama.

We would say our biggest asset is our current transition coordinator, Wendy, who is sitting right next to me.

She's been doing it for 15 years.

Our center knows transition really well.

We know the resources that we have, we know the housing, what it looks like, which is not so good, but we know people in the housing market.

We have that down.

What we need to work on with that, is we need to take, and again, our staff is really passionate about the IL philosophy.

That is our strength, hands down.

We need to take that and present it and market it to our partners to develop those partnerships just a little bit more.

So they know what we bring to the table.

So they know what we bring to the table.

Our barriers I would say would be, especially with diversion and the new core services being just some confusion about staff roles.

So when we go back, we need to get with our executive director and put into place some roles and responsibilities and processes.

TIM FUCHS: Good, anything to add?

AUDIENCE MEMBER: And I love all the ideas I have heard today.

As far as our assets, I'm from the Houston area.

We have real good relationships with our MCOs, we've been doing relocation there, have our own relocation program and department since 2007.

The funding for that program got taken out of the CILs though real recently and through our state legislative session, and given to the MCOs, so we are currently in talks to develop and sign off on contracts to work with them.

And so we'll continue those partnerships, but there's some confusion on how that's going to work out and how the funding is going to be billed, so we'll definitely need some training on them.

Diversion needs to be put into our strategic plan.

As everybody said, we're already doing it, we just need to make sure we're counting it correctly.

Definitely going to use Michelle's at risk tool.

Thank you for that.

I got that from Sandra way before I came here, she said look at this, see what we need to do.

So thank you.

I really like Darrel's program for going out and doing outreach into the rehabs, we have a really wonderful rehab in Houston, TIRR Memorial where ILRU is, I will see about partnering with them and doing some type of outreach with them, so thank you for that.

And again, just training our staff about what diversion is and what it is not, and we need to do to make sure we're capturing it.

Thank you.

TIM FUCHS: Thank you.

How about over here?

AUDIENCE MEMBER: Okay.

For our center at the table, we are already providing the CBS services, and so we feel like we know transition, we've done it quite a bit.

We have our partners, we know our ombudsman.

All those types of things.

The main problem is the funding, that being the barrier.

We're from Oklahoma, so our state has been in deficit for quite some time, just received notice in the last couple of weeks that hours are being cut through the CBS program.

So when you're getting hours cut below 15 hours a week, and you're trying to move someone out that needs more than that, you've got a problem.

That's our major thing is funding.

I know it is everybody else's.

The other thing is know how to appropriately collect the data and get the answers ACL wants.

TIM FUCHS: Great.

Over here?

AUDIENCE MEMBER: We're going to go at this a little differently.

We didn't know what to expect from this training, but we got a little bit strategic, not knowing what to expect, but I represent the Florida Independent Living Council.

We have our state entity here as well, our DSE.

We have three of our centers, we have transition as one of our goals in our state plan.

And so through that, we were able to fund a couple of the centers to come to this training so we can work together on this.

So our intent is to, because we don't have Money Follows the Person, we have some Medicaid waivers that are capped out.

So to transition people, we're frustrated.

However, we really like the direction of the diversion, because we are already doing it, and we want to go back and start capturing these numbers.

We have a statewide conference coming up in about three weeks, so we had a restructuring of presenters and so at one of the lunch presentations this group is going to do a presentation on the diversion and really emphasize that portion of it that we are already doing it, and then Paul and I are going to be meeting next week to revamp our state reporting system so that we can start capturing these numbers, put them in our annual report so when we go to our legislators, we can show them here is what we're doing to stop people from going in.

We need systems in place in order to build the transition out, and if you will work with us on that, look at what we're doing for stopping people.

If you'll work with us, we can get them out as well and save the state a lot of money.

So we're going at this a little strategically, and I feel like I have a really good group of people that are here and just to go on record, Florida is working together.

TIM FUCHS: Great.

Thanks y'all.

How about back here.

AUDIENCE MEMBER: We're from Michigan, and we identified some of our assets as staffing, we have a good staffing ratio to our programs, we have programs in place already, such as the pre-Eds, advocacy, peer support, MSR, our funding is pretty good.

My executive director, our executive director is constantly looking at different grants, and things of that nature.

We're already doing nursing home transitions and have been doing them for a while, both nursing home and youth.

I guess, it is one of our core services.

An area we need to find out more about and run by our executive director is the diversion in relation to the nursing home transition and as that gentleman mentioned over there, some of the diversions are captured, but we need to get with our person and find out how we're doing that and making sure that is correct.

And like I said, running this all by our executive director.

We have a strategic planning meeting scheduled for September 15th so we'll go over a lot of that with her and maybe educating staffing.

And maybe another area to work on would be community relationships with police, fire, senior centers, housing, hospitals so that we can maybe do some diversion capturing that way.

We are doing outreach specific.

We have specific outreach people that go into the nursing homes and senior centers and educate on when you go into a nursing home how to get out through our program, but as far as capturing it is what we need to find out.

TIM FUCHS: Okay, great.

And over here, Renee?

Thank you.

AUDIENCE MEMBER: Pretty much we have been doing the same thing as the table next to us.

We also do Money Follows the Person nursing home transition as well as divergence, as I spoke upon yesterday, but, of course, there's always room for improvement.

We are adding additional staff and we have added additional staff, Rachel, and we just did a, well, she's in the training process of knowing how to do the diversions, as she mentioned during this time what would be helpful to her is tracking it in the system as well as learning the CIL system.

And that's what she's working on now.

As well as the other table, our ED has also scheduled a strategic plan as well.

I don't know the date, because I'm not on that committee, but I know it is next month sometime.

TIM FUCHS: Great.

So it really seem like the biggest challenge, our biggest barriers and fears are the things we're already dealing with.

The housing issues that make this so difficult.

But so much of this we already know how to do.

The things like the forms, the process, the staffing, reporting, that's going to come clear as you work with your staff, as we get guidance from ACL.

I think that's the positives, those things will work themselves out, those other big difficult systems things we're dealing with every day anyway.

I hope that this action plan has been helpful.

I really appreciate it.

You may have already been planning to, but for some of you, you might share this with your staff just as it is or your co-workers, depending on your role or have them do it.

Something else I want to mention too, is some of you mentioned that you were going to do some additional training or that you might need some additional training, these materials are yours to use, we just ask that you give credit to the project.

Remember, they are online already.

We e-mailed them to you.

You have them in various formats.

We have the raw files that we created the accessible formats from if you need them if you need those.

Let us know how we can help and please feel free to use these materials and these resources.

And then again, over the next few months we are going to be adding some PowerPoints that we've seen here this week that you don't have yet.

We're going to be putting out additional guidance.

We're going to creating the videos.

So there's more to come too.

We could talk for a little bit more, but I want to be fair.

I see that we're at break time.

Let me suggest this, let's take 15 minutes for break.

I know this is the last morning.

I want to mention a couple of things.

I hope you will all stay until the end.

It was cruel of me to make you wait for the funding piece.

But I hope that's some enticement.

But there is a couple things that I want to say.

I know that a few of you probably do have flights to catch or whatever.

Let's just be honest.

So we put some satisfaction surveys on your, in the middle of your table.

If you're planning to leave, please do me a favor and fill that out before you leave.

I would really appreciate it.

I know it is easy to fill out the numbers and leave it on the table.

Please, there's nothing worse than getting a satisfaction survey with fair or bad scores and no context.

So whether you loved it or whether we could have done things better, please take a few extra moments to leave comments.

I would really appreciate it.

We take our continuing improvement really seriously.

We want to make sure these are working for you all, and we really try very hard to react to the feedback that we get from you and to change the way that we organize and provide these trainings.

So for your extra time, I can promise you that we will take your advice to heart.

So one more thing and then I will come to you, Darrel.

I know some of you are probably thinking about check out as well.

You're welcome to bring your luggage down here.

I have a pretty strong sense, we will probably be done more like 11:40, 11:45.

If you're worried about that 12:00 o'clock check out time, you are welcome to request a late checkout, you'll be able to get back up to your rooms and get your luggage before noon if in case you were concerned about that.

Darrel, let me bring you the mic.

DARREL CHRISTENSON: On behalf of the presenters this week, I just want to say once again that we really appreciate your time, your efforts, money, resources to be here.

And as I mentioned on Monday, I think, I really, really sincerely hope that the words, the ideas, the thoughts that we've put into this training can be heard by each and every one of you, to hear what we're saying, to use it in your neighborhoods and your communities the way it's most useful and then take your hands and your talents that each of you have and use those to make a difference in the lives of the individuals that are at risk to moving into nursing homes, or currently who are there needlessly.

So please take that into consideration as you leave and fly home or drive home and make a difference in your community.

So on behalf of our team, I just want to say thank you so much for all that you've done this week.