>> TIM FUCHS: Good afternoon, everybody. I'm Tim Fuchs with the National Council On Independent Living and want to welcome you all to our newest webinar and teleconference program, the CIL and ADRC Section: The Oregon story. Today's webinar is being presented by the new community opportunities center, a national training and technical assistance program of the Independent Living Research Utilization, that's ILRU in Houston, Texas, and today's webinar is being organized and facilitated by those of us here at the National Council On Independent Living or NCIL, here in Washington D.C. and support for the presentation was provided by RSA of the U.S. department of even indication. So like all of our calls, we are recording this so that we can archive it on ILRU's website and you and your colleagues will be able to access the archived version within 48 hours. We are going to break several times during today's presentation to take your questions. If you have a question on today's call and you're on the phone you can press star pound and we'll be aware of your question and we'll take them in the order they're received and of course I'll remind you of all these instructions each time we take a break. You can also type your question in the chat screen if you're logged into the webinar today. If you have a question you want to do it that way, you can type in the text box under the list of participants and click enter. Remember, we're going to take those questions during the Q&A break. If you type it, we'll see it, and we'll hold them and address them during the Q&A break. We do have a number of Q&A breaks today, so if time get the best of us and we don't have time for your question during the Q&A break when you ask it, we'll make sure to address it before we end the call today. Okay. You'll want to have the PowerPoint in front of you for today's call. Of course, if you're on the webinar the PowerPoint is going to display automatically. You don't have to do a thing. If you're only on the phone today, that's fine, but make sure that you have that PowerPoint open. The PowerPoint for today's call was included in the confirmation email that was sent to you. If you don't have that for any reason and you're just on the phone today, you can email me at Tim@NCIL.org. Got my email open. I can send you that PowerPoint right away. Again, if you don't have a PowerPoint and you're on the phone and you didn't realize you need it, just shoot me an email at Tim@NCIL.org and I'll get it to you.

one more thing before we start here. When we finish the call there is an evaluation form. You probably noticed the link to that in the confirmation email. It's also on the second to last slide of the PowerPoint. Please do take a moment to fill that out. I know a number of you are participating in groups today and that's great. We encourage it. But we'd really love to see a response and eval from each individual. We take very seriously your opinions on how these trainings work, whether they were helpful for you. The evaluation form is very short. It only takes a moment to complete. And we take them very, very seriously as we are always looking to improve our program. Please do that. We would really appreciate it.

the second to last slide when we get there at the end, it's actually a live link. When we're done with the call from the webinar screen you can click on it and it will take you to the eval. Without any further ado, I want to introduce our presenter for today, Barry Fox‑Quamme. Barry is the Executive Director of ILR, independent living resources in Portland, Oregon. Barry is an expert in the IL movement a and in the aging and resource system in and the ADRC system nationally as well. In addition to Barry's role as president of the association of Oregon Centers for Independent Living and a member of the Oregon SILC, Barry is also a member of the governing council of the Metro he Portland ADRC and is Portland's IL representative to the federal learning collaborative. So Barry has been an outstanding resource and an excellent presenter and we are ‑‑ we have enjoyed working with you, Barry, over the last few months to pull this together and really happy to have you with us today. So without any further delay I'll turn it over to you and we can get started.

>> BARRY FOX‑QUAMME: Great, thanks, Tim, and thanks everybody for ‑‑ I have a sense where everybody is from and it sounds like we have folks from all over the country and each of us come with our own perspective, our own culture, both within the CIL family but also the ‑‑ our own culture with how we interface with the community partners, how we seek to foster the no wrong door system, how we work with the aging system and disability systems that our partners and hopefully today we'll get a sense of what that might look like in Oregon and you might be able to 15 that from some insights, some ideas, some questions how you can continue to develop your own collaborative efforts in your communities.

I'm going to start out with on slide 2 with just a little bit of who I am and Tim did a good little introduction there. I think the ‑‑ most of this I won't repeat, but we'll just highlight a couple of things. Our ADRC governing board was formed about two years ago and built on a collaboration that was taking place between our CIL, independent living resources, and the AAA's in the Portland Metro area and that goes about four or five years. That foundation, collaboration and valuing of our respective cultures certainly is very foundational for success.

we've developed over time a habit of hosting these ADRC governing council meetings and our consumer advisory council meetings at our Center for Independent Living which helps introduce a more dominant majority aging culture from the perhaps AAA systems to just the presence of a peer model that we kind of ‑‑ is actively alive as they come into our place and see what's going on and I think that's a value.

I've been pleased to be involved in the ACL's workgroup and went to D.C. a couple times and met with other representatives from the part A granted states. A lot of my background comes from about six years being on the state Independent Living Council and four years on the executive committee of that could you be sill. So I have a ‑‑ council. So I have a statewideness of the six other CILs ‑‑ we have a total of seven in Oregon. That led to my taking on the presidency and reactivation of our state association which we call AOCIL and we meet monthly and in quarterly in person. I also value getting out and learning you guys and the last couple years have enjoyed being a CIL peer‑to‑peer mentor through the APRIL program and had a chance to visit centers in Utah and worked with a center in Colorado and last year in Maryland and this year in Utah again. And from a different perspective decided to offer myself as a nonfederal reviewer for RSA reviews. So just recently completed my first RSA review as a nonfederal reviewer in Idaho and found that to be a good added perspective. So that's a little about me and kind of what brings me to this interest of this interface and this cross pollination between different cultures, whether that's aging system or disability system in Oregon or as we interface with state systems and associations but also on the federal level. So a little bit about me. Why don't we move on to slide number 3.

today we're going to try to identify four objectives and go through them systematically. After each of these objectives we'll have time for questions and conversations a little bit. So just to give you a sense of the flow.

first of all, I will he ‑‑ I will be addressing, how do we identify the independent living role in collaborating with ADRC lead agencies and why is there a role there and what benefits come from being in active relationships with ADRC. Second objective is to just look kind of how do we describe the benefits and advantages of collaborating once we're fulfilling that role. And what does that bring up? Third objective is to look at some examples of the challenges and maybe the risks of that collaboration, how do we ‑‑ when we have two cultures coming together and we want to see a future and a horizon that's different and integrated but also that change. So there's a risk and challenges associated with that

the fourth objective is simply to get into more detail about describing some of the strategies and approaches that our Center for Independent Living has undertaken in developing partnerships with ADRC here in the Portland Metro area but also how that interface has been taking place across the state in trying to achieve some new and ‑‑ outcomes for consumers that we're serving.

so those are the four objectives. Let's go ahead and go to the next slide, number 4. We'll get into the first one. The first objective we're going to try to identify that independent living role that we have in collaborating with ADRC lead agencies.

so let's go to slide 5. I would like to start by emphasizing that we have two different cultures. We have the independent living movement with our rich traditions and backgrounds that's peer based, advocacy based, that is about changing perceptions in society in our country for the last 50 years. And we also have an ADRC system which is new in the sense of trying to create a collaboration or a connection, a no wrong door system. And that system is built upon, to a large extent, a more dominant AAA senior culture. So what does this interface look like? First of all, I think it's important to say the independent living movement really needs to be a key player in the development of a no wrong door system because it's aging and disability. It's across the ages. It's across the disability approach. Even though we may encounter AAA leads, so AR ageses on aging who are the leads in a lot of these systems and they have more money in their systems and they have more staff and they have maybe a more developed data base system and more certifications, perhaps, we may come at it from a different perspective, from a peer‑based perspective. There's a real value in engaging that culture both for our benefit and the benefit of our consumers, but also for the benefit of the overall stakeholder system so that the staffs and the cultures serving seniors and people with disabilities who aren't coming out of a peer‑based approach, so that they can develop a new value and perspective and insight in terms of how they're delivering services. So that's point number one.

you CILs have an opportunity to join senior and disability service providers in this new type of a collaboration. New things and new collaborations aren't always easy. So to acknowledge that. I think what we bring as an independent living role and value and perspective is really that peer‑based culture, and that's not present typically in a senior service model. We bring with it a person directed approach that it may be sometimes a little more than a person‑centered approach. I get a little wary sometimes of people talking about person‑centered and what they talk about is a person who is in the center of the room, and that's not always the case. But I think it's important to remind people it's not just a team talking about a person in the center, and they're not really directing it, but moving towards the goal of the person is being directly engaged in developing their plan, their values, their perspectives. Then we also bring in addition to that peer based and person directed approach the advocacy perspective and developing advocacy skills and bringing an appreciation for all three of these elements to a more senior focused service system, interplay system.

so let's go on to slide number 6, I think. Talk a little more about each of those. The independent living role is peer based. Some of this will be repetitive and familiar but for some of you it may be a little bit new. But the independent living staff members at Centers for Independent Living bring that unique peer perspective. Our center has about 70 to 80% of our staff that have people with identified disabilities, myself including. And bringing that to a senior focused information and assistance, information and referral, and options counseling system and actively self‑disclosing and training when we're at the table with people from the AAA system, other line staff, is a real valuable contribution that we bring to getting people to think outside their paradigm, to think from a different perspective to see us as resources in a new way. And so that peer‑based component is really important, and I keep stressing to my staff that you're advocates for our set of values, for our set of insights as a peer‑based, self‑directed system, and it's your role to be on and to be selling our system and our values and it's kind of the challenge of being the minority population in a more dominant culture. But it's really worth the engagement and worth the dialogue.

secondly, just IL peer perspective, it is engaging that dominant culture, as I have been referring to with the AAA system, with the 211 system, to the extent that's out in your states. And it's starting to have conversations that otherwise wouldn't take place, and those are cross‑cultural conversations. We have joint staff trainings. And they're really valuable opinion I guess I see that as one of the main contributions that independent living movement can bring to the development that's going on with the aging and disability resource connection, the no wrong door system that is being tested in these eight states and hopefully will, as a result of insights and refinement, be able to be rolled out as a valued new set of toolkits for CILs to use and for AAAs and other agencies to use across the country. So emphasizing our culture, that peer‑based perspective, I think, is really important.

let's go on to slide 7, I think. The second role is the IL role as person centered. We have staff members who experience disability who have the potential, don't always realize, but we have the potential to embrace kind of a unique perspective that assist our partners in kind of appreciating that distinction between person centered and person directed. It's very popular in AAA kind of culture now to be talking about person centered. We talk about this regionally and nationally. And as I was saying earlier, I think it's important not to just accept we all know what that means. I think it's important to explore what does person centered mean in your system? How is that lived out? Is it in name? Or is it embodied? That's where that peer‑based component comes into give a different perspective, and that peer centered again isn't about a team of people talking about a person who at the center of the room, it's about engaging the person so that they can direct their services, that they can develop their plan. Very consistent with living plans and with the new ADRC no wrong door system. The terminology is moving more towards options counseling. From my perspective, person directed independent living plans is very much the same as options counseling with the added component that we have kind of that peer perspective, self‑advocacy perspective. It may not be there within a AAA staff perspective. Again by engaging the cultures we have an opportunity to enrich and nourish both of our cultures.

let's go on to slide 8. Thanks.

so that gets into when we engage another culture and we start to facilitate a dialogue and new insights, we are serving as advocates, and that's certainly a strong part of the independent living movement system where our staff members have that opportunity to influence and change a more dominant culture, dominant just by the fact there's more money, there's more staff there's more things taken for granted and we're kind of feeding that with a different perspective.

let me pause for a drink. So we have that opportunity to serve as advocating for systems change which is part of what we do in the broader society but now focusing that systems change on our stakeholder partners in the no wrong door system. And moving towards what I have been talking about, the valuing of peer‑based approach. I'll talk a little bit more about that value later when we get into the Oregon model and some of the state funds that have been developed especially around mental health and some interesting dynamics that come into play when we talk about ‑‑ you know we have men money in mental health. What kind of programs are we going to develop? We'll get into that. This is foreshadowing that a bit.

Let's go on to slide 9, the next slide and this is just a pause here for us ‑‑ now that we have kind of looked at this first kind of value of the identity of IL and how we interact with different cultures and different systems and may be senior based and may not be peer based and not value self‑direction in the same way, this is a pause to convey, most of this is review for us, but it also prompts a lot of questions, in some cases some frustrations. So let's take a minute and see if people have questions or comments that relate to this knowing we're going to get into a lot more detail here in the rest of the webinar.

>> TIM FUCHS: Okay. So, again, you can type your questions in the chat or you can press star pound if you're on the phone and we'll take those as they calm in. I'm going to start off with a web question from Julie, Barry. How are ADRCs typically funded?

>> BARRY FOX‑QUAMME: That a good question. We've got a system in place right now where we have aid testing. Part A states that have federal funds to develop infrastructure within those states. And those grants ‑‑ Oregon is one of those eight granted states. What that grant has allowed to happen in Oregon is to essentially create a structure on the state level that encourages the AAAs within the state to develop planning mechanisms, collaboration mechanisms within those states to essentially create this no wrong door system, this aging and disability connection between service providers. There's not a lot of money for that. We started out I think ‑‑ we're nine regions in Oregon and we represent probably about 40% of the population in Oregon in our region. So we're a main metropolitan area. Our region for ADRC infrastructure development through this grant we're getting about $45,000 a year for a four‑county area. We don't have a lot of money for that but what we're able to do, though, is commit to developing a ‑‑ with that money and with our own in‑kind time is to develop a governing council, developing a collaboration plan among stakeholders and service providers in the region. As we did that we were able to tell that story to our legislature, and it happened that this coincided with a major effort among the ‑‑ all of the seven centers in Oregon to advocate for expanded independent living money last legislative session, which ended in 2013 a year ago. During that session, we were advocating for, first of all, an increase in independent living money in Oregon from $720,000 every two years up to $1.7 million every biennium. Well, first of all, we were successful in achieving that increase, so now we've gone up from 720 to 1.72 million. That stabilized the CILs. But because this request was happening to the legislature, we were telling our story in the midst of being actively engaged with the ADRC development, we also saw the legislature value the ADRC collaboration, and they did that in a way that freed up new biennial funds, state general funds, not federal funds, to be targeted towards seeding expansions of options counseling, expansion of the AAA system, the gatekeeper system, and then also the mental health services. Well, those funds flowed into the ADRCs and that's a total statewide of almost $5 million that's in new state general fund money. This is huge in Oregon. And the timing was right for that. Well, because that's flowing into the ADRCs and the CILs are at the table, and I'll specifically speak for my CIL, we were at the table, we were able to advocate for a new formula for distribution of those funds so that when those three projects came up our Center for Independent Living now was valued as a partner to receive some of the options counseling money and to collaborate with the ADRC and the AAA system in data gathering, learning their system, had my staff trained on options counseling and information ‑‑ the AIRS system. So long answer to your question, saying that ADRC seeded money through this federal grant helped to foster collaboration. That collaboration led to good timing, leveraging of this general fund monies that came into the ADRC regions and since we're at the table, our CIL and some of the others around the state are accessing some of those new funds.

Down the road where is ‑‑ where is new money going to come into ADRCs? We certainly have the potential of CMS funded options counseling down the road, and further leveraging of funds state by state perhaps for other initiatives that creatively serve through the ADRCs ‑‑ creatively serve consumers that are aging, with disabilities and across the spectrum of their life span. I know I went on there, but ‑‑

>> TIM FUCHS: No, that's good. Thanks, Barry.

Barry, the next question comes from Niona Shaw and she says the AAAs in her area are starting to take that approach, I believe she means peer approach. At least they say they are, she said. How do we prove our contribution to the partnership?

>> BARRY FOX‑QUAMME: That's a good question. In some ways I'm really proud of the fact that our CIL is at the table on the governing council for ADRC for our region, more so because we're well‑known by the trip A leadership, more so perhaps than other regions in Oregon. I'm proud that we're there and there are good things going on. I still have to prove myself at every meeting, I think. That's kind of that sense of what what are we advocating for in terms of systems change, how do we put our best face forward, how do we know what our talking points are for what makes us unique that brings some value‑added contribution to the partnership. Well, it's that peer approach. It's that person‑directed approach. It's the development of self‑advocacy. All of those things, you know, are what prove us as ‑‑ and distinguish us to our AAA partners. You know, some of that proving takes place, in my experience, in being willing to speak up and being an equal partner with the AAA Governors. Some of it takes place when our state unit on aging is actively promoting options counseling trainings for people. [indiscernible] APD around the state, and as those trainings are happening, getting our independent living specialists at the table for those two‑day trainings where they start to tell their stories as ‑‑ from the peer perspective, from the self‑directed perspective, and our colleagues across the aisle in AAA start either ‑‑ you know, as we're proving ourselves, as you say, telling our story, they start thinking of the work they're doing from a different perspective. Sometimes that's threatening and makes them uncomfortable. Sometimes it makes us uncomfortable. But for the most part it's very humanizing and we're able to in the course of a two‑day training get to know some people we didn't know before, really speak from the IL perspective, what makes us unique, and that starts to change the cultural awareness and cultural sensitivities. But it is an ongoing, long‑term effort and it takes resilience to know you're going to have to prove yourself inasmuch as ‑‑ I think I've made a lot of progress when the money was put on the table all of a sudden I get different questions perhaps from some of the AAA directors. Well, what are you really doing to contribute to getting this money? And ‑‑ I don't know that you have much of a presence in my county? So money kind of changes that proving ground, if you will, sometimes. And how do I handle it in terms of proving myself? Well, I try to turn it back on, I think it's real important that we all are able to demonstrate what we bring to the table, and so if ima' asked a specific question about what I'm doing in that county, why I should get money, proving my value, I turn it back on let's look at the whole system, and I think that's a great idea, let's all kind ‑‑ can we all review our organizational structure, how many staff do you have in your county, in your county, in your county, and how many are doing options counseling? This is what's going on with me and how my staff ‑‑ I have independent living specialists and we're doing options counseling, we're serving 500 consumers with [indiscernible] we're serving so many people with information and referral. What are you guys doing? I try to level the playing field so it's not just our CIL being put on the spot and saying prove yourself, but okay, that's a value we all share. Let's all prove ourselves to each other. But that being said we're still a minority culture in terms of numbers and funding and it is kind of on us to kind of buckle ourselves up and be willing to fight the long‑term kind of challenging. It can be wearing at times to keep that message out there and keep rethinking, getting people to rethink how services are provided. I don't know if that's helpful. But that's kind of how I approach it.

>> TIM FUCHS: Thanks. We have a number of questions, and just to be honest, I know we're not going to get to them all during this break but we will answer them before the end of the call. I'm going to give you one more quick one before we resume the presentation. Angela Salvador is wondering what central database system you all are using in Oregon and if you're familiar with ‑‑ or if it's similar to the system used in other states like Minnesota?

>> BARRY FOX‑QUAMME: Yeah, so for our data gathering for our Center for Independent Living we're using CIL management suite and we've been with that system, which is out of Utah, for about four or five years. Previous to that for a couple years we were with My CIL. We have seven centers in Oregon and six of us are using CIL management sweet 1 and one is using My CIL. When we start engaging with ADRC and getting funds, one of the things that that funding for options counseling is going to have is to have all my staff trained on the state system, which is ‑‑ I just know it by the acronym of RTZ, and that's their care tool that they use when working with consumers over the phone regarding information and referral, information assistance and options counseling. So my staff will be trained on that and part of the extra money that we're getting in addition to training my staff on options counseling will also be used to train them on the RTZ system and the bit of extra time we'll be doing dual entry of data into both [indiscernible] and RTZ. Interestingly I got a call a couple weeks ago from CIL management suite and they were aware of kind of the collaboration with ADRC and they were starting to reach out and think about how can they think about their system as potentially compatible with any state system like RTZ that might ease the data collection and data reporting. So I don't know where that will go. But that's what we're using.

>> TIM FUCHS: Okay. Thanks, Barry. Like I said, we have a few questions remaining, and thanks so much for sending them to us. We have them right here saved and we will address them before the end of the call. So, Barry, thanks so much. I'm going to go to slide 10 so you can start on objective 2.

>> BARRY FOX‑QUAMME: Thank you. Let's think about how can we describe kind of briefly what are some of the benefits and advances of collaboration between CILs and ADRCs? This is a more systematic kind of just consideration of some of the things I probably already started to allude to.

let's go on to 11. So benefits and advantages. First of all, obviously we're creating a new collaborative advocacy system. ADRC is in partnerships between service partners. It's linking aging and younger people with disabilities. And it has the potential to ‑‑ one benefit is to create new advocacy roles and opportunities, and I guess an example of that would be how things kind of came together organically and led to this new $4.8 million in state general funds that I was referring to earlier funneled in through the ADRCs and now CILs are accessing that to some extent for options counseling. So that's one example of benefit and advantages of collaborating within ADRC. Another is the question that was just asked a minute ago is the potential to integrate consumer data care modules. So I covered that in my response to the last question in terms of RTZ and CIL management suite. And the potential to learn from their care module and how we might enhance our services, but also to start having some of those I.T. questions about ‑‑ which are always out there between different systems ‑‑ is there a way to have further integration and consideration of data. And I know from our work with ACL, one of the hopes is longer term that not only the formal but the informal partners within ADRCs in the different states would somehow be able to collect and report their data so we could get a better mapping of services that are being provided, whether it's county by county in a state or across the state and that's kind of horizon that we'll see where that goes. So there's potential benefits and advantages down the road. Then finally we have the opportunity to demonstrate our efficiencies. Our funders love the fact that silos are being broken down to some extent and we have collaboration and conversation actively taking place between partners, and certainly that's ‑‑ that had a great advantage when we went to the legislature last session and hopefully will as we go into future sessions. So benefits and advantages.

let's look at 12. Creating new collaborative advocacy system. We have an opportunity to explore and integrate service silos, opportunity to introduce it independent living philosophy and service model to the senior sector but also to the healthcare sector. One of the things we're doing that's exciting is we're developing evidence‑based mental health interventions and services through the CILs in collaboration with other funders and one of our centers has ‑‑ is working with our coordinated care organizations, with healthcare systems, to get some funding to go into the psychiatric unit in Eugene and to have a certified peer mental health mentors going into ‑‑ with folks as supports while they are within the unit and preparing for discharge, and then also staying with them as peer mentors, mental health mentors as they come out of the system for months to follow. An example of that collaborative advocacy, we see that the ‑‑ the outcomes are that folks aren't reentering the psychiatric unit and they're not falling through on ‑‑ falling through on suicides at the same rates before. That's a huge advantage to the individuals in terms of their lives, quality of their lives but also the healthcare system. And then we also have an opportunity to tell our IL story in new ways to not only legislators but other stakeholders and community partners.

let's go on to 13. Then finally, integrating consumer data care modules. We have an opportunity ‑‑ excuse me ‑‑ we have an opportunity to access and engage the senior focused systems but also the 211 statewide database systems and just to explore opportunities there to work more effectively together and to to rethink our own CIL database systems and how they might be modified to to achieve mutual goals that we might establish with our partners that we hadn't thought about before.

let's go on to 14. So then, yeah, demonstrating our efficiencies to funders. We talked about that already in terms of achieving new state general funds for ADRCs and also to look at potential foundation support for initiatives.

yeah, so we can go to questions. Thanks, Tim. Fuchs sorry, Barry. That was my fault.

>> BARRY FOX‑QUAMME: We can go to questions. Fuchs again, you can type your questions in the chat or you can press star pound and we'll be monitoring the phone like to see if any questions come through on the phone. I'm going to jump off right away with a couple we didn't get to last time.

Barry, the folks from the VOLAR CIL and the aDTRC in El Paso area are wondering if you have any tips for addressing seniors that find the term or identity of disability offensive?

>> BARRY FOX‑QUAMME: Yeah, I think that's a common experience that a lot of us have, is that again across the age span you have relative comfort or uncomfort with different labels or ways of thinking of one's self, and certainly disability in a certain generalized sector of the population, disability is kind of not something people like to use that term. You know, we tend to start thinking about, whether well, are there other ‑‑ is there other language seniors are more comfortable with. This is what we've learned from the ‑‑ our AAA partners at ADRC is talking about chronic medical condition, or as ‑‑ as opposed to asking if they have a disability, do you have a medical condition that is impacting your life? Just finding different ways to talk about the human experience without having just one label. But, yeah, I think that definitely is something to be sensitive to. Fuchs thanks, Barry. I'm going to continue here with these web questions. I don't see any on the phone yet.

Barbara Loeffler asks for your thought. She said some of the CILs and AAAs in her state are already working together. The local AAA has reached out to Barbara and said that they have money available, but Barbara says I don't know if it's worth it if we will not be considered equal partners at this time. Do you have any thoughts on that early process of decision‑making?

>> BARRY FOX‑QUAMME: Yeah. Hi, Barb. We worked together when I came and visited her center in Utah a couple years ago. Nice to see you on the call.

so I think this is kind of this judgment call, how important is it to be at the table and how much time do you invest up front in the hopes that it might lead to something? And all I can say is I think it's worth being at the table. It's worth exploring those opportunities. And it doesn't always pan out, but if you go at it with kind of the perspective that this is part of my advocacy role, systems change within our state or within my region, and I'm going to make this a priority among the many things that you can choose to make priorities, if that's ‑‑ a value that you set for yourself, then I just take it year to year and try to make a year commitment and see where you are and see if it pays off and then reinvest. I'm not going to be polyAnnaish about it. There are real challenges out there. Especially as we get into smaller regions. We all know in smaller communities can tend ‑‑ all communities are personality driven in terms of leadership, but sometimes you can have folks in an area that there's just a barrier to collaboration because of a personality or relationships between people. And so you have to assess, okay, am I going to come in and advocate from this perspective, take this approach, I think it might work for the next year I'm going to commit to it. In some cases people might ‑‑ might not be successful and you might keep it on the back burner and try to get at it from different angles and it may take a couple years. There is not a magic solution. It is really organic and dependent upon developing good relationships with your partners. I know in our experience if we didn't have the insight and foresight of AAA partners from Multnomah county, the largest of the counties of the Portland Metro area, if we didn't have that going back the last three, four years, I don't think we would be where we are today. It is dependent upon who you are working with and how you collaborate together. Hopefully it will work for you. It's worth the effort, I think, but I know it can be also frustrating. Fuchs Barry, Debbie has some great questions but I think we'll answer them in your overview of the Oregon system. So, Debbie, if we don't get to those in the next session, please let us know, but I think we're going to get to the crux of those.

and one last question before we go back to the presentation, Barry. Julie asks a good question about ADRC structure. Is the ultimate goal for an ADRC to become a physical site, or a virtual system?

>> BARRY FOX‑QUAMME: You know, that's a great question, and I think over my eight years, almost nine years as an skewtive director here, par Pating in NCIL and the whole ADRC questions, my sense is that has evolved and maybe has a little bit of a different presentation in different parts of the country. I think right now it's more of a system rather that brick and mortar center. We think of it as a connection, aging with disability connection. It's also being talked about as the no wrong door system. I think the way we approach it is our center is an ADRC. We are part of this ADRC ‑‑ this aging disability connection, this no wrong door system. And there are a lot of portals into that in the Metro area, and we're trying to develop an awareness among all our different partners for them to kind of present themselves in that way to see themselves as part of this enhanced system and comfortable with referrals. That's a long‑term process. In other areas there may not be an integrated presence. For example, in Oregon we don't have core services for IL ‑‑ IL core services delivered in all of our 36 counties. We only have core services in 22. So in some parts of the country, some parts of Oregon, there is kind of a ‑‑ it is maybe opening up kind of for the first time an actual physical space. Or a different way of delivering services. But I think predominantly I think there's a value in seeing it as a new system of delivering services that's collaborative, that's integrated, this no wrong door system between partners and that's kind of how I look at it. Fuchs good. Thanks. Okay. One question pending but we need to get back to it. So my apologies and we'll take that during the next break. I'm going to go ahead to slide 16 here.

>> BARRY FOX‑QUAMME: Thanks. So objective three is identify challenges of risks. Let's go to the next one, slide 17. Here's some questions to ask. First of all, will the AAA lead for an ADRC value engaging the IL culture? Going back to Barb's question, how much effort do you put into this? Well, there is a challenge, there's a risk that your partners may not immediately say, oh, come to the table, it's great to have you here, we know what you're about and we want you here. Or they may. Or it's a spectrum there. But asking that question, I think, is important to evaluate what you're up against and develop strategies for how to best engage that more dominant culture.

secondly, is the CIL able to advocate effectively over time to engage that dominant senior service culture? And that's ‑‑ may be a staffing question? It may be a skill question among your staff. Who is going to take the lead on this. The timing has to be right. It's important to have an open ear and really be present in whatever collaboration is taking place. But the opportunity should really blossom may face challenges that endure for a while before that opportunity kind of really is realized.

is the CIL able to influence the development of a new cross‑service sector paradigm? So do you have the leadership, the vision, the priority that your board gives to this? Because not all CILs are going to necessarily equally say this is going to be one of our top two or three priorities for us in the next three years. So you need to assess that for yourself, where are you with your board, with your community needs, consumer input. Is this something to take on? There are some values to it but it may not ‑‑ it's certainly got going to be realized at the same degree for everyone across the country.

finally can CILs afford to risk not being at the table. I think I talked earlier on the call, I love the quote that he likes to get out there, if you're not at the table, you're on the menu. You know, there is a little bit of a risk there of not being at the table, and certainly that's an organic moving target, you know. IL is very strong nationally in different states, at the same time, if ADRC is kind of getting money statewide and that's being controlled by AAAs and we're not there and there's a shift in cultural funding and the shift in the label being given to how services are delivered, there is a potential risk that if we're not at the table, not part of that, then we might not be appreciated for who we are and, therefore, become less relevant to an evolving service culture that's kind of a moving target. So you got to evaluate that.

so we can go onto the next slide. I think we had questions after this one ‑‑ no, we're going to go right into objective four because that was pretty short.

So objective 4, let's take a while now to describe some of the strategies, strategic approaches that we've taken here at

>> EUFPLT: LR and developing partnerships in our state and again with the goal of achieving outcomes for our consumers.

you can go onto the next slide. Excuse me. I would like to start by looking at Oregon's federal ADRC granted and just highlighting a few components of that. So this is review for some. We're one of eight states that received a $2.4 million ADRC part A grant in 2012. Seven other states are listed. Representatives of those states have been meeting with ACL to collaborate around what we're learning through a learning collaborative model. IL NET was part of it in April and we were scheduled to meet in fall, but because of the government shutdown that got deferred and we met for the next time in February of this year. And that's a real valuable collaboration, I think.

So the next slide. ACL has scheduled part A states. I covered that in terms of the meeting. The part A grant state also provide feedback ‑‑ there will be some national guidelines for establishing options counseling, whether that's certification or some type of way to provide continuing education and kind of a standard for folks. In Oregon we were ahead of the curve there a bit and we have the state [indiscernible] doing options counseling training and we've been for a couple years inviting CIL staff to join in on that two‑day certification and actually they're also working with Austin college on some new models for that. So this is very active, dynamic kind of process to see what's needed by the CILs, by the AAAs, by the service stakeholders around country to really come together in a new way, to understand each other's values and service perspectives. One way to do that may turn out to be this kind of a standard model for training around options counseling. Still in process. More to be determined.

Next slide, please. So the Oregon state unit on aging houses the ADRC grant and it manages the development of our nine regional ADRC teams across the state. We're going to be looking here in these couple slides at the first year and development of this part A grant in Oregon. Our ADRC, goals are to establish an active no wrong door system, that connection between partners serving people ‑‑ seniors and people with disabilities and to do that region by region knowing different regions of the state are at different places and need more time to enhance their knowledge of each other and their collaboration together.

Next slide. So each of these nine regions structurally is ‑‑ establishes a governing board charged with submitting a an work plan for approval. So that's what we did in the form of an MOU and a work plan for our Metro Portland ADRC and we did that a year and a half ago, almost two years ago.

we also have plan development that includes the requirement of consumer advisory council, to establish and provide input to the governing board. In our case here at ILR and with the Portland Metro ADRC we have our governing council, which are the AAA directors and myself, we have ‑‑ we meet every other month as a group, and we manage the budget, we manage priorities and ‑‑ the service priorities, et cetera. And then on the alternating months we convene and ‑‑ we also call it an operations council. The majority of people on that are either consumers from the different agencies, they may be other collaborative service providers in the community, family members of consumers. It's not as strictly defined as we might see in an IL setting where we're seeing the majority of the boards being people with disabilities, but it is valuing the consumer, stakeholder presence and input into the ADRC work plan that's developed in terms of budgeting, proposals, things like that. So we take everything to them as proposals and with rationale for input. And then we have the nine ADRC regions all in different phases of development with all nine projected to be ‑‑ have approved plans and kind of be more operational by the end of this year. Portland is the first that was established and approved and, like I say, we've been going for over a year now.

Next slide. So year one dynamic continue. Each region of those nine regions identifies a AAA to act as a lead for ‑‑ as a fiscal agent to receive those funds that are distributed from the federal grant, the part A state grant money, but also that lead agency administers any other money coming to the ADRC for, in this case, the state general fund that we're able to achieve. And that governing board is led by the ‑‑ typically ‑‑ excuse me ‑‑ is convened by the lead fiscal agent or representative of that county together with the group [indiscernible] work to make decisions on a consensus basis.

Go ahead. Next slide. So let's look a little more at the Portland Metro ADRC development. It's comprised of the AAA directors of the four counties, myself as a CIL director and director of aging with disabilities as the lead fiscal agent. We all have an equal seat at the table. And so far we've been able to achieve consensus and compromise, which I think is to our credit. It gets a little more challenging when we talk about money and [indiscernible] and we'll talk a little more about that in a minute. Next slide. So Metro ADRC consortium created an operations advisory council, consumer reps, consumer reps from each of the governing board agencies, stakeholders, et cetera. The intent of the grant funds is to leverage the creation of a connection between partners and again the initial funding we've ‑‑ as a part A granted state we've focused on developing infrastructure but not on direct services. The direct services funds are what are coming now as a result of the state general funds that are coming through for options counseling, the gatekeeper program for, say, mental health issues.

next slide. Metro ADRC consortium gets about $45,000 a year for that infrastructure development, and we've use it from a CIL's perspective to access some funds so that all my staff were trained and passed exams to be AIRS certified. It's a national professional association and it's the standards that AAA and APD staffs use for training their information around referral staff. So I felt it was important, as did a number of other directors and CIL directors in the state that we would be seen as equals to them in we're going to be seen as legitimate kind of colleagues within their system. I saw it frankly as a way for my staff to just achieve normal staff development goals and to do it in a way that gives them a new creation ‑‑ appreciation for the senior service culture. I know there's been some discussions of ‑‑ I've spoken on these topics around the country of, well, should CIL staff need to be certified? And should ‑‑ that's kind ‑‑ that kind of goes against our peer approach or is that giving away too much to a different senior based model? Again, from my perspective, it's good to understand the other culture. It's just good ongoing staff training. I don't see it as a threat to what we're doing. I think it's ‑‑ it just gives us more perspective, my staff more perspective. So we use some of the funds that are paid back from the ADRC seed funds from the ‑‑ through the lead fiscal agent for our region so my staff could be registered and get all the training and pass the certifications for the AIRS certification. We've also been going through the options training. Metro ADRC has used most of that $45 million fund to promote an awareness of this collaboration of no wrong door system through ads in community newspapers, cultural specific newspapers, et cetera.

Next slide. So CIL initiatives within the Metro ADRC development, again, I foreshadowed some of this with joining the AIRS certification. The same ILR staff. Have gone through two levels of options counseling. I will say, too, I felt it was important for me to walk the talk, and so I took the same studies for the AIRS certification and took the same exams. I've gone to all the options counseling trainings that my staff have gone to. And I think that just not only ‑‑ I'm more aware of what's going on on a visceral level, but it also gives me some credibility and ‑‑ [indiscernible] I've been through the same training and discussions they've had.

so we've obtained certifications that now allows us to subcontract with Multnomah county to offer options counseling for people with disabilities. Over the next 15 months we'll be getting about $100,000 for options counseling. And if options counseling becomes [indiscernible] down the line we would be in a position to potentially contract with AAAs to provide expanded options counseling. And what's that going to become exactly? How does options counseling different ‑‑ differ from independent living planning? You know, that's an evolving kind of definition but I think to be at the table you need to be comfortable with being part of something that's being born new and being bought up in a new way and I value [indiscernible] I value being part of that process.

the next slide, please. We also developed as part of our ADRC funds a contract ‑‑ again, this is ADRC seed money, the infrastructure money on a state level, that $45,000, we've developed an agreement to develop some trainings for ‑‑ on the history of the independent living move the, on person centered, person directed planning, the peer services, and within our model, and to engage the AAA and APD staff in the four counties around that history and that perspective. So we're going to do about 15 trainings over the next 12 months, and then offer a couple a year for new hires within the the system. So again we have systematized through a service that we're getting paid for a way to bridge the gap between the cultures. Not just us learning their culture but by us being paid to actually go and help change their perceptions and awareness of the work we do.

so these forms of staff development encourage CIL staff and APD staff to work together and have that ‑‑ begin that cultural dialogue and I think hopefully it will continue to bear fruit in kind of a new way of working together.

Next slide, please. Now want to talk a little bit about the statewide ADRC development and the nine regions. There are a variety of dynamics of the different regions. During year one in the development of work plans and partnerships about half the regions were well established and the other half are still finalizing work plans. In all cases, though, the CILs are mandated to be members of the governing bores of those regions. And ‑‑ even the CILs are not active in all the ADRC regions. [indiscernible] and that Center for Independent Living might have some outreach or connection through other contracts into that ADRC region that doesn't have a CIL or core services, hopefully they work together and have some dialogue as part of that governing board. One of the things in Oregon, even though we we only have core IL services delivered in 22 of the 36 could you be tease, we've actively collaborated as an association of CILs to take on contracts for other service delivery that's not core service but it might be trainings for people ‑‑ employed home care workers or might be work incentives network. When we take on those other contracts we really try to promote statewide service delivery. So we do have a CIL presence through these special contracts in all 36 counties but we just aren't funded in 14 of them to deliver ongoing consumer service records [indiscernible] planning work because we don't have a physical presence, and with some of those counties or other contracts we were commuting through or coming into those areas to provide those services.

next slide, please. One of the things we found is looking at the different nine regions is that when you have a small region and ADRC money coming into it sometimes the local AAA is established as the sole manager of the initiative and they didn't think to bring in partners from other providers. Maybe it's a small community, and so as we now start to talk more actively about ADRCs, if that's kind of how they started out receiving those funds, it's a little bit of a challenge sometimes to get them to open the door and realize all these partners really need to be at the table.

Next slide, please. Okay. So we'll pause for some questions and that will help my voice, too. Fuchs good. Okay. So, again, if you have a question on the phone, you can press star pound. If you have a question. And if you're on the webinar you can type it in the chat under the list of participants. So again I'm going to start with these questions from a bit earlier in the webinar. We'll do our best to get through them. This is not our final Q&A. We have a few more slides and another Q&A break at the end of the call. Susan asks how do you track data between what you do as an ADRC versus your data tracking as a center?

>> BARRY FOX‑QUAMME: Good question. We're right on the brink of working that out. I mentioned earlier that we use CIL management suite to track our consumer data, and the state uses through ADRC what's called the RTZ care tool. So my staff are going to need to be trained in the next month or two, actually, on the RTZ care tool, and when we have consumers that fit that profile, we will be double entering in each of those two systems. So still to be determined maybe in a follow‑up as to how well that works and what the challenges are or the opportunities as we move forward. Fuchs thanks, Barry. Susan asks a follow‑up: Couldn't all of our CIL consumers be ADRC consumers as well?

>> BARRY FOX‑QUAMME: To the extent that they're at risk for needing long‑term care services or avoiding ‑‑ or maintaining independence in their own homes, yes. And at the same time, you know, how we translate that data and those profiles over into being entered into the systems is something we need to work out. Some our centers around the state, as I have these conversations with their local ADRC governing council, some of the CILs have anticipated that some of their consumers might not want to have their information in the RTZ system. So we are anticipating as we go through this developing release as part of our rights and responsibilities and releases up front when consumers come in for services at the CIL, a release that does acknowledge that we collaborate with the ADRC system and if they object to that then we would respect that. Fuchs okay. Thanks. Barry, Kathy asks ‑‑ this is kind of a hybrid of two questions but you've touched on options counseling a few times. Could you give a quick definition of options counseling and then as a follow‑up, how can folks interested in that ACL options training access that or attend it?

>> BARRY FOX‑QUAMME: Yeah, good. Yeah, so with all disclosures that I may not be exactly perfect on this, I will talk about it in a couple different ways. Options counseling from a AAA perspective, and again this is ‑‑ I'm outside their culture but this is kind of my layman's understanding how they might think about it, but it's that it fits in a niche that's more than information and assistance and information and referral, and it's less than case management. So it's person directed, person centered. It's exploring with the person what their needs are, how to develop a plan for their life, because they've identified that's what they need. They aren't just calling for information assistance or referral. In those categories they're going to know what their need is. They had some specific questions they need answered. So it's more than that. They have a more progressive, enduring challenge or problem that they want to address. They want to develop a plan for it, a strategy for it. And so it crosses over into that type of a scope of more in‑depth work. And when you start talking about that, with those components to it, it's really what we're doing for independent living planning. It has more of a focus on avoiding long‑term services, not getting into ‑‑ delaying entry into Medicaid services, and a lot of our consumers fit that profile because we're at risk because their disability of being homeless, needing long‑term care services, et cetera, et cetera. So with that little bit of a synopsis, you know, I see it as very similar to our independent living planning, because typically we don't do case management either, and it's ‑‑ puts a little different spin on some of the terminology we use and how we think about it, but I think with we start talking to each other about the things we have in common and how ‑‑ some of the language is a little different, we realize we're talking about a lot of the similar supports that we can provide and that the AAA systems provide with options counseling.

Second question about accessing training for it, these eight part A states that have these grants are part of a learning collaborative and we go to D.C. once or twice a year and there is background work being done and gathered in order to develop more of a training that ‑‑ I'd refer you to folks at ACL. I know Elizabeth is on the call. I think that's ‑‑ we have a horizon of a couple years for that, but I think the potential down the road of having something nationally that would come out of this as a resource for the CILs. But right now it's not fully developed. Fuchs okay. Thanks, Barry. So, again, with just 15 minutes left I want to make sure we finish up the presentation. I'm going to go ahead to slide 32 here and again we'll have a final Q&A at the end of the call.

>> BARRY FOX‑QUAMME: So I touched a little on year two dynamics since we're in the second year of our statewide ADRC grant for ACL. Oregon has approached the second year of the grant. We're taking steps to convene the entire nine regions network of AAA and CIL directors. One of the things we realized is we didn't want to be too siloed and we wanted to get everybody together at the same table. So I worked with the state ADRC coordinator for our federal grant and that advisory committee to convene a two‑day meeting last October so that we could have everybody at the table, first of all, the CIL directors and the ADRC leads, or lead agencies within the regions, we met for a day, and then second date it was all of the ADRC folks from ‑‑ in each region, not just the lead, and the hope there was just to get people exposed to the same type of language and understanding and conversations about not only the opportunities of working together, but also the challenge and risks we covered here, so that we have a foundation to develop more personal relationships and follow up afterwards. So that was a key component as we were moving into year two.

Next slide, please. We plan to convene that statewide group at least once a year going forward and to maintain some of those enhanced levels of collaboration. Year two plans to also have more more specific expectation that CILs will be on the governing boards where they haven't been in um is of the regions and hopefully have ‑‑ hopefully be more active ‑‑ as CILs be more active recipients of funding. I mentioned earlier that that was in place of the new funding formula that we adopted in the Portland Metro area, but that's a case‑by‑case around the state and the different regions of whether new formulas were developed to distribute funding that would include money to serve people with disabilities at a younger age and also be available for CILs to access those funds. We don't have a state standard there. We may over the next two or year. But right now the funding formula decisions are made on a regional basis.

Next slide. So I I alluded to previously, but year one laid a good foundation for legislative advocacy. We got significant new funding. This is in one place here where I talked about money for up a ‑‑ [indiscernible] gatekeeper program, totaling almost $5 million. Next slide, please. Metro consortium used those expanded funds that would traditionally flow to the AAAs exclusively and pass on to the CILs as well. So our CIL has participated in some of that redesign. And our hope is the population of people with disabilities is now going to be valued side by side with the aging population to create this new funding allocation formula. Right now even in our region, the Metro Portland region, it's still ‑‑ we review that funding from ‑‑ on a case‑by‑case basis ease we have new funding streams but the hope would be there might be insights long term that could create a consistent standard and/or create a statewide standard that would be applied with all the state regions.

Next slide, please. So as a result we'll get an ‑‑ ILR, our CIL here, will get a minority share of those funds, looks like about 20% of the funds would go to ILR. And this was kind of foreshadowing funds coming out to ILR for options counseling on an annual basis. I mentioned that we had approved $98,000. That was for the biennium, but as is the case with ‑‑ oftentimes with getting contracts out and state money out to different regions, basically $98,000 for two years is about 50,000 bucks right ‑‑ right in the 40 to $60,000 range but the contract was just executed for us to access those funds the first week in April, so really that 98 in the first cycle will flow out over 15 months.

Next slide. So $98,000 to ILR for options counseling over 15 months. I mentioned we decide kind of how this ‑‑ these funds would be allocated on a case‑by‑case basis. The other major funding stream is the gatekeeper program and it was decided no funds would go to ILR at this point for that. This is an ongoing AAA program to refer seniors who are at risk into support services, and it trains community members, whether it's bankers or grocery clerks or postal carriers, et cetera, around being aware of changes in their regular consumer behaviors that might put them at risk. We've had some conversation of having our CILs be exposed to those trainings and to see how we might provide some insight or perspective for a younger populations with disabilities, whether that program may or may not be appropriate to kind of take on a younger disability component or perspective. But we'll see on that. Mental health was the third area and received funding for and our consortium decided they didn't ‑‑ none of the AAAs wanted to deliver evidence‑based mental health services for seniors and people with disabilities, and so we're doing an RFP to ‑‑ for outside providers to contract for those services. ILR is going to compete for that because we have a strong staff here ‑‑ I have ‑‑ I have an associate director, 40 something years, a licensed clinical social working, I have a Ph.D. I have an SID on our staff. I have folks with a mental health perspective. So we're hoping to develop ‑‑ there's about $400,000 available for this and we're hoping to develop a pilot project that's evidence based that is interventional for people with disabilities and seniors that's built on a couple of the models that have been tested by two other CILs in Oregon. So we'll compete to see if we get money for that.

Next slide, please. Okay. Questions

>> TIM FUCHS: All right. Let's dive right in. Let's see. First question from a little earlier in the call, Nicholas asks if the ADRCs in Oregon are all utilizing the same systems, databases and tools like intake forms and assessments, or are they fulfilling the functions of the ADRC with the best model for their area?

>> BARRY FOX‑QUAMME: That's a great question. My understanding is that the AAA system all uses this state care tool which is called RTZ. And so that they are using that same tool. They're all trained to it and entering data into the system both for information and referral and for options counseling. So, yes, I think they are all using that same system.

Was there a second ‑‑ a second part to that question that I missed?

>> TIM FUCHS: No, I don't think so. But speaking of the network there, you mentioned the nine regions in Oregon, and Michael was wondering, how many AAAs in each of those 9 he regions or one ‑‑ just one or several?

>> BARRY FOX‑QUAMME: That's a great question. It will be different around the country when you have larger states. In our case you have one in each region. Some are type A, some are type B. But, yeah, there's one per region.

>> TIM FUCHS: Okay. Thanks.

>> BARRY FOX‑QUAMME: I'm sorry. No, I'm ‑‑ I'm going to correct myself there. Excuse me. In Multnomah county. We have a AAA for Clackamas county, for Multnomah county and then for Columbia county. So there are ‑‑ in the larger areas we do have ‑‑ I think we might be the only one that has more than one AAA.

>> TIM FUCHS: Good. Patricia Yeager was wondering a bit more about the no wrong door system and I know across the country there's variations in the physical facilities and collaboration ‑‑ or collaboration using physical facilities and software ‑‑ or virtual networks. She asks if you would describe how the no wrong door system looks in Oregon and how much it's separate buildings or facilities and how much is facilitated virtually through software.

>> BARRY FOX‑QUAMME: That's a good question. I'll profile our consortium in the Portland Metro area with those four counties I just described. So each county AAA system, for example, has their existing structure for providing services to seniors and people with disabilities, and each county then is going to have a different profile or make‑up. Multnomah county, the largest county, and they're the lead agency, they provide direct services but they have a lot of subcontracts to community partners and agencies that are going to be delivering information and referral assistance or options counseling through that structure, where in some of the other counties that aren't quite as large but still significant, they do that in house. So the goal is to say, okay, if that's the existing structure, how do we expand that structure and bring more people to the table to self‑identify as, okay, I'm part of this broader service delivery system, this no wrong door system, and there's a value in me really getting to know all the partners at the table so that I can do more warm handoffs, be more informed about ‑‑ 211, for example, tends to serve this demographic segment of the population in need whereas calls into the Multnomah county crisis line tends to serve this population. And ILR tends to serve this demographic. So that we can do more informed warm handoffs but also just collaborate more effectively. So if we're, in that sense, anyplace that someone enters a no wrong door system, if there's awareness of, appreciation of, they would rightly say, hey with a we're part of the ADRC, the aged and disability resource connection system. But that's a long‑term evolution of awareness and appreciation for being part of that network. Where we're strongest in building it is through the AAAs and through the CIL. We're bringing 211 to the table. And then in Multnomah county we have multiple community partners already subcontracting for some of these services. That's where we start doing the IL training that's going to go add these 15 trainings to the line staff in these four counties that we're going to start to enhance an appreciation for, oh, yeah, I see how we're part of this ADRC no wrong door system. I hope that's helpful.

>> TIM FUCHS: Yeah, thanks, Barry. Barbara Loeffler mentions that she ‑‑ their center receives funding for nursing home transition and she asks if ‑‑ and options ‑‑ if options counseling funding would support the transition portion of their funding?

>> BARRY FOX‑QUAMME: That's an interesting question. My response is going to be it's going to depend upon the terms of your contract that you have with whatever entity that's funding your nursing home transition services. Theoretically yes, options counseling is about diversion. It is about relocation. It depends on how we're wording long term care services. It's definitely compatible. There's no question with that. It's just a question whether you have a specialized contract with a division of your state government saying you will do X, Y and Z and we'll pay you this amount to do it for nursing home transition, that might have some restrictions associated with that contract that may may make complete interface between options counseling funding from another source and your transition ‑‑ nursing home transition. Like we used to have ILR ‑‑ we had some ‑‑ some nursing home transition money a number of years ago routed through the state and we were proceed providing peer support services before, during and after transition and we were paid for that, but the terms of that contract were very specific. So that's my best answer at this point. Compatible but you want to look at any restrictions on how you can use funds.

>> TIM FUCHS: Great. Thanks, Barry. Well, we are at 4:30, and the time has flown by today. This has been a great discussion, a lot of great questions. What we will do, Barry has been generous enough to respond to um San Francisco these questions that we didn't have time for live on the call. And so we will send you all some of those responses along with the note with an evaluation reminder tomorrow. I want to be fair to your schedules for today and I don't want folks to lose the call. Okay. I'm going to go ahead to slide 39 here. Barry has been generous enough to provide his contact information as well. And I want to offer my own contact information, too. Again, my email is just about as simple as Barry's. It's Tim@NCIL.org. So if you don't have the PowerPoint handy and you have a follow‑up question that you think of in a few days, or if you have a question about our training programs, please don't hesitate to reach out to me.

here on this next slide, slide 40, again, I mentioned this at the beginning of the call, this is the evaluation form. Those of you that take our calls regularly, you know that these evals are easy to complete, they're very brief but we take them seriously. Please do fill this out. Again, if participating in a group, that's awesome, but we prefer each individual fill out the evaluation. And we read every single one and take them really seriously in improving our program. So, anyway, it's 4:32. I want to let you get back to your day. Barry, thanks so much for an excellent presentation and thanks to all of you. We had a great group from all over the country today. We're thrilled you joined us for this. We'll be in touch over the next few days to get back to those four or five questions we didn't have time for. Oh, I just saw a note quickly, Kathy Peterson is wondering is a transcript will be available to the attendees, yes, and it certainly is. So within 48 hours of the end of the call remember an archived version is available on ILRU's website, that's WWW.ILRU.org, and the full webinar, audio, PowerPoints, everything will be archived along with a text version of the transcript from today. So, again, that's ILRU.org within 48 hours of the end of the call. Barry, thank you.

>> BARRY FOX‑QUAMME: I just want to say thanks to everybody for your questions and listening in. I'll do my best to respond to the unanswered questions and to your emails that you have. I'm glad I'm ‑‑ I'm always interested in having conversations nationally with people and seeing how they're looking at things differently.

>> TIM FUCHS: Thanks so much. Thanks, everybody. Have a great afternoon. Bye‑bye.