|  |
| --- |
|  |



**Get to the Core of It: Best Practices in the CIL Core Services – Information & Referral**

**Presented by Darrel Christenson and Roger Howard**

**June 21, 2017**

|  |  |
| --- | --- |
|  | |
| >> TIM FUCHS: Good afternoon, everybody. Thanks for joining us today. I'm Tim Fuchs with the National Council on Independent Living. I want to welcome you all to the get to the core of it series. Today's is on information and referral. So, this series is presented and produced by the IL-NET training project for CIL and SILC. It's operated by -- and support for the project is provided by ACL, the Administrative for Community Living. So, as always, we are recording today's call so that it can be archived on ILRU's website, and we are going to break a couple times today to take your questions. There's a few ways you can do that. You can, of course, enter your questions in the chat area under the list of participants. You are also welcome to use the chat feature on the CART screen. So, I know most of you are on the webinar or phone, and, of course, there is captioning on the webinar, but there's also full screen captioning available. That URL was shared with you in the confirmation e-mail. So, I know sometimes, I'm always on there, sometimes, some of the people join the chat, if you want to ask a question there, you're welcome to, and I will voice it for you during the Q & A breaks. You all are welcome to enter your comments or questions anytime in the chat during today's call. Just know that we are going to wait for our Q & A breaks to address them. That excludes, of course, anything that's technical in nature. Any problems you're having, I'll respond to you all as quickly as I can. Of course, you can also ask questions over the phone. You can do that by pressing star pound, and once you do that, you'll be in the queue, and just realize that's a toggle, so if you hit star pound, we'll see your question. If you hit it again, it will actually take you out of the queue, so sometimes, it can take a few minutes for us to get to your question. Just be patient and trust that we'll come your way. Okay, I just have a few more comments before we open the call today. First of all, if you're looking at the webinar, as most of you are, the power point, the slides will change along with the presentation, you can follow along that way. If you're only on the phone today or focused on the, say the full screen CART/captioning and not watching the webinar, you'll definitely want to make sure to have that power point handy. That also was attached to the confirmation e-mail you received. If you don't have that, let me know. My e-mail is really simple, tim@ncil.org, and I'll send a copy to you. Finally, um, please take a minute after today's call to fill out the evaluation form. It's really short, it's easy to complete. We take your comments and suggestions really seriously. So, one of our final slides actually has a live link to that evaluation form, you can click right on it, fill it out and tell us what you think. If you don't see it or don't have time to do that, you're welcome to access the evaluation through that same confirmation e-mail. So, pretty much everything was in there, the materials, the evaluation link, the CART URL, all the things that I've mentioned in this opening here. Okay, I think that's it for my housekeeping. I want to welcome our presenters for today and thank them for the time that they've taken to put this together. Back with us again, we have Roger Howard and Darrel Christenson. Roger is the Executive Director for LINC Incorporated, and Darrel Christenson is the vice president of community integration at Ability360, the CIL in Phoenix, Arizona. Darrel and Roger have presented a number of times. They originally produced these materials and this training, and then they actually incorporated into a larger on-site that we did on all of the core services. Of course, it was four core services at that time, at an on-site training in 2013 in Phoenix, and they've modified it and updated it over time, and I always enjoy hearing them bring some excitement to I&R. So, thanks, you all, for taking the time to be with us again today for this kind of on core presentation, and I want to now, before I kick it over to Roger, I'm going to go to slide 3 and just walk through today's objectives. So, um, anyhow, number one is to explain the critical role of information and referral as a gateway to providing consumers with information, knowledge, and resources in an efficient and responsive manner. Second is to describe strategies to organize, track, and maintain comprehensive and extensive resource information on numerous disability-related topics. Third is to describe best practice policies, procedures, and staff training that result in highly effective interactions with consumers. Fourth, describe how to conduct follow-up with consumers to determine effectiveness of the CIL's information and referral service delivery. Okay, so that's what we're going to walk through today, and I'm going to click over to slide 4 and turn it over to Roger to get us started. Roger?  >> Roger Howard: Thank you, Tim. Welcome, everybody. Darrel and I, really enjoy doing this particular training, and we hope that, um, you'll get a lot out of it. So, just to start with, why is information and referral a core service? Well, for us, I&R is a primary means to promoting consumer empowerment. Folks can get accurate information, they can get meaningful referrals, increase their knowledge base, and increase their independence. For us, information referral supports an individual's capacity for self-reliance and self-determination, it assumes competence and ability for the folks who are contacting us for assistance, that we can give them the information and the referrals they need, and they can, they're off and running. I&R also does, provides education, affirmation, collaborative planning, and problem-solving, and that's, um, from the Alliance for Information and Referral Systems. We'll talk a little bit more about the Alliance later. Their acronym is AIRS, typically just referred to as AIRS, and when we talk about collaborative planning, we're talking about collaborative planning between the information and referral specialists and the person with the disability that they're working with, collaborating to make sure that what they get is what they need. Lastly, information referral for consumers provides a roadmap for navigating complex and confusing systems, and I know I don't need to explain to anybody who's on the line how complex, confusing, and even contradictory some of our service systems out there, especially when you're looking at overlay and overlap between discreetly different services for mental health, people with physical disabilities, people with intellectual or developmental disabilities, how those all interface with each other can just be so confusing, and our help can help, um, folks navigate that. I like to think of it as having a pilot, a paddle-wheeler on the Mississippi River, you really want to be able to trust that that person knows the river, knows where the barriers are and can keep your boat from running aground. So, I'm advancing to slide number 5. Darrel is going to take over. Darrel is going to, give us tips and suggestions from his many years of experience, customer service and working effectively with consumers.  >> Darrel Christenson: Thanks Roger and Tim, and thanks to all of you for spending your first day of summer, June 21st here, and welcome to everybody from the valley of the sun, where, yes, indeed, it was 119-degrees, but very low humidity, so it feels more like an oven than hot humid, as other parts of the country. So, but not a cloud in the sky, so everything's good in Phoenix. So, as Roger said, you know, we've done this a few times, and, you know, the challenge is always to make information and referral, a core service, engaging and sexy and fun and, you know, entertaining in a way that really strikes for everybody, because it's so important, and we look at this as the core of core services, because it's truly, many times, the gateway to the agency. So, what I'm going to talk about first is the human approach and the fact that information truly is the first point of entry. So many times in agency, information and referral is perhaps done by your receptionist, maybe on walk-in's, it could be that first point of voice on a phone, whatever it might be, that receptionist may be part of the information and referral specialist, or some centers may allocate certain times for staff positions. Some are fortunate, um, the larger centers, to have a full-time, fully devoted information and referral specialist to whom all, most all the calls go to initially, and if you happen to be at a center where it's a split position, a couple different programs, including I&R, please, please, please do not diminish the importance of what that person is doing in the program. You know, with the other core services, as mentioned here in slide 5, also the independent living skills, advocacy, peer support, and, of course, the transition being the fifth core service from last year, um, really, information and referral covers all these core services to some degree, and we'll go into that, um, shortly here. So, what I'm going to do is move to slide 6 and continue here. The resources that are offered within the community, um, this is looking at the idea that if we can't provide a certain service within the center, and it doesn't matter how small or how large you are there, you may have two or three coworkers, and that's your Center for Independent Living, you provide important services to the community, and information and referral certainly is a part of that, and you need to know how to refer that over to your cohorts and your coworkers can provide those services internally, but if you can't provide it internally, then, certainly, um, as mentioned here in slide 6, we have housing, employment, financial assistance is huge, healthcare, obviously a hot topic in the next couple weeks here, personal assistance services, assistive technology, durable medical equipment, and so many more items are offered within the community. So, we really, truly, folks, you want to be a community partner. You want to take the initiative to go out there and find out what are the other services. Don't be feeling like you are not doing your job because you're referring to an outside community. You are doing your job, because you are connecting callers with other resources. There's work to be done for everybody, programs inside the center or SILC, programs out in the community, it all interplays together, so be a partner with that. Here at Ability360 in Phoenix, we serve two counties. The valley of the sun is about 4 million people, and time and again, our full-time information and referral person gets roughly 300 calls per month just by ourselves, and each month, we track, as required by reporting, to identify, you know, what areas, what content areas are, um, coming to the fore, what are the hot topics, what are people calling about, and I can tell everybody across the nation that we're no different than you are. My guess is that a good, probably a third of your calls are housing-related, and that's important information to know, what callers are asking about. It may be rent assistance, it may be finding an accessible or affordable apartment, you know, it could be many, many things housing-related. Um, utility hookup assistance, maybe home modification, it's all housing-related. Some things, again, can be handled internally, some things, you need to know are out in the community, but these are the general, what, two, four, six, seven items, just off the top, that are usually, um, coming to the top as far as, um, our I&R callers. Let me go on to slide 7, providing customer service. Now, for an information referral specialist to succeed at providing that information, you not only need to have that knowledge, but, oh my word, it's customer service skills, and for anybody online that is a manager or a supervisor, you want to know about one's customer service skills when hiring. Picking up the, um, the directories that are available for your community about, um, you know, area agency on aging or, you know, your local hospitals, those things are, that information can be picked up fairly easily, but customer service skills, again, think people, the information referral person is going to be your first point of contact, it's like the gateway in St. Louis, the gateway arch in St. Louis being the first point of contact to the west, this person in information referral is your first point of contact to your agency, and, so, customer service skills, knowing what you can do and knowing what you cannot do for the consumer. Know that the boundaries or parameters, know them, and that it's okay, and, you know, don't let them, or let them down easy, excuse me. Let them down easy, if you can't provide it. Now, I want to speak to the managers and supervisors and administrative executive directors. If you have a staff person that just, um, isn't able to provide a certain service, then give them the okay to say it is okay, but if you give them other resources, you've done your job. You can't be everything to everybody, and if you try to make that promise, chances are you're not going to fulfill your promises. So, know what your boundaries are, know what you can do, know what you can't do, and, um, and proceed accordingly, but that's all part of customer service, and it's so, so important. You know, I'm sure you can listen to, um, a caller, and they want to give their life story, and they're starting with their life story from 3rd grade, and then 10 minutes later, they're in the 5th grade, and then, you know, it's like, okay, a lot of people are lonely, a lot of people need to vent, a lot of people have been tossed around from agency to agency, but you also need to have good customer service skills, knowing when to re-direct them, to say, okay, how can I help, how can I help, and that helps to bring this conversation back so you're not tied up with a 45-minute phone call, but you're actually helping the person to get to the point, and if the caller's asking for an accessible, affordable apartment, and in your community, all you know about are housing waiting lists with the housing authority that are one to four years long, folks, you can't pick up a hammer and nail and make a house for that person by 5:00 o'clock. You can't do it. You cannot come up with a new apartment by the end of the day, so you need to say, well, unfortunately, what we do have are waiting lists that you can apply for, and here's the applications, here's the phone numbers, you can reach out to them to get on their waiting list. So, that's really important. In management, you need to understand, it's okay to let your staff say, um, we can't do it all. Number 8, slide 8, listening skills. Again, kind of picking up on the customer service, listen and understand what the consumer's issues are. Many times, I've run across where somebody just says, um, you know, I need a new apartment, I can't afford the rent, I'm paying 60 percent of my rent, or 60 percent of my income to rent. Well, sometimes, it may be something else that I've not mentioned, but be able to listen and understand truly, what is the underlying issue? Let the person speak without interruptions. Again, fine line here, folks. Don't go on and listen for 45 minutes, but be able to, um, move them along, and a simple way is saying how can I help you today, how can I help you today, and that helps to re-direct. And be nonbiased to your suggestions. No need in slamming another agency. Well, I can give you these phone numbers to this agency, but, you know, they're really terrible, they don't really do much, but I'll give it to you anyway. No, no need to throw anybody under the bus. Um, my fascination so often is when callers leave their name and number and ask for them to call back, and when my staff calls them back as requested, they're giddy, they're excited, oh my gosh, you're the first agency that's called me back, nobody calls me back. Well, in that sense, we set the bar so low that they're giddy just because we return their phone call. Haven't given them any information yet, good or bad, helpful or not, but just calling them back is part of customer service, and they're giddy just because we called them back, and other agencies that they've called haven't done that. Let's set our bar a little bit higher and be the agency that returns calls, that does the follow-up and listens. Slide 9, communication skills. Relay the information clearly and concisely to consumers over the phone. You know, they don't need to necessarily go into the weeds about eligibility of another agency's program, and sometimes, of even internal programs. Refer that over to the person that can best explain their program, whether it's internal or in the community, and have good written skills for consumers who choose to communicate by e-mail or TTY. Just as important as verbal skills, and that should be a self-evident point there. When you're face-to-face with consumers, show proper body language. Think about it for yourself, if you're at home and your spouse is saying, yeah, yeah, I'm listening, and they're texting on their phone, their body language isn't matching their words. So, show the person the respect they deserve, because they came into the center or the SILC asking for help, and we need to provide quality customer service and be cognizant about our body language, because studies have shown that 70 to 90 percent of all communication is done non-verbally. So, again, keep that certainly in mind as well. Want to go on to slide 10, and this is extremely important, I think, the de-escalation or crisis management, whether it's on the phone, in person, e-mail, it doesn't matter. If you get someone who's extremely upset, don't take it personally, and we have so many of us in the human services field, with our background that wants to help, you know, help everybody out and be the do-gooder and the savior of the world, and yet if you have someone yelling at you, try not to take it personally. In my experience in over 30 years and working for centers for independent living, they're upset at somebody else, at something else, they're not angry necessarily at you, and if they are, think about it, and do they have a point? There's two sides to both stories, to every story. You know, again, with the idea that not everybody returns phone calls, you know, they may be extremely frustrated because they've been bounced around five, six, seven, eight, ten different agencies, and nobody's been able to help them out. Folks, how frustrated would you be? I think you'd be extremely frustrated at the system or the agency or the world, that you feel like perhaps you got the raw end of the deal. Well, you may be very frustrated at the other agency or somebody else, but if you, as a staff person at the center, are getting it and feeling the heat, don't take it personally, and again, I mentioned earlier, let the person vent without interruptions. That's, you know, that's almost, um, more irritating, that you can't even have the opportunity to finish your sentence or your thought. Yeah, there's some folks out there, and you'll say, yeah, Darrel, I know, but you haven't met my consumer such and such, he goes on and on and on and on and on, and I need to interrupt, just to get him on track. Well, sometimes, you do, but do it in a proper way. Make sure the consumer knows that you're there to help them, to navigate that complex system Roger talked about, or facilitate as appropriate. Let them know that you're there to help out. You know, that's why we're in the positions we are, that's why we're open for business, just to help people get their needs met in the appropriate way, so help them navigate that complex system. My gosh, you know, many of us on the line know that, you know, if someone's grown up in a totally able-bodied family, then all of a sudden, boom, something happens, an accident, illness, whatever, and you're thrown into the world of the disability community, man, you didn't have any background on that, you didn't know about that, that wasn't something you grew up with. Now you're thrown into this whole new system of acronyms and agencies and state and local, federal, how do they work with them, how do they it's overwhelming? So, make sure that they know that you are there for them and that you're going to follow-up. So, when you make those promises and say I'll get you this, I may need to do some research, but I'll call you tomorrow by noon, and then you do it, and you follow-up with something by noon the next day as promised. Folks, you're going to come a heck of a lot further along in helping that person than just becoming another empty promise. So, make sure they know that you're there, your promises are honest and real, and they can count on it. Utilize the other resources around you. You know, um, I don't have an answer to your question right now, but let me check with, um, a couple of my coworkers and bounce this situation off them and see if they have some thoughts. People can respect that. And offer to follow-up at a later date, whether it's, you know, noon tomorrow or, um, I'm going to do some calling around and see what I can find. You know, make your promise that you're going to follow-up, and then do so. One thing to be leery of, I should say as a side note, and that is don't make phone calls for consumers, and some of you are going to maybe question that statement, but that's just enabling people, that if they're capable of making a phone call, give them the phone call number, or the phone number, and empower them to make their call. Now, having said all of that, I just want to also say, you know, if it's right there in the office or your reception area with a phone, you may prep them with some questions that they might want to ask when making the call, you're there to support them. Sometimes, I tell my staff, get your pom-poms out. Cheer them on, encourage them. You can do this, you can make this phone call to, human services, you know, of course, you can. Get your pom-poms out, encourage them, and cheer them on. That's important, because, again, I think I might be preaching to the choir when I say, you know, a lot of folks have been beaten down, they've not, um, maybe been encouraged or built-up, or they were always looked at, people were always looking at their disability and what they couldn't do or what they needed help with, but you can say, look, here's the phone number, call Liz over at the housing authority, here's her number, and, you know, maybe a couple prep questions, what would you like to ask? Okay, I'm right here when you make the phone call, we can put her on speaker, and we'll do it together. That way, there's that sense of encouragement and backing, that you've got their back, and they can ask those questions when they make the phone call, and if they're upset, then, you know, you may need to, um, get some help. You know, with the craziness that's going on in the world with people driving trucks into crowds or the unhappy former employee, all that stuff, have a procedure in your building, in your office, um, if you have somebody coming in who's really upset, have a plan of attack for emergency preparedness. That would be another side suggestion I want to make. Um, moving on to slide 10, if I could, the time management and prioritizing responses. You know, establish your routines and stick to them as much as possible, and this one, I kind of laugh at, because, so often, um, an information referral specialist could have a great plan for the day, and by 8:15, get their first caller, and it totally throws off the rest of their day. It happens. Be flexible with that, but if you have a meeting set, then be on time to your meeting, put your out of office message on saying you're unavailable until, you know, whatever time your meeting is out, and be responsible with that. Get in the habit of setting those time limits with your callers. Again, not just to, you know, ram somebody through on a 3-minute call and say, a-ha, success, I did it in 3 minutes. That's not the point either, but did you help the person out, and sometimes, you know it may be just needing the number for the, um, for the agency down the street. Organize a day planner or an Outlook calendar to schedule events and follow-up calls. Sometimes, it's just a matter of blocking out a couple hours to return phone calls because they've built up, and I say my staff gets about 300 calls a month, there's a steady stream of calls, and, so, sometimes, it's necessary to block off a couple hours where you just make those follow-up calls so that you are following up in a timely manner, and then keep your resources close at-hand so you don't waste time searching, and this is part of the, um, learning curve in knowing what your resources are. You're going to know what some of the key resources are that you're going to refer people to time and again; to your housing, to your financial management and budgeting folks, or employment. You're going to have a few key resources that you want to have right there at your fingertips to, um, you know, to give an immediate confident and professional answer, and that doesn't matter how you do it, each person's different. I know my style is different from my staff, and, you know, physical abilities are, whatever personal style, choose the style that's going to work best for you. Moving on to prioritizing responses on slide 12, um, consider the consumer's needs, and look at their deadlines. You know, it's always funny when, um, on Friday at 10:00 a.m., you get a phone call, saying somebody is going to be evicted, you know, before Monday, over the weekend, they're going to be evicted. How long have you known about this? Well, I got the notice 45 days ago. Well, it's Friday at 10:00 o'clock, and you're going to be evicted, you need to be out by the weekend, by Monday? Yeah. Can you help me? Whoa, um, got to do a quick two-step on that one, but that's going to be a real challenge. So, look at the deadlines. Other people, they'll have some foresight, and you'll have a different story. What resources are available at the moment for them? Um, do they have family in the area? Do they have friends? Do they have neighbors? Do they have a support system? Are they connected to church? There's a lot of different resources that may be available. Tap into those first and make those suggestions. I think the Phoenix area is like a few other, a number of other more transient communities in that people come to Phoenix, um, having moved from somewhere else, and it's amazing to me how they land here from, I'll say the Midwest, I'm originally from the Midwest, and, um, they don't have any plans, they don't have an apartment setup, they don't have a job setup, they have a couple hundred dollars in their pocket, they landed here in the valley, now help them get setup. Really? So, you've got to look at what other resources, what other, you know, what's at hand, and think outside the box. Is there another team member who can assist? Again, you don't have to do it all yourself, even if you are a full-time I&R specialist. Keep your daily planner and calendar close so that you don't have overlapping tasks. That's a real pet-peeve of mine too, that people get double-booked, or they're too tightly booked, and they're coming into meetings 10, 20 minutes late all the time. You know, that's irresponsible and inconsiderate to the others who made it to that meeting on time. So, whether it's your coworkers, community, or your consumer. Um, and don't forget your other consumers. You know, if that person comes in Friday morning, needs a place by the weekend, you may have a few other people you said you were going to follow-up on before the end of the day, don't forget them as well. Um, moving on to slide 13, the follow-up and consumer relationships. Timely follow-up and call backs are really simple ways to show that you care and that you value them as a consumer. Follow-up can earn you additional open consumers, which means additional agency revenue, and think about it for yourself now, how do you feel when a business you solicited follows up with you? Kind of a nice touch, kind of a personal touch to say that your business meant something to them. You may want to try recruiting some peer mentors or volunteers and can do some follow-up phone calls for you. You may not have time to do it, but get some volunteers in, and they can do follow-ups from maybe a week or two after you've taken care of the caller. Hey, did you get all the information you needed? Is there more information or other services that you'd like from the center? We'd be glad to help you with home modification or tenant care or independent living skills training, and that's kind of your leader into the agency. Wow, that person that helped me out with my questions and the phone numbers and such was really helpful. What else do you offer there at the center? They might become an open consumer. Open consumers mean more revenue. More revenue means you're helping the community and job security. You know, it all ties together, and it may be because you had a volunteer come in and just make those calls. Hey, the information we provided, was it helpful? Do you need anything else from us? It's that easy, and having a volunteer then, it doesn't really cost anything. Moving on to slide 14, just want to wrap and say there's my contact information, Darrel Christenson, phone number is 602-296-0530, or darrelc@ability360.org. Or the information referral person, that's on staff is Martha Macias, and her phone is 602-296-0536, and her e-mail is  martham@ability360.org. With that, Tim, I'll turn it over to you for slide 15, if I could.  >> TIM FUCHS: Sounds good, Darrel. Thanks so much. All right, I'm going to click to the next slide, and I'm going to ask you all, please bear with me for a moment before we begin the Q & A break. I'm having some, um, latency here on my computer, and, so, I just want to log back in, so your screen might flash, but rest assured, it will come right back up, and I'm hoping that will solve some of the issues that we're having. Okay, everyone still there with me? All right. Thanks for doing that. All right, so, let's go ahead and start our Q & A break. I want to remind you all that if you have a question for Darrel, that you can press star pound on your telephone keypad, if you want to ask it over the phone, or, of course, you can type your question or comment in the chat screen. Okay, so, the first comment, Darrel, comes from cony, and cony says I agree with you, but before you start as an I&R, there needs to be a clear understanding from your organization that you don't bounce a call from department to department.  >> Darrel Christenson: Good point. Definitely, in new staff training, a person really should know what services are provided within the agency. I would recommend that the new person, whether it's an I&R specialist or any new person, go to the program coordinators and ask for 20 minutes of their time to understand what is it that they do, what type of service is it, and most importantly, um, when would be, what's the eligibility requirements, and when would be a good referral to that program, and, um, staff love to talk about their programs themselves, so 20 minutes is a reasonable request, and that way, absolutely, Connie, you don't want to have, um, people being bounced around within your own agency. That looks like you don't know what you're doing. Good point.  >> TIM FUCHS: Thanks, Darrel. Thanks, Connie. All right, Dagger asks, where can I get forms for doing my job better? So, to both of you, what kind of forms do you all use, and what recommendations do you have or resources can you share?  >> DARREL Christenson: I'll take that one. We actually have a staff person who found just an Excel spreadsheet, worked pretty well with, um, name, address, phone number, and then the different categories that they could check off, topic categories, like housing, employment, whatever, and then I think she may be made some notes, and that was a good tracking system for her for her month-end reports and tallies. So, in that sense, we didn't have any whiz bang database system, but that was something that she used, and now, recently, we hired an experienced gal who has a visual impairment, and she'll be setting up, or she's in the process of setting up, um, a system that will work for her on-screen to meet her needs and her style. So, sorry, dagger, I don't have any great forms to offer.  >> Roger Howard: Hi, Dagger. This is Roger. Later on in our presentation, I'll be, um, talking about a form that's part of the presentation that we use here at our Center for Independent Living, and that form, along with many other forms and many other, um, training materials, guidance, can be found on the ILRU website, and we'll have a link to that website later on in the program here, but I encourage anybody to go to the ILRU website and look at all of the fantastic compendium of resources they have there. It's extremely helpful.  >> TIM FUCHS: Great. Thanks, Roger. I'll try to put up the link to that document in a moment here. Um, all right, next question comes from Steve. Steve says, maybe everybody knows this already but who funds or pays for the I&R services? So, Roger, if you want to start, how do you guys pay for your I&R services?  >> Roger Howard: Um, thanks, Tim. Basically, because it's one of the, five core services, ours is almost entirely funded by our Title 7 Part C grant through the Administration on Community Living that supports our, um, information referral, our peer support, our independent living skills, our individual and systems advocacy. Now, that being said, over the years, our grant has not increased, and so it has become a very small portion of our overall funding. So, here, one of the things we do is we operate, excuse me, a couple services that, um, generate revenues above and beyond what it costs to provide them, such as our self-directed personal assistance services program, and we're also a durable medical equipment vendor with Medicaid, and whenever we have resources, um, revenues rather generated from those, those go into supporting our overall mission, including shoring up our information referral services. So, basically, you know, they're funded by our basic IL grant, and then shored up by revenues that we generate through other services.  >> TIM FUCHS: Okay, great. Darrel, how about you all? Is it all Part C money, or do you have other funds that support your I&R work?  >> Darrel Christenson: Yes, for us, most all of the I&R position is coming from the same Part C funding. Anything that might be outside that, I don't remember this year's budget, may come from extra funds from our home care program, but primarily, same as Roger, Part C. Raj this is Roger again. I'll just chime in real quick. Um, I do know of other centers, we haven't been successful, but I do know of other centers who have accessed funding through their state's aging and disability resource center system, because as those were getting setup, the centers for independent living had already been providing services for many years, and some of the states have decided that, um, why re-invent the wheel, let's just give part of the A, I&R work. >> TIM FUCHS: Sounds good. I have one more question in the chat, but it looks like we just had a phone question come in, so let's go to the phones for a moment. Hello? Are you there? We might have lost them. Okay, caller, we can hear you, if you want to go ahead with your question. All right, well, they must not have realized they were in the queue. The next question then comes from Bree, and Bree is wondering if the independent living philosophy or any laws pertaining to IL prevent centers from doing more housing work. For example, could CILs get separate grants or funding for rental assistance or help with security deposits? And, no, it's not prevented. Many of them do. Do you guys have any examples of some of the housing support you all might provide or might refer people to when they call?  >> Roger Howard: Well, you know, centers basically are prohibited, and rightly so, in my opinion, in owning or operating any housing, but beyond that, we provide a lot of assistance. We're a member of our homeless coalition. We typically get grants. Some of the grants we've gotten came through NCIL, where we've used funds to help people pay rent deposits, first and last month's rent, and certainly to help, um, pay for the cost of home modifications for accessibility.  >> Darrel Christenson: This is Darrel. Part of the caveat to not having, real estate or whatever with a CIL is that, um, there is the capability of having transitional housing for people up to and no longer than eight weeks. So, a number of years ago here in Phoenix, actually in Scottsdale, a former consumer of Ability360 had passed away and willed his house to us for the purpose of, um, transition housing. So, what we do is to help folks who may be coming out of rehab, their home is not yet remodeled and just need a place to stay for, you know, a few weeks. We can do that. We charge a nominal rent, but that's the only option that people have under the federal Rehab Act, and also for us, we do have funds through cities and through Medicaid contracts to do home modifications, but we don't do rent deposits or anything like that over here.  >> TIM FUCHS: Okay, great. Good examples, you guys. All right, I don't see any additional questions. I saw a comment from Connie who said, much like Darrel, we don't have any I&R forms, they had to create their own to incorporate all their consumers. So, thanks for sharing, Connie. Okay, well, thanks for the good questions. We are going to have another Q & A break before we end the call, so for now, I'm going to click to slide 16 and turn it back over to Roger. >> Roger Howard: Thanks, Tim, and thanks, Darrel, for your first half of our presentation. Starting with slide 16, the title of the slide is I&R as a core service: The art and science of connecting people and resources. Well, I like that, because I think what Darrel's been talking about so far, and very competently, is the actual art of providing information referral services and working effectively with consumers and customer service, which is so, so important. This next section is more of the science of connecting people and resources, and what we're going to do here is give you some of the components for building kind of the infrastructure at your CIL for information referral and kind of the nuts and bolts of this section include recordkeeping and data management, information resource management, policies and procedures, we're going to discuss the shared responsibility amongst staff for conducting I&R versus having a dedicated staff position, which Darrel has spent some time on, and then we're going to talk about the importance of community collaborations. Now, one thing I'll mention kind of on the heels of Darrel's part of the presentation is, um, a gentleman, many of you may know Bob Michaels, he founded Arizona Bridge to Independent Living which became Ability360, and he's provided technical assistance over the years to many, many centers for independent living and is a great resource, and in my conversations with Bob, we've both come to agreement that one of the mistakes that are often made with a Center for Independent Living is they look at information referral as an entry-level position. Now, there's always going to be times when you have to hire a new person who is not experienced, but in our opinion, um, the information referral specialist, that should be a position that people at your Center for Independent Living aspire to once they've had years of experience, they've got their feet wet, they know the resources, they have experience of working and communicating with people. That position, again, we don't think of as an entry-level position, we think of it as a high-level staff position. I'm going to move to our next slide, slide 17, and talk about recordkeeping and data management. Now, many years ago, our CIL got a small grant to study disability-related information and referral services here in our home state of Idaho, and we were able to locate about 20 different organizations who provided disability-related information referral, and we conducted a survey of them, and one of the things we found was that many did not track their data or keep any records, and yet when we asked them, for instance, you know, what is the single most, um, pressing need that people call about that you don't have resources for, and people would say transportation or housing, but they have no data to back that up, and, so, recordkeeping and data management helps ensure accountability, both within the center and with the organizations that we work with on the outside and refer to. It can help facilitate long-term planning and resource allocation, which is kind of what I was just alluding to there a second ago. It can easily identify possible system's advocacy issues, if you keep track of the kinds of stuff that's coming over your phone or walking in your door or rolling in your door, and it can also provide verifiable data for funding requests, grant proposals and policy initiatives. Moving to the next slide, 18, here's some examples of what I'm talking about. Um, the first is, um, your agency made 23 referrals to energy assistance but only 6 received assistance. Well, that raises an issue of accountability. Did we misunderstand the eligibility requirements for energy assistance and we're sending people on a wild-goose chase? If so, we need to get our act together. On the other hand, maybe these are good referrals, and the agency administering the energy assistance program is dropping the ball, and, so, with that data, if that's the case, we can approach them and explain this to them and help them hold themselves accountable. Another example would be increased contacts for transportation resources after the only accessible taxi in town is gone. Well, that can help us with planning and resource allocation, because now we've identified this big gap, and we may be able to apply for funds through the transportation department, for instance, in the past, we've been able to get, um, I believe it's 5310 funds to buy an accessible van, which we then donated to a cab company, or leased out for $1 a year and increased, you know, as a private company, they're not eligible to get grants like that, so we were able to obtain a vehicle that was, um, you know, transit-ready and provide that to the local transit provider who then can increase their capacity to provide accessible rides. Another example might be that you received, over the course of a year, 10 calls regarding a lack of effective communication in medical appointments. Well, like Darrel said, his center, they may get 300 calls a month, and, so, 10 calls over the course of the year may not seem significant in terms of the number of overall calls, but, obviously, this is a really important problem, if there are people out there who are not getting effective communication when they're going in for surgeries or dental visits or doctor visits, so that gives us an opportunity to do systems advocacy. For instance, that's part of our new state plan for independent living based on our experience with this ongoing problem. We now have an objective in our state plan for independent living to do a serious outreach and education efforts with medical providers out in our communities to try and raise their awareness and reduce the problem of people who need effective communication not receiving it when there are important medical procedures. Moving to the next slide, which is slide 19, what is shown on this slide is a portion of the form that we use, and it's the form that you can find online at the ILRU site, and I saw Sharon had posted a portion of that site in the chat box a little bit ago. This form is kind of a throwback to the paper era, but we did put a lot of thought into working this out over the years, and, you know, it basically records the person's contact information, the type of information that they're requiring, and the list that appears on the form is basically the same list that you would find, um, in a 704 report, and so, now, by just checking boxes, we can tally at the end of the year and indicate how much and how many services we provided in those 704 report areas. I won't go through the whole thing in detail, because like I said, it's readily available --  >> TIM FUCHS: Did we lose Roger? Darrel, can you hear me?  >> Darrel Christenson: Yeah, I'm here, Tim.  >> TIM FUCHS: Okay, great. I think we lost Roger.  >> Roger Howard: You lost me?  >> TIM FUCHS: Oh, there you are. We lost your audio for a second. You're back now.  >> Roger Howard: Oh, okay. Let me go back here and see where I left off.  >> TIM FUCHS: Just about the last 30 seconds.  >> Roger Howard: Oh. Again, I won't go through the entire form during this presentation, because it's readily available at the ILRU website. I'm still not seeing my stuff come up on the CART.  >> TIM FUCHS: It could just be your computer. I'm watching the CART, and it is running fine.  >> Roger Howard: Okay. Thank you. Again, if you decide to use this form, feel free to modify it, change it in any way that suits your needs, shorten it, but you know, when I say it's a throwback to the paper days, you know, nowadays, many centers are using, um, management software such as CIL suite or my CIL, and so now, our staff basically keeps this form handy and uses it as a prompt so that they can collect the information and put it into CIL suite or my CIL without necessarily having to fill out a piece of paper and then enter the data again, but one of the most important things, um, prompts on this is, you know, remember to ask, did you get what you need from us, and we hope that all calls are ended that way so that we can be clear that our staff is responding to the person's needs. Moving on to slide 20. To be efficient and effective, we have to, um, manage our information resources, and one of the easiest ways to do that is to develop and maintain an accurate resource list. Here at our center, we have a list of about 30 separate resource lists, and those can be, you know, e-mailed to people, given to them on paper, however they need to get it, but our resource lists are typically very practical; access to assistive technology, cleaning and health services, clothing and furniture, home modifications and contractors, financial management, legal assistance, support groups, transportation, volunteer opportunities, pretty much an A to Z list of the things that we found are useful to people. The resource list provides a secondary function and act as internal resources for our staff, particularly when people are transitioning from an institution to the community, they can find out, um, you know, what's available in terms of housing assistance and obtaining the person, helping the person obtain, um, household furnishings, dishes, furniture, all those nuts and bolts things that are important for living on your own. One of the problems with resource lists is you have to keep them updated. Our biggest problem is keeping our contractor, home modification contractor resource lists updated, because they tend to be, in terms of remodeling contractors, relatively small jobs, and there's a huge turnover in contractors who have experience in doing a decent job, and, so, that's one of the ones we find a real struggle to keep it maintained, but we give it our best shot. It is a really good volunteer opportunity, if you have consumers who want to give back and have the, um, inclination to go through those lists and make the calls to the resources on the list and make sure that that information is updated that can be very helpful. One of the things we've also found is that other agencies will steal our resource lists, and that's okay, it's kind of flattering, really, but they typically don't update the resources, and even our state division of Medicaid had taken one of our resource lists and taken our name off of it and given it out to people, which was great, but by the time we realized they had done that, it was three years out of date, and they were giving people bad information, unfortunately. On the other end of that, I would encourage you to steal other people's resource lists. For instance, we provide a legal resource list, but we don't have to develop it, it's put together by our state's protection and advocacy agency, our P & A, and it lists private attorneys, it lists attorneys that help with social security, it lists our state's human rights commission, which accepts complaints on housing and employment discrimination, it lists our U.S. attorney's office contact information, because here anyway, they've been very active in ADA enforcement and education. So, we just use their list rather than re-invent the wheel and waste our time, and they realize this, and they are very good about giving us updates to their lists. If you have documents, publications, DVDs, etc., it can be really handy to have those organized as a resource library, and we'll talk about how to organize those here in a minute. One of the things we find that's very helpful in our resource library is, um, helping people access web-based resources through a consumer desk with an accessible work station and hands-on assistance available as people need it. So, they can come in, um, if they are, as sometimes people say, on the other side of the digital divide and don't have ready access to, um, equipment to use the web, they can come in and they can use our phone, they can use our computers. It's important, of course, to always make sure to keep your resources in accessible formats. If we can't do it, how can we expect anybody else to do it? And that's about all I'm going to say about that, but it is important to keep your information close, keep it organized, and when you're assisting people, try not to overwhelm them with too many resources or provide too few to allow them an informed choice, because some people, you give them too much information, and they can't act on it, because they don't know where to start. If you don't give them enough information, you're limiting their choices, so it's a balance you really need to walk, and I'll say, as far as that sort of thing goes, our staff has become what I think of as resource addicts in that, um, when they discover a new resource, they get real excited, and because we're a Center for Independent Living, we think of ourselves as kind of a last stand, if nobody else can help, we're going to try, and recently, we were able to prevent someone from having to transition from their home into a community, because we found a new resource that paid for their home to be fumigated for bed bugs. The bed bugs were going to drive them out of their place, and the only other place they had to go was to a nursing home, so for $300 provided by another source, we were able to prevent that, and that makes us real happy. Moving on to slide 21, these are examples, this and the following slide are examples of how you may organize information so that it's easily accessible to you. Now, neither of these, what you need to do is organize it in a way that makes sense to you, and, so, these are two examples that kind of, um, hit a couple different ways, and this slide shows an example of how you might organize your ADA materials, and this slide assumes that you've got an ADA section in your resource library that covers Titles I, II, III, IV of the ADA, and this slide shows ADA Title II with a subheading of ADA accessibility guidelines. Obviously, we're talking about the ADA standards now, and then a sub-document under that, um, common problems in new construction. The Department of Justice has pamphlets that lists common problems in new construction in hotels, and that can be really handy to give to folks to prevent them from building a brand new building that has, um, architectural barriers in it. However you arrange your information, especially if you, um, use a database on a computer, it's really important that it can be searchable in a bunch of different ways; alphabetically, by the type of service, by the geographic area it's offered in, what the eligibility criteria are. So, basically, we're talking about having things cross-referenced so that, um, you know, you can get at a piece of information in several different ways depending on your need and what's going on. The next slide is another example of how you might organize your information resources, and that would be under, and this works for some people, rather than have all the ADA stuff just under the ADA, they have a section on accessibility, which includes the ADA, it includes the fair housing standards, it includes visibility, it includes building codes and information on universal design, and it just makes sense for some people to have that all in one place under accessibility, and they know, if they're going to look for universal design, they can just go to the accessibility section and find that quickly and easily. Moving on to slide 23, now, we don't have time, of course, to give you all of the policy and procedure information you might need, but I do want to mention the kinds of policies and procedures that can really help guide your program. A policy on how you provide information, a policy on how you make referrals, a policy, like Darrel talked about, with crisis intervention. It may be that by the time a caller reaches your information referral specialist, they've had it, they're done, and they're going to lash out, and it can be really helpful if the I&R specialist has a script or a policy that guides them in de-escalating that interaction. Your policy on information provision might include, um, timeliness and response time and how you're going to follow-up. Your referral provision policies might help provide a high level of accuracy to your referrals so you're not sending people on wild-goose chases. Cooperative relationships, your policy might have sample memorandums of understanding with other agencies that you work with. Might have a policy on how you're going to promote your information and referral service and how that's going to interface with your center's outreach activities. Um, maybe even a separate policy on how you're going to do follow-up. In this context, when I say a policy and procedure on disaster preparedness, of course, we provide people with information about disaster preparedness and emergency procedures, but what we're talking about here under disaster preparedness is survivability of your program. You know, when disaster strikes, it's very likely that your calls are going to increase by a lot, and do you have a program in place to make sure that your I&R system can survive the emergency and still, um, be available and responsive to people in need. Darrel talked a little bit, moving on to slide 24, about the different ways centers provide information referral, and I think most common is the shared approach, and that can be really flexible, if your staff are adequately trained, in that you're not reliant on having one person in the office, if they're out doing an outreach or, um, attending an information fair or something like that, that nobody can help them, and it's empowering to all staff to have at least some good basic knowledge and communication skills to work effectively with people. On the other hand, the shared approach can lead to an inconsistent customer service. You know, I've heard many times where, um, a manager has expressed frustration that somebody has called their center and been told by a staff member, oh, we don't do that, or, um, geez, I don't know, rather than, well, we don't do it, but let me find out who does, or, um, you know, let me check, as Darrel said, with my colleagues and make some calls and find out if I can find some resources for you and follow-up with you. Individual approach, where you've got somebody, or more than one person who is dedicated to providing information referral is they can be more specialized. It's much easier for them to, um, keep track of the resources, track the kinds of calls that are coming in, and if those calls were successfully ended. Having somebody dedicated to information referral can free up and support your other staff, where they have a go-to person to come to find out about housing resources, if that's not their area of expertise, and that also leads to a question, which is when is an I&R more than an I&R? Darrel talked about how I&R can lead to more open consumers. I don't want to say just an I&R, because that's the whole point about this training, it's not just an I&R, it's an important, important thing, but sometimes, you know, you can provide somebody with the information and referrals and resources they need, and off they go, and they're on top of it. Other times, you have to juggle the complexity of the issue or issues, the number of issues the person has that they're working on, and there may be times when, um, it would be in the person's best interest to suggest that they come in, work with somebody, open up a consumer service record and come up with a plan to start working toward, um, these complicated and multiple objectives that they may have for themselves. I'm just saying, it's kind of like everybody has to kind of make-up that, um, decision for themselves, and it would vary from one center to another, one region of the country to another. Moving on to slide 25, which is about community collaborations. Um, if you can, I would encourage your center to collaborate with the 211 system, which, of course, provides general information referral versus information referral specific to disability issues, but they can be a fantastic resource. I remember, a year ago, a manager from our 211 system was at a meeting, and I was introduced to them, and they said, oh, you work with Christa and James and Todd? Oh my god, we couldn't do our job without you guys, and there are people who routinely provide information referral and consumer advocacy here at our center, and that kind of visibility can really help, um, you know, because she's out there making sure that people know that we're a go-to outfit in terms of, um, getting what you need through this service. Another collaboration that worked really well with them was we were part of a, um, a fair housing month push on making sure people understood their resources for, um, housing discrimination under the Fair Housing Act, and working with 211, and many other agencies as well, we were able to have all the calls directed to 211, they then would refer people on to us, and it sounded like maybe an extra step, but they collected all the data and came up with, you know, a month later, after this one-month promotion, how many people had called, you know, was it a service animal problem, or was it an architectural problem or a lack of a reasonable accommodation in fair housing, and who they sent them to, did they send them to the fair housing council, did they send them to LINC, to the Idaho Commission on Human Rights, and it was really, really good data that we could then take back to policymakers and help them understand the issues related around fair housing discrimination. It can be important to collaborate with your aging and disability resource center, your ADRC. They, depending on where you're at, may have a really good system on information and assistance on long-term support options that, um, can really help you and the folks you work with. And then other information referral providers sharing resources, sharing databases. There was a, um, a woman that lived in one of our smaller communities, and Idaho's a very rural state, and she had just decided that she was going to be the information referral person for, um, her area, and she started publicizing, or publishing a directory, and it was really good, but she was doing this all on her own, so we were able to pitch in and, um, underwrite the costs of publishing the directory and also point her in some new directions that maybe she hadn't thought of, and it turned out to be a great collaboration for the folks that live in that rural area.  >> TIM FUCHS: Hey, Roger?  >> Roger Howard: Yes.  >> TIM FUCHS: This is great, but I'm watching the clock, and I want to make sure we have time for a few questions, so would you mind if we jumped to the Q & A?  >> Roger Howard: Did you want to do the, um, resource page first real quick?  >> TIM FUCHS: Sure. So, here, we have the link to AIRS, the organization that Roger mentioned earlier, as well as the link to www.ilru.org. I offered the link directly to some of the resources mentioned earlier, and also just a reminder to look into 211. Let me remind you all, if you have questions on the phone, you can press star pound, or you can type your questions or comments in the chat.  >> Roger Howard: Thanks for reigning me in, Tim.  >> TIM FUCHS: Yep. No problem. Let's see if we have some. I think this has all been crystal clear, but I want to make sure we have time for clarification, if people have questions. Again, star pound, if you have a question on the phone, or you can type it in the chat. Just about 30 seconds. A reminder while we're waiting for questions to come in that, um, just as Darrel did, Roger was generous enough to offer his contact information, so here on slide 26, you can see that, and again, while we're waiting, um, those ILRU resources, I'm, of course, at NCIL in DC, but being a part of the IL-NET project, that's where we create most of the resources. I know I would be happy to walk any of you all through those resources. It can be a bit daunting the first time you check them out. The same, of course, is true of anyone in the IL-NET project. We've had that conversation. You can call any of us, we'll be happy to orient you to those. It looks like we have one question on the phone. Let's see if we can tackle that before we close today.  >> SPEAKER: Um, hello. I just, um, I heard one of the presenters talk about the, um, that they, started a DME vendor program through, I believe it was Medical. I was just working, did you have to store those on-site, or was that, um, something that was ordered and then shipped to the consumer?  >> Roger Howard: Okay, real quick, because I know we're, um, running out of time because I got a little wordy there. Um, I would love to tackle this question offline with you, if the staff here could get my e-mail to you. That would be great, but, basically, what we do under Idaho Medicaid is ramps, and, so, we're a vendor for modular aluminum wheelchair ramps, and we go out and get the specifications that are needed by the person at their home, order a modular ramp, take it to their home, construct it, and then Medicaid pays for that and pays us for the installation.  >> SPEAKER: Perfect. That's exactly what I needed. Thank you.  >> Roger Howard: That way, we don't have to have a lot of stuff stored. We have a lot of equipment like that available for loan, of course, free of charge, but with the, um, DME stuff, we can order it and, you know, have it delivered to their home and then go to their home and construct the ramp, so that saves a lot of storage. >> SPEAKER: Okay. Thanks.  >> TIM FUCHS: Great. All right, thanks, you all. Well, a quick Q & A break, but it looks like that's all we needed. That's the only question that I saw. With that, I have clicked to slide 29, where here's that live link to the evaluation form that I mentioned. You can click on this right now, or you can access it again in the confirmation e-mail that we sent to you all. If you are participating as a small group, that's great, but I really would love it if each of you would fill this out as an individual. I would love to have your thoughts on what we can do better and what you liked about the presentation. Roger and Darrel, excellent job. Thank you so much for sharing your approach to I&R. It really is critical to centers, there's a reason why it's a core service, and I appreciate the refresher and the great examples. Thanks again to all of you, too, for taking time out of your afternoon to be with us. Don't forget, this will be archived within a couple days, and, so, if you want to revisit it or if you want to share it with any colleagues, it'll be up on ILRU's website at www.ilru.org. We're going to go ahead and close, but I hope you all have a wonderful afternoon. Thanks. Bye |  |
|  | |