IL-NET T&TA Center for CILs and SILCs

Non-Traditional Transitions Webinar

January 25, 2023

JENNY SICHEL:
Hello everybody. We will be giving a couple of seconds here just to let our audience field populate.

And I'm going to actually start screen sharing as well while we are waiting here, there we go.

Looks like we are still increasing a little bit, so I will let that go for just a little bit longer and let people join in.

OK, hello and welcome everybody to our webinar today. My name is Jenny Sichel and I am the operations director at the National Council on Independent Living. I helped coordinate logistics for these events and I wanted to once again welcome you all to our latest webinar on nontraditional transitions.

Today's presentation is brought to you by the Administration for Community Living at the US to part of health and human services in conjunction with the IL-NET.

And so I just wanted to give you a brief on myself. My pronouns are she, her, sorry, in collaboration with IL-NET. I missed a sentence! The IL-NET is operated by ILRU are you also in elaboration with the University of Montana.

Giving you a brief on myself, my pronouns are she/her, I have brown hair pulled back into a ponytail, I have a sweater and a scarf.

Captions are available on this webinar. You can click show subtitle on your menu bar to turn them on. We also have captions running at AI media. But the URL is a little too (indiscernible) to read.

We will share in the chat box when I'm done with this opening. You can enlarge the font, change the contrast of the captioning and color.

Additionally, ASL interpreters are present today and should always be visible as we are presenting in gallery view. Please let us know in the chat if you cannot see the interpreters.

In addition to ASL today, we will also have Spanish translation available. In order to access that, you can go to your Zoom bar, click on interpretation and you can either choose English or Spanish is the interpretation.

You do not need to be on Zoom Video to access this webinar as we will read all slide content out loud so all questions will be available to individuals calling and on the phone or who cannot see the visual content.

I have actually turned off the public chat right now but you will still be able to send chat messages to the host and panelists.

We do ask that you reserve the chat for requests for technical support only. Please do not use the panelist chat to submit content questions for the presenters.

If you do want to submit content questions, you are welcome to submit them throughout the webinar, in the Q and a tab below. Via email to me at jenny@ncil.org or push \*9 if you're calling in from the telephone and I will unmute you and allow you to ask your question. Although we do ask that if you are speaking a question, that you limit the question to no more than 30 seconds.

All of the questions will be answered, you can submit them anytime, but we will be answering them at the end of the webinar during the Q and A portion to allow time for all of our presenters to give their information.

What will we learn today? We are hoping by the end of today's session you will be able to describe the broader understanding of institutional settings related to transition and (indiscernible)... And describe services that should be identified as transition.

We also have an evaluation survey that is going to be extremely important to us for you to complete. It takes about 30 seconds, while maybe one minute, but it really helps us in the long run to optimize these webinars for everybody.

So they survey link, we will be posting in the chat throughout the webinar and I will also be reminding you all of the survey throughout the webinar. Additionally, when you close out it will pop up to make it easily accessible for you to fill out.

So I am excited to introduce our panelists today. I will go through all of them and then we will get served with the presentation.

Our first panelist is going to be Sharif Brown, who is program manager for State Reentry, at the Alliance of Disability Advocates.

Coming up next is going to be Betzaida Ramos Charriez, I always mispronounce her name, she is the director at MAVI. I'm going to mess that up if I tried to pronounce her full organization (Laughs) so I will let her do that.

Marley Saade, PCA Program Coordinator at the center for disability empowerment.

Susan Hetrick Executive Director at the center of disability empowerment.

Our final presenter will be Jeff Hughes at the aggressive independence.

Our first presenter is Sharif Brown and I will headed over to him.

SHARIF BROWN:
Thank you Jenny and everyone else who is on the panel and attending this webinar. For those who want to description, I have a poofy beard, I have black glasses and I use pronouns he him. Let us get this going.

The agency I work for is the (Unknown Name) for the RA center for independent living located in Raleigh North Carolina and we service (Unknown Name) county, Orange Co., Johnson county in North Carolina. We are also in collaboration with the (Unknown Name).

Next slide, please.

That is just a picture of me doing work. There was nothing really special about that one.

Who is ADA? Like I alluded to earlier we are a center of independent learning in Raleigh. For those who do not know what is still is, we are a federally funded agency that specializes in giving free services to any individual that gives -- has any disability. We do not require any medical documentation, just require that the participant or consumer, as what we call our participants,self identify that they have a disability.

They do not have to tell us what the disability is. That is all of the eligibility we require for them to receive our services for free.

Requirements for CIL. 51% of the staff must have a disability. 51% of the Board of Directors must have a disability. All of the programs and services we offer are consumer controlled. That means our participants are 100% in control of their program. We are just there to help assist.

As I alluded to earlier, no medical documentation. The consumer or client must self identify with having a disability, as I said earlier.

These are some of the five core services mandated by CIL. That is what we must do.

We do information and referral services so anybody across the state and across other states as well will contact the agency looking for information or resources specifically designated and targeted for the population that we serve.

So if we cannot provide that resource within the agency we have a voluminous list of resources that we can actually outsource that referral.

We do independent living skills training. That is essentially helping anyone with any independent living barrier that does not require the removing of clothing.

So it can be anything from shopping to budgeting to learning how to clean, to travel training which is riding the bus system, the fixed route system, two jobs and resume writing, to cover letter writing. It goes on and on, again as long as it does not require the removing of any clothing. That we will never touch.

Because we have a 51% ratio in staff and in board that has to have a disability, or able to offer peer support, a lot of times we can offer cross disability peer support as a number of our staff of multiple disabilities.

We do systems and individual advocacy so we empower our participants to be self advocates for themselves. If we receive any kind of legislation that does not coincide with our belief on independent living, we will boycott.

And obviously, while we are here, is transitional services which is considered youth, anything from a group home and obviously transition from an institution which is what I do.

So these the two types of institutional transitions. We do transitions from an institution and we do institutional diversion. Long story short, it is a lot of words there, anyone that wants to do a transition from a group home or a nursing home, or a correctional institution back into society, that is considered institutional transition.

Anyone that is in the community already but wants to stay in the community and does not want to return to that institutional setting, that is institutional diversion.

So those are the two forms of transitional services that we offer at ADA.

Next slide, please Jenny.

So this is why we do transitional services. Always the one is required by the feds. We do data collection, we are interested in demographic information. We are interested in services provided. Obviously goals achieved. Lives impacted and changed and obviously the main point is to reduce recidivism as much as we possibly can.

Next slide please, Jenny.

So this is why individual plans are successful. As you can see in the bold type there, 75% of justice involved individuals find themselves back into the criminal justice system within one year.

So it expresses a need for programs like ours that we are going to get into when it comes to reentry. This is why we're doing what we're doing.

Next slide, please, Jenny.

So this is the importance of into -- individualized reentry plans. At ADA we implement the independent living philosophy with all the services that we offer, obviously. This is vital with reentry as well. Transitioning back into community life from any incarceration as we all know is challenging.

The challenge increases in difficulty exponentially is the time of incarceration and availability of knowledge of resources decreases.

So essentially what we notice is that many reentry programs in prisons are cookie-cutter or blanket style, due to the ratio of social workers to individuals being released, which is usually about a 45 to 1 ratio, and that is the low end.

Obvious leave that kind of caseload you're not going to be able to provide independent, individualized reentry services because the caseload is just too big.

So obviously, for any individual that is being released without any kind of viable resource, more than likely they are going to reoffend and that goes completely against what ADA reentry is about.

Next slide, please So, during COVID, we got funding from the government for about $337,000. What we decided to do with that was combat homelessness, especially when it came to individuals being released from prison for conditional release this. When COVID ran rampant in prisons, for those individuals that were on nonviolent crimes, or were coming towards the end of their sentence, they were doing conditional releases.

The condition was, they would open the gate and let them out without any reentry plan, which was obviously detrimental. The agency did combat that was put people up in extended stays, hotels, for months on end to try to combat that homelessness. While they were there, we were able to find them a more viable long-term housing resource.

Spectrum news did a story about us and the reentry program, when it came to what we were doing with COVID, the link is at the bottom. I'm pretty sure you will have access to all of the lease when the slideshow is over. Next slide please.

This is a big slide, I am just going to tell you what the IRP processes. IRP stands for individualized reentry plan. What the agency does is go in and meet with the individual prior to their release. Instead of sitting down and trying to dictate what we think they need for their reentry, what we do is empower them to make decisions on their own reentry. We asked them what resources, benefits and services they think they need for their success. Then we link them to those resources, prior to their release.

Once they are released from incarceration, they have a clear plan and understanding about what they need to do and what they want to do. It can be anything from housing to locational opportunities, therapeutic and mental health services, SSI or SSDI benefits, EBT for those individuals without applicable pierced support -- here support. All these things we link them to prior to the release, once we construct the IRP, we hand-deliver it to the participant that is incarcerated, so they can review the IRP and let us know if it meets their satisfaction. Next slide please.

These are some of the resources involved in IRP. We do housing, employment. We have a successful (unknown term) at the agency, every time they met a suit drive, we would have those suits pressed and clean for anyone who needed business casual attire to help with job interviews. We still have a number of suits at the agency. We have linked individuals to food, pantry resources, as I alluded to, benefits. Independent living skills, trainings. We have a free individualized GED training program with Duke University. The Masters degree level students are actually doing virtual or in person independent one-on-one trainings with individuals, to train them for their GED.

Once the training is done, the agency then pays for the GED testing. This is all within the reentry program. As I alluded to earlier, we do mental health, peer support, records, post-release and staff information. Next slide please.

This is the history of ADA reentry. We started doing reentry at (Name) federal compound that has five prisons on the actual compound, changing from the highest levels of security to the minimum level. From 2016 until now, we have officially helped individuals with their reentry at about and 98% success rate. Out of 100 people, we only had two people reoffend within their first two years of release.

It was this model that attracted the DD Council to allow us an opportunity for a three-year grant to do the same thing on a state level, specifically targeting (indiscernible).

This is Adrian, he was actually my first reentry consumer. He did 20 years incarceration. Obviously because of poor choices, environmental forces and things like that that go in hand with the urbanized area. But he did 20 years of incarceration, he enrolled in my ADA reentry program, and as you can see at the bottom, he is currently a director of operations at another CILs. It goes to show if you give an individual a legitimate opportunity and the resources, great things like this can happen. Next slide please.

Here are some of the outcomes that we have from our grant with the DD Council. To date we have received 155 prerelease referrals. We have completed 151. Even with the raging active pandemic, we are operating at an 87% success rate right now. That is even just being allowed to get back into the prisons as of April 2022. For two years we could not get into the prisons to do the service the right way. But we still had an 87% success rate. Next slide please.

These are some of the collaborations that we have. We have a collaboration with the Dunn Rotary club. I alluded to a partnership with Duke University. We have a partnership with the Loomis club in Charlotte who are assisting us with female business casual attire, as we are obviously dealing with male and female purchase events. We have a connection to the local reentry councils and three counties. We have connections to state and federal probation and parole. We have a collaboration with successful transition, the DD Council and monarch 360 are the leading service networks in North Carolina. We just signed a partnership with (indiscernible). Next slide please.

According to DPS, 55% of inmates that have a disability have aftercare plans. That leaves about 45% of individuals who do not have aftercare plans. This is just individuals with an actual diagnosis. These are a bunch of individuals that are undiagnosed that have no entry plan. Even with the state of Carolina at 47%... next slide please.

Everybody wants to put dollars and cents on things, so I decided to add this slide. North Carolina spends $52,882 a year on an incarcerated individual. The agency we have currently operates on $300,000 a year for this program. So if you do the math, successful reentry for three people year, we have met the mat for our program to run. If you take that 373 and you multiply it by that 52,000, that is how much money the program has saved North Carolina in tax dollars. We are still looking to get that $300,000 a year, as the grant ends in October, we are in a tight band. Next slide please.

This is the team, all the success I was talking about, you probably thought it was about 20 people. It is only three of us. Wayne is the gentleman in the middle, James is at the bottom, both of them are certified peer support specialists. James is a certified rap facilitator with experience of being incarcerated, which is so vital when it comes to reentry. Next slide please.

In closing, whether it is education, traditional housing, substance abuse treatment, building cognitive or emotional resources, we recognize that ADA, individual's reentry plan support successful reentry and reduce recidivism. The agency continues to search for a funder, as the grant expires in 2023. I just saw my first consumer Adrian Boone (indiscernible) this is what we are doing. Next slide please.

This is our contact information, 3725 national Drive in Rally, next slide please.

As I alluded to, praying for the next chapter, trying to find funding for the agency to keep this program going, hopefully we can get that $300,000.
Please.

These are the links I alluded to earlier, I did a presentation with (Name) about this same reentry program. I did a prior presentation with the ILRU, about why others should be doing what we are doing. Adrian Boone's story is on YouTube. I did a webinar with the DD Council, that is their stuff. Fox News did an article on the program last year, that is the link to their article. I know it is a lot. I thank you everybody for your time and attention, hopefully a lot of good comes out of this women are. I appreciate you guys, thank you.

JENNY SICHEL:
Thank you so much Sharif, I would like to introduce our next speaker, but Betzaida Ramos, taken away.

BETZAIDA RAMOS CHARRIEZ:
Thank you so much Sherry for that amazing presentation, and for the work you guys are doing, that is absolutely awesome. I am bedside â€“ Mike (Name) Ramos, Directora Ejecutiva, Movimiento para el Alcance de Vida Independiente (MAVI), one of two centres on the island of Federico. We provide services all across the island and the US Virgin Islands as well as to.

I am a Hispanic woman, I have white skin, my hair is blondish, shoulder length, I have glasses on and some hoop earrings. I go by the pronouns of she.

I am going to be with you guys, talking a little bit about our experience with regard to transition services during disasters, and how this causes the displacement of people with disabilities. Next slide please.

Many of you have probably heard this phrase, it is a citation from the United Nations that establishes that people with disabilities are 2 to 4 times more likely to suffer injury or death after disasters. Just this week, EE news released some census data stating that if we look at the general adult population, approximately 1% of adults are usually forced to evacuate their homes after a disaster.

However, when we look at people with disabilities, that same data set establishes that approximately 31% of people that cannot care for themselves are forced to evacuate. Whereas 21% of blind people are forced to evacuate. One pair that -- when we compare that 1% to that 31% of people that can't care for themselves or 21% of blind people, this disparity is significant.

Most of those people are forced to evacuate and may never return. More likely, they are 5 to 10 times greater probability of confronting different problems that will ultimately not allow them to return home. Lack of food, lack of water, lack of housing, lack of power, worsening medical conditions etc.

This is usually a result of them being separated from their support systems, being uprooted from their communities, which will ultimately have them end up in institutions. The National Council on disability did very extensive research on this problem, they published a report in 2017, The Prevention of Institutionalization. I recommend you look into that to see the profound effect that these disasters will have on people with disabilities. Next slide please.

As Sharif mentioned, as part of the services, independent living centers are required to offer one of those core services are transition.

And transition in terms of the deinstitutionalization of people with disabilities or divergent or preventative of institutionalization.

During disasters it is usually unprofitable that we will be looking at deinstitutionalization, but there is an increased likelihood of working with prevention of institutionalization because of all of these factors because there is a lack of the supports that we mentioned, there is a lack of accessible shelters.

And like I mentioned before, medical complications that will eventually have people end up in hospitals or require more intensive care.

So, once the disaster takes place and people with disabilities are forced into the shelters, which is usually the first place we go to, the go to response, the first thing that often times emergency personnel were people working in shelters will try to do to get the person into an alternative housing placement, is they will probably think, "Let us put them into a home, let us put them into an institution".

That will not necessarily be because of bad intentions on their behalf. It is because they are emergency personnel that are trained to get solutions quick to the greatest amount of people in the fastest way possible.

And often times, they will think they will get better care, it will be less taxing on the government and the emergency staff, and sometimes it is just the lack of knowledge. It is because they do not know what other options there are available for people with disabilities once they arrive into the shelter settings.

So what we do? How can we as independent living centers or disability led organizations, what can we do while offering this transition service to ensure, or prevent, deinstitutionalization of people with disabilities?

So, our experience and our experience comes from personal experience that we lived after hurricane Maria in 2017. Then we had earthquakes on the island, then we had the pandemic just last year we had hurricane Fiona as well. So we have had to live through a lot of different natural disasters.

And in the course of these almost 6 years, what have we learned throughout this process? First of all, and this is a message we carry across often, we have to help people with disabilities understand that they are the first responders that are responsible for their own well-being.

So we need to help them become better prepared. We need to help them develop their emergency plans that will ensure that they have a clear path, or a clear course of action available to them if a disaster is approaching or if an earthquake occurs, etc.

That emergency plan, you need to decide where will I go to? Am I staying at home? Who will support me while I am staying at home? Will they relocate to a shelter? Let me look before hand and see where the accessible shelters in my community are. By law, every shelter should be accessible. Experience tells us that they are not.

So therefore, you know, people with disabilities need to plan ahead. We need to help them plan ahead to identify what resources are available to them and what alternatives beside shelters, whether it be other friends, family members. What are alternative housing options for them once the disaster does take place?

Another strategy that would help, not only will we trained the person with a disability, we will also train emergency personnel. So emergency response personnel, these people, my hats go out to them, they risk their lives on a daily basis. And they want to do everything they can to help people survive disasters.

However, they do not necessarily know how to deal, or manage emergency situations for people with disabilities. So let us help them, let us give them the information, let us provide the knowledge they need to understand all of the particularities that people with disabilities need to be considered in emergency situations.

And let us teach them that the return to home planning process, once a shelter is opened, when you're dealing with people with disabilities, you cannot wait for one week before the shelter's about to close because the process is usually markup located.

You need to think about accessible, physical accessibility. You need to think about transportation accessibility, etc. this process is going to take a lot longer.

So once you identify, once the prism of the disability steps into that shelter, you should be thinking as to whether that person will be able to return home or not. If not, what do they need? What are the alternative housing options available?

And as CIL staff, as volunteers in this whole Emergency Response process, we should help them. We should be there to help them find more integrated settings, community-based settings and help them also identify who are the people that you have in the shelter that are at risk of being entered into an institution and how can we work to prevent that?

Also, during this process we should be working with our local ONG, NGOs, I'm sorry, as well as CAG, nonprofits, private organizations that work together to help people with disabilities before, during and after disasters. Also be aware of what the resources are in your communities.

Other community-based organizations that deal with people with disabilities? How can they help with regard to providing supplies, with regard to providing housing, with regard to finding medical resources that can help the person with disability prevent any more complications and ensure that they can go back, or into a new integrated accessible communities setting after the disaster?

And, also, when we are looking at these transition services and we are looking at these post-disaster situations, we should keep a close eye out on three factors.

First, be aware of nonlocal residence or with disabilities or tourists that may be stuck in your locality during the disaster. During Fiona we had a very sad case of a woman who was on vacation in Puerto Rico, she was a resident of Missouri. She got stuck here, smack in the middle of Hurricane Fiona and she ended up in a shelter. She was a deaf woman and unfortunately the children did not have sign language interpreters to help her understand.

First of all she did not speak much Spanish and second she was deaf. She was at a shelter that did not have the sign language interpreter she needed to help her through the whole recovery process. So this woman's frustration started building up, and at one point she got agitated in the shelter, and the shelter employees made her leave the shelter. She was not allowed entry into the shelter.

So this woman had no family where she was at, she had no money. She was homeless for days trying to figure out how someone could help her get back home.

Luckily for us, there were some good Samaritans in that community. She actually stayed close to a police station because she feared for her safety, so she was sleeping close to the police station and to some good Samaritans, identified her, called us as an independent living center and we started working with the ombudsman for people with disabilities.

But this was just obstacle after obstacle after obstacle to get this woman the services and the supports that she needed to get home. She just wanted to go back home.

So eventually we had to (indiscernible) private donations in order to get her the money she needed to get her ticket back home. Coordinate with agencies back home on the mainland to ensure once she got home she made a successful transition back into her home when she arrived.

But this was just one that came to our attention. How many hundreds or thousands, dozens hundred thousands of other people go to the situation? So let us see how we can become aware of the probability of tourists being affected by the situations as well. And then needing our services.

And finally we should look out for, just as the case of this woman who was a deaf woman with disability, but also people with cognitive disabilities who do not necessarily understand the whole process. What is going on? What am I supposed to do to get the resources that I need in order to overcome this disaster?

So these people require a lot of additional support from us, from independent living centers, from community organizations, so that we can make sure that they do not end up in institutions which is one of our mandates as independent living centers. I think that is my last slide, can you please verify for me, Jenny? Yes.

And again, the disaster does not end just because the storm passes, so it might take days, it might take weeks, it might take years for some of the elements to be restored, as we have lived and seen here in Puerto Rico.

So it is especially essential for us to assist our consumers, our people with disabilities, to ensure that they can return home as soon as possible with the less interruption and complications possible.

So that is my presentation to here.

JENNY SICHEL:
Thank you so much, that is so interesting. Often we do not think about that when we think about transition. Next we are going to go on to Marly Saade and Susan Hetrick. I will add Spotlights for you. Susan, let me at a Spotlight. Marly and Susan I will let you guys take it over.

MARLY SAADE:
Sorry about that, I was still muted. Thank you very much Denny, I appreciate you. I am going to get started. I would like to clarify my role for the center of disability has changed, I am no longer the PC program coordinator, I am now the healthcare outreach program coordinator. I pronounce her she and her, my description is that I am a Middle Eastern woman with curly hair, I am wearing red lipstick, I have a white shirt on with a blue sweater.

I'm going to tell you today about some of the most successful events and or services that we have had with the Centre for disability empowerment, and my directors go to take the other half of it.

First I will speak on the Free to Bless Facebook roof -- group, anyone leaving long term care facilities or who are dealing with houseless this, anyone in those two areas could reach out to CDE for housing services. Part of that includes the Free to Less Facebook page, which has 230 members. The group is entirely dedicated to collecting and donating clothing, furniture, cleaning supplies, hygiene supplies, anything that anyone could possibly need to get started in a new home.

Our group members are either willing to purchase or donate lightly used items. In that same group, is how the transition coordinator gets volunteers to help with recruiting members, as well as to pick up and drop off the gently used items.

This type of service is pretty cool, we do not necessarily have a loan closet at CDE, nor do we have a space to hold any kind of equipment. This enables us to still provide donations and provide people with equipment or furniture that they might need to start finishing their home, to feel more comfortable, to be able to cook and clean, cook the foods they want, clean how they want. Create new relationships, find jobs, potentially if they are interested.

But everything starts with having a place to put your head down at night. That has been a huge success when it comes to our housing transition services. And I wanted to share that with you all today. We also have an emergency readiness grant, that was offered by Ohio State Independent living Council. In that emergency grant, we hosted 10 webinars geared to supporting people with neurological disabilities, to plan, prepare and practice for emergency situations.

Topics for those webinars included politics of emergency readiness, intersection now it he and emergency readiness, we had FEMA, Red Cross providing presentations. We had an active shooter three part series on how to plan for such an emergency, either in school or the public.

We also had service animals, as well as pets webinars during emergencies. The grant provided some funding, it occurred right around the time that the state shutdown occurred. I was able to take all of those funds and purchase emergency readiness supplies for individuals with this abilities.

Some of those supplies included fireproof, waterproof document bag, a supply bag, as well as first-aid and medical kits. We had a grabber, a yoga mat, a bag for your service animals so that they can carry their own supplies. Everybody got a kick out of that. The reason why I did that is because a lot of people with disabilities are accustomed to planning ahead, but having an emergency plan is one more area of life that we must think about to eliminate potential barriers.

I know it might sound silly that I purchased yoga mats but they can be used in shelters to sleep if there are no beds or if the bed is not safe for your skin, it can add an extra layer of protection. If you are a wheelchair user like myself, the yoga mat can be folded and used as a cushion. It can be thrown down on the ground should there be debris and you are afraid of stepping on glass. There are a lot of ways that you could use a yoga mat to your advantage. So I was really excited about thinking creatively on what type of items we could purchase people that would be beneficial to them.

Another one I really enjoyed doing, purchasing was a long handled flashlight to be used as a weapon. It is not classified as a weapon so you do not have to worry about it, having it on hand, but it is a good defense should you find yourself in a situation where you need to defend yourself.

Yoga mats are not expensive, they are $15 now and can be used in a variety of ways. Think creatively about what variety of supplies you might need in an emergency was very exciting and fun to do with the consumers. They enjoyed it.

We also recently were granted the disability vaccine access opportunity's grant, this is from the CDC foundation. In that grant, we worked with the Ohio Department of Health and their provider company. We hosted over 10 vaccine clinics within Franklin, Delaware, (Place) counties. We also contributed to block parties, the fiery food truck Festival, the all disabilities Festival, the Buddy Walk, and others.

All our vaccine clinics were barrier free, we had mobile units with ramps and lifts so all people were able to get on the bus and get their vaccine privately. We also had ESL and ASL translation services available. We also had a couple of leftover emergency readiness supply bags, so I included those as raffle prizes for anybody who signed up to get vaccinated with CDE.

This has been pretty cool because it kind of propelled us to create more partnerships. One of those new partnerships includes the Ohio Department of Health, and the (Name) Centre, that partnership is called the Ohio disability and health program.

It was $25,000, I purchased enough supplies for 40 community members. Sorry, I lost my track. We are working with the Ohio (Name) Centre, that program is really cool because we are promoting the linkages program. That is a referral service, anyone with a disability looking for medical services that are accessible in the way that you need them can call us, and we can provide a referral for medical facilities that meet their disability -related needs.

If we know one facility provides very good -- does not provide very good ASL interpreters, then we would not send them there, we would send them to the right facility. Another project I am very excited about is a survey that we are building for people with disabilities to complete about their medical facilities.

This is every medical facility you could possibly step into. We want to know about the accessibility features so that we can include them into the linkages database, which is a referral service that we offer. And provide a more accurate list of medical facilities that do offer accessibility related... that are accessible to people with disabilities.

It could help memorize health risks, -- minimize health risks, it is a good service to apply... I am losing track of my thoughts, I am very sorry. If we can get individuals with the subleased to complete the survey, it will allow us to have a better idea of what medical facilities are accessible, and those that are not accessible, then we can follow up with them and do some systems advocacy behind the scenes to help them become more accessible and inclusive to individuals with disabilities.

And I think I am going to let Sue take it over from here. I am sorry for babbling so much (Laughs)

SUSAN HETRICK:
Jenny, how are we doing on time?

JENNY SICHEL:
Sorry I was not exciting you to call on me, -- expecting, you can go for five or six minutes.

SUSAN HETRICK:
Hi every buddy, I am Sue Hetrick, the executive director... I apologize again that we don't have slides. I am a 60 something woman with graying hair, I am a white woman, I have black rimmed glasses, a grey sweater on today, and my pronouns are she and her.

I want to go a little bit on the fringes of what SILs usually do, obviously we are consumer driven. Rather than going toe to toe and opposing them, we have chosen another route to kind of bring them into the fold with some of the things we are doing. As gatekeepers, we know that they are often the proponents of placement in institutional settings, where there are children and adult children.

We have been challenged by them in legislative testimony and other places, obviously, as I'm sure that you have for those placements. So when an opportunity came to us for a grant from the Ohio Department of developmental disabilities, I had to think twice about it.

the focus of that grant was to empower individuals with intellectual and developmental disabilities and their families towards more independence, healthier living, to being and in trickle part of the community. So we latched onto that and we are now in our third year of working with them.

... Training and support were thrown out the window like you have all experienced, we went to all virtual. What we found was that there was more participation on behalf of the families and individuals with disabilities because they were virtual, because they didn't have to travel, particularly in rural areas. We offered workshops and seminars, we have done hundreds of them in the last few years. We have hundreds of people who have attended.

The focus was on developing advocacy skills, communication skills, addressing safety in the community, nutrition, healthcare, rights and responsibilities, special education, best practices. One component that we also started under the umbrella of that grant was a leadership Academy.

We modelled it after the Minnesota developmental disabilities program called Partners in Policy Making. That brings in families and individuals with intellectual and develop metal disabilities to go through, ours was a nine-month course. It exposed and challenged people to challenge themselves, what they thought about independent living, with a thought about the possibilities that expose them to best practices in the area of special education and housing and employment and thinking out of the box for those things.

It also exposed people, along the way, to people, to the independent living philosophy. Often, parents are not exposed to that, why we think the way we do. Why we are consumer driven, it gives them those opportunities, planting the seeds for the expectation of independence and community membership.

We have launched community, and inclusive communities initiative, if you are familiar with Al (Name), he speaks on the topics of social isolation, community building and capacity building. We had him in for webinars, a series of five. Those were attended by over 500 people with disabilities and community members, community leaders, because we believe that we can teach advocacy skills, we can talk about independent living all day long. But if the committee is not prepared to embrace that, then our challenge is even greater than it normally would be.

We are actually working with communities on being more inclusive and disability friendly, not just physical access, but where people go to socialize, where they go to be entertained, all of that. And we know that the whole issue of social isolation can be a big driver of people going ins to -- into institutionalized care. Paramedic just highlights, if you would like to know more, feel free to contact us.

JENNY SICHEL:
Thank you so much Susan and Marly. Next we are going to have her next presenter, Jeff Hughes, come onto the screen. And I just want to confirm that the Spanish translation is working right now? Yes it is, dutiful, love it!

Jeff, all you.

JEFF HUGHES:
Hello there. As I put my hearing aids in. So my name is Jeff Hughes, I am the director of progressive independence in Normand, Oklahoma. I am 57 year old, I am sporting today a myriad of sport teams. You can see in the background, possibly, that I have a Boston Red Sox background. I have a San Francisco Giants. And I am wearing an Edmonton Oilers sweatshirt. And you cannot see them but I'm also wearing Pittsburg Steelers sweats. So I'm going to talk to a bit about a new project that we are beginning to undertake here in Oklahoma.

And that is one reason why I could not really provide any slides up to this point because we do not have anything really concrete yet as this is just now formulating, utilizing a Medicaid managed care (indiscernible) (audio issues) which I'm very excited about.

To kind of give you an idea on the framework of Oklahoma and its Medicaid system, individuals, young people between the ages of 18 and 21, that do not have a cognitive impairment, do not receive any (audio issues) services at all.

The only services that are provided to young people are state plan services. And unfortunately, we call that here, student care, and unfortunately no home modifications are provided and it is incredibly difficult to get assistive technology and (Unknown Name) equipment as well through State Plan Services.

The target population we will be working with on this new program, and of course we brought all kinds of complaints and discussions and meetings with everybody and their dog, as you can imagine about the holes within our systems here, and hopefully we will see some legal action here before long.

As you might be aware, Oklahoma, the Department of Justice has already been here once, that under...to meet with the Department of mental health because of how people with mental health challenges are being forced into the legal system and being held in jails.

So, there is more to come on that, but going back to our project which is to specifically work with young people who have disabilities, within that age bracket, 18 to 21, within the foster system, unfortunately we have experienced it with a lot of younger people, have quite a bit... There are quite a few people that have disabilities within that system.

In several years ago I was on the advisory board of ETNA where I first learned about this project out of Philadelphia to impact the Foster Care system and really enjoyed working on that, providing information, trying to provide an independent living twist to that model.

And we got to meet the people who we actually started providing the services for, that (indiscernible) under that program. That was a way cool project and now that this is getting started again here in Oklahoma, really excited about how we can stand this up and make it into a really cool project as well.

A story that came across my desk not too long ago was there was a young lady, 18 years old, she was living with her foster mother and she was over in East of Oklahoma City. And in a larger community. And she had just graduated high school.

She was wanting to go to college. She had a pretty significant physical disability and used a power wheelchair. Needed personal care. Needed some skilled nursing. And the applications that were submitted to apply for those types of services was denied by the state.

Evidence of need is there. There is no reason that any of that stuff should have been denied. She lived in the house that was incredibly difficult for her to get around in. They needed home mods, as I mentioned earlier they are not provided for in the state plan. So she was trying to find some way in which to receive additional supports and services so that she could continue with her life, live independently and maybe move out. With personal care but could not even get that started because yet another thing that is not really being offered in her state plan services.

So, when (Unknown Name) came to us and said "we really want to build around this population" utilizing the centers and the court services in particular and maybe some other services if we can get going. So the focus was going to be of course with our traditional core services of INR, peer support, skills training, enrolling within health plans or other programs that they might be able to benefit from.

Any type of diversion services and supports we will be providing or transitioning to and from. As I mentioned with the Living Well Program, we have offered this project, the one out of Montana, we have been offering it for several years.

And of course it is a very long, intensive project. And we require people who receive support or assistance from us, for moving from an institution into the community, we require people to go through a 10 week course so that you can be sure we are working with them, money management, learning how to manage their PCA, advocating for themselves, you know the whole, everything you can imagine is thrown into that 10 week course.

We do not always make it go 10 weeks. We try to shorten it, we tried two or three weeks into one week. So when other words we might do three trainings in a week so we do not have to key people hanging on forever.

But that has been very well received, and one of the really good stories that we had come from that was that there was a lady who was homeless in Norman and we helped her out, get her into a new apartment. And helped her with getting her car fixed and some other things. And then, she went through our Living Well Program and then went through our training for being a personal care assistant.

And she went to work after going through that, she went to work as one of the aides for several of our consumers. So that was a really good story that we were really excited about, seeing how that played out. She still working, we have been working with her. She is been doing that now for about two years.

And, she was a person who was directly impacted by COVID and really excited about that. So, we will also be identifying any other accessible homes if people needed, accessible apartments. We will be helping with the home mods when needed.

And as everybody knows the accessibility issue you might find within some of the units that have been constructed very from very minimal, minimally accessible to... Not very often you run into one that has optimum accessibility. But we want to make sure that we can build in accessibility to the degree that an individual can even do things like cooking, making sure that they can get up to their stove. Making sure the oven is at the right height, making sure there is an island that is accessible, do their dishes. Will he reduce the reliance on personal care services.

We want to encourage people to participate more and more in their daily living.

Another new project that will be starting here probably before long surrounds healthy living and food injustice issues. We will be working with companies like Hello Fresh, and as we get closer, in another presentation, I'm about to come back and provide smart information about that. That is going to be a way cool program.

We will be reaching into areas in historically underserved areas within Oklahoma City. In (Unknown Name) where there is maybe only one grocery store within 10 to 15 mile radius. So the access to food, good, fresh vegetables is very limited. Especially to get into the more rural areas it is even more so. I'm excited to get that going.

We will also of course be encouraging and facilitating access to more equipment such as better wheelchairs and other types of assisted technology. In coordination and collaboration, we will be working with (Unknown Name) counsel of course or PNA is going to have some good response abilities with us. Parent training information centers will be working with us as well. Book Rehab I am not so sure about. There is some really strange stuff going on in Oklahoma (Laughs).

We are right now... I will be sharing more information about that not be for long because it looks like our governor has gone off the deep end.

Medicaid agency, of course will be working with them. Our Department of human services who normally administer (indiscernible), I am not sure about how much degree will be working with them because they are kind of a wildcard out there that may or may not have a role in this. Our client assistance program and her big partner is our sister center in Tulsa.

This is a big project I am excited about so as this continues to roll on, and as we get things more detailed and more information about how, in the numbers of people we are serving, and all of this, I will be happy to share that information with you all.

So I appreciate the time. I think that I am spot on time now, Jenny. It is over to you!

JENNY SICHEL:
I love it, I love staying on schedule. Just as a reminder to people, we are going to get into questions now. But please take a second or two to fill out our evaluation survey, which the lovely Sharon just put in the chat box. It will also pop-up when you close out of the webinar.

We have a bunch of questions for everybody. This first one is for Charisse -- Sharif, this is Jason asking, how do you know who has a disability in prison, and how do you know that they are about to be released?

SHARIF BROWN:
Great question, essentially when it comes to the prison, we go based upon what their determination is. Since we are consumer controlled, what the prisons do is they have their own caseload of individuals that have already been diagnosed with having disabilities. Essentially, what they do is let them know about the program, and then they decide if they want to sign up for the program, then we get the referral.

We already know that their disability when we get the referral. Keep in mind, this is precoded when we did not have access to the prisons. Now that we have access to the present, we are going into the prison and finding out the needs and wants of these participants. Prior to that, we had to use the social workers as our liaison for the referrals.

Every social worker has their own caseload that breaks down every single person that has a disability that is being released in the next 90 days, I believe. Based upon that, that's how we start getting referrals. I hope that kind of answers your question.

JENNY SICHEL:
Yeah, I'm going to have you stay on Sharif, I see that you are driving, so please be careful. But what type of disabilities to serve, do you serve all of them, are there any specific ones?

SHARIF BROWN:
We serve any disability out of requirement of SIL. Any disability we serve, when it comes to (indiscernible) those individuals have to have an IDD diagnosis as a baseline, but they can have any kind of disability on top of that. The federal side of it is any disability, and the stateside, the way it is currently structured, which we have plans on changing if we can find the funding, they are specifically an IDD population.

Federal side, any disability, state reentry, IDD.

JENNY SICHEL:
What types do you normally see? Do you have a major type that you often see? Just to clarify a little bit.

SHARIF BROWN:
Sorry, can you repeat that?

JENNY SICHEL:
Yeah, what type of disabilities you normally see coming through your program?

SHARIF BROWN:
As far as Disabilities is we see, we see everyone you could possibly imagine. The majority of the population we have been dealing with have had a mental health diagnosis, which you can imagine. But we have seen visual impairment, we've had individuals that go into prison that do not have a disability that then obtain a disability, whether it is a mobility issue, that is what usually is (indiscernible) we've seen the whole gambit, every disability you can possibly imagine, we have seen and dealt with.

JENNY SICHEL:
Great, thank you so much. The next question is for Betzaida, here is says, a group of us disability advocates in Illinois had drafted and helped pass legislation to help create an access and functional needs advisory committee within our state's emergency agency. We are tasked with recommending revisions for both state and local emergency management plans to ensure our needs are met during emergencies and disasters.

The topic and issues you discuss very much relate to concerns they want to address in Illinois. So Keira is wondering, what language, inclusive strategies and or considerations do you think they should include in these plans to help divert people from being unnecessarily institutionalize after evacuation?

BETZAIDA RAMOS CHARRIEZ:
Cara, first of all congratulations on the opportunity to form that committee, that is often the first step to get the ball rolling to get the changes needed in this whole emergency management process. My first recommendation would be to make sure you have a formal collaborative agreement in writing. That will ensure the permanence of your committee. Often times we have this merry-go-round of politicians who are often in love with the idea and then they will leave. Then someone else will come in and maybe you will not be able to provide continuity because they do not see it as such a great idea.

The first thing would be to get your agreement in writing. In that agreement, ensure that as part of the process, you are going to be part of emergency operations centres and shelters. Then you can actually get in to these facilities when the emergency actually strikes, that will give you access, direct access to the people in charge of making decisions. It will get you faster access to resources, whether human resources or physical resources that you might need to be able to provide people with disabilities in order to remain within their community setting.

It will just get people, the emergency management staff, accustomed to knowing that there are disability experts. There are people they can go to during this whole process if they encounter someone in the shelter or someone who is homeless that has a disability and needs our help.

When looking at those emergency plans, we can talk about this later, there are documented areas where emergency plans tend to fail. Notification processes, evacuation processes, communication processes. Look at the literature, and maybe create a sort of template or guide as to these things that you are going to look at when you are reviewing these emergency plans.

so you can ensure standard revision, and you will not miss anything when you are actually looking at them and making your revisions. Try to be part of the shelter inspection process when they go in and determine whether the shelters are accessible or not. That is a key factor to ensuring that the person can go into a safe setting beyond what family and friends can usually provide.

If in that written formal agreement, you can determine resources that you are going to have access to, we have the best intentions when we are dealing with all of these emergency processes, but we often need funds. Where are we going to get the supplies, the funding for someone that will help with the data entry process, or the database to identify your people with disabilities in the communities etc.

You will need resources, so try to ensure that you can get some resources for all the work you guys are going to be doing for this process. We could go on and on and talk about this, my email is in the presentation, we could definitely talk a lot more about it.

JENNY SICHEL:
Thank you so much. We have one question left. Jeff actually had to hop off, but our final question is for Sharif. Amy wanted to know how hard was it for you to get clearance to go into the prison?

SHARIF BROWN:
The federal prison was not that difficult, obviously in any kind of institutional setting, especially when it comes to prison, the warden and assistant warden are obviously going to have to screen whatever kinds of programs and things that you're trying to implement in their facility.

Most prisons do not have a problem with volunteers coming in to assist, there was not too much pushback on that, there are certain levels of security that I cannot even get access to. They have a medical wing there called the FMC, it's where all the cancer and severe mental health patients, suicide watch, that kind of thing, we do not have that kind of clearance.

It all depends on the level of clearance. But at the state level, because we have already had a contract in place with DPS, us getting into the 13 state prisons, we were already contracted to get into them. The only barrier we had was COVID, that was essentially the hardest barrier with us getting into the prison system, because DPS has been backing the program, so they pushed the wardens to allow us to get back into the prisons to be able to fully implement this initiative.

Without DPS backing us up, it might have been a really difficult situation.

JENNY SICHEL:
Yeah, we have time for one more question. Do you work with both male and female prisons, or the aging prison population?

SHARIF BROWN:
Yes, we work with male and female prisons. We work with the aging population. Unfortunately, especially when it comes to federal incarceration, a lot of people do long stretches, 20, 30, 40 years of incarceration. We work with them as well.

there is not anybody that we are going to turn down for assistance if they self identify with disbelief stopped is no matter their age, the location they are being released to, we have people that are being released across the 50 states in America, I have people going all the way to Alaska, all the way down to Puerto Rico.

We take any population, like I alluded to, as long as they have a disability and self identify that they have one. That is all they need from us.

JENNY SICHEL:
Great, thank you so much. Well, we are just about out of time, I wanted to just give a big thank you to our panelists for joining us, and everybody that is on the call for joining the call. I also just want to remind everybody to fill out the survey and evaluation, that will really help us to make these more inclusive and better in the future. Thank you everybody, so much, have a great rest of your day!

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