MICHELLE CRAIN: So when we're talking about transitioning individuals from or even diverting individuals from institutions, what type of institutions are we talking about?

I think we mentioned a little bit ago, we talked about nursing homes.

Of course nursing homes is the more prevalent institution that we're talking about.

And we mentioned something about ICFs.

So when we think of long-term, and not even long-term care institutions, but when we think of any type of institutions, what type of institutions are we talking about?

I'm just curious as to what type of institutions can you all come up with.

Jails.

AUDIENCE MEMBER: Jail diversion.

MICHELLE CRAIN: Mental health facility.

Homeless shelters.

I hadn't thought about that one.

Any others?

Let me just say, a lot of times people think of institutions as just long-term care institutions.

Well, it's those short-term care institutions that will get you transferred to long-term care institutions.

So it really behooves us to know what those institutions are and how we can utilize our services and do the outreach that we need to do in order to divert individuals from going into those types of institutions.

So any other institutions we're talking about?

Yes ma'am.

Exactly.

If you can repeat that again, sorry about that.

AUDIENCE MEMBER: Rehabs, chemical dependency, individuals that have been in a rehab for three months to a year and then they are coming out, with nowhere to go, they need a place to go to.

MICHELLE CRAIN: Mm-hmm.

AUDIENCE MEMBER: The family homes.

Youth trying to grow up out of their homes and having their parents hold them back.

MICHELLE CRAIN: Yes.

Sometimes people say institutions are where you are reside and don't want to be and have to pay for it in any respects.

That would cover a whole lot of places, wouldn't it?

AUDIENCE MEMBER: Domestic violence and homeless shelters.

MICHELLE CRAIN: That's something she mentioned over here were the homeless shelters.

Okay, anymore?

AUDIENCE MEMBER: Foster care.

AUDIENCE MEMBER: Group homes.

MICHELLE CRAIN: In some instances, I think we kind of said ICF or intermediate care facilities.

It looks like we've pretty much, yes, ma'am.

AUDIENCE MEMBER: Residential care facilities.

MICHELLE CRAIN: Mm-hmm.

One thing I haven't heard, pretty much, maybe your assisted living facilities.

Some people, depending on what pot of money you use to get individuals to live in the community, some people might think that your assisted living facilities are institutions, simply because people are placed there because it's just the next best thing out of a nursing home.

And I'm going to cover just a few of those.

I don't have half of those on here, but I'm going to cover a few of those.

Basically, was there someone else?

Basically, types of institutions, nursing homes.

Our homes, not nursing homes.

How many have heard that mantra?

Pretty much.

It has become the rallying mantra of disability rights advocates throughout the nation.

It is often in demonstration to the institutional bias that guarantees services for eligible individuals entering nursing homes or other institutions while requiring waivers for community based services.

I think we've heard here probably several times during the day institutional bias.

How many of you all have a community where the nursing homes have a waiting list?

Raise your hands up high.

That's because there is that bias that exists that they can go into a nursing home at any time, whereas you have 10s of thousands of individuals on waiver waiting lists.

That's the institutional bias that we're talking about.

And in Texas, we have what we call the Home by Choice Program.

And that is our transition program in Texas.

And we're funded basically under Medicaid with that program.

So we had a contract with what we called at the time, which is dissolved here at the end of August, with the Department of Aging and Disability Services, and most of those contractors are centers for independent living.

I think we have one triple A, Area Agency on Aging that has those contracts.

But in order to be eligible for that program, you have to be Medicaid eligible.

And so we, as contractors in Texas, we are pretty much in the nursing homes.

That right there is our primary institution that we deal with are the nursing homes.

What you'll find is that the nursing homes, they have Medicare beds, they have Medicaid beds, they take private pay.

So just about anyone.

When you're talking about the nursing homes.

Nursing homes provide 24 hour care to a cross disability population that includes younger and older adults.

Now, what does that sound like?

That's the very population that we as centers serve.

So we're in those homes, and those are the individuals that are affected by the long-term care in nursing homes.

So the US Department of Health and Human Services says that four out of 10 individuals who reach age 65 will enter a nursing home at some point in their lives.

10% of which will reside there for five years or more.

I don't know about you, but to me, that is just, I mean, that's mind blowing to me.

Especially with 65 being the new 40, for the most part.

And not only that you know, more and more young people are going into nursing facilities.

Like with our Home by Choice Program, what we've learned, and we have to submit like an annual report to Department of Aging and Disability Services every year, and I will tell you about 35, 40% of our individuals are individuals under the age of 60.

Now, the majority of those that we're transitioning were transitioning over the age of 60, but I just think that's astonishing when you have that many young people in a long-term care facility or in a nursing home.

Diversion and transition programs may thwart these trends, enabling more individuals to live in their own homes and community safely, independently, and comfortably, regardless of age, income or ability.

So essentially, we're talking about aging in place.

How many of y'all have heard the term aging in place?

What does that mean to you?

Not a rhetorical question.

I'm curious as to what does that mean to you actually.

Anyone want to take a stab at that?

AUDIENCE MEMBER: You can, can you hear me?

That a person can stay in the home of their choice throughout their life process, whether they, whatever age they are, whatever disability they acquire, they can stay comfortably in the home of their choice and not have to move around.

They can stay there forever.

MICHELLE CRAIN: A lot of times you hear the aging in place, that terminology when you're talking about housing.

How many of you are familiar with universal housing?

Right, and that's mainly where that term is used when it comes to aging in place.

But I would say the same thing about any type of services that we could provide in order to help that individual maintain their staying in the community.

We mentioned ICFs.

Well, in Texas, they call them SSLCs.

State Supported Living Centers.

And I will tell you when they changed the name to SSLCs, the director of our SILC, not to be confused with the statewide independent living councils, she was livid, because they were going around calling them State Supported Living Centers or the state school, SSLCs, so let's make sure we don't make that mix up.

Despite the national trend of deinstitutionalization, over 40 years ago, Texas continues to operate SSLCs, I'm not going to call them silks, formerly known as state schools, and there are other states that are also operating these type of facilities.

These intermediate care facilities for individuals with individual disabilities, I'm sorry, intellectual disabilities are Medicaid funding in Texas.

I don't know about other states, pretty much, but you swear the operating costs exceed their admissions.

So there is nothing to be gained there as far as funding.

The SSLCs have been plagued with egregious acts of neglect and abuse resulting with a 112 million-dollar settlement by the state of Texas with the US Department of Justice.

I would imagine that a lot of states who operate like state schools have heard, I don't know what planet you live on if you haven't heard, some of the egregious acts that go on in the state schools.

And so, I am sorry.

That's what I was getting into.

The Texas legislators have moved to restructure the SSLCs going so far as to consider closing up to five of the 13 facilities we have in Texas, they have not been successful with that.

Why do you think that's the case for the most part?

AUDIENCE MEMBER: Been there, done that.

Money.

If it's a regular ICF or SSLC that has got a 16 bed hall and there are probably three or four per the property area, just 64, 48 beds, and you got all your beds full.

That's pretty much cash, and that's property taxes for the county, that's money, that's small businesses getting money off the food have you to eat and the laundry you have to do and the staff who work there.

So when you close down those ICFs, I have to go someplace.

I have been here now for 19, where am I going to go, Michelle?

A group home, David.

Okay, where is the group home?

It way over there.

New people, new friends, new things.

My family goes, Michelle, he's lived there for 20 years, he can't move now, that's his home.

That's my home, and in many instances I've lived in that SSLC for 20 plus years, I'm going to leave my home, there's pressure on politics, pressure on money, pressure on small business.

your state like my state, Illinois has no spine.

MICHELLE CRAIN: No spine.

AUDIENCE MEMBER: I feel like they didn't, I think you were asking about the why haven't they shut them down out of the five, because we're talking and communicating with our state representatives in our communities.

I mean, that's what we're doing in the Houston area.

I'm in Houston, by the way.

Sugar land.

MICHELLE CRAIN: Whereabouts?

And basically a lot of that has to do with of course a strong parent lobby.

Because that's the thing, you know, where are they going to go?

The other part when it comes to legislators, pretty much is that it affects the local economy, because the state schools have a lot of employees, where are those employees going to go?

So I mean, that's part of keeping the ICFs open, but they have moved to restructure them.

But I will say that, you know, that's part of the reason why a lot of the state schools have not been closed down, because there's really not a whole lot of economic value.

I mean, the states aren't really getting any money out of that.

BRUCE DARLING: Michelle, Bruce.

So, like, in upstate New York, in Rochester, very different state, but the same kind of problem, it was the clinicians.

So the social workers in the local developmental center that held a press conference as part of their union at the Locust Club, the police Locust Club.

With a line of police officers behind them saying that the release of these disabled individuals from these settings would, first they started, the individuals in these settings are dangerous criminals, sex offenders and have other behavioral issues, which is murderers, rapists and people who pick their nose, generally three things that don't get put together.

The image of those social workers saying that these people are dangerous, you don't want them in your neighborhood, with the police behind them, was a very powerful image, and basically, they called out the governor's plan as dangerous.

So sometimes I know that we want to all sing kumbayah and link arms, but sometimes the unions in these facilities, it's not just the concern by legislators over lost jobs, that's reinforced by some of the unions, and disturbingly, this is an affiliate of SEIU, they wouldn't actually come out and say, tell their local to stop the crap.

That they just let that carry on.

So it is a very powerful force against closing these places.

MICHELLE CRAIN: It is, yes, I agree.

The other institution that was mentioned are hospitals.

Acute care physicians often discharge individuals from hospitals to nursing homes due to the need for ongoing nursing care, longer recovery times, rehabilitation, or because of multiple readmissions for chronic medical conditions, such as heart disease, diabetes, stroke, and mental illness.

How many of you work with your ADRC or your Aging and Disability Resource Centers?

I do know there was a push, because one of our centers, the center that is located there in San Angelo, actually received ADRC funding.

And so they were making a big push to have individuals go to the hospitals, and of course, you're giving your information and collaborating with the doctors and the physicians or whoever the administrators are in the hospitals, that when you get ready to discharge someone, to give the center a call.

Because a lot of the times, if they have no family, if you have repeated admissions, that doctor is going to recommend that you go into a nursing home.

And we do know that once they get ahold of you, they don't want to let you go, because you become what?

A part of their census count.

I think if you have the capacity to make sure that your local hospitals have your information so that they can call you.

And so that we can put other services in place.

Rehabilitation centers.

And this is something that Darrel was just hitting on.

Individuals with newly acquired disabilities may be discharged into a nursing facility because of the individual's inability to perform activities of daily living or having an inaccessible home to go back to.

This is all new to them.

And so to be able to get into the rehabilitation centers is a plus.

You're going to be dealing with parents that they don't know.

This is something new to them, plus the individual doesn't know what to expect.

I will tell you, I know when I was in rehab, I can remember this guy coming in, in a wheelchair.

I can remember him having black boots on, and I can remember him saying, call me when you get out, for the most part.

And he was telling me about the center and everything.

But of course at that time the Demerol was the main thing.

But I remembered it when I got out.

I remembered, well I thought I had remembered the name.

And so when I finished up with living in the dorms, I wanted to move back to Amarillo, which is my hometown, and I was needing help finding accessible housing.

And I can remember the name almost sounded like passels or something.

I was looking up the name and I came up with something close to it be and it was PASO.

Well I gave PASO a call, and they say well we're the HIV organization, I said, no, I don't think that was the organization, they said, oh, you must be talking about passels.

And PASSELS you know they had changed its name because it was so close to that name.

But I remember, close enough, and believe it or not, just that one call set me on a course.

And that's the reason why I say that, you know, like when you guys go into a home, you can change a person's life forever.

You can divert them from going into a nursing home and spending 25 years to life, or you can give them that piece of information that's going to change their lives forever.

So I would say developing partnerships with these institutions to implement diversion from the outset can positively impact the course of a person's life.

Correctional facilities.

We talked about the correctional facilities.

How many in here actually work with your correctional facilities to divert or to transition people?

Do you mind sharing that with us?

AUDIENCE MEMBER: One of my staff, one of my independent living specialists has a close working relationship with the Idaho Department of Corrections.

We recognize very thoroughly that the social workers who work in the prison system do not prepare these convicts for re-assimilation back into the community.

That speaks to the high recidivism rates that we see, because there is simply, you know it all boils down to housing.

If you have an F by your name, they say right on the outset, don't even apply if you're a felon.

So again, it's the housing question always comes into play, and I think for X felons and people who are transitioning out of a correctional institution, we know that they are ill prepared to re-assimilate and we know that when they don't is a safe and stable place to live, their propensity for reoffending is very high.

The independent living plan is based on a continuum of maybe a transitional place where they live for a short time, they get a job, but that only lasts for so long.

Again, when there's so much bigotry and bias against felons, both occupationally from an employment standpoint and from a housing standpoint, I mean, a lot of times these guys, these men and women come out of the joint and go right back in.

If they're people with disabilities especially, again, I mean we deal with a prison system that is wrought with shortcomings.

From gladiator school settings to people not getting medication properly.

Essentially the Idaho Department of Corrections is the largest mental health facility in the state.

But I can assure you the doctors and the people who work there are not the best and brightest.

And that is very a kind of backhanded and cynical, but the systems advocacy we do out there, as we know a good advocate is not always welcome, wanted or liked.

Bob Michaels tells us this, and they certainly when they see us coming, I can see the hair stand up on the back of their neck, because they view us as being interlopers who have no place in corrections.

But again these are people who harbor the very same bigotry and bias that we, they engender this attitude that we are trying to change as civil rights activists at CILs.

So again, it seems like people with disabilities who come out of the Idaho Department of Corrections really have the deck stacked against them.

It's one of those things where even if there were a ton of housing, if they're felons, a lot of people won't rent to them.

But again, I guess, our point at the CILs is we're trying to systemically change that.

Our presence there in this spirit of partnership is one where we're really kind of trying to shift that balance and hopefully they'll start to recognize us as allies, but then again we're talking about census counts and things like this, and we find that these people, the folks who work at IDOC, I'm not sure if they are champions of the people who are transitioning out of the joint.

In fact it almost like they're happy when they get re-adjudicated.

MICHELLE CRAIN: I know that as a CIL, we actually work with more with trying to keep individuals from going into the correctional facilities.

We haven't done so much work with individuals or helping them to make that transition from a correctional facility.

That's the reason I asked you.

AUDIENCE MEMBER: We know, because again, Idaho is in mental health crisis, we get out spent by Puerto Rico for what we spend on each individual with a mental health disability for example.

So keeping, you know, we're constantly at the mayor's office, and constantly working with the Boise Police Department for example.

Because less than a third of the police officers on that force have any kind of mental health training or TBI training or anything like this.

So again, it's almost, you either send them to a state hospital in Blackfoot or Feeno or when they are felonious they get sent to the correctional institute.

So keeping people from going into the joint is far more difficult than helping them transition out because again, you can't control the actions of individuals and the system, you know.

How we feel is set up against them, and it's just easier to put them in corrections than it is to actually spend money on them to help them find a place to live and treat them that way.

So but again, we live in a state that eschews Medicaid oftentimes.

The political leaders in Idaho view it as a socialist plot for shiftless people with disabilities to steal from the government.

So this attitude is pervasive politically and pervasive in the police force I feel and it is certainly pervasive in institutions that encourage violence against one another as inmates.

And that is a real thing in Idaho, it just happened.

And the lion's share of the people who were involved in that were people with intellectual disabilities and mental health disabilities.

MICHELLE CRAIN: And NAMI says that, which brings me to my next point, that an estimated 25 to 40 percent of individuals with mental illness will be incarcerated in some point in their lives.

AUDIENCE MEMBER: I just want to address the issue about felons.

There's a huge issue that HUD has addressed by putting out a letter of guidance to folks that are in the housing industry in that they have policies set up to say if you're a felon, if you have a record, you are going to be denied housing.

So HUD has put out a guidance recently to address that issue, because not every situation is the same, and so there's guidance out there for those that are advocating for people needing housing that are felons that may help them gain housing if by contacting your fair housing unit in your state.

They should have that guidance.

Not all felonies are equal, but because agencies that provide housing have these blanket policies that say if you're a felon, you don't live here, but there are differences.

And what has happened is it's creating a disparate impact on certain ethnic groups by having such blanket policies and that's why they're addressing it.

So just because you hear you are a felon you don't have housing here, don't let it go.

Follow through with a Fair Housing Agency.

AUDIENCE MEMBER: Except we know, we have the issue too where if someone has come out of the penitentiary, we know the Section 8 list has been closed.

We know that any city as subsidized housing is closed.

So when we're talking about in the now, a place to live, that is the issue, is you know HUD can address that all they want, but really big picture, when we are so strapped, and not only do we, is the Section 8 list closed, we're losing Section 8 providers.

So even if you do, I think in Boise today they're serving people who applied for Section 8 in 2014, March of 2014.

So when someone is coming out of the penitentiary, there's no specialized program in our community that is promoted by the Department of Corrections to assure that people have transitional housing to ensure success.

They're basically thrown right back into the meat grinder as it were, with parole officers and things like this that it's just, it seems almost there's a systemic bias that they want them to reoffend.

They certainly don't give them the tools that they need in order to live successfully in the community and that which they give them is pretty limited.

The Department of Corrections can't force someone to give a felon a place to live, and HUD is not even involved at this point.

HUD is out the window for a lot of people in my community, because it's simply not an option.

So we're talking about people who are just trying to look on Craig's list, find an apartment and go apply.

And if it's not the felony question, oftentimes you have to have two or three times the income to rent here.

So we know that if you're on SSI, you're immediately housing vulnerable.

If you're on SSDI, even making 1,200 bucks a month, affordable housing in Boise, Idaho is about $600 to $700 a month.

We also know, we promote this idea that employment is the next step on our continuum.

We want to work.

People with disabilities want to work, so let them.

So if you're a felon trying to get a job, again there's that issue.

They say a lot of times, as this gal over here suggested, not all felonies are the same, but there's a lot of, we're not supposed to do a lot of things that happened, the law is only as strong as those people who enforce the law.

So if it's not one barrier, it's another, if it's not that one, it's going to be another, and that's kind of the crux.

We know the employment rate, or work force participation rate for these people is so far out of whack it's not even funny.

So everything that we suggested then on the continuum that they should do in order to stay out of jail, you know, it's really just kind of lip service at one point.

I mean, we know it's up to the individual to make those changes in their life, but even when they want to do that, oftentimes we hear from these folks that it is practically hopeless.

AUDIENCE MEMBER: Sorry, I have the mic.

My name is Andrea Austin from Rochester.

Before the HUD guidelines came out, anybody had any type of felony, even if it happened in 1970, you couldn't get an apartment.

But I just have a success story I have to share, because we were working with this guy in a nursing home, been there for years, and he committed a felony in the mid '70s.

And he committed another one in the early '80s.

Served his time.

Luck was never on his side.

Actually, when he was in jail, that's when he got his physical disability.

Then you know, years in a nursing home.

Then with these HUD guidelines that basically it was, he was being discriminated against because the fact he committed crimes when he was a young man.

So what we did, we just advocated with the landlords, told them about the HUD guidelines, because they don't always know about it.

We told them about it.

Like yeah, he committed a felony back in 1975 or whatever.

He's an older gentleman, he needs some services to be independent.

We found him a place.

We worked with the Rochester Housing Authority, and September 1st, he's hopefully September 1st, if everything gets together, hopefully he will be wheeling himself into his brand new apartment after years and years and years of being in a nursing home.

AUDIENCE MEMBER: My name is Bethany King.

I'm also from Rochester, New York.

And I also have two stories, but these are not long stories.

I was working with this one guy who also committed a murder.

I don't know what he did, but the guy that I was working with committed a murder.

But I was working with his parole officer along with a social worker and the parole officer was also the advocate who would kind of go in and say, listen, let me go in and explain to the landlords the situation, because then they will look at me and would say, okay, we're getting it from his point of view, so we can give this person an opportunity just by him going in alone.

So working with the social worker and working with the parole officer, it turned out to be a success.

There was another one who called in who also was looking for housing, he had a certain amount of time to get out, but I didn't work with him very long, because it was sort of like an on-call thing.

And I mentioned the parole officer and he said, yes, I do have one and he does work with me.

I said then you know what?

Go to him, push it a little bit more, and then tell me how the outcome goes.

I said if I don't hear from you, then I know that outcome turned out good.

So he said, okay, and I haven't heard from him.

So I'm assuming that outcome turned out good.

MICHELLE CRAIN: Just to follow up on that, it takes a village.

I mean, it takes centers building those relationships out in the community.

I always say with the relocation specialist, my personal favorites to be quite honest with you, they are a jack of all trades.

I mean, they know their resources inside out, and that's what we as CILs do though.

I mean, it's absolutely imperative.

If we can't provide a lot of these services, we know where to go and get these services.

I mean, that's a great story, great story.

Yes.

AUDIENCE MEMBER: I just had a couple of suggestions.

A couple times things have come up.

When I first took this job 15 years ago, one of the first calls I got was from a man who had done his time, but had not been released, because they could not find accessible housing for him.

I said how long has it been?

He told me three months, six or nine months.

I remembered being floored that he was still in prison even though he didn't need to be because they didn't know of any accessible housing for him.

So that kind of stuff is still out there.

I'm sure it is, especially in Alabama.

But I had one guy who was turned down for housing on the basis of a criminal background, and he actually petitioned, he went to the, asked for the appeal hearing, went to the hearing, spoke on his own behalf and said, I'm not the same person I used to be.

And he won the appeal and they put him on the waiting list for housing.

Then I had a couple of months ago, I had a woman who was a social worker student, bless her heart, who called me and said she was looking for housing for this one woman who was coming out of jail, and that the judge wouldn't allow her to leave until she had located housing.

I worked with one of the organizations nearby that helps people who are reentering, who are nonviolent offenders, and they said, well, we can't, we can take her, but we can't take her until she's been allowed to leave prison.

We can get her housing, but she has to leave prison first.

I said the problem with that is they can't, she can't leave prison until she has a place to go.

Well, we can't take her until she's out of prison.

The housing can't, it was just, years ago I had one guy who I couldn't move out of the nursing home because he didn't need to be there, which was the most ridiculous one ever.

He had improved to the point where he no longer required nursing home level services, and that was the requirement for getting community services.

So the fact that he did not need to be in the nursing home was the reason I couldn't move him out.

MICHELLE CRAIN: We'll probably get those stores quite a bit.

AUDIENCE MEMBER: I am sure.

I am sure.

There is some hope.

Every once in a while you can find somebody who is willing to, after I went around and around with the people who said he has to be out before he can have housing, but he has to have housing before he can be out, we finally did work it out.

So it is possible.

But, you know, you got to think outside the box, because really in what we're doing, there is no box.

MICHELLE CRAIN: I'm getting the 15 minute warning here.

So I'm going to go ahead to move on.

But thanks for sharing all your stories.

Much like the cost of nursing homes, the incarceration of individuals with mental illness costs more than twice the amount it takes to serve them in the community.

So that's really no secret.

That's something we already know about institutionalization.

Diversion projects implemented by court ordered outpatient treatment programs are proving to be somewhat effective, but those are still controversial too.

And just listening to some of your stories, working with probation officers, the local mental health authority, the Social Security Administration, and other community based organizations, CILs can play an effective role in diverting individuals with mental and emotional disabilities from correctional facilities.

And I didn't realize just how many are working with the correctional facility, but I'm glad to hear those stories.

DARREL CHRISTENSON: I wanted to add one thing.

I think as folks are coming out of jails and prisons and such, seeing Michelle's numbers, about 25 to 40% of those individuals are with mental illness and such.

I think it's really important for people to really know what their disability is and to know how that manifests itself in their lives.

And I say this because in the work that we do in the high schools, high school students many times don't understand their disability and they don't understand how it manifests itself in life after high school.

So I'm thinking the same is probably true for folks coming out of jails and prisons and institutions that way.

They are coming out and maybe they don't understand.

Maybe they have been in for a while and some of the old stigmas and teachings when they went in are still there with them and so I'm thinking that it would be important then for us to help them understand what their disability is and how it manifests itself as well as getting the housing that's much needed.

MICHELLE CRAIN: Thanks, okay.

I would say question and answers, but we're going to skip this part and move on to what it means to be at risk.

What does it mean for a person to be at risk of entering an institution and how can that be avoided.

I think this has been touched on a couple times this morning, but some believe that having a significant disability alone makes a person at risk of institutional placement.

Some believe that the consumer's self-identification alone may be enough to consider a person at risk.

Others believe and this is myself included, the self-identification and having a significant disability are key components, but other factors or a combination thereof may present a more comprehensive picture of what at risk is.

So common at risk factors.

We're talking about homelessness, chronic medical conditions, substance abuse, issues with taking medications, living alone, age, lack of assistance with activities of daily living, little to no income at all, or no family support.

Now, not just one of these factors alone will get you placed in an institution.

It's a combination of those at risk factors that may lead to you losing or being placed into an institutional setting.

So say for instance, if someone comes in, they are homeless, they lack assistance or they are in a wheelchair, living in their car, say they have a decubitus, or a pressure sore or something, that puts you at risk.

Wouldn't you say?

Can any of you all think of any other at risk factors for the most part in?

AUDIENCE MEMBER: Actually I have a question.

I wonder would domestic violence be considered an at risk?

MICHELLE CRAIN: I would say.

AUDIENCE MEMBER: That's one.

MICHELLE CRAIN: There you go.

And I know that we devised a at risk questionnaire to help us with this, and we just had an annual training where we went over some of our forms, some of our processes and there were a couple of things we decided to add to our at risk assessment, and abuse is one of those.

If that person has disclosed any type of physical, mental abuse or something along those lines.

So in the other one, we decided to pretty much add was it depends on how that person was referred to you.

If that person was referred through maybe adult protective services, because they're looking at taking guardianship in order to keep them from going into a nursing home, or with them taking guardianship and actually putting them in a nursing home.

Those are two at risk factors we're looking at adding to our at risk survey.

No matter the approach CILs may take in assessing risk, the ultimate goal is to divert consumers from institutional settings by utilizing the core auxiliary services that CILs already provide.

We've talked about these core services, information and referral.

Individual and systems advocacy.

Independent living skills training, peer support and counseling and youth and nursing home and other institutional transition.

We also talked about the auxiliary services such as personal attendant services, tenant based rental assistance.

Are you all familiar with tenant based rental assistance services?

Some of those that provide transition services or relocation services also have grants from the home program with HUD that, it's like a two year bridge, I think, to be able to give a person rental assistance.

Utility assistance, some centers might have a comprehensive energy assistance program where they can help individuals.

Social Security representative payee services, I know that with us, some of the individuals, I'm not good at this, as you can tell.

Thank you for sitting here for me.

The Social Security representative payee services, I know that the entity that would make the determination as to whether or not individuals could relocate under our contract, they would say, well, this person can't get out, you know, because they have problems or history managing their money.

Well we are not going to let that be an excuse.

We became a representative payee to Social Security beneficiaries.

Assistive technology, home modifications, purchasing durable medical equipment and vehicle modifications.

Thank you.

The CIL does not have to directly provide the services in order to assist a consumer in addressing his or her needs.

A well-developed independent living plan will help to establish the role that the CIL will play in identifying, referring or arranging services to meet the needs of the consumer.

The key to assisting individuals in avoiding non-community living is knowing when, what, where, and how to access these resources.

And pretty much, like all the speakers before me said, we are already doing that.

So I'm done, with three minutes to spare, mind you.